2020 MA POS Prior Authorization CPT Code List
Version 1.4
Release Date: April 2, 2020
Note: When Level 1 services are performed in a provider's office (Place of Service 11) by a Bright Health contracted provider, **no authorization is required for the claim to pay**. Select OUT-OF-NETWORK requests require at minimum a Level 1 review. If In-Network options can be identified, an administrative denial will be issued (please refer to IFP Certificate of Coverage for more details). For services noted as not requiring a prior authorization, please conact Provider Services to ensure the service is a covered benefit for the Bright Health member.

General CPT Information			Claims System Logic			UM Execution		March 1, 2020 Temporary Change
CPT Code	Short Description	Long Description	Authorization Required?	PA Group	PA for Code in Group Applies to All Codes within Specific Group	UM Review Type	SAD CPT Code Indicator	Change to Requirements
00100	ANESTH SALIVARY GLAND	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	No Auth Required					
00102	ANESTH REPAIR OF CLEFT LIP	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	No Auth Required					
00103	ANESTH BLEPHAROPLASTY	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	No Auth Required					
00104	ANESTH ELECTROSHOCK	ANESTHESIA ELECTROCONVULSIVE THERAPY	No Auth Required					
00120	ANESTH EAR SURGERY	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	No Auth Required					
00124	ANESTH EAR EXAM	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	No Auth Required					
00126	ANESTH TYMPANOTOMY	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	No Auth Required					
00140	ANESTH PROCEDURES ON EYE	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	No Auth Required					
00142	ANESTH LENS SURGERY	ANESTHESIA EYE LENS SURGERY	No Auth Required					
00144	ANESTH CORNEAL TRANSPLANT	ANESTHESIA EYE CORNEAL TRANSPLANT	No Auth Required					
00145	ANESTH VITREORETINAL SURG	ANESTHESIA EYE VITREORETINAL SURGERY	No Auth Required					
00147	ANESTH IRIDECTOMY	ANESTHESIA EYE IRIDECTOMY	No Auth Required					
00148	ANESTH EYE EXAM	ANESTHESIA EYE OPHTHALMOSCOPY	No Auth Required					
00160	ANESTH NOSE/SINUS SURGERY	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	No Auth Required					
00162	ANESTH NOSE/SINUS SURGERY	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	No Auth Required					
00164	ANESTH BIOPSY OF NOSE	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	No Auth Required					
00170	ANESTH PROCEDURE ON MOUTH	ANESTHESIA INTRAORAL WITH BIOPSY NOS	No Auth Required					
00172	ANESTH CLEFT PALATE REPAIR	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	No Auth Required					
00174	ANESTH PHARYNGEAL SURGERY	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	No Auth Required					
00176	ANESTH PHARYNGEAL SURGERY	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	No Auth Required					
00190	ANESTH FACE/SKULL BONE SURG	ANESTHESIA FACIAL BONES OR SKULL NOS	No Auth Required					
00192	ANESTH FACIAL BONE SURGERY	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	No Auth Required					
00210	ANESTH CRANIAL SURG NOS	ANESTHESIA INTRACRANIAL PROCEDURE NOS	No Auth Required					
00211	ANESTH CRAN SURG HEMOTOMA	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	No Auth Required					
00212	ANESTH SKULL DRAINAGE	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	No Auth Required					
00214	ANESTH SKULL DRAINAGE	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	No Auth Required					
00215	ANESTH SKULL REPAIR/FRACT	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	No Auth Required					
00216	ANESTH HEAD VESSEL SURGERY	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	No Auth Required					
00218	ANESTH SPECIAL HEAD SURGERY	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	No Auth Required					
00220	ANESTH INTRCRN NERVE	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	No Auth Required					
00222	ANESTH HEAD NERVE SURGERY	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	No Auth Required					
00300	ANESTH HEAD/NECK/PTRUNK	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	No Auth Required					
00320	ANESTH NECK ORGAN 1YR/>	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	No Auth Required					
00322	ANESTH BIOPSY OF THYROID	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	No Auth Required					
00326	ANESTH LARYNX/TRACH < 1 YR	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	No Auth Required					
00350	ANESTH NECK VESSEL SURGERY	ANESTHESIA MAJOR VESSELS NECK NOS	No Auth Required					
00352	ANESTH NECK VESSEL SURGERY	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	No Auth Required					
00400	ANESTH SKIN EXT/PER/ATRUNK	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	No Auth Required					
00402	ANESTH SURGERY OF BREAST	ANESTHESIA RECONSTRUCTION BREAST	No Auth Required					
00404	ANESTH SURGERY OF BREAST	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	No Auth Required					
00406	ANESTH SURGERY OF BREAST	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	No Auth Required					
00410	ANESTH CORRECT HEART RHYTHM	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	No Auth Required					
00450	ANESTH SURGERY OF SHOULDER	ANESTHESIA CLAVICLE AND SCAPULA NOS	No Auth Required					
00454	ANESTH COLLAR BONE BIOPSY	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	No Auth Required					
00470	ANESTH REMOVAL OF RIB	ANESTHESIA PARTIAL RIB RESECTION NOS	No Auth Required					
00472	ANESTH CHEST WALL REPAIR	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	No Auth Required					
00474	ANESTH SURGERY OF RIB	ANESTHESIA PARTIAL RIB RESECTION RADICAL	No Auth Required					
00500	ANESTH ESOPHAGEAL SURGERY	ANESTHESIA ESOPHAGUS	No Auth Required					
00520	ANESTH CHEST PROCEDURE	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	No Auth Required					
00522	ANESTH CHEST LINING BIOPSY	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	No Auth Required					
00524	ANESTH CHEST DRAINAGE	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	No Auth Required					
00528	ANES MEDIASCPY & DX THORSCPY	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	No Auth Required					
00529	ANES MEDSCPY&THORSCPY 1 LUNG	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	No Auth Required					
00530	ANESTH PACEMAKER INSERTION	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	No Auth Required					
00532	ANESTH VASCULAR ACCESS	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	No Auth Required					
00534	ANESTH CARDIOVERTER/DEFIB	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	No Auth Required					
00537	ANESTH CARDIAC ELECTROPHYS	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	No Auth Required					
00539	ANESTH TRACH-BRONCH RECONST	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	No Auth Required					
00540	ANESTH CHEST SURGERY	ANES THORACOTOMY & THORACOSCOPY NOS	No Auth Required					
00541	ANESTH ONE LUNG VENTILATION	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	No Auth Required					
00542	ANESTHESIA REMOVAL PLEURA	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	No Auth Required					
00546	ANESTH LUNG CHEST WALL SURG	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	No Auth Required					

00548	ANESTH TRACHEA BRONCHI SURG	ANES THORACOTOMY &THORACSCOPY TRACHEA & BRONCHI	No Auth Required					
00550	ANESTH STERNAL DEBRIDEMENT	ANESTHESIA FOR STERNAL DEBRIDEMENT	No Auth Required					
00560	ANESTH HEART SURG W/O PUMP	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	No Auth Required					
00561	ANESTH HEART SURG <1 YR	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	No Auth Required					
00562	ANESTH HRT SURG W/PMP AGE 1+	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	No Auth Required					
00563	ANESTH HEART SURG W/ARREST	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	No Auth Required					
00566	ANESTH CABG W/O PUMP	ANES DIRECT CABG W/O PUMP OXYGENATOR	No Auth Required					
00567	ANESTH CABG W/PUMP	ANES DIRECT CABG W/PUMP OXYGENATOR	No Auth Required					
00580	ANESTH HEART/LUNG TRANSPLNT	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	No Auth Required					
00600	ANESTH SPINE CORD SURGERY	ANESTHESIA CERVICAL SPINE & CORD NOS	No Auth Required					
00604	ANESTH SITTING PROCEDURE	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	No Auth Required					
00620	ANESTH SPINE CORD SURGERY	ANESTHESIA THORACIC SPINE & CORD NOS	No Auth Required					
00625	ANES SPINE TRANTHOR W/O VENT	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	No Auth Required					
00626	ANES SPINE TRANSTHOR W/VENT	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	No Auth Required					
00630	ANESTH SPINE CORD SURGERY	ANESTHESIA LUMBAR REGION NOS	No Auth Required					
00632	ANESTH REMOVAL OF NERVES	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	No Auth Required					
00635	ANESTH LUMBAR PUNCTURE	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	No Auth Required					
00640	ANESTH SPINE MANIPULATION	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	No Auth Required					
00670	ANESTH SPINE CORD SURGERY	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	No Auth Required					
00700	ANESTH ABDOMINAL WALL SURG	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	No Auth Required					
00702	ANESTH FOR LIVER BIOPSY	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	No Auth Required					
00730	ANESTH ABDOMINAL WALL SURG	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	No Auth Required					
00731	ANES UPR GI NDSC PX NOS	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	No Auth Required					
00732	ANES UPR GI NDSC PX ERCP	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	No Auth Required					
00750	ANESTH REPAIR OF HERNIA	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	No Auth Required					
00752	ANESTH REPAIR OF HERNIA	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	No Auth Required					
00754	ANESTH REPAIR OF HERNIA	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	No Auth Required					
00756	ANESTH REPAIR OF HERNIA	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	No Auth Required					
00770	ANESTH BLOOD VESSEL REPAIR	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	No Auth Required					
00790	ANESTH SURG UPPER ABDOMEN	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	No Auth Required					
00792	ANESTH HEMORR/EXCISE LIVER	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	No Auth Required					
00794	ANESTH PANCREAS REMOVAL	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	No Auth Required					
00796	ANESTH FOR LIVER TRANSPLANT	ANES LAPAROSCOPIC LIVER TRANSPLANT	No Auth Required					
00797	ANESTH SURGERY FOR OBESITY	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	No Auth Required					
00800	ANESTH ABDOMINAL WALL SURG	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	No Auth Required					
00802	ANESTH FAT LAYER REMOVAL	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	No Auth Required					
00811	ANES LWR INTST NDSC NOS	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	No Auth Required					
00812	ANES LWR INTST SCR COLSC	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	No Auth Required					
00813	ANES UPR LWR GI NDSC PX	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	No Auth Required					
00820	ANESTH ABDOMINAL WALL SURG	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	No Auth Required					
00830	ANESTH REPAIR OF HERNIA	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	No Auth Required					
00832	ANESTH REPAIR OF HERNIA	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	No Auth Required					
00834	ANESTH HERNIA REPAIR < 1 YR	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	No Auth Required					
00836	ANESTH HERNIA REPAIR PREEMIE	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	No Auth Required					
00840	ANESTH SURG LOWER ABDOMEN	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	No Auth Required					
00842	ANESTH AMNIOCENTESIS	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	No Auth Required					
00844	ANESTH PELVIS SURGERY	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	No Auth Required					
00846	ANESTH HYSTERECTOMY	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	No Auth Required					
00848	ANESTH PELVIC ORGAN SURG	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	No Auth Required					
00851	ANESTH TUBAL LIGATION	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	No Auth Required					
00860	ANESTH SURGERY OF ABDOMEN	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	No Auth Required					
00862	ANESTH KIDNEY/URETER SURG	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	No Auth Required					
00864	ANESTH REMOVAL OF BLADDER	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	No Auth Required					
00865	ANESTH REMOVAL OF PROSTATE	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	No Auth Required					
00866	ANESTH REMOVAL OF ADRENAL	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	No Auth Required					
00868	ANESTH KIDNEY TRANSPLANT	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	No Auth Required					
00870	ANESTH BLADDER STONE SURG	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	No Auth Required					
00872	ANESTH KIDNEY STONE DESTRUCT	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	No Auth Required					
00873	ANESTH KIDNEY STONE DESTRUCT	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	No Auth Required					
00880	ANESTH ABDOMEN VESSEL SURG	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	No Auth Required					
00882	ANESTH MAJOR VEIN LIGATION	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	No Auth Required					
00902	ANESTH ANORECTAL SURGERY	ANESTHESIA ANORECTAL PROCEDURE	No Auth Required					
00904	ANESTH PERINEAL SURGERY	ANESTHESIA RADICAL PERINEAL PROCEDURE	No Auth Required					
00906	ANESTH REMOVAL OF VULVA	ANESTHESIA VULVECTOMY	No Auth Required					
00908	ANESTH REMOVAL OF PROSTATE	ANESTHESIA PERINEAL PROSTATECTOMY	No Auth Required					
00910	ANESTH BLADDER SURGERY	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	No Auth Required					
00912	ANESTH BLADDER TUMOR SURG	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	No Auth Required					
00914	ANESTH REMOVAL OF PROSTATE	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	No Auth Required					

00916	ANESTH BLEEDING CONTROL	ANES TRURL POST-TRURL RESECTION BLEEDING	No Auth Required					
00918	ANESTH STONE REMOVAL	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	No Auth Required					
00920	ANESTH GENITALIA SURGERY	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	No Auth Required					
00921	ANESTH VASECTOMY	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	No Auth Required					
00922	ANESTH SPERM DUCT SURGERY	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	No Auth Required					
00924	ANESTH TESTIS EXPLORATION	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	No Auth Required					
00926	ANESTH REMOVAL OF TESTIS	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	No Auth Required					
00928	ANESTH REMOVAL OF TESTIS	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	No Auth Required					
00930	ANESTH TESTIS SUSPENSION	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	No Auth Required					
00932	ANESTH AMPUTATION OF PENIS	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	No Auth Required					
00934	ANESTH PENIS NODES REMOVAL	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	No Auth Required					
00936	ANESTH PENIS NODES REMOVAL	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	No Auth Required					
00938	ANESTH INSERT PENIS DEVICE	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	No Auth Required					
00940	ANESTH VAGINAL PROCEDURES	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	No Auth Required					
00942	ANESTH SURG ON VAG/URETHRAL	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	No Auth Required					
00944	ANESTH VAGINAL HYSTERECTOMY	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	No Auth Required					
00948	ANESTH REPAIR OF CERVIX	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	No Auth Required					
00950	ANESTH VAGINAL ENDOSCOPY	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	No Auth Required					
00952	ANESTH HYSTEROSCOPE/GRAPH	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	No Auth Required					
01112	ANESTH BONE ASPIRATE/BX	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	No Auth Required					
01120	ANESTH PELVIS SURGERY	ANESTHESIA ON BONY PELVIS	No Auth Required					
01130	ANESTH BODY CAST PROCEDURE	ANESTHESIA BODY CAST APPLICATION OR REVISION	No Auth Required					
01140	ANESTH AMPUTATION AT PELVIS	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	No Auth Required					
01150	ANESTH PELVIC TUMOR SURGERY	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	No Auth Required					
01160	ANESTH PELVIS PROCEDURE	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	No Auth Required					
01170	ANESTH PELVIS SURGERY	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	No Auth Required					
01173	ANESTH FX REPAIR PELVIS	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	No Auth Required					
01200	ANESTH HIP JOINT PROCEDURE	ANESTHESIA CLOSED HIP JOINT PROCEDURE	No Auth Required					
01202	ANESTH ARTHROSCOPY OF HIP	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	No Auth Required					
01210	ANESTH HIP JOINT SURGERY	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	No Auth Required					
01212	ANESTH HIP DISARTICULATION	ANESTHESIA OPEN HIP JOINT DISARTICULATION	No Auth Required					
01214	ANESTH HIP ARTHROPLASTY	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	No Auth Required					
01215	ANESTH REVISE HIP REPAIR	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	No Auth Required					
01220	ANESTH PROCEDURE ON FEMUR	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	No Auth Required					
01230	ANESTH SURGERY OF FEMUR	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	No Auth Required					
01232	ANESTH AMPUTATION OF FEMUR	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	No Auth Required					
01234	ANESTH RADICAL FEMUR SURG	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	No Auth Required					
01250	ANESTH UPPER LEG SURGERY	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	No Auth Required					
01260	ANESTH UPPER LEG VEINS SURG	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	No Auth Required					
01270	ANESTH THIGH ARTERIES SURG	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	No Auth Required					
01272	ANESTH FEMORAL ARTERY SURG	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	No Auth Required					
01274	ANESTH FEMORAL EMBOLECTOMY	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	No Auth Required					
01320	ANESTH KNEE AREA SURGERY	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	No Auth Required					
01340	ANESTH KNEE AREA PROCEDURE	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	No Auth Required					
01360	ANESTH KNEE AREA SURGERY	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	No Auth Required					
01380	ANESTH KNEE JOINT PROCEDURE	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	No Auth Required					
01382	ANESTH DX KNEE ARTHROSCOPY	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	No Auth Required					
01390	ANESTH KNEE AREA PROCEDURE	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	No Auth Required					
01392	ANESTH KNEE AREA SURGERY	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	No Auth Required					
01400	ANESTH KNEE JOINT SURGERY	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	No Auth Required					
01402	ANESTH KNEE ARTHROPLASTY	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	No Auth Required					
01404	ANESTH AMPUTATION AT KNEE	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	No Auth Required					
01420	ANESTH KNEE JOINT CASTING	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	No Auth Required					
01430	ANESTH KNEE VEINS SURGERY	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	No Auth Required					
01432	ANESTH KNEE VESSEL SURG	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	No Auth Required					
01440	ANESTH KNEE ARTERIES SURG	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	No Auth Required					
01442	ANESTH KNEE ARTERY SURG	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	No Auth Required					
01444	ANESTH KNEE ARTERY REPAIR	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	No Auth Required					
01462	ANESTH LOWER LEG PROCEDURE	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	No Auth Required					
01464	ANESTH ANKLE/FT ARTHROSCOPY	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	No Auth Required					
01470	ANESTH LOWER LEG SURGERY	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	No Auth Required					
01472	ANESTH ACHILLES TENDON SURG	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	No Auth Required					
01474	ANESTH LOWER LEG SURGERY	ANESTHESIA GASTROCNEMIUS RECESSION	No Auth Required					
01480	ANESTH LOWER LEG BONE SURG	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	No Auth Required					
01482	ANESTH RADICAL LEG SURGERY	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	No Auth Required					

01484	ANESTH LOWER LEG REVISION	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	No Auth Required					
01486	ANESTH ANKLE REPLACEMENT	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	No Auth Required					
01490	ANESTH LOWER LEG CASTING	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	No Auth Required					
01500	ANESTH LEG ARTERIES SURG	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	No Auth Required					
01502	ANESTH LWR LEG EMBOLECTOMY	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	No Auth Required					
01520	ANESTH LOWER LEG VEIN SURG	ANESTHESIA VEINS OF LOWER LEG NOS	No Auth Required					
01522	ANESTH LOWER LEG VEIN SURG	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	No Auth Required					
01610	ANESTH SURGERY OF SHOULDER	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	No Auth Required					
01620	ANESTH SHOULDER PROCEDURE	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	No Auth Required					
01622	ANES DX SHOULDER ARTHROSCOPY	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	No Auth Required					
01630	ANESTH SURGERY OF SHOULDER	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	No Auth Required					
01634	ANESTH SHOULDER JOINT AMPUT	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	No Auth Required					
01636	ANESTH FOREQUARTER AMPUT	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	No Auth Required					
01638	ANESTH SHOULDER REPLACEMENT	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	No Auth Required					
01650	ANESTH SHOULDER ARTERY SURG	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	No Auth Required					
01652	ANESTH SHOULDER VESSEL SURG	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	No Auth Required					
01654	ANESTH SHOULDER VESSEL SURG	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	No Auth Required					
01656	ANESTH ARM-LEG VESSEL SURG	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	No Auth Required					
01670	ANESTH SHOULDER VEIN SURG	ANESTHESIA VEINS SHOULDER & AXILLA	No Auth Required					
01680	ANESTH SHOULDER CASTING	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	No Auth Required					
01710	ANESTH ELBOW AREA SURGERY	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	No Auth Required					
01712	ANESTH UPPR ARM TENDON SURG	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	No Auth Required					
01714	ANESTH UPPR ARM TENDON SURG	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	No Auth Required					
01716	ANESTH BICEPS TENDON REPAIR	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	No Auth Required					
01730	ANESTH UPPR ARM PROCEDURE	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	No Auth Required					
01732	ANESTH DX ELBOW ARTHROSCOPY	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	No Auth Required					
01740	ANESTH UPPER ARM SURGERY	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	No Auth Required					
01742	ANESTH HUMERUS SURGERY	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	No Auth Required					
01744	ANESTH HUMERUS REPAIR	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	No Auth Required					
01756	ANESTH RADICAL HUMERUS SURG	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	No Auth Required					
01758	ANESTH HUMERAL LESION SURG	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	No Auth Required					
01760	ANESTH ELBOW REPLACEMENT	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	No Auth Required					
01770	ANESTH UPPR ARM ARTERY SURG	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	No Auth Required					
01772	ANESTH UPPR ARM EMBOLECTOMY	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	No Auth Required					
01780	ANESTH UPPER ARM VEIN SURG	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	No Auth Required					
01782	ANESTH UPPR ARM VEIN REPAIR	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	No Auth Required					
01810	ANESTH LOWER ARM SURGERY	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	No Auth Required					
01820	ANESTH LOWER ARM PROCEDURE	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	No Auth Required					
01829	ANESTH DX WRIST ARTHROSCOPY	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	No Auth Required					
01830	ANESTH LOWER ARM SURGERY	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	No Auth Required					
01832	ANESTH WRIST REPLACEMENT	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	No Auth Required					
01840	ANESTH LWR ARM ARTERY SURG	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	No Auth Required					
01842	ANESTH LWR ARM EMBOLECTOMY	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	No Auth Required					
01844	ANESTH VASCULAR SHUNT SURG	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	No Auth Required					
01850	ANESTH LOWER ARM VEIN SURG	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	No Auth Required					
01852	ANESTH LWR ARM VEIN REPAIR	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	No Auth Required					
01860	ANESTH LOWER ARM CASTING	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	No Auth Required					
01916	ANESTH DX ARTERIOGRAPHY	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	No Auth Required					
01920	ANESTH CATHETERIZE HEART	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	No Auth Required					
01922	ANESTH CAT OR MRI SCAN	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	No Auth Required					
01924	ANES THER INTERVEN RAD ARTRL	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	No Auth Required					
01925	ANES THER INTERVEN RAD CARD	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	No Auth Required					
01926	ANES TX INTERV RAD HRT/CRAN	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	No Auth Required					
01930	ANES THER INTERVEN RAD VEIN	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	No Auth Required					
01931	ANES THER INTERVEN RAD TIPS	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	No Auth Required					
01932	ANES TX INTERV RAD TH VEIN	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	No Auth Required					
01933	ANES TX INTERV RAD CRAN VEIN	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	No Auth Required					
01935	ANESTH PERC IMG DX SP PROC	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	No Auth Required					
01936	ANESTH PERC IMG TX SP PROC	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	No Auth Required					
01951	ANESTH BURN LESS 4 PERCENT	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	No Auth Required					
01952	ANESTH BURN 4-9 PERCENT	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	No Auth Required					
01953	ANESTH BURN EACH 9 PERCENT	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	No Auth Required					
01958	ANESTH ANTEPARTUM MANIPUL	ANESTHESIA EXTERNAL CEPHALIC VERSION	No Auth Required					
01960	ANESTH VAGINAL DELIVERY	ANESTHESIA VAGINAL DELIVERY ONLY	No Auth Required					
01961	ANESTH CS DELIVERY	ANESTHESIA CESAREAN DELIVERY ONLY	No Auth Required					
01962	ANESTH EMER HYSTERECTOMY	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	No Auth Required					
01963	ANESTH CS HYSTERECTOMY	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	No Auth Required					

01965	ANESTH INC/MISSED AB PROC	ANESTHESIA INCOMPLETE/MISSED ABORTION	No Auth Required					
01966	ANESTH INDUCED AB PROCEDURE	ANESTHESIA INDUCED ABORTION	No Auth Required					
01967	ANESTH/ANALG VAG DELIVERY	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	No Auth Required					
01968	ANES/ANALG CS DELIVER ADD-ON	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	No Auth Required					
01969	ANESTH/ANALG CS HYST ADD-ON	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	No Auth Required					
01990	SUPPORT FOR ORGAN DONOR	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	No Auth Required					
01991	ANESTH NERVE BLOCK/INJ	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	No Auth Required					
01992	ANESTH N BLOCK/INJ PRONE	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	No Auth Required					
01996	HOSP MANAGE CONT DRUG ADMIN	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	No Auth Required					
01999	UNLISTED ANESTH PROCEDURE	UNLISTED ANESTHESIA PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
10004	FNA BX W/O IMG GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	No Auth Required					
10005	FNA BX W/US GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	No Auth Required					
10006	FNA BX W/US GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	No Auth Required					
10040	ACNE SURGERY	ACNE SURGERY	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
10080	DRAINAGE OF PILONIDAL CYST	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	No Auth Required					
10081	DRAINAGE OF PILONIDAL CYST	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
10120	REMOVE FOREIGN BODY	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	No Auth Required					
10121	REMOVE FOREIGN BODY	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
10140	DRAINAGE OF HEMATOMA/FLUID	I&D HEMATOMA SEROMA/FLUID COLLECTION	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
10160	PUNCTURE DRAINAGE OF LESION	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
10180	COMPLEX DRAINAGE WOUND	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11000	DEBRIDE INFECTED SKIN	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11001	DEBRIDE INFECTED SKIN ADD-ON	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11004	DEBRIDE GENITALIA & PERINEUM	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11005	DEBRIDE ABDOM WALL	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11006	DEBRIDE GENIT/PER/ABDOM WALL	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11008	REMOVE MESH FROM ABD WALL	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11010	DEBRIDE SKIN AT FX SITE	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11011	DEBRIDE SKIN MUSC AT FX SITE	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11012	DEB SKIN BONE AT FX SITE	DBRDMT FX&/DISLC SUBQ T/M/F BONE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11042	DEB SUBQ TISSUE 20 SQ CM/<	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11043	DEB MUSC/FASCIA 20 SQ CM/<	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11044	DEB BONE 20 SQ CM/<	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11045	DEB SUBQ TISSUE ADD-ON	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11046	DEB MUSC/FASCIA ADD-ON	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11047	DEB BONE ADD-ON	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11055	TRIM SKIN LESION	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11056	TRIM SKIN LESIONS 2 TO 4	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11057	TRIM SKIN LESIONS OVER 4	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11102	TANGNTL BX SKIN SINGLE LES	TANGENTIAL BIOPSY SKIN SINGLE LESION	No Auth Required					
11103	TANGNTL BX SKIN EA SEP/ADDL	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	No Auth Required					
11104	PUNCH BX SKIN SINGLE LESION	PUNCH BIOPSY SKIN SINGLE LESION	No Auth Required					
11105	PUNCH BX SKIN EA SEP/ADDL	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	No Auth Required					
11106	INCAL BX SKN SINGLE LES	INCISIONAL BIOPSY SKIN SINGLE LESION	No Auth Required					
11107	INCAL BX SKN EA SEP/ADDL	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	No Auth Required					
11200	REMOVAL OF SKIN TAGS <W/15	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	No Auth Required					
11201	REMOVE SKIN TAGS ADD-ON	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	No Auth Required					
11719	TRIM NAIL(S) ANY NUMBER	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11720	DEBRIDE NAIL 1-5	DEBRIDEMENT NAIL ANY METHOD 1-5	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11721	DEBRIDE NAIL 6 OR MORE	DEBRIDEMENT NAIL ANY METHOD 6/>	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11730	REMOVAL OF NAIL PLATE	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11732	REMOVE NAIL PLATE ADD-ON	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11740	DRAIN BLOOD FROM UNDER NAIL	EVACUATION SUBUNGUAL HEMATOMA	No Auth Required					
11750	REMOVAL OF NAIL BED	EXCISION NAIL MATRIX PERMANENT REMOVAL	No Auth Required					
11755	BIOPSY NAIL UNIT	BIOPSY NAIL UNIT SEPARATE PROCEDURE	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11760	REPAIR OF NAIL BED	REPAIR NAIL BED	No Auth Required					
11762	RECONSTRUCTION OF NAIL BED	RECONSTRUCTION NAIL BED W/GRAFT	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11765	EXCISION OF NAIL FOLD TOE	WEDGE EXCISION SKIN NAIL FOLD	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11770	REMOVE PILONIDAL CYST SIMPLE	EXCISION PILONIDAL CYST/SINUS SIMPLE	No Auth Required					
11771	REMOVE PILONIDAL CYST EXTEN	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11772	REMOVE PILONIDAL CYST COMPL	EXCISION PILONIDAL CYST/SINUS COMPLICATED	Authorization Required	Surgery of integumentary system		Level 1 Review (Network Validation)		Removed Authorization Requirement
11970	REPLACE TISSUE EXPANDER	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11971	REMOVE TISSUE EXPANDER(S)	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
11976	REMOVE CONTRACEPTIVE CAPSULE	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	No Auth Required					
11983	REMOVE/INSERT DRUG IMPLANT	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	No Auth Required					
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	No Auth Required					
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	No Auth Required					
12011	RPR F/E/E/N/L/M 2.5 CM/<	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	No Auth Required					
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	No Auth Required					

12015	RPR F/E/E/N/L/M 7.6-12.5 CM	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	No Auth Required					
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	No Auth Required					
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	No Auth Required					
12018	RPR F/E/E/N/L/M >30.0 CM	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	No Auth Required					
15769	GRFG AUTOL SOFT TISS DIR EXC	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
15771	GRFG AUTOL FAT LIPO 50 CC/<	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
15772	GRFG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
15773	GRFG AUTOL FAT LIPO 25 CC/<	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
15774	GFRG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15776	HAIR TRNSPL >15 PUNCH GRAFTS	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15780	DERMABRASION TOTAL FACE	DERMABRASION TOTAL FACE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15781	DERMABRASION SEGMENTAL FACE	DERMABRASION SEGMENTAL FACE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15782	DERMABRASION OTHER THAN FACE	DERMABRASION REGIONAL OTHER THAN FACE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15783	DERMABRASION SUPRFL ANY SITE	DERMABRASION SUPERFICIAL ANY SITE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15786	ABRASION LESION SINGLE	ABRASION 1 LESION	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15787	ABRASION LESIONS ADD-ON	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15788	CHEMICAL PEEL FACE EPIDERM	CHEMICAL PEEL FACIAL EPIDERMAL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15789	CHEMICAL PEEL FACE DERMAL	CHEMICAL PEEL FACIAL DERMAL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15792	CHEMICAL PEEL NONFACIAL	CHEMICAL PEEL NONFACIAL EPIDERMAL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15793	CHEMICAL PEEL NONFACIAL	CHEMICAL PEEL NONFACIAL DERMAL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15820	REVISION OF LOWER EYELID	BLEPHAROPLASTY LOWER EYELID	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15821	REVISION OF LOWER EYELID	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15822	REVISION OF UPPER EYELID	BLEPHAROPLASTY UPPER EYELID	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15823	REVISION OF UPPER EYELID	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15824	REMOVAL OF FOREHEAD WRINKLES	RHYTIDECTOMY FOREHEAD	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15825	REMOVAL OF NECK WRINKLES	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15826	REMOVAL OF BROW WRINKLES	RHYTIDECTOMY GLABELLAR FROWN LINES	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15828	REMOVAL OF FACE WRINKLES	RHYTIDECTOMY CHEEK CHIN & NECK	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15829	REMOVAL OF SKIN WRINKLES	RHYTIDECTOMY SMAS FLAP	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15830	EXC SKIN ABD	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15832	EXCISE EXCESSIVE SKIN THIGH	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15833	EXCISE EXCESSIVE SKIN LEG	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15834	EXCISE EXCESSIVE SKIN HIP	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15835	EXCISE EXCESSIVE SKIN BUTTCK	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15836	EXCISE EXCESSIVE SKIN ARM	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15837	EXCISE EXCESS SKIN ARM/HAND	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15838	EXCISE EXCESS SKIN FAT PAD	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15839	EXCISE EXCESS SKIN & TISSUE	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15847	EXC SKIN ABD ADD-ON	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15850	REMOVE SUTURES SAME SURGEON	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	No Auth Required					
15851	REMOVE SUTURES DIFF SURGEON	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	No Auth Required					
15852	DRESSING CHANGE NOT FOR BURN	DRESSING CHANGE UNDER ANESTHESIA	No Auth Required					
15876	SUCTION LIPECTOMY HEAD&NECK	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15877	SUCTION LIPECTOMY TRUNK	SUCTION ASSISTED LIPECTOMY TRUNK	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15878	SUCTION LIPECTOMY UPR EXTREM	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15879	SUCTION LIPECTOMY LWR EXTREM	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
15999	REMOVAL OF PRESSURE SORE	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
17000	DESTRUCT PREMALG LESION	DESTRUCTION PREMALIGNANT LESION 1ST	No Auth Required					
17003	DESTRUCT PREMALG LES 2-14	DESTRUCTION PREMALIGNANT LESION 2-14 EA	No Auth Required					
17004	DESTROY PREMAL LESIONS 15/>	DESTRUCTION PREMALIGNANT LESION 15/>	No Auth Required					
17106	DESTRUCTION OF SKIN LESIONS	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
17107	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
17108	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
17110	DESTRUCT B9 LESION 1-14	DESTRUCTION BENIGN LESIONS UP TO 14	No Auth Required					
17111	DESTRUCT LESION 15 OR MORE	DESTRUCTION BENIGN LESIONS 15/>	No Auth Required					
17311	MOHS 1 STAGE H/N/HF/G	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	Authorization Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
17312	MOHS ADDL STAGE	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	Authorization Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
17313	MOHS 1 STAGE T/A/L	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	Authorization Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
17314	MOHS ADDL STAGE T/A/L	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	Authorization Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
17315	MOHS SURG ADDL BLOCK	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	Authorization Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
17340	CRYOTHERAPY OF SKIN	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
17360	SKIN PEEL THERAPY	CHEMICAL EXFOLIATION ACNE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
17380	HAIR REMOVAL BY ELECTROLYSIS	ELECTROLYSIS EPILATION EACH 30 MINUTES	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
17999	SKIN TISSUE PROCEDURE	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19294	PREP TUM CAV IORT PRTL MAST	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	Authorization Required	Radiation Therapy		Level 2 Review (Full Clinical Review)		
19300	REMOVAL OF BREAST TISSUE	MASTECTOMY GYNECOMASTIA	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19316	SUSPENSION OF BREAST	MASTOPEXY	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
19318	REDUCTION OF LARGE BREAST	REDUCTION MAMMAPLASTY	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19324	ENLARGE BREAST	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19325	ENLARGE BREAST WITH IMPLANT	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19328	REMOVAL OF BREAST IMPLANT	REMOVAL INTACT MAMMARY IMPLANT	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19330	REMOVAL OF IMPLANT MATERIAL	REMOVAL MAMMARY IMPLANT MATERIAL	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19340	IMMEDIATE BREAST PROSTHESIS	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		

19342	DELAYED BREAST PROSTHESIS	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19355	CORRECT INVERTED NIPPLE(S)	CORRECTION INVERTED NIPPLES	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
19370	SURGERY OF BREAST CAPSULE	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19371	REMOVAL OF BREAST CAPSULE	PERIPROSTHETIC CAPSULECTOMY BREAST	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19380	REVISE BREAST RECONSTRUCTION	REVISION RECONSTRUCTED BREAST	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19396	DESIGN CUSTOM BREAST IMPLANT	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
19499	BREAST SURGERY PROCEDURE	UNLISTED PROCEDURE BREAST	Authorization Required	Surgery of integumentary system		Level 2 Review (Full Clinical Review)		
20520	REMOVAL OF FOREIGN BODY	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	No Auth Required					
20550	INJ TENDON SHEATH/LIGAMENT	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	No Auth Required					
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20561	NDL INSJ W/O NJX 3+ MUSC	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20600	DRAIN/INJ JOINT/BURSA W/O US	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	No Auth Required					
20604	DRAIN/INJ JOINT/BURSA W/US	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	No Auth Required					
20700	MNL PREP&INSJ DP RX DLVR DEV	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20701	RMVL DEEP RX DELIVERY DEVICE	REMOVAL DEEP DRUG DELIVERY DEVICE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20702	MNL PREP&INSJ IMED RX DEV	MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20703	RMVL IMED RX DELIVERY DEVICE	REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20704	MNL PREP&INSJ I-ARTIC RX DEV	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20705	RMVL I-ARTIC RX DELIVERY DEV	REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
20930	SP BONE ALGRFT MORSEL ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20931	SP BONE ALGRFT STRUCT ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20932	OSTEOART ALGRFT W/SURF & B1	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20933	HEMICRT INTRCLRY ALGRFT PRTL	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20934	INTERCALARY ALGRFT COMPL	INTERCALARY ALLOGRAFT COMPLETE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20936	SP BONE AGRFT LOCAL ADD-ON	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20937	SP BONE AGRFT MORSEL ADD-ON	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20938	SP BONE AGRFT STRUCT ADD-ON	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20939	BONE MARROW ASPIR BONE GRFG	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
20974	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20975	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE HEALING INVASIVE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20979	US BONE STIMULATION	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
20999	MUSCULOSKELETAL SURGERY	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21010	INCISION OF JAW JOINT	ARTHROTOMY TEMPOROMANDIBULAR JOINT	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21011	EXC FACE LES SC <2 CM	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21012	EXC FACE LES SBQ 2 CM/>	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21050	REMOVAL OF JAW JOINT	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21060	REMOVE JAW JOINT CARTILAGE	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21070	REMOVE CORONOID PROCESS	CORONOIDECTOMY SEPARATE PROCEDURE	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21073	MNPJ OF TMJ W/ANESTH	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21085	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21089	PREPARE FACE/ORAL PROSTHESIS	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21110	INTERDENTAL FIXATION	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21116	INJECTION JAW JOINT X-RAY	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21120	RECONSTRUCTION OF CHIN	GENIOPLASTY AUGMENTATION	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21121	RECONSTRUCTION OF CHIN	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21122	RECONSTRUCTION OF CHIN	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21123	RECONSTRUCTION OF CHIN	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21125	AUGMENTATION LOWER JAW BONE	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21127	AUGMENTATION LOWER JAW BONE	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21193	RECONST LWR JAW W/O GRAFT	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21194	RECONST LWR JAW W/GRAFT	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21195	RECONST LWR JAW W/O FIXATION	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21196	RECONST LWR JAW W/FIXATION	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21198	RECONSTR LWR JAW SEGMENT	OSTEOTOMY MANDIBLE SEGMENTAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21199	RECONSTR LWR JAW W/ADVANCE	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21215	LOWER JAW BONE GRAFT	GRAFT BONE MANDIBLE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21240	RECONSTRUCTION OF JAW JOINT	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
21242	RECONSTRUCTION OF JAW JOINT	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
21243	RECONSTRUCTION OF JAW JOINT	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
21244	RECONSTRUCTION OF LOWER JAW	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21245	RECONSTRUCTION OF JAW	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21246	RECONSTRUCTION OF JAW	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21247	RECONSTRUCT LOWER JAW BONE	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21248	RECONSTRUCTION OF JAW	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
21249	RECONSTRUCTION OF JAW	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
21255	RECONSTRUCT LOWER JAW BONE	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21270	AUGMENTATION CHEEK BONE	MALAR AUGMENTATION PROSTHETIC MATERIAL	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
21299	CRANIO/MAXILLOFACIAL SURGERY	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21499	HEAD SURGERY PROCEDURE	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		

21601	EXC CHEST WALL TUMOR W/RIBS	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Authorization Required			Level 2 Review (Full Clinical Review)		
21602	EXC CH WAL TUM W/O LYMPHADEC	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	Authorization Required			Level 2 Review (Full Clinical Review)		
21603	EXC CH WAL TUM W/LYMPHADEC	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	Authorization Required			Level 2 Review (Full Clinical Review)		
21685	HYOID MYOTOMY & SUSPENSION	HYOID MYOTOMY & SUSPENSION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
21899	NECK/CHEST SURGERY PROCEDURE	UNLISTED PROCEDURE NECK/THORAX	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22114	REMOVE PART LUMBAR VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22116	REMOVE EXTRA SPINE SEGMENT	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22206	INCIS SPINE 3 COLUMN THORAC	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22207	INCIS SPINE 3 COLUMN LUMBAR	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22208	INCIS SPINE 3 COLUMN ADL SEG	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22210	INCIS 1 VERTEBRAL SEG CERV	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22212	INCIS 1 VERTEBRAL SEG THORAC	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22214	INCIS 1 VERTEBRAL SEG LUMBAR	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22216	INCIS ADDL SPINE SEGMENT	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22220	INCIS W/DISCECTOMY CERVICAL	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22222	INCIS W/DISCECTOMY THORACIC	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22224	INCIS W/DISCECTOMY LUMBAR	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22226	REVISE EXTRA SPINE SEGMENT	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22510	PERQ CERVICOTHORACIC INJECT	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22511	PERQ LUMBOSACRAL INJECTION	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22512	VERTEBROPLASTY ADDL INJECT	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22513	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22514	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULI LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22515	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULI EACH	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22526	IDET SINGLE LEVEL	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22527	IDET 1 OR MORE LEVELS	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22532	LAT THORAX SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22533	LAT LUMBAR SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22534	LAT THOR/LUMB ADDL SEG	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22548	NECK SPINE FUSION	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22551	NECK SPINE FUSE&REMOV BEL C2	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22552	ADDL NECK SPINE FUSION	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22554	NECK SPINE FUSION	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22556	THORAX SPINE FUSION	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22558	LUMBAR SPINE FUSION	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22585	ADDITIONAL SPINAL FUSION	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22586	PRESCRL FUSE W/ INSTR L5-S1	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22590	SPINE & SKULL SPINAL FUSION	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22595	NECK SPINAL FUSION	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22600	NECK SPINE FUSION	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22610	THORAX SPINE FUSION	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22612	LUMBAR SPINE FUSION	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22614	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22630	LUMBAR SPINE FUSION	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22632	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22633	LUMBAR SPINE FUSION COMBINED	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22634	SPINE FUSION EXTRA SEGMENT	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22800	POST FUSION </6 VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22802	POST FUSION 7-12 VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22804	POST FUSION 13/> VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22808	ANT FUSION 2-3 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22810	ANT FUSION 4-7 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22812	ANT FUSION 8/> VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22818	KYPHECTOMY 1-2 SEGMENTS	KYPHECTOMY SINGLE OR TWO SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22819	KYPHECTOMY 3 OR MORE	KYPHECTOMY 3 OR MORE SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22830	EXPLORATION OF SPINAL FUSION	EXPLORATION SPINAL FUSION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22840	INSERT SPINE FIXATION DEVICE	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22841	INSERT SPINE FIXATION DEVICE	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22842	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22843	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22844	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22845	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22846	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22847	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22848	INSERT PELV FIXATION DEVICE	PELVIC FIXATION OTHER THAN SACRUM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22849	REINSERT SPINAL FIXATION	REINSERTION SPINAL FIXATION DEVICE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22850	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		

22852	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22853	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22854	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22855	REMOVE SPINE FIXATION DEVICE	REMOVAL ANTERIOR INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22856	CERV ARTIFIC DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22857	LUMBAR ARTIF DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22858	SECOND LEVEL CER DISKECTOMY	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22859	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22861	REVISE CERV ARTIFIC DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22862	REVISE LUMBAR ARTIF DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22864	REMOVE CERV ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22865	REMOVE LUMB ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22867	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22868	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22869	INSJ STABLJ DEV W/O DCMPRN	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22870	INSJ STABLJ DEV W/O DCMPRN	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22899	SPINE SURGERY PROCEDURE	UNLISTED PROCEDURE SPINE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
22999	ABDOMEN SURGERY PROCEDURE	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23330	REMOVE SHOULDER FOREIGN BODY	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	No Auth Required					
23470	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23472	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23473	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23474	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23600	TREAT HUMERUS FRACTURE	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	No Auth Required					
23615	TREAT HUMERUS FRACTURE	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
23929	SHOULDER SURGERY PROCEDURE	UNLISTED PROCEDURE SHOULDER	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
24200	REMOVAL OF ARM FOREIGN BODY	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	No Auth Required					
24360	RECONSTRUCT ELBOW JOINT	ARTHROPLASTY ELBOW W/MEMBRANE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24361	RECONSTRUCT ELBOW JOINT	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24362	RECONSTRUCT ELBOW JOINT	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24363	REPLACE ELBOW JOINT	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24365	RECONSTRUCT HEAD OF RADIUS	ARTHROPLASTY RADIAL HEAD	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24366	RECONSTRUCT HEAD OF RADIUS	ARTHROPLASTY RADIAL HEAD W/IMPLANT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24370	REVISE RECONST ELBOW JOINT	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24371	REVISE RECONST ELBOW JOINT	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24587	TREAT ELBOW FRACTURE	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
24650	TREAT RADIUS FRACTURE	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	No Auth Required					
24999	UPPER ARM/ELBOW SURGERY	UNLISTED PROCEDURE HUMERUS/ELBOW	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
25031	DRAINAGE OF FOREARM BURSA	INCISION & DRAINAGE FOREARM&/WRIST BURSA	No Auth Required					
25332	REVISE WRIST JOINT	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25441	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25442	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25443	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25444	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25445	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25446	WRIST REPLACEMENT	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25447	REPAIR WRIST JOINTS	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25449	REMOVE WRIST JOINT IMPLANT	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
25999	FOREARM OR WRIST SURGERY	UNLISTED PROCEDURE FOREARM/WRIST	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
26010	DRAINAGE OF FINGER ABSCESS	DRAINAGE FINGER ABSCESS SIMPLE	No Auth Required					
26011	DRAINAGE OF FINGER ABSCESS	DRAINAGE FINGER ABSCESS COMPLICATED	No Auth Required					
26020	DRAIN HAND TENDON SHEATH	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	No Auth Required					
26025	DRAINAGE OF PALM BURSA	DRAINAGE OF PALMAR BURSA SINGLE BURSA	No Auth Required					
26030	DRAINAGE OF PALM BURSAS	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	No Auth Required					
26530	REVISE KNUCKLE JOINT	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
26531	REVISE KNUCKLE WITH IMPLANT	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
26535	REVISE FINGER JOINT	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
26536	REVISE/IMPLANT FINGER JOINT	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
26600	TREAT METACARPAL FRACTURE	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	No Auth Required					
26770	TREAT FINGER DISLOCATION	CLTX IPHAL JT DISLC W/MANJ W/O ANES	No Auth Required					
26989	HAND/FINGER SURGERY	UNLISTED PROCEDURE HANDS/FINGERS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
27086	REMOVE HIP FOREIGN BODY	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	No Auth Required					
27090	REMOVAL OF HIP PROSTHESIS	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27091	REMOVAL OF HIP PROSTHESIS	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27096	INJECT SACROILIAC JOINT	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27125	PARTIAL HIP REPLACEMENT	HEMIARTHROPLASTY HIP PARTIAL	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27130	TOTAL HIP ARTHROPLASTY	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27132	TOTAL HIP ARTHROPLASTY	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27134	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27137	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		

27138	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27279	ARTHRODESIS SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
27280	FUSION OF SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
27299	PELVIS/HIP JOINT SURGERY	UNLISTED PROCEDURE PELVIS/HIP JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27369	NJX CNTRST KNE ARTHG/CT/MRI	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
27412	AUTOCHONDROCYTE IMPLANT KNEE	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27437	REVISE KNEECAP	ARTHROPLASTY PATELLA W/O PROSTHESIS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27438	REVISE KNEECAP WITH IMPLANT	ARTHROPLASTY PATELLA W/PROSTHESIS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27440	REVISION OF KNEE JOINT	ARTHROPLASTY KNEE TIBIAL PLATEAU	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27441	REVISION OF KNEE JOINT	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27442	REVISION OF KNEE JOINT	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27443	REVISION OF KNEE JOINT	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27445	REVISION OF KNEE JOINT	ARTHROPLASTY KNEE HINGE PROSTHESIS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27446	REVISION OF KNEE JOINT	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27447	TOTAL KNEE ARTHROPLASTY	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27486	REVISE/REPLACE KNEE JOINT	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27487	REVISE/REPLACE KNEE JOINT	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27488	REMOVAL OF KNEE PROSTHESIS	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27599	LEG SURGERY PROCEDURE	UNLISTED PROCEDURE FEMUR/KNEE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
27700	REVISION OF ANKLE JOINT	ARTHROPLASTY ANKLE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27702	RECONSTRUCT ANKLE JOINT	ARTHROPLASTY ANKLE W/IMPLANT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27703	RECONSTRUCTION ANKLE JOINT	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27704	REMOVAL OF ANKLE IMPLANT	REMOVAL ANKLE IMPLANT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
27750	TREATMENT OF TIBIA FRACTURE	CLTX TIBIAL SHAFT FX W/O MANIPULATION	No Auth Required					
27760	CLTX MEDIAL ANKLE FX	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	No Auth Required					
27786	TREATMENT OF ANKLE FRACTURE	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	No Auth Required					
27899	LEG/ANKLE SURGERY PROCEDURE	UNLISTED PROCEDURE LEG/ANKLE	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
28110	PART REMOVAL OF METATARSAL	OSTECTOMY PRTL 5TH METAR HEAD SPX	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
28190	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	No Auth Required					
28193	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT COMPLICATED	No Auth Required					
28285	REPAIR OF HAMMERTOE	CORRECTION HAMMERTOE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28286	REPAIR OF HAMMERTOE	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28288	PARTIAL REMOVAL OF FOOT BONE	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28289	CORRJ HALUX RIGDUS W/O IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28291	CORRJ HALUX RIGDUS W/IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28292	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28295	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28296	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28297	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28298	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28299	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28306	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28307	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28308	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28309	INCISION OF METATARSALS	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28450	TREAT MIDFOOT FRACTURE EACH	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	No Auth Required					
28705	FUSION OF FOOT BONES	ARTHRODESIS PANTALAR	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28715	FUSION OF FOOT BONES	ARTHRODESIS TRIPLE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28725	FUSION OF FOOT BONES	ARTHRODESIS SUBTALAR	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28730	FUSION OF FOOT BONES	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28735	FUSION OF FOOT BONES	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28737	REVISION OF FOOT BONES	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28740	FUSION OF FOOT BONES	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28750	FUSION OF BIG TOE JOINT	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28755	FUSION OF BIG TOE JOINT	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28760	FUSION OF BIG TOE JOINT	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28820	AMPUTATION OF TOE	AMPUTATION TOE METATARSOPHALANGEAL JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28825	PARTIAL AMPUTATION OF TOE	AMPUTATION TOE INTERPHALANGEAL JOINT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
28890	HI ENRGY ESWT PLANTAR FASCIA	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
28899	FOOT/TOES SURGERY PROCEDURE	UNLISTED PROCEDURE FOOT/TOES	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
29075	APPLICATION OF FOREARM CAST	APPLICATION CAST ELBOW FINGER SHORT ARM	No Auth Required					
29125	APPLY FOREARM SPLINT	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	No Auth Required					
29405	APPLY SHORT LEG CAST	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	No Auth Required					
29425	APPLY SHORT LEG CAST	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	No Auth Required					
29515	APPLICATION LOWER LEG SPLINT	APPLICATION SHORT LEG SPLINT CALF FOOT	No Auth Required					
29540	STRAPPING OF ANKLE AND/OR FT	STRAPPING ANKLE &/FOOT	No Auth Required					
29799	CASTING/STRAPPING PROCEDURE	UNLISTED PROCEDURE CASTING/STRAPPING	Authorization Required	Surgery of musculoskeletal system		Level 2 Review (Full Clinical Review)		
29800	JAW ARTHROSCOPY/SURGERY	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
29804	JAW ARTHROSCOPY/SURGERY	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
29805	SHOULDER ARTHROSCOPY DX	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29806	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29807	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29819	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement

29820	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29821	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29822	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29823	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29824	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29825	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29826	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29827	ARTHROSCOP ROTATOR CUFF REPR	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29828	ARTHROSCOPY BICEPS TENODESIS	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29830	ELBOW ARTHROSCOPY	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29834	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29835	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29836	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29837	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29838	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29840	WRIST ARTHROSCOPY	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29843	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29844	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29845	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29846	WRIST ARTHROSCOPY/SURGERY	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29847	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29848	WRIST ENDOSCOPY/SURGERY	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29850	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29851	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29855	TIBIAL ARTHROSCOPY/SURGERY	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29856	TIBIAL ARTHROSCOPY/SURGERY	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29860	HIP ARTHROSCOPY DX	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29861	HIP ARTHRO W/FB REMOVAL	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29862	HIP ARTHR0 W/DEBRIDEMENT	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
29863	HIP ARTHR0 W/SYNOVECTOMY	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29866	AUTGRFT IMPLNT KNEE W/SCOPE	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29867	ALLGRFT IMPLNT KNEE W/SCOPE	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29868	MENISCAL TRNSPL KNEE W/SCPE	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
29870	KNEE ARTHROSCOPY DX	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29871	KNEE ARTHROSCOPY/DRAINAGE	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29873	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE LATERAL RELEASE	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29874	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29875	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29876	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29877	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29879	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
29880	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29881	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29882	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29883	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29884	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29885	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29886	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29887	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29888	KNEE ARTHROSCOPY/SURGERY	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29889	KNEE ARTHROSCOPY/SURGERY	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29891	ANKLE ARTHROSCOPY/SURGERY	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29892	ANKLE ARTHROSCOPY/SURGERY	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	Authorization Required	Joint		Level 1 Review (Network Validation)		Removed Authorization Requirement
29999	ARTHROSCOPY OF JOINT	UNLISTED PROCEDURE ARTHROSCOPY	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
30020	DRAINAGE OF NOSE LESION	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	No Auth Required					
30300	REMOVE NASAL FOREIGN BODY	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	No Auth Required					
30400	RECONSTRUCTION OF NOSE	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30410	RECONSTRUCTION OF NOSE	RHINP PRIM COMPLETE XTRNL PARTS	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30420	RECONSTRUCTION OF NOSE	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30430	REVISION OF NOSE	RHINOPLASTY SECONDARY MINOR REVISION	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30435	REVISION OF NOSE	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30450	REVISION OF NOSE	RHINOPLASTY SECONDARY MAJOR REVISION	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30460	REVISION OF NOSE	RHINP DFRM W/COLUM LNGTH TIP ONLY	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30462	REVISION OF NOSE	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30465	REPAIR NASAL STENOSIS	REPAIR NASAL VESTIBULAR STENOSIS	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30520	REPAIR OF NASAL SEPTUM	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30620	INTRANASAL RECONSTRUCTION	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		

30630	REPAIR NASAL SEPTUM DEFECT	REPAIR NASAL SEPTAL PERFORATIONS	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
30999	NASAL SURGERY PROCEDURE	UNLISTED PROCEDURE NOSE	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31299	SINUS SURGERY PROCEDURE	UNLISTED PROCEDURE ACCESSORY SINUSES	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31599	LARYNX SURGERY PROCEDURE	UNLISTED PROCEDURE LARYNX	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31627	NAVIGATIONAL BRONCHOSCOPY	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31660	BRONCH THERMOPLSTY 1 LOBE	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31661	BRONCH THERMOPLSTY 2/> LOBES	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
31899	AIRWAYS SURGICAL PROCEDURE	UNLISTED PROCEDURE TRACHEA BRONCHI	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
32850	DONOR PNEUMONECTOMY	DONOR PNEUMONECTOMY FROM CADAVER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32851	LUNG TRANSPLANT SINGLE	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32852	LUNG TRANSPLANT WITH BYPASS	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32853	LUNG TRANSPLANT DOUBLE	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32854	LUNG TRANSPLANT WITH BYPASS	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32855	PREPARE DONOR LUNG SINGLE	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32856	PREPARE DONOR LUNG DOUBLE	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
32999	CHEST SURGERY PROCEDURE	UNLISTED PROCEDURE LUNGS & PLEURA	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
33016	PERICARDIOCENTESIS W/IMAGING	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33017	PRCRD DRG 6YR+ W/O CGEN CAR	PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33018	PRCRD DRG 0-5YR OR W/ANOMLY	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33019	PERQ PRCRD DRG INSJ CATH CT	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33254	ABLATE ATRIA LMTD	ABLATION & RECONSTRUCTION ATRIA LIMITED	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33255	ABLATE ATRIA W/O BYPASS EXT	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33256	ABLATE ATRIA W/BYPASS EXTEN	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33257	ABLATE ATRIA LMTD ADD-ON	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33258	ABLATE ATRIA X10SV ADD-ON	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33259	ABLATE ATRIA W/BYPASS ADD-ON	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33265	ABLATE ATRIA LMTD ENDO	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33266	ABLATE ATRIA X10SV ENDO	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33285	INSJ SUBQ CAR RHYTHM MNTR	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33286	RMVL SUBQ CAR RHYTHM MNTR	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33289	TCAT IMPL WRLS P-ART PRS SNR	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33340	PERQ CLSR TCAT L ATR APNDGE	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33858	AS-AORT GRF F/AORTIC DSJ	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33859	AS-AORT GRF F/DS OTH/THN DSJ	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33871	TRANSVRS A-ARCH GRF HYPTHRM	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
33927	IMPLTJ TOT RPLCMT HRT SYS	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33928	RMVL & RPLCMT TOT HRT SYS	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33929	RMVL RPLCMT HRT SYS F/TRNSPL	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33930	REMOVAL OF DONOR HEART/LUNG	DONOR CARDIECTOMY-PNEUMONECTOMY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33933	PREPARE DONOR HEART/LUNG	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
33935	TRANSPLANTATION HEART/LUNG	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
33940	REMOVAL OF DONOR HEART	DONOR CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33944	PREPARE DONOR HEART	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
33945	TRANSPLANTATION OF HEART	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33975	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33976	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
33999	CARDIAC SURGERY PROCEDURE	UNLISTED CARDIAC SURGERY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
34712	TCAT DLVR ENHNCD FIXJ DEV	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	Authorization Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe		Level 2 Review (Full Clinical Review)		
34717	EVASC RPR A-ILIAC NDGFT	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
34718	EVASC RPR N/A A-ILIAC NDGFT	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
35702	EXPL N/FLWD SURG UXTR ART	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
35703	EXPL N/FLWD SURG LXTR ART	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
36000	PLACE NEEDLE IN VEIN	INTRODUCTION NEEDLE/INTRACATHETER VEIN	No Auth Required					
36012	PLACE CATHETER IN VEIN	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	No Auth Required					
36299	VESSEL INJECTION PROCEDURE	UNLISTED PROCEDURE VASCULAR INJECTION	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36400	BL DRAW < 3 YRS FEM/JUGULAR	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	No Auth Required					
36405	BL DRAW <3 YRS SCALP VEIN	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	No Auth Required					
36406	BL DRAW <3 YRS OTHER VEIN	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	No Auth Required					
36410	NON-ROUTINE BL DRAW 3/> YRS	VNPNXR 3 YEARS/> PHYS/QHP SKILL	No Auth Required					
36415	ROUTINE VENIPUNCTURE	COLLECTION VENOUS BLOOD VENIPUNCTURE	No Auth Required					
36416	CAPILLARY BLOOD DRAW	COLLECTION CAPILLARY BLOOD SPECIMEN	No Auth Required					
36465	NJX NONCMPND SCLRSNT 1 VEIN	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36466	NJX NONCMPND SCLRSNT MLT VN	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		

36468	NJX SCLRSNT SPIDER VEINS	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36470	NJX SCLRSNT 1 INCMPTNT VEIN	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36471	NJX SCLRSNT MLT INCMPTNT VN	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36474	ENDOVENOUS MCHNCHEM ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36475	ENDOVENOUS RF 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36476	ENDOVENOUS RF VEIN ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36478	ENDOVENOUS LASER 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36479	ENDOVENOUS LASER VEIN ADDON	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36482	ENDOVEN THER CHEM ADHES 1ST	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36483	ENDOVEN THER CHEM ADHES SBSQ	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
36589	REMOVAL TUNNELED CV CATH	RMVL TUN CVC W/O SUBQ PORT/PMP	No Auth Required					
36591	DRAW BLOOD OFF VENOUS DEVICE	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	No Auth Required					
36592	COLLECT BLOOD FROM PICC	COLLECT BLOOD FROM CATHETER VENOUS NOS	No Auth Required					
36600	WITHDRAWAL OF ARTERIAL BLOOD	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	No Auth Required					
37501	VASCULAR ENDOSCOPY PROCEDURE	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37700	REVISE LEG VEIN	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37718	LIGATE/STRIP SHORT LEG VEIN	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37722	LIGATE/STRIP LONG LEG VEIN	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37735	REMOVAL OF LEG VEINS/LESION	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37760	LIGATE LEG VEINS RADICAL	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37761	LIGATE LEG VEINS OPEN	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37765	STAB PHLEB VEINS XTR 10-20	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37766	PHLEB VEINS - EXTREM 20+	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37780	REVISION OF LEG VEIN	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37785	LIGATE/DIVIDE/EXCISE VEIN	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
37799	VASCULAR SURGERY PROCEDURE	UNLISTED PROCEDURE VASCULAR SURGERY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
38129	LAPAROSCOPE PROC SPLEEN	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Authorization Required	Surgery of hemic and lymphatic systems		Level 2 Review (Full Clinical Review)		
38204	BL DONOR SEARCH MANAGEMENT	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
38205	HARVEST ALLOGENEIC STEM CELL	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38206	HARVEST AUTO STEM CELLS	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
38207	CRYOPRESERVE STEM CELLS	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38208	THAW PRESERVED STEM CELLS	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38209	WASH HARVEST STEM CELLS	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38210	T-CELL DEPLETION OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38211	TUMOR CELL DEPLETE OF HARVST	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38212	RBC DEPLETION OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38213	PLATELET DEPLETE OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38214	VOLUME DEPLETE OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38215	HARVEST STEM CELL CONCENTRTE	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38230	BONE MARROW HARVEST ALLOGEN	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38232	BONE MARROW HARVEST AUTOLOG	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38240	TRANSPLT ALLO HCT/DONOR	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38241	TRANSPLT AUTOL HCT/DONOR	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38242	TRANSPLT ALLO LYMPHOCYTES	ALLOGENEIC LYMPHOCYTE INFUSIONS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38243	TRANSPLJ HEMATOPOIETIC BOOST	TRNSPLJ HEMATOPOIETIC CELL BOOST	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
38589	LAPAROSCOPE PROC LYMPHATIC	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Authorization Required	Surgery of hemic and lymphatic systems		Level 2 Review (Full Clinical Review)		
38999	BLOOD/LYMPH SYSTEM PROCEDURE	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Authorization Required	Surgery of hemic and lymphatic systems		Level 2 Review (Full Clinical Review)		
39499	CHEST PROCEDURE	UNLISTED PROCEDURE MEDIASTINUM	Authorization Required	Surgery of mediastinum and diaphragm		Level 2 Review (Full Clinical Review)		
39599	DIAPHRAGM SURGERY PROCEDURE	UNLISTED PROCEDURE DIAPHRAGM	Authorization Required	Surgery of mediastinum and diaphragm		Level 2 Review (Full Clinical Review)		
40799	LIP SURGERY PROCEDURE	UNLISTED PROCEDURE LIPS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
40800	DRAINAGE OF MOUTH LESION	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	No Auth Required					
40801	DRAINAGE OF MOUTH LESION	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	No Auth Required					
40804	REMOVAL FOREIGN BODY MOUTH	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	No Auth Required					
40899	MOUTH SURGERY PROCEDURE	UNLISTED PROCEDURE VESTIBULE MOUTH	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41512	TONGUE SUSPENSION	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41530	TONGUE BASE VOL REDUCTION	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		

41599	TONGUE AND MOUTH SURGERY	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41820	EXCISION GUM EACH QUADRANT	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41821	EXCISION OF GUM FLAP	OPRCULECTOMY EXC PRICORONAL TISSUE	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41822	EXCISION OF GUM LESION	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41823	EXCISION OF GUM LESION	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41825	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
41826	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41827	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41828	EXCISION OF GUM LESION	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41830	REMOVAL OF GUM TISSUE	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41850	TREATMENT OF GUM LESION	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41870	GUM GRAFT	PERIODONTAL MUCOSAL GRAFTING	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41872	REPAIR GUM	GINGIVOPLASTY EACH QUADRANT SPECIFY	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41874	REPAIR TOOTH SOCKET	ALVEOLOPLASTY EACH QUADRANT SPECIFY	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
41899	DENTAL SURGERY PROCEDURE	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
42299	PALATE/UVULA SURGERY	UNLISTED PROCEDURE PALATE UVULA	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
42699	SALIVARY SURGERY PROCEDURE	UNLISTED PX SALIVARY GLANDS/DUCTS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
42999	THROAT SURGERY PROCEDURE	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43191	ESOPHAGOSCOPY RIGID TRNSO DX	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43192	ESOPHAGOSCP RIG TRNSO INJECT	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43194	ESOPHAGOSCP RIG TRNSO REM FB	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43195	ESOPHAGOSCOPY RIGID BALLOON	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43196	ESOPHAGOSCP GUIDE WIRE DILAT	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43197	ESOPHAGOSCOPY FLEX DX BRUSH	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43201	ESOPH SCOPE W/SUBMUCOUS INJ	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43202	ESOPHAGOSCOPY FLEX BIOPSY	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43204	ESOPH SCOPE W/SCLEROSIS INJ	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43205	ESOPHAGUS ENDOSCOPY/LIGATION	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43206	ESOPH OPTICAL ENDOMICROSCOPY	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43211	ESOPHAGOSCOP MUCOSAL RESECT	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43212	ESOPHAGOSCOP STENT PLACEMENT	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43213	ESOPHAGOSCOPY RETRO BALLOON	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43214	ESOPHAGOSC DILATE BALLOON 30	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43215	ESOPHAGOSCOPY FLEX REMOVE FB	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43216	ESOPHAGOSCOPY LESION REMOVAL	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43217	ESOPHAGOSCOPY SNARE LES REMV	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43220	ESOPHAGOSCOPY BALLOON <30MM	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
43226	ESOPH ENDOSCOPY DILATION	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43227	ESOPHAGOSCOPY CONTROL BLEED	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43229	ESOPHAGOSCOPY LESION ABLATE	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43231	ESOPHAGOSCOP ULTRASOUND EXAM	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43232	ESOPHAGOSCOPY W/US NEEDLE BX	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43233	EGD BALLOON DIL ESOPH30 MM/>	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43235	EGD DIAGNOSTIC BRUSH WASH	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
43236	UPPR GI SCOPE W/SUBMUC INJ	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43237	ENDOSCOPIC US EXAM ESOPH	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		

43238	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43239	EGD BIOPSY SINGLE/MULTIPLE	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
43240	EGD W/TRANSMURAL DRAIN CYST	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43241	EGD TUBE/CATH INSERTION	EGD INTRALUMINAL TUBE/CATHETER INSERTION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43242	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43243	EGD INJECTION VARICES	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43244	EGD VARICES LIGATION	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43245	EGD DILATE STRICTURE	EGD DILATION GASTRIC/DUODENAL STRICTURE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43246	EGD PLACE GASTROSTOMY TUBE	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43247	EGD REMOVE FOREIGN BODY	EGD FLEXIBLE FOREIGN BODY REMOVAL	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43248	EGD GUIDE WIRE INSERTION	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43249	ESOPH EGD DILATION <30 MM	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43250	EGD CAUTERY TUMOR POLYP	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43251	EGD REMOVE LESION SNARE	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43252	EGD OPTICAL ENDOMICROSCOPY	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43253	EGD US TRANSMURAL INJXN/MARK	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43254	EGD ENDO MUCOSAL RESECTION	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43255	EGD CONTROL BLEEDING ANY	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43257	EGD W/THRML TXMNT GERD	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43259	EGD US EXAM DUODENUM/JEJUNUM	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43260	ERCP W/SPECIMEN COLLECTION	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43261	ENDO CHOLANGIOPANCREATOGRAPH	ERCP W/BIOPSY SINGLE/MULTIPLE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43262	ENDO CHOLANGIOPANCREATOGRAPH	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43263	ERCP SPHINCTER PRESSURE MEAS	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43264	ERCP REMOVE DUCT CALCULI	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43265	ERCP LITHOTRIPSY CALCULI	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43266	EGD ENDOSCOPIC STENT PLACE	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43270	EGD LESION ABLATION	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43273	ENDOSCOPIC PANCREATOSCOPY	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43274	ERCP DUCT STENT PLACEMENT	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43275	ERCP REMOVE FORGN BODY DUCT	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
43276	ERCP STENT EXCHANGE W/DILATE	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
43277	ERCP EA DUCT/AMPULLA DILATE	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43278	ERCP LESION ABLATE W/DILATE	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	Authorization Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43285	RMVL ESOPHGL SPHNCTR DEV	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43289	LAPAROSCOPE PROC ESOPH	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43499	ESOPHAGUS SURGERY PROCEDURE	UNLISTED PROCEDURE ESOPHAGUS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43645	LAP GASTR BYPASS INCL SMLL I	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43647	LAP IMPL ELECTRODE ANTRUM	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43648	LAP REVISE/REMV ELTRD ANTRUM	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43659	LAPAROSCOPE PROC STOM	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43762	RPLC GTUBE NO REVJ TRC	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	Authorization Required	Surgery of digestive system		Level 1 Review (Network Validation)		Removed Authorization Requirement
43763	RPLC GTUBE REVJ GSTRST TRC	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	Authorization Required	Surgery of digestive system		Level 1 Review (Network Validation)		Removed Authorization Requirement
43770	LAP PLACE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43771	LAP REVISE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43772	LAP RMVL GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43773	LAP REPLACE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		

43774	LAP RMVL GASTR ADJ ALL PARTS	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43775	LAP SLEEVE GASTRECTOMY	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43842	V-BAND GASTROPLASTY	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43843	GASTROPLASTY W/O V-BAND	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43845	GASTROPLASTY DUODENAL SWITCH	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43846	GASTRIC BYPASS FOR OBESITY	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43847	GASTRIC BYPASS INCL SMALL I	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43848	REVISION GASTROPLASTY	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43881	IMPL/REDO ELECTRD ANTRUM	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43882	REVISE/REMOVE ELECTRD ANTRUM	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43886	REVISE GASTRIC PORT OPEN	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43887	REMOVE GASTRIC PORT OPEN	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
43888	CHANGE GASTRIC PORT OPEN	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
43999	STOMACH SURGERY PROCEDURE	UNLISTED PROCEDURE STOMACH	Authorization Required	Bariatric Surgery		Level 2 Review (Full Clinical Review)		
44132	ENTERECTOMY CADAVER DONOR	DONOR ENTERECTOMY OPEN CADAVER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44133	ENTERECTOMY LIVE DONOR	DONOR ENTERECTOMY OPEN LIVING DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44137	REMOVE INTESTINAL ALLOGRAFT	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44238	LAPAROSCOPE PROC INTESTINE	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
44388	COLONOSCOPY THRU STOMA SPX	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44389	COLONOSCOPY WITH BIOPSY	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44390	COLONOSCOPY FOR FOREIGN BODY	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44391	COLONOSCOPY FOR BLEEDING	COLONOSCOPY STOMA CONTROL BLEEDING	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44392	COLONOSCOPY & POLYPECTOMY	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44394	COLONOSCOPY W/SNARE	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44401	COLONOSCOPY WITH ABLATION	COLONOSCOPY STOMA ABLATION LESION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44402	COLONOSCOPY W/STENT PLCMT	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44403	COLONOSCOPY W/RESECTION	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44404	COLONOSCOPY W/INJECTION	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44405	COLONOSCOPY W/DILATION	COLONOSCOPY STOMA W/BALLOON DILATION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44406	COLONOSCOPY W/ULTRASOUND	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44407	COLONOSCOPY W/NDL ASPIR/BX	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44408	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
44715	PREPARE DONOR INTESTINE	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44720	PREP DONOR INTESTINE/VENOUS	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44721	PREP DONOR INTESTINE/ARTERY	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
44799	UNLISTED PX SMALL INTESTINE	UNLISTED PROCEDURE SMALL INTESTINE	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
44899	BOWEL SURGERY PROCEDURE	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
44979	LAPAROSCOPE PROC APP	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
45378	DIAGNOSTIC COLONOSCOPY	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45379	COLONOSCOPY W/FB REMOVAL	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45380	COLONOSCOPY AND BIOPSY	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45381	COLONOSCOPY SUBMUCOUS NJX	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45382	COLONOSCOPY W/CONTROL BLEED	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45384	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45385	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45386	COLONOSCOPY W/BALLOON DILAT	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45388	COLONOSCOPY W/ABLATION	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45389	COLONOSCOPY W/STENT PLCMT	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45390	COLONOSCOPY W/RESECTION	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45391	COLONOSCOPY W/ENDOSCOPE US	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement

45392	COLONOSCOPY W/ENDOSCOPIC FNB	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45393	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45398	COLONOSCOPY W/BAND LIGATION	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
45399	UNLISTED PROCEDURE COLON	UNLISTED PROCEDURE COLON	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
45499	LAPAROSCOPE PROC RECTUM	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
45999	RECTUM SURGERY PROCEDURE	UNLISTED PROCEDURE RECTUM	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
46900	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS SIMPLE CHEMICAL	No Auth Required					
46910	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS SMPL ELTRDSICCATION	No Auth Required					
46924	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS EXTENSIVE	No Auth Required					
46948	INT HRHC TRANAL DARTLZJ 2+	INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
46999	ANUS SURGERY PROCEDURE	UNLISTED PROCEDURE ANUS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47133	REMOVAL OF DONOR LIVER	DONOR HEPATECTOMY CADAVER DONOR	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47135	TRANSPLANTATION OF LIVER	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47140	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG II & III	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47141	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47142	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47143	PREP DONOR LIVER WHOLE	BKBENCH PREP CADAVER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47144	PREP DONOR LIVER 3-SEGMENT	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47145	PREP DONOR LIVER LOBE SPLIT	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47146	PREP DONOR LIVER/VENOUS	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47147	PREP DONOR LIVER/ARTERIAL	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47379	LAPAROSCOPE PROCEDURE LIVER	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47399	LIVER SURGERY PROCEDURE	UNLISTED PROCEDURE LIVER	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
47579	LAPAROSCOPE PROC BILIARY	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
47999	BILE TRACT SURGERY PROCEDURE	UNLISTED PROCEDURE BILIARY TRACT	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
48550	DONOR PANCREATECTOMY	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
48551	PREP DONOR PANCREAS	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
48552	PREP DONOR PANCREAS/VENOUS	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
48554	TRANSPL ALLOGRAFT PANCREAS	TRANSPLANTATION PANCREATIC ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
48556	REMOVAL ALLOGRAFT PANCREAS	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
48999	PANCREAS SURGERY PROCEDURE	UNLISTED PROCEDURE PANCREAS	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
49013	PRPERTL PEL PACK HEMRRG TRMA	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
49014	REEXPLORATION PELVIC WOUND	REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
49329	LAPARO PROC ABDM/PER/OMENT	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
49659	LAPARO PROC HERNIA REPAIR	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
49999	ABDOMEN SURGERY PROCEDURE	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
50300	REMOVE CADAVER DONOR KIDNEY	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50320	REMOVE KIDNEY LIVING DONOR	DONOR NEPHRECTOMY OPEN LIVING DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50323	PREP CADAVER RENAL ALLOGRAFT	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50325	PREP DONOR RENAL GRAFT	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50327	PREP RENAL GRAFT/VENOUS	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50328	PREP RENAL GRAFT/ARTERIAL	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50329	PREP RENAL GRAFT/URETERAL	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50340	REMOVAL OF KIDNEY	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50360	TRANSPLANTATION OF KIDNEY	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50365	TRANSPLANTATION OF KIDNEY	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50370	REMOVE TRANSPLANTED KIDNEY	RMVL TRNSPLED RENAL ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50380	REIMPLANTATION OF KIDNEY	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
50436	DILAT XST TRC NDURLGC PX	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
50437	DILAT XST TRC NEW ACCESS RCS	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
50549	LAPAROSCOPE PROC RENAL	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
50949	LAPAROSCOPE PROC URETER	UNLISTED LAPAROSCOPY PROCEDURE URETER	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
51701	INSERT BLADDER CATHETER	INSJ NON-NDWELLG BLADDER CATHETER	No Auth Required					
51702	INSERT TEMP BLADDER CATH	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	No Auth Required					
51703	INSERT BLADDER CATH COMPLEX	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	No Auth Required					
51705	CHANGE OF BLADDER TUBE	CHANGE CYSTOSTOMY TUBE SIMPLE	No Auth Required					
51710	CHANGE OF BLADDER TUBE	CHANGE CYSTOSTOMY TUBE COMPLICATED	No Auth Required					

51798	US URINE CAPACITY MEASURE	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	No Auth Required					
51999	LAPAROSCOPE PROC BLA	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
53854	TRURL DSTRJ PRST8 TISS RF WV	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
53860	TRANSURETHRAL RF TREATMENT	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
53899	UROLOGY SURGERY PROCEDURE	UNLISTED PROCEDURE URINARY SYSTEM	Authorization Required	Surgery of urinary system		Level 2 Review (Full Clinical Review)		
54050	DESTRUCTION PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE CHEMICAL	No Auth Required					
54055	DESTRUCTION PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	No Auth Required					
54699	LAPAROSCOPE PROC TESTIS	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Authorization Required	Surgery of male genital system		Level 2 Review (Full Clinical Review)		
54900	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
54901	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
55100	DRAINAGE OF SCROTUM ABSCESS	DRAINAGE SCROTAL WALL ABSCESS	No Auth Required					
55200	INCISION OF SPERM DUCT	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
55300	PREPARE SPERM DUCT X-RAY	VASOTOMY VASOGRAMS UNI/BI	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
55400	REPAIR OF SPERM DUCT	VASOVASOSTOMY VASOVASORRHAPHY	Authorization Required	Surgery of male genital system		Level 2 Review (Full Clinical Review)		
55559	LAPARO PROC SPERMATIC CORD	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Authorization Required	Surgery of male genital system		Level 2 Review (Full Clinical Review)		
55876	PLACE RT DEVICE/MARKER PROS	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	Authorization Required	Surgery of male genital system		Level 2 Review (Full Clinical Review)		
55899	GENITAL SURGERY PROCEDURE	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Authorization Required	Surgery of male genital system		Level 2 Review (Full Clinical Review)		
55970	SEX TRANSFORMATION M TO F	INTERSEX SURG MALE FEMALE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
55980	SEX TRANSFORMATION F TO M	INTERSEX SURG FEMALE MALE	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
56420	DRAINAGE OF GLAND ABSCESS	I&D OF BARTHOLINS GLAND ABSCESS	No Auth Required					
56501	DESTROY VULVA LESIONS SIM	DESTRUCTION LESIONS VULVA SIMPLE	No Auth Required					
56515	DESTROY VULVA LESION/S COMPL	DESTRUCTION LESIONS VULVA EXTENSIVE	No Auth Required					
57061	DESTROY VAG LESIONS SIMPLE	DESTRUCTION VAGINAL LESIONS SIMPLE	No Auth Required					
57065	DESTROY VAG LESIONS COMPLEX	DESTRUCTION VAGINAL LESIONS EXTENSIVE	No Auth Required					
57500	BIOPSY OF CERVIX	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	No Auth Required					
58100	BIOPSY OF UTERUS LINING	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	No Auth Required					
58300	INSERT INTRAUTERINE DEVICE	INSERTION INTRAUTERINE DEVICE IUD	No Auth Required					
58301	REMOVE INTRAUTERINE DEVICE	REMOVAL INTRAUTERINE DEVICE IUD	No Auth Required					
58321	ARTIFICIAL INSEMINATION	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58322	ARTIFICIAL INSEMINATION	ARTIFICIAL INSEMINATION INTRA-UTERINE	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58323	SPERM WASHING	SPERM WASHING ARTIFICIAL INSEMINATION	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58578	LAPARO PROC UTERUS	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
58579	HYSTEROSCOPE PROCEDURE	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58679	LAPARO PROC OVIDUCT-OVARY	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
58750	REPAIR OVIDUCT	TUBOTUBAL ANASTATOMOSIS	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58752	REVISE OVARIAN TUBE(S)	TUBOUTERINE IMPLANTATION	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
58760	FIMBRIOPLASTY	FIMBRIOPLASTY	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
58970	RETRIEVAL OF OOCYTE	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58974	TRANSFER OF EMBRYO	EMBRYO TRANSFER INTRAUTERINE	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58976	TRANSFER OF EMBRYO	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
58999	GENITAL SURGERY PROCEDURE	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
59025	FETAL NON-STRESS TEST	FETAL NONSTRESS TEST	No Auth Required					
59030	FETAL SCALP BLOOD SAMPLE	FETAL SCALP BLOOD SAMPLING	No Auth Required					
59866	ABORTION (MPR)	MULTIFETAL PREGNANCY REDUCTION	Authorization Required	Surgery of maternity care and delivery		Level 2 Review (Full Clinical Review)		
59897	FETAL INVAS PX W/US	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	Authorization Required	Surgery of maternity care and delivery		Level 2 Review (Full Clinical Review)		
59898	LAPARO PROC OB CARE/DELIVER	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	Authorization Required	Surgery of maternity care and delivery		Level 2 Review (Full Clinical Review)		
59899	MATERNITY CARE PROCEDURE	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	Authorization Required	Surgery of maternity care and delivery		Level 2 Review (Full Clinical Review)		
60659	LAPARO PROC ENDOCRINE	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Authorization Required	Surgery of endocrine system		Level 2 Review (Full Clinical Review)		
60699	ENDOCRINE SURGERY PROCEDURE	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Authorization Required	Surgery of endocrine system		Level 2 Review (Full Clinical Review)		
61531	IMPLANT BRAIN ELECTRODES	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61533	IMPLANT BRAIN ELECTRODES	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61760	IMPLANT BRAIN ELECTRODES	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61850	IMPLANT NEUROELECTRODES	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61860	IMPLANT NEUROELECTRODES	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61863	IMPLANT NEUROELECTRODE	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61864	IMPLANT NEUROELECTRDE ADDL	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61867	IMPLANT NEUROELECTRODE	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61868	IMPLANT NEUROELECTRDE ADDL	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61870	IMPLANT NEUROELECTRODES	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61880	REVISE/REMOVE NEUROELECTRODE	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61885	INSRT/REDO NEUROSTIM 1 ARRAY	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
61886	IMPLANT NEUROSTIM ARRAYS	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
61888	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
62263	EPIDURAL LYSIS MULT SESSIONS	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62264	EPIDURAL LYSIS ON SINGLE DAY	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62270	DX LMBR SPI PNXR	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	No Auth Required					
62287	PERCUTANEOUS DISKECTOMY	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62320	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62321	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62322	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62323	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62324	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62325	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62326	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
62327	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		

62328	DX LMBR SPI PNXR W/FLUOR/CT	DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
62329	THER SPI PNXR CSF FLUOR/CT	THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
62350	IMPLANT SPINAL CANAL CATH	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
62351	IMPLANT SPINAL CANAL CATH	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63001	REMOVE SPINE LAMINA 1/2 CRVL	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63003	REMOVE SPINE LAMINA 1/2 THRC	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63005	REMOVE SPINE LAMINA 1/2 LMBR	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63011	REMOVE SPINE LAMINA 1/2 SCRL	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63012	REMOVE LAMINA/FACETS LUMBAR	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63015	REMOVE SPINE LAMINA >2 CRVCL	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63016	REMOVE SPINE LAMINA >2 THRC	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63017	REMOVE SPINE LAMINA >2 LMBR	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63020	NECK SPINE DISK SURGERY	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63030	LOW BACK DISK SURGERY	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63035	SPINAL DISK SURGERY ADD-ON	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63040	LAMINOTOMY SINGLE CERVICAL	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63042	LAMINOTOMY SINGLE LUMBAR	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63043	LAMINOTOMY ADDL CERVICAL	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63044	LAMINOTOMY ADDL LUMBAR	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63045	REMOVE SPINE LAMINA 1 CRVL	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63046	REMOVE SPINE LAMINA 1 THRC	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63047	REMOVE SPINE LAMINA 1 LMBR	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63048	REMOVE SPINAL LAMINA ADD-ON	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63050	CERVICAL LAMINOPLSTY 2/> SEG	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63051	C-LAMINOPLASTY W/GRAFT/PLATE	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63055	DECOMPRESS SPINAL CORD THRC	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63056	DECOMPRESS SPINAL CORD LMBR	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63057	DECOMPRESS SPINE CORD ADD-ON	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63064	DECOMPRESS SPINAL CORD THRC	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63066	DECOMPRESS SPINE CORD ADD-ON	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63075	NECK SPINE DISK SURGERY	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63076	NECK SPINE DISK SURGERY	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63077	SPINE DISK SURGERY THORAX	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63078	SPINE DISK SURGERY THORAX	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63610	STIMULATION OF SPINAL CORD	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
63620	SRS SPINAL LESION	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63650	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63655	IMPLANT NEUROELECTRODES	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63662	REMOVE SPINE ELTRD PLATE	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63663	REVISE SPINE ELTRD PERQ ARAY	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63664	REVISE SPINE ELTRD PLATE	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63685	INSRT/REDO SPINE N GENERATOR	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
63688	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64405	NJX AA&/STRD GR OCPL NRV	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64451	NJX AA&/STRD NRV NRVTG SI JT	INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
64454	NJX AA&/STRD GNCLR NRV BRNCH	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
64479	INJ FORAMEN EPIDURAL C/T	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64480	INJ FORAMEN EPIDURAL ADD-ON	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64483	INJ FORAMEN EPIDURAL L/S	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64484	INJ FORAMEN EPIDURAL ADD-ON	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64490	INJ PARAVERT F JNT C/T 1 LEV	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64491	INJ PARAVERT F JNT C/T 2 LEV	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64492	INJ PARAVERT F JNT C/T 3 LEV	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64493	INJ PARAVERT F JNT L/S 1 LEV	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64494	INJ PARAVERT F JNT L/S 2 LEV	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64495	INJ PARAVERT F JNT L/S 3 LEV	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
64505	N BLOCK SPENOPALATINE GANGL	INJECTION ANES AGENT SPHENOPALATINE GANGLION	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64520	N BLOCK LUMBAR/THORACIC	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64553	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64555	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64561	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64566	NEUROELTRD STIM POST TIBIAL	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64568	INC FOR VAGUS N ELECT IMPL	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
64569	REVISE/REPL VAGUS N ELTRD	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		

64575	IMPLANT NEUROELECTRODES	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64580	IMPLANT NEUROELECTRODES	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64581	IMPLANT NEUROELECTRODES	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64590	INSRT/REDO PN/GASTR STIMUL	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64595	REVISE/RMV PN/GASTR STIMUL	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64624	DSTRJ NULYT AGT GNCLR NRV	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
64625	RF ABLTJ NRV NRVTG SI JT	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
64633	DESTROY CERV/THOR FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64634	DESTROY C/TH FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64635	DESTROY LUMB/SAC FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64636	DESTROY L/S FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
64999	NERVOUS SYSTEM SURGERY	UNLISTED PROCEDURE NERVOUS SYSTEM	Authorization Required	Surgery of nervous system		Level 2 Review (Full Clinical Review)		
65205	REMOVE FOREIGN BODY FROM EYE	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	No Auth Required					
65210	REMOVE FOREIGN BODY FROM EYE	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	No Auth Required					
65220	REMOVE FOREIGN BODY FROM EYE	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	No Auth Required					
65222	REMOVE FOREIGN BODY FROM EYE	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	No Auth Required					
65235	REMOVE FOREIGN BODY FROM EYE	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	No Auth Required					
65260	REMOVE FOREIGN BODY FROM EYE	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	No Auth Required					
65265	REMOVE FOREIGN BODY FROM EYE	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	No Auth Required					
65771	RADIAL KERATOTOMY	RADIAL KERATOTOMY	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
65772	CORRECTION OF ASTIGMATISM	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
65775	CORRECTION OF ASTIGMATISM	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
66830	REMOVAL OF LENS LESION	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66840	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66850	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66852	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66920	EXTRACTION OF LENS	RMVL LENS MATERIAL INTRACAPSULAR	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66930	EXTRACTION OF LENS	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66940	EXTRACTION OF LENS	REMOVAL LENS MATERIAL EXTRACAPSULAR	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66982	XCAPSL CTRC RMVL CPLX WO ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66983	CATARACT SURG W/IOL 1 STAGE	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66984	XCAPSL CTRC RMVL W/O ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66985	INSERT LENS PROSTHESIS	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	Authorization Required	Surgery of eye and ocular adnexa		Level 1 Review (Network Validation)		Removed Authorization Requirement
66987	XCAPSL CTRC RMVL CPLX W/ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
66988	XCAPSL CTRC RMVL W/ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
66999	EYE SURGERY PROCEDURE	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67299	EYE SURGERY PROCEDURE	UNLISTED PROCEDURE POSTERIOR SEGMENT	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67399	UNLISTED PX EXTRAOCULAR MUSC	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67599	ORBIT SURGERY PROCEDURE	UNLISTED PROCEDURE ORBIT	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67700	DRAINAGE OF EYELID ABSCESS	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	No Auth Required					
67900	REPAIR BROW DEFECT	REPAIR BROW PTOSIS	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67901	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67902	REPAIR EYELID DEFECT	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67903	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67904	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67906	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67908	REPAIR EYELID DEFECT	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67909	REVISE EYELID DEFECT	REDUCTION OVERCORRECTION PTOSIS	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67911	REVISE EYELID DEFECT	CORRECTION LID RETRACTION	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67912	CORRECTION EYELID W/IMPLANT	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67914	REPAIR EYELID DEFECT	REPAIR ECTROPION SUTURE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67915	REPAIR EYELID DEFECT	REPAIR ECTROPION THERMOCAUTERIZATION	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67916	REPAIR EYELID DEFECT	REPAIR ECTROPION EXCISION TARSAL WEDGE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67917	REPAIR EYELID DEFECT	REPAIR ECTROPION EXTENSIVE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67921	REPAIR EYELID DEFECT	REPAIR ENTROPION SUTURE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67922	REPAIR EYELID DEFECT	REPAIR ENTROPION THERMOCAUTERIZATION	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67923	REPAIR EYELID DEFECT	REPAIR ENTROPION EXCISION TARSAL WEDGE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67924	REPAIR EYELID DEFECT	REPAIR ENTROPION EXTENSIVE	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
67999	REVISION OF EYELID	UNLISTED PROCEDURE EYELIDS	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
68399	EYELID LINING SURGERY	UNLISTED PROCEDURE CONJUNCTIVA	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
68899	TEAR DUCT SYSTEM SURGERY	UNLISTED PROCEDURE LACRIMAL SYSTEM	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
69000	DRAIN EXTERNAL EAR LESION	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	No Auth Required					
69005	DRAIN EXTERNAL EAR LESION	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	No Auth Required					
69020	DRAIN OUTER EAR CANAL LESION	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	No Auth Required					
69090	PIERCE EARLOBES	EAR PIERCING	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
69200	CLEAR OUTER EAR CANAL	RMVL FB XTRNL AUDITORY CANAL W/O ANES	No Auth Required					
69209	REMOVE IMPACTED EAR WAX UNI	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	No Auth Required					
69210	REMOVE IMPACTED EAR WAX UNI	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	No Auth Required					
69300	REVISE EXTERNAL EAR	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
69399	OUTER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE EXTERNAL EAR	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69420	INCISION OF EARDRUM	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	No Auth Required					
69710	IMPLANT/REPLACE HEARING AID	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		

69711	REMOVE/REPAIR HEARING AID	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69714	IMPLANT TEMPLE BONE W/STIMUL	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69715	TEMPLE BNE IMPLNT W/STIMULAT	IMPLI OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69717	TEMPLE BONE IMPLANT REVISION	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69718	REVISE TEMPLE BONE IMPLANT	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69799	MIDDLE EAR SURGERY PROCEDURE	UNLISTED PROCEDURE MIDDLE EAR	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69930	IMPLANT COCHLEAR DEVICE	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69949	INNER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE INNER EAR	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69979	TEMPORAL BONE SURGERY	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Authorization Required	Surgery of auditory system		Level 2 Review (Full Clinical Review)		
69990	MICROSURGERY ADD-ON	MICROSURG TQS REQ USE OPERATING MICROSCOPE	Authorization Required	Surgery		Level 1 Review (Network Validation)		Removed Authorization Requirement
70010	CONTRAST X-RAY OF BRAIN	MYELOGRAPY POST FOSSA RS&I	No Auth Required					
70015	CONTRAST X-RAY OF BRAIN	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	No Auth Required					
70030	X-RAY EYE FOR FOREIGN BODY	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	No Auth Required					
70100	X-RAY EXAM OF JAW <4VIEWS	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	No Auth Required					
70110	X-RAY EXAM OF JAW 4/> VIEWS	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	No Auth Required					
70120	X-RAY EXAM OF MASTOIDS	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	No Auth Required					
70130	X-RAY EXAM OF MASTOIDS	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	No Auth Required					
70134	X-RAY EXAM OF MIDDLE EAR	RADEX INTERNAL AUDITORY MEATI COMPLETE	No Auth Required					
70140	X-RAY EXAM OF FACIAL BONES	RADEX FACIAL BONES < 3 VIEWS	No Auth Required					
70150	X-RAY EXAM OF FACIAL BONES	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	No Auth Required					
70160	X-RAY EXAM OF NASAL BONES	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	No Auth Required					
70170	X-RAY EXAM OF TEAR DUCT	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	No Auth Required					
70190	X-RAY EXAM OF EYE SOCKETS	RADEX OPTIC FORAMINA	No Auth Required					
70200	X-RAY EXAM OF EYE SOCKETS	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	No Auth Required					
70210	X-RAY EXAM OF SINUSES	RADEX SINUSES PARANASAL <3 VIEWS	No Auth Required					
70220	X-RAY EXAM OF SINUSES	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	No Auth Required					
70240	X-RAY EXAM PITUITARY SADDLE	RADIOLOGIC EXAMINATION SELLA TURCICA	No Auth Required					
70250	X-RAY EXAM OF SKULL	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	No Auth Required					
70260	X-RAY EXAM OF SKULL	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	No Auth Required					
70300	X-RAY EXAM OF TEETH	RADIOLOGIC EXAMINATION TEETH 1 VIEW	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
70310	X-RAY EXAM OF TEETH	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70320	FULL MOUTH X-RAY OF TEETH	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70328	X-RAY EXAM OF JAW JOINT	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	No Auth Required					
70330	X-RAY EXAM OF JAW JOINTS	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	No Auth Required					
70332	X-RAY EXAM OF JAW JOINT	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	No Auth Required					
70336	MAGNETIC IMAGE JAW JOINT	MRI TEMPOROMANDIBULAR JOINT	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70350	X-RAY HEAD FOR ORTHODONTIA	CEPHALOGRAM ORTHODONTIC	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
70355	PANORAMIC X-RAY OF JAWS	ORTHOPANTOGRAM	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70360	X-RAY EXAM OF NECK	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	No Auth Required					
70370	THROAT X-RAY & FLUOROSCOPY	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	No Auth Required					
70371	SPEECH EVALUATION COMPLEX	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	No Auth Required					
70380	X-RAY EXAM OF SALIVARY GLAND	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	No Auth Required					
70390	X-RAY EXAM OF SALIVARY DUCT	SIALOGRAPHY RS&I	No Auth Required					
70450	CT HEAD/BRAIN W/O DYE	CT HEAD/BRAIN W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
70460	CT HEAD/BRAIN W/DYE	CT HEAD/BRAIN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70470	CT HEAD/BRAIN W/O & W/DYE	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70480	CT ORBIT/EAR/FOSSA W/O DYE	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70481	CT ORBIT/EAR/FOSSA W/DYE	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70486	CT MAXILLOFACIAL W/O DYE	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70487	CT MAXILLOFACIAL W/DYE	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70488	CT MAXILLOFACIAL W/O & W/DYE	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70490	CT SOFT TISSUE NECK W/O DYE	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70491	CT SOFT TISSUE NECK W/DYE	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70492	CT SFT TSUE NCK W/O & W/DYE	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70496	CT ANGIOGRAPHY HEAD	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70498	CT ANGIOGRAPHY NECK	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70540	MRI ORBIT/FACE/NECK W/O DYE	MRI ORBIT FACE &/NECK W/O CONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70542	MRI ORBIT/FACE/NECK W/DYE	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70543	MRI ORBT/FAC/NCK W/O &W/DYE	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70544	MR ANGIOGRAPHY HEAD W/O DYE	MRA HEAD W/O CONTRST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70545	MR ANGIOGRAPHY HEAD W/DYE	MRA HEAD W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	MRA HEAD W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70547	MR ANGIOGRAPHY NECK W/O DYE	MRA NECK W/O CONTRST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70548	MR ANGIOGRAPHY NECK W/DYE	MRA NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70549	MR ANGIOGRAPH NECK W/O&W/DYE	MRA NECK W/O &W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70551	MRI BRAIN STEM W/O DYE	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
70552	MRI BRAIN STEM W/DYE	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70553	MRI BRAIN STEM W/O & W/DYE	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		

70554	FMRI BRAIN BY TECH	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
70555	FMRI BRAIN BY PHYS/PSYCH	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
70557	MRI BRAIN W/O DYE	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
70558	MRI BRAIN W/DYE	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
70559	MRI BRAIN W/O & W/DYE	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
71045	X-RAY EXAM CHEST 1 VIEW	RADIOLOGIC EXAM CHEST SINGLE VIEW	No Auth Required					
71046	X-RAY EXAM CHEST 2 VIEWS	RADIOLOGIC EXAM CHEST 2 VIEWS	No Auth Required					
71047	X-RAY EXAM CHEST 3 VIEWS	RADIOLOGIC EXAM CHEST 3 VIEWS	No Auth Required					
71048	X-RAY EXAM CHEST 4+ VIEWS	RADIOLOGIC EXAM CHEST 4+ VIEWS	No Auth Required					
71100	X-RAY EXAM RIBS UNI 2 VIEWS	RADEX RIBS UNILATERAL 2 VIEWS	No Auth Required					
71101	X-RAY EXAM UNILAT RIBS/CHEST	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	No Auth Required					
71110	X-RAY EXAM RIBS BIL 3 VIEWS	RADEX RIBS BILATERAL 3 VIEWS	No Auth Required					
71111	X-RAY EXAM RIBS/CHEST4/> VWS	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	No Auth Required					
71120	X-RAY EXAM BREASTBONE 2/>VWS	RADEX STERNUM MINIMUM 2 VIEWS	No Auth Required					
71130	X-RAY STRENOCLAVIC JT 3/>VWS	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	No Auth Required					
71250	CT THORAX W/O DYE	CT THORAX W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71260	CT THORAX W/DYE	CT THORAX W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71270	CT THORAX W/O & W/DYE	CT THORAX W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71275	CT ANGIOGRAPHY CHEST	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71550	MRI CHEST W/O DYE	MRI CHEST W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71551	MRI CHEST W/DYE	MRI CHEST W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71552	MRI CHEST W/O & W/DYE	MRI CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
71555	MRI ANGIO CHEST W OR W/O DYE	MRA CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72020	X-RAY EXAM OF SPINE 1 VIEW	RADEX SPINE 1 VIEW SPECIFY LEVEL	No Auth Required					
72040	X-RAY EXAM NECK SPINE 2-3 VW	RADEX SPINE CERVICAL 2 OR 3 VIEWS	No Auth Required					
72050	X-RAY EXAM NECK SPINE 4/5VWS	RADEX SPINE CERVICAL 4 OR 5 VIEWS	No Auth Required					
72052	X-RAY EXAM NECK SPINE 6/>VWS	RADEX SPINE CERVICAL 6 OR MORE VIEWS	No Auth Required					
72070	X-RAY EXAM THORAC SPINE 2VWS	RADEX SPINE THORACIC 2 VIEWS	No Auth Required					
72072	X-RAY EXAM THORAC SPINE 3VWS	RADEX SPINE THORACIC 3 VIEWS	No Auth Required					
72074	X-RAY EXAM THORAC SPINE4/>VW	RADEX SPINE THORACIC MINIMUM 4 VIEWS	No Auth Required					
72080	X-RAY EXAM THORACOLMB 2/> VW	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	No Auth Required					
72081	X-RAY EXAM ENTIRE SPI 1 VW	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	No Auth Required					
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	No Auth Required					
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	No Auth Required					
72084	X-RAY EXAM ENTIRE SPI 6/> VW	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	No Auth Required					
72100	X-RAY EXAM L-S SPINE 2/3 VWS	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	No Auth Required					
72110	X-RAY EXAM L-2 SPINE 4/>VWS	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	No Auth Required					
72114	X-RAY EXAM L-S SPINE BENDING	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	No Auth Required					
72120	X-RAY BEND ONLY L-S SPINE	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	No Auth Required					
72125	CT NECK SPINE W/O DYE	CT CERVICAL SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72126	CT NECK SPINE W/DYE	CT CERVICAL SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72127	CT NECK SPINE W/O & W/DYE	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72128	CT CHEST SPINE W/O DYE	CT THORACIC SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72129	CT CHEST SPINE W/DYE	CT THORACIC SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72130	CT CHEST SPINE W/O & W/DYE	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72131	CT LUMBAR SPINE W/O DYE	CT LUMBAR SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72132	CT LUMBAR SPINE W/DYE	CT LUMBAR SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72133	CT LUMBAR SPINE W/O & W/DYE	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72141	MRI NECK SPINE W/O DYE	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
72142	MRI NECK SPINE W/DYE	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72146	MRI CHEST SPINE W/O DYE	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72147	MRI CHEST SPINE W/DYE	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72148	MRI LUMBAR SPINE W/O DYE	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
72149	MRI LUMBAR SPINE W/DYE	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72156	MRI NECK SPINE W/O & W/DYE	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72157	MRI CHEST SPINE W/O & W/DYE	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72158	MRI LUMBAR SPINE W/O & W/DYE	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72159	MR ANGIO SPINE W/O&W/DYE	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
72170	X-RAY EXAM OF PELVIS	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	No Auth Required					
72190	X-RAY EXAM OF PELVIS	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	No Auth Required					
72191	CT ANGIOGRAPH PELV W/O&W/DYE	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72192	CT PELVIS W/O DYE	CT PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72193	CT PELVIS W/DYE	CT PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72194	CT PELVIS W/O & W/DYE	CT PELVIS W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72195	MRI PELVIS W/O DYE	MRI PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72196	MRI PELVIS W/DYE	MRI PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72197	MRI PELVIS W/O & W/DYE	MRI PELVIS W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72198	MR ANGIO PELVIS W/O & W/DYE	MRA PELVIS W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
72200	X-RAY EXAM SI JOINTS	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	No Auth Required					
72202	X-RAY EXAM SI JOINTS 3/> VWS	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	No Auth Required					
72220	X-RAY EXAM SACRUM TAILBONE	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	No Auth Required					
72240	MYELOGRAPHY NECK SPINE	MYELOGRAPHY CERVICAL RS&I	No Auth Required					
72255	MYELOGRAPHY THORACIC SPINE	MYELOGRAPHY THORACIC RS&I	No Auth Required					

72265	MYELOGRAPHY L-S SPINE	MYELOGRAPY LUMBOSACRAL RS&I	No Auth Required					
72270	MYELOGPHY 2/> SPINE REGIONS	MYELOGRAPY 2/MORE REGIONS RS&I	No Auth Required					
72275	EPIDUROGRAPHY	EPIDUROGRAPY RS&I	No Auth Required					
72285	DISCOGRAPHY CERV/THOR SPINE	DISKOGRAPY CERVICAL/THORACIC RS&I	No Auth Required					
72295	X-RAY OF LOWER SPINE DISK	DISKOGRAPY LUMBAR RS&I	No Auth Required					
73000	X-RAY EXAM OF COLLAR BONE	RADEX CLAVICLE COMPLETE	No Auth Required					
73010	X-RAY EXAM OF SHOULDER BLADE	RADEX SCAPULA COMPLETE	No Auth Required					
73020	X-RAY EXAM OF SHOULDER	RADEX SHOULDER 1 VIEW	No Auth Required					
73030	X-RAY EXAM OF SHOULDER	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	No Auth Required					
73040	CONTRAST X-RAY OF SHOULDER	RADEX SHOULDER ARTHROGRAPHY RS&I	No Auth Required					
73050	X-RAY EXAM OF SHOULDERS	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	No Auth Required					
73060	X-RAY EXAM OF HUMERUS	RADEX HUMERUS MINIMUM 2 VIEWS	No Auth Required					
73070	X-RAY EXAM OF ELBOW	RADEX ELBOW 2 VIEWS	No Auth Required					
73080	X-RAY EXAM OF ELBOW	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	No Auth Required					
73085	CONTRAST X-RAY OF ELBOW	RADEX ELBOW ARTHROGRAPHY RS&I	No Auth Required					
73090	X-RAY EXAM OF FOREARM	RADEX FOREARM 2 VIEWS	No Auth Required					
73092	X-RAY EXAM OF ARM INFANT	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	No Auth Required					
73100	X-RAY EXAM OF WRIST	RADEX WRIST 2 VIEWS	No Auth Required					
73110	X-RAY EXAM OF WRIST	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	No Auth Required					
73115	CONTRAST X-RAY OF WRIST	RADEX WRIST ARTHROGRAPHY RS&I	No Auth Required					
73120	X-RAY EXAM OF HAND	RADEX HAND 2 VIEWS	No Auth Required					
73130	X-RAY EXAM OF HAND	RADEX HAND MINIMUM 3 VIEWS	No Auth Required					
73140	X-RAY EXAM OF FINGER(S)	RADEX FINGR MINIMUM 2 VIEWS	No Auth Required					
73200	CT UPPER EXTREMITY W/O DYE	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73201	CT UPPER EXTREMITY W/DYE	CT UPPER EXTREMITY W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73202	CT UPPR EXTREMITY W/O&W/DYE	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
73206	CT ANGIO UPR EXTRM W/O&W/DYE	CT ANGIOGRAPHY UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
73218	MRI UPPER EXTREMITY W/O DYE	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73219	MRI UPPER EXTREMITY W/DYE	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73220	MRI UPPR EXTREMITY W/O&W/DYE	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73221	MRI JOINT UPR EXTREM W/O DYE	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
73222	MRI JOINT UPR EXTREM W/DYE	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73223	MRI JOINT UPR EXTR W/O&W/DYE	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73225	MR ANGIO UPR EXTR W/O&W/DYE	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
73501	X-RAY EXAM HIP UNI 1 VIEW	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	No Auth Required					
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	No Auth Required					
73503	X-RAY EXAM HIP UNI 4/> VIEWS	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	No Auth Required					
73521	X-RAY EXAM HIPS BI 2 VIEWS	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	No Auth Required					
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	No Auth Required					
73523	X-RAY EXAM HIPS BI 5/> VIEWS	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	No Auth Required					
73525	CONTRAST X-RAY OF HIP	RADEX HIP ARTHROGRAPHY RS&I	No Auth Required					
73551	X-RAY EXAM OF FEMUR 1	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	No Auth Required					
73552	X-RAY EXAM OF FEMUR 2/>	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	No Auth Required					
73560	X-RAY EXAM OF KNEE 1 OR 2	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	No Auth Required					
73562	X-RAY EXAM OF KNEE 3	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	No Auth Required					
73564	X-RAY EXAM KNEE 4 OR MORE	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	No Auth Required					
73565	X-RAY EXAM OF KNEES	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	No Auth Required					
73580	CONTRAST X-RAY OF KNEE JOINT	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	No Auth Required					
73590	X-RAY EXAM OF LOWER LEG	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	No Auth Required					
73592	X-RAY EXAM OF LEG INFANT	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	No Auth Required					
73600	X-RAY EXAM OF ANKLE	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	No Auth Required					
73610	X-RAY EXAM OF ANKLE	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	No Auth Required					
73615	CONTRAST X-RAY OF ANKLE	RADEX ANKLE ARTHROGRAPHY RS&I	No Auth Required					
73620	X-RAY EXAM OF FOOT	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	No Auth Required					
73630	X-RAY EXAM OF FOOT	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	No Auth Required					
73650	X-RAY EXAM OF HEEL	RADEX CALCANEUS MINIMUM 2 VIEWS	No Auth Required					
73660	X-RAY EXAM OF TOE(S)	RADEX TOE MINIMUM 2 VIEWS	No Auth Required					
73700	CT LOWER EXTREMITY W/O DYE	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73701	CT LOWER EXTREMITY W/DYE	CT LOWER EXTREMITY W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73702	CT LWR EXTREMITY W/O&W/DYE	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73706	CT ANGIO LWR EXTR W/O&W/DYE	CT ANGIOGRAPHY LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73718	MRI LOWER EXTREMITY W/O DYE	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73719	MRI LOWER EXTREMITY W/DYE	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73720	MRI LWR EXTREMITY W/O&W/DYE	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73721	MRI JNT OF LWR EXTRE W/O DYE	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
73722	MRI JOINT OF LWR EXTR W/DYE	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73723	MRI JOINT LWR EXTR W/O&W/DYE	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
73725	MR ANG LWR EXT W OR W/O DYE	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74018	X-RAY EXAM ABDOMEN 1 VIEW	RADIOLOGIC EXAM ABDOMEN 1 VIEW	No Auth Required					
74019	X-RAY EXAM ABDOMEN 2 VIEWS	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	No Auth Required					
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	No Auth Required					
74022	X-RAY EXAM COMPLETE ABDOMEN	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	No Auth Required					
74150	CT ABDOMEN W/O DYE	CT ABDOMEN W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74160	CT ABDOMEN W/DYE	CT ABDOMEN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74170	CT ABDOMEN W/O & W/DYE	CT ABDOMEN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74174	CT ANGIO ABD&PELV W/O&W/DYE	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74175	CT ANGIO ABDOM W/O & W/DYE	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74176	CT ABD & PELVIS W/O CONTRAST	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		

74177	CT ABD & PELV W/CONTRAST	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
74178	CT ABD & PELV 1/> REGNS	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
74181	MRI ABDOMEN W/O DYE	MRI ABDOMEN W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74182	MRI ABDOMEN W/DYE	MRI ABDOMEN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74183	MRI ABDOMEN W/O & W/DYE	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74185	MRI ANGIO ABDOM W ORW/O DYE	MRA ABDOMEN W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74190	X-RAY EXAM OF PERITONEUM	PERITONEOGRAM RS&I	No Auth Required					
74210	X-RAY XM PHRNX&/CRV ESOPH C+	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	No Auth Required					
74220	X-RAY XM ESOPHAGUS 1CNTRST	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	No Auth Required					
74221	X-RAY XM ESOPHAGUS 2CNTRST	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
74230	X-RAY XM SWLNG FUNCJ C+	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	No Auth Required					
74235	REMOVE ESOPHAGUS OBSTRUCTION	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	No Auth Required					
74240	X-RAY XM UPR GI TRC 1CNTRST	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	No Auth Required					
74241	X-RAY UPPER GI DELAY W/KUB	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	No Auth Required					
74245	X-RAY UPPER GI&SMALL INTEST	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	No Auth Required					
74246	X-RAY XM UPR GI TRC 2CNTRST	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	No Auth Required					
74247	CONTRST X-RAY UPPR GI TRACT	RADEX UPPER GI W/WO GLUCAGON/DELAY IMAGES W/KUB	No Auth Required					
74248	X-RAY SM INT F-THRU STD	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
74249	CONTRST X-RAY UPPR GI TRACT	RADEX GI UPR W/WO GLUCOSE W/SM INTEST FOLLW-THRU	No Auth Required					
74250	X-RAY XM SM INT 1CNTRST STD	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	No Auth Required					
74251	X-RAY XM SM INT 2CNTRST STD	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	No Auth Required					
74260	X-RAY EXAM OF SMALL BOWEL	DUODENOGRAPY HYPOTONIC	No Auth Required					
74261	CT COLONOGRAPHY DX	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74262	CT COLONOGRAPHY DX W/DYE	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74263	CT COLONOGRAPHY SCREENING	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74270	X-RAY XM COLON 1CNTRST STD	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	No Auth Required					
74280	X-RAY XM COLON 2CNTRST STD	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	No Auth Required					
74283	THER NMA RDCTJ INTUS/OBSTRCJ	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	No Auth Required					
74290	CONTRAST X-RAY GALLBLADDER	CHOLECYSTOGRAPHY ORAL CONTRST	No Auth Required					
74300	X-RAY BILE DUCTS/PANCREAS	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	No Auth Required					
74301	X-RAYS AT SURGERY ADD-ON	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	No Auth Required					
74328	X-RAY BILE DUCT ENDOSCOPY	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	No Auth Required					
74329	X-RAY FOR PANCREAS ENDOSCOPY	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	No Auth Required					
74330	X-RAY BILE/PANC ENDOSCOPY	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	No Auth Required					
74340	X-RAY GUIDE FOR GI TUBE	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	No Auth Required					
74355	X-RAY GUIDE INTESTINAL TUBE	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	No Auth Required					
74360	X-RAY GUIDE GI DILATION	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	No Auth Required					
74363	X-RAY BILE DUCT DILATION	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	No Auth Required					
74400	CONTRST X-RAY URINARY TRACT	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	No Auth Required					
74410	CONTRST X-RAY URINARY TRACT	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	No Auth Required					
74415	CONTRST X-RAY URINARY TRACT	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO	No Auth Required					
74420	CONTRST X-RAY URINARY TRACT	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	No Auth Required					
74425	CONTRST X-RAY URINARY TRACT	UROGRAPHY ANTEGRADE RS&I	No Auth Required					
74430	CONTRAST X-RAY BLADDER	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	No Auth Required					
74440	X-RAY MALE GENITAL TRACT	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	No Auth Required					
74445	X-RAY EXAM OF PENIS	CORPORA CAVERNOSOGRAPY RS&I	No Auth Required					
74450	X-RAY URETHRA/BLADDER	URETHROCYSTOGRAPHY RETROGRADE RS&I	No Auth Required					
74455	X-RAY URETHRA/BLADDER	URETHROCYSTOGRAPHY VOIDING RS&I	No Auth Required					
74470	X-RAY EXAM OF KIDNEY LESION	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	No Auth Required					
74485	DILATION URTR/URT RS&I	DILATION URETERS/URETHRA RS&I	No Auth Required					
74710	X-RAY MEASUREMENT OF PELVIS	PELVIMETRY W/WOPLACENTAL LOCALIZATION	No Auth Required					
74712	MRI FETAL SNGL/1ST GESTATION	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
74713	MRI FETAL EA ADDL GESTATION	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
74775	X-RAY EXAM OF PERINEUM	PERINEOGRAM	No Auth Required					
75557	CARDIAC MRI FOR MORPH	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75559	CARDIAC MRI W/STRESS IMG	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
75561	CARDIAC MRI FOR MORPH W/DYE	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75563	CARD MRI W/STRESS IMG & DYE	CARDIAC MRI W/W/O CONTRAST W/STRESS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75565	CARD MRI VELOC FLOW MAPPING	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75571	CT HRT W/O DYE W/CA TEST	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75572	CT HRT W/3D IMAGE	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75573	CT HRT W/3D IMAGE CONGEN	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
75574	CT ANGIO HRT W/3D IMAGE	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75600	CONTRAST EXAM THORACIC AORTA	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	No Auth Required					
75605	CONTRAST EXAM THORACIC AORTA	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	No Auth Required					
75625	CONTRAST EXAM ABDOMINL AORTA	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	No Auth Required					
75630	X-RAY AORTA LEG ARTERIES	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	No Auth Required					
75635	CT ANGIO ABDOMINAL ARTERIES	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
75705	ARTERY X-RAYS SPINE	ANGIOGRAPHY SPINAL SELECTIVE RS&I	No Auth Required					
75710	ARTERY X-RAYS ARM/LEG	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	No Auth Required					

75716	ARTERY X-RAYS ARMS/LEGS	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	No Auth Required					
75726	ARTERY X-RAYS ABDOMEN	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	No Auth Required					
75731	ARTERY X-RAYS ADRENAL GLAND	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	No Auth Required					
75733	ARTERY X-RAYS ADRENALS	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	No Auth Required					
75736	ARTERY X-RAYS PELVIS	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	No Auth Required					
75741	ARTERY X-RAYS LUNG	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	No Auth Required					
75743	ARTERY X-RAYS LUNGS	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	No Auth Required					
75746	ARTERY X-RAYS LUNG	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	No Auth Required					
75756	ARTERY X-RAYS CHEST	ANGIOGRAPHY INTERNAL MAMMARY RS&I	No Auth Required					
75774	ARTERY X-RAY EACH VESSEL	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	No Auth Required					
75801	LYMPH VESSEL X-RAY ARM/LEG	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	No Auth Required					
75803	LYMPH VESSEL X-RAY ARMS/LEGS	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	No Auth Required					
75805	LYMPH VESSEL X-RAY TRUNK	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	No Auth Required					
75807	LYMPH VESSEL X-RAY TRUNK	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	No Auth Required					
75809	NONVASCULAR SHUNT X-RAY	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	No Auth Required					
75810	VEIN X-RAY SPLEEN/LIVER	SPLENOPORTOGRAPY RS&I	No Auth Required					
75820	VEIN X-RAY ARM/LEG	VENOGRAPHY EXTREMITY UNILATERAL RS&I	No Auth Required					
75822	VEIN X-RAY ARMS/LEGS	VENOGRAPHY EXTREMITY BILATERAL RS&I	No Auth Required					
75825	VEIN X-RAY TRUNK	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	No Auth Required					
75827	VEIN X-RAY CHEST	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	No Auth Required					
75831	VEIN X-RAY KIDNEY	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	No Auth Required					
75833	VEIN X-RAY KIDNEYS	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	No Auth Required					
75840	VEIN X-RAY ADRENAL GLAND	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	No Auth Required					
75842	VEIN X-RAY ADRENAL GLANDS	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	No Auth Required					
75860	VEIN X-RAY NECK	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	No Auth Required					
75870	VEIN X-RAY SKULL	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	No Auth Required					
75872	VEIN X-RAY SKULL EPIDURAL	VENOGRAPHY EPIDURAL RS&I	No Auth Required					
75880	VEIN X-RAY EYE SOCKET	VENOGRAPHY ORBITAL RS&I	No Auth Required					
75885	VEIN X-RAY LIVER W/HEMODYNAM	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	No Auth Required					
75887	VEIN X-RAY LIVER W/O HEMODYN	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	No Auth Required					
75889	VEIN X-RAY LIVER W/HEMODYNAM	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	No Auth Required					
75891	VEIN X-RAY LIVER	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	No Auth Required					
75893	VENOUS SAMPLING BY CATHETER	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	No Auth Required					
75894	X-RAYS TRANSCATH THERAPY	TRANSCATHETER EMBOLIZATION ANY METH RS&I	No Auth Required					
75898	FOLLOW-UP ANGIOGRAPHY	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	No Auth Required					
75901	REMOVE CVA DEVICE OBSTRUCT	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	No Auth Required					
75902	REMOVE CVA LUMEN OBSTRUCT	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	No Auth Required					
75956	XRAY ENDOVASC THOR AO REPR	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	No Auth Required					
75957	XRAY ENDOVASC THOR AO REPR	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	No Auth Required					
75958	XRAY PLACE PROX EXT THOR AO	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	No Auth Required					
75959	XRAY PLACE DIST EXT THOR AO	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	No Auth Required					
75970	VASCULAR BIOPSY	TRANSCATHETER BIOPSY RS&I	No Auth Required					
75984	XRAY CONTROL CATHETER CHANGE	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	No Auth Required					
75989	ABSCESS DRAINAGE UNDER X-RAY	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	No Auth Required					
76000	FLUOROSCOPY <1 HR PHYS/QHP	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	No Auth Required					
76010	X-RAY NOSE TO RECTUM	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	No Auth Required					
76080	X-RAY EXAM OF FISTULA	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	No Auth Required					
76098	X-RAY EXAM SURGICAL SPECIMEN	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	No Auth Required					
76100	X-RAY EXAM OF BODY SECTION	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	No Auth Required					
76101	COMPLEX BODY SECTION X-RAY	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	No Auth Required					
76102	COMPLEX BODY SECTION X-RAYS	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	No Auth Required					
76120	CINE/VIDEO X-RAYS	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	No Auth Required					
76125	CINE/VIDEO X-RAYS ADD-ON	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	No Auth Required					
76140	X-RAY CONSULTATION	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	No Auth Required					
76376	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76377	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	No Auth Required	Radiology				Removed Authorization Requirement
76380	CAT SCAN FOLLOW-UP STUDY	CT LIMITED/LOCALIZED FOLLOW UP STUDY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76390	MR SPECTROSCOPY	MRI SPECTROSCOPY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76391	MR ELASTOGRAPHY	MAGNETIC RESONANCE ELASTOGRAPHY	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76496	FLUOROSCOPIC PROCEDURE	UNLISTED FLUOROSCOPIC PROCEDURE	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76497	CT PROCEDURE	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
76498	MRI PROCEDURE	UNLISTED MAGNETIC RESONANCE PROCEDURE	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76499	RADIOGRAPHIC PROCEDURE	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76506	ECHO EXAM OF HEAD	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	No Auth Required					
76510	OPHTH US B & QUANT A	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	No Auth Required					
76511	OPHTH US QUANT A ONLY	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	No Auth Required					
76512	OPHTH US B W/NON-QUANT A	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	No Auth Required					

76513	ECHO EXAM OF EYE WATER BATH	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	No Auth Required					
76514	ECHO EXAM OF EYE THICKNESS	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	No Auth Required					
76516	ECHO EXAM OF EYE	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	No Auth Required					
76519	ECHO EXAM OF EYE	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	No Auth Required					
76529	ECHO EXAM OF EYE	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	No Auth Required					
76536	US EXAM OF HEAD AND NECK	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	No Auth Required					
76604	US EXAM CHEST	US CHEST REAL TIME W/IMAGE DOCUMENTATION	No Auth Required					
76641	ULTRASOUND BREAST COMPLETE	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	No Auth Required					
76642	ULTRASOUND BREAST LIMITED	US BREAST UNI REAL TIME WITH IMAGE LIMITED	No Auth Required					
76700	US EXAM ABDOM COMPLETE	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	No Auth Required					
76705	ECHO EXAM OF ABDOMEN	US ABDOMINAL REAL TIME W/IMAGE LIMITED	No Auth Required					
76706	US ABDL AORTA SCREEN AAA	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	No Auth Required					
76770	US EXAM ABDO BACK WALL COMP	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	No Auth Required					
76775	US EXAM ABDO BACK WALL LIM	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	No Auth Required					
76776	US EXAM K TRANSPL W/DOPPLER	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	No Auth Required					
76800	US EXAM SPINAL CANAL	ULTRASOUND SPINAL CANAL & CONTENTS	No Auth Required					
76801	OB US < 14 WKS SINGLE FETUS	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	No Auth Required					
76802	OB US < 14 WKS ADDL FETUS	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	No Auth Required					
76805	OB US >/= 14 WKS SNGL FETUS	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	No Auth Required					
76810	OB US >/= 14 WKS ADDL FETUS	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	No Auth Required					
76811	OB US DETAILED SNGL FETUS	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	No Auth Required					
76812	OB US DETAILED ADDL FETUS	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	No Auth Required					
76813	OB US NUCHAL MEAS 1 GEST	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	No Auth Required					
76814	OB US NUCHAL MEAS ADD-ON	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	No Auth Required					
76815	OB US LIMITED FETUS(S)	US PREGNANT UTERUS LIMITED 1/> FETUSES	No Auth Required					
76816	OB US FOLLOW-UP PER FETUS	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	No Auth Required					
76817	TRANSVAGINAL US OBSTETRIC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	No Auth Required					
76818	FETAL BIOPHYS PROFILE W/NST	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	No Auth Required					
76819	FETAL BIOPHYS PROFIL W/O NST	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	No Auth Required					
76820	UMBILICAL ARTERY ECHO	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	No Auth Required					
76821	MIDDLE CEREBRAL ARTERY ECHO	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	No Auth Required					
76825	ECHO EXAM OF FETAL HEART	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	No Auth Required					
76826	ECHO EXAM OF FETAL HEART	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	No Auth Required					
76827	ECHO EXAM OF FETAL HEART	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	No Auth Required					
76828	ECHO EXAM OF FETAL HEART	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	No Auth Required					
76830	TRANSVAGINAL US NON-OB	US TRANSVAGINAL	No Auth Required					
76831	ECHO EXAM UTERUS	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	No Auth Required					
76856	US EXAM PELVIC COMPLETE	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	No Auth Required					
76857	US EXAM PELVIC LIMITED	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	No Auth Required					
76870	US EXAM SCROTUM	US SCROTUM & CONTENTS	No Auth Required					
76872	US TRANSRECTAL	US TRANSRECTAL	No Auth Required					
76873	ECHOGRAP TRANS R PROS STUDY	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	No Auth Required					
76881	US COMPL JOINT R-T W/IMG	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	No Auth Required					
76882	US LMTD JT/NONVASC XTR STRUX	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	No Auth Required					
76885	US EXAM INFANT HIPS DYNAMIC	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	No Auth Required					
76886	US EXAM INFANT HIPS STATIC	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	No Auth Required					
76930	ECHO GUIDE CARDIOCENTESIS	US GUIDANCE PERICARDIOCENTESIS RS&I	No Auth Required					
76932	ECHO GUIDE FOR HEART BIOPSY	US ENDOMYOCARDIAL BIOPSY RS&I	No Auth Required					
76936	ECHO GUIDE FOR ARTERY REPAIR	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	No Auth Required					
76937	US GUIDE VASCULAR ACCESS	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	No Auth Required					
76940	US GUIDE TISSUE ABLATION	US &MNTR PARENCHYMAL TISSUE ABLATION	No Auth Required					
76941	ECHO GUIDE FOR TRANSFUSION	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	No Auth Required					
76942	ECHO GUIDE FOR BIOPSY	US GUIDANCE NEEDLE PLACEMENT IMG S&I	No Auth Required					
76945	ECHO GUIDE VILLUS SAMPLING	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	No Auth Required					
76946	ECHO GUIDE FOR AMNIOCENTESIS	US GUIDANCE AMNIOCENTESIS IMG S&I	No Auth Required					
76948	ECHO GUIDE OVA ASPIRATION	US GUIDANCE ASPIRATION OVA IMG S&I	No Auth Required					
76965	ECHO GUIDANCE RADIOTHERAPY	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	No Auth Required					
76970	ULTRASOUND EXAM FOLLOW-UP	US STUDY FOLLOW UP	No Auth Required					
76975	GI ENDOSCOPIC ULTRASOUND	GI ENDOSCOPIC US S&I	No Auth Required					
76977	US BONE DENSITY MEASURE	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	No Auth Required					
76978	US TRGT DYN MBUBB 1ST LES	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76979	US TRGT DYN MBUBB EA ADDL	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76981	USE PARENCHYMA	ULTRASOUND ELASTOGRAPHY PARENCHYMA	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
76982	USE 1ST TARGET LESION	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76983	USE EA ADDL TARGET LESION	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
76998	US GUIDE INTRAOP	ULTRASONIC GUIDANCE INTRAOPERATIVE	No Auth Required					
76999	ECHO EXAMINATION PROCEDURE	UNLISTED US PROCEDURE	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77001	FLUOROGUIDE FOR VEIN DEVICE	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	No Auth Required					
77002	NEEDLE LOCALIZATION BY XRAY	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	No Auth Required					

77003	FLUOROGUIDE FOR SPINE INJECT	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	No Auth Required					
77011	CT SCAN FOR LOCALIZATION	CT GUIDANCE STEREOTACTIC LOCALIZATION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77012	CT SCAN FOR NEEDLE BIOPSY	CT GUIDANCE NEEDLE PLACEMENT	No Auth Required	Radiology				Removed Authorization Requirement
77013	CT GUIDE FOR TISSUE ABLATION	CT GUIDANCE &MONITORING VISC TISS ABLATION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
77014	CT SCAN FOR THERAPY GUIDE	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	No Auth Required	Radiology				Removed Authorization Requirement
77021	MRI GUIDANCE NDL PLMT RS&I	MRI GUIDANCE NEEDLE PLACEMENT RS&I	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
77022	MRI GDN PARNCHYMA TISS ABLTJ	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
77046	MRI BREAST C- UNILATERAL	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77047	MRI BREAST C- BILATERAL	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77048	MRI BREAST C-+ W/CAD UNI	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77049	MRI BREAST C-+ W/CAD BI	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77053	X-RAY OF MAMMARY DUCT	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	No Auth Required					
77054	X-RAY OF MAMMARY DUCTS	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	No Auth Required					
77061	BREAST TOMOSYNTHESIS UNI	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	No Auth Required					
77062	BREAST TOMOSYNTHESIS BI	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	No Auth Required					
77063	BREAST TOMOSYNTHESIS BI	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	No Auth Required					
77065	DX MAMMO INCL CAD UNI	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	No Auth Required					
77066	DX MAMMO INCL CAD BI	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	No Auth Required					
77067	SCR MAMMO BI INCL CAD	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	No Auth Required					
77071	X-RAY STRESS VIEW	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	No Auth Required					
77072	X-RAYS FOR BONE AGE	BONE AGE STUDIES	No Auth Required					
77073	X-RAYS BONE LENGTH STUDIES	BONE LENGTH STUDIES	No Auth Required					
77074	X-RAYS BONE SURVEY LIMITED	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	No Auth Required					
77075	X-RAYS BONE SURVEY COMPLETE	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	No Auth Required					
77076	X-RAYS BONE SURVEY INFANT	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	No Auth Required					
77077	JOINT SURVEY SINGLE VIEW	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	No Auth Required					
77078	CT BONE DENSITY AXIAL	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77080	DXA BONE DENSITY AXIAL	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	No Auth Required					
77081	DXA BONE DENSITY/PERIPHERAL	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	No Auth Required					
77084	MAGNETIC IMAGE BONE MARROW	BONE MARROW BLOOD SUPPLY	Authorization Required	Radiology		Level 2 Review (Full Clinical Review)		
77085	DXA BONE DENSITY STUDY	DXA BONE DENSITY STUDY AXIAL SKELETON	No Auth Required					
77086	FRACTURE ASSESSMENT VIA DXA	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	No Auth Required					
77261	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77262	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77263	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77280	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77285	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77290	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77293	RESPIRATOR MOTION MGMT SIMUL	RESPIRATORY MOTION MANAGEMENT SIMULATION	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77295	3-D RADIOTHERAPY PLAN	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77299	RADIATION THERAPY PLANNING	UNLIS PX THER RADIOL CLINICAL TX PLANNING	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77300	RADIATION THERAPY DOSE PLAN	BASIC RADIATION DOSIMETRY CALCULATION	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77301	RADIOTHERAPY DOSE PLAN IMRT	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77306	TELETHX ISODOSE PLAN SIMPLE	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77307	TELETHX ISODOSE PLAN CPLX	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77316	BRACHYTX ISODOSE PLAN SIMPLE	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77317	BRACHYTX ISODOSE INTERMED	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77318	BRACHYTX ISODOSE COMPLEX	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77321	SPECIAL TELETX PORT PLAN	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77331	SPECIAL RADIATION DOSIMETRY	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77332	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77333	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77334	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77336	RADIATION PHYSICS CONSULT	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77338	DESIGN MLC DEVICE FOR IMRT	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77370	RADIATION PHYSICS CONSULT	SPEC MEDICAL RADJ PHYSICS CONSLTJ	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77371	SRS MULTISOURCE	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77372	SRS LINEAR BASED	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77373	SBRT DELIVERY	STEREOTACTIC BODY RADIATION DELIVERY	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77385	NTSTY MODUL RAD TX DLVR SMPL	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77386	NTSTY MODUL RAD TX DLVR CPLX	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77387	GUIDANCE FOR RADJ TX DLVR	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77399	EXTERNAL RADIATION DOSIMETRY	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77401	RADIATION TREATMENT DELIVERY	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77402	RADIATION TREATMENT DELIVERY	RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77407	RADIATION TREATMENT DELIVERY	RADIATION TX DELIVERY 1 MEV => INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		

77412	RADIATION TREATMENT DELIVERY	RADIATION TREATMENT DELIVERY 1 MEV => COMPLEX	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77423	NEUTRON BEAM TX COMPLEX	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77424	IO RAD TX DELIVERY BY X-RAY	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77425	IO RAD TX DELIVER BY ELCTRNS	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77427	RADIATION TX MANAGEMENT X5	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77431	RADIATION THERAPY MANAGEMENT	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77432	STEREOTACTIC RADIATION TRMT	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77435	SBRT MANAGEMENT	STEREOTACTIC BODY RADIATION MANAGEMENT	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77469	IO RADIATION TX MANAGEMENT	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77470	SPECIAL RADIATION TREATMENT	SPECIAL TREATMENT PROCEDURE	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77499	RADIATION THERAPY MANAGEMENT	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77520	PROTON TRMT SIMPLE W/O COMP	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77522	PROTON TRMT SIMPLE W/COMP	PROTON TX DELIVERY SIMPLE W/COMPENSATION	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77523	PROTON TRMT INTERMEDIATE	PROTON TX DELIVERY INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77525	PROTON TREATMENT COMPLEX	PROTON TX DELIVERY COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
77600	HYPERTHERMIA TREATMENT	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	No Auth Required					
77605	HYPERTHERMIA TREATMENT	HYPERTHERMIA EXTERNAL GENERATED DEEP	No Auth Required					
77610	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	No Auth Required					
77615	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	No Auth Required					
77620	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTRACAVITARY PROBES	No Auth Required					
77750	INFUSE RADIOACTIVE MATERIALS	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77761	APPLY INTRCAV RADIAT SIMPLE	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77762	APPLY INTRCAV RADIAT INTERM	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77763	APPLY INTRCAV RADIAT COMPL	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77767	HDR RDNCL SKN SURF BRACHYTX	HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77768	HDR RDNCL SKN SURF BRACHYTX	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	No Auth Required	Radiation Therapy, including gamma knife				Removed Authorization Requirement
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77778	APPLY INTERSTIT RADIAT COMPL	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77789	APPLY SURF LDR RADIONUCLIDE	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77790	RADIATION HANDLING	SUPERVISION HANDLING LOADING RADIATION SOURCE	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
77799	RADIUM/RADIOISOTOPE THERAPY	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Authorization Required	Radiation Therapy, including gamma knife		Level 2 Review (Full Clinical Review)		
78099	ENDOCRINE NUCLEAR PROCEDURE	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78199	BLOOD/LYMPH NUCLEAR EXAM	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78299	GI NUCLEAR PROCEDURE	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78399	MUSCULOSKELETAL NUCLEAR EXAM	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78429	MYOCRD IMG PET 1 STD W/CT	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Authorization Required			Level 2 Review (Full Clinical Review)		
78430	MYOCRD IMG PET RST/STRS W/CT	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Authorization Required			Level 2 Review (Full Clinical Review)		
78431	MYOCRD IMG PET RST&STRS CT	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	Authorization Required			Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78432	MYOCRD IMG PET 2RTRACER	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Authorization Required			Level 2 Review (Full Clinical Review)		
78433	MYOCRD IMG PET 2RTRACER CT	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	Authorization Required			Level 2 Review (Full Clinical Review)		
78434	AQMBF PET REST & RX STRESS	AQMBF PET REST AND PHARMACOLOGIC STRESS	Authorization Required			Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78451	HT MUSCLE IMAGE SPECT SING	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78452	HT MUSCLE IMAGE SPECT MULT	MYOCARDIAL SPECT MULTIPLE STUDIES	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78453	HT MUSCLE IMAGE PLANAR SING	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78454	HT MUSC IMAGE PLANAR MULT	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78459	MYOCRD IMG PET SINGLE STUDY	MYOCRD IMG PET METAB EVAL SINGLE STUDY	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78466	HEART INFARCT IMAGE	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78468	HEART INFARCT IMAGE (EF)	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78469	HEART INFARCT IMAGE (3D)	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78472	GATED HEART PLANAR SINGLE	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78473	GATED HEART MULTIPLE	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78481	HEART FIRST PASS SINGLE	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78483	HEART FIRST PASS MULTIPLE	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78491	MYOCRD IMG PET 1STD RST/STRS	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78492	MYOCRD IMG PET MLT RST&STRS	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78494	HEART IMAGE SPECT	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78496	HEART FIRST PASS ADD-ON	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78499	CARDIOVASCULAR NUCLEAR EXAM	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78599	RESPIRATORY NUCLEAR EXAM	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78608	BRAIN IMAGING (PET)	BRAIN IMAGING PET METABOLIC EVALUATION	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78609	BRAIN IMAGING (PET)	BRAIN IMAGING PET PERFUSION EVALUATION	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78699	NERVOUS SYSTEM NUCLEAR EXAM	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78799	GENITOURINARY NUCLEAR EXAM	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78811	PET IMAGE LTD AREA	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement

78812	PET IMAGE SKULL-THIGH	PET IMAGING SKULL BASE TO MID-THIGH	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78813	PET IMAGE FULL BODY	PET IMAGING WHOLE BODY	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		
78814	PET IMAGE W/CT LMTD	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78815	PET IMAGE W/CT SKULL-THIGH	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78816	PET IMAGE W/CT FULL BODY	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Authorization Required	Radiology - nuclear medicine		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
78830	RP LOCLZ TUM SPECT W/CT 1	RP LOCLZ TUM SPECT W/CT 1 AREA 1 DAY IMAGING	Authorization Required			Level 2 Review (Full Clinical Review)		
78831	RP LOCLZ TUM SPECT 2 AREAS	RP LOCLZ TUM SPECT 2 AREA 1D IMG/1 AREA IMG>2+D	Authorization Required			Level 2 Review (Full Clinical Review)		
78832	RP LOCLZ TUM SPECT W/CT 2	RP LOCLZ TUM SPECT CT 2AREA 1D IMG/1 AR IMG>2+D	Authorization Required			Level 2 Review (Full Clinical Review)		
78835	RP QUAN MEAS SINGLE AREA	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	Authorization Required			Level 2 Review (Full Clinical Review)		
79005	NUCLEAR RX ORAL ADMIN	RP THERAPY ORAL ADMINISTRATION	No Auth Required					
79101	NUCLEAR RX IV ADMIN	RP THERAPY INTRAVENOUS ADMINISTRATION	No Auth Required					
79200	NUCLEAR RX INTRACAV ADMIN	RP THERAPY INRACAVITARY ADMINISTRATION	No Auth Required					
79300	NUCLR RX INTERSTIT COLLOID	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	No Auth Required					
79403	HEMATOPOIETIC NUCLEAR TX	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	No Auth Required					
79440	NUCLEAR RX INTRA-ARTICULAR	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	No Auth Required					
79445	NUCLEAR RX INTRA-ARTERIAL	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	No Auth Required					
79999	NUCLEAR MEDICINE THERAPY	RP THERAPY UNLISTED PROCEDURE	No Auth Required					
80047	METABOLIC PANEL IONIZED CA	BASIC METABOLIC PANEL CALCIUM IONIZED	No Auth Required					
80048	METABOLIC PANEL TOTAL CA	BASIC METABOLIC PANEL CALCIUM TOTAL	No Auth Required					
80050	GENERAL HEALTH PANEL	GENERAL HEALTH PANEL	No Auth Required					
80051	ELECTROLYTE PANEL	ELECTROLYTE PANEL	No Auth Required					
80053	COMPREHEN METABOLIC PANEL	COMPREHENSIVE METABOLIC PANEL	No Auth Required					
80055	OBSTETRIC PANEL	OBSTETRIC PANEL	No Auth Required					
80061	LIPID PANEL	LIPID PANEL	No Auth Required					
80069	RENAL FUNCTION PANEL	RENAL FUNCTION PANEL	No Auth Required					
80074	ACUTE HEPATITIS PANEL	ACUTE HEPATITIS PANEL	No Auth Required					
80076	HEPATIC FUNCTION PANEL	HEPATIC FUNCTION PANEL	No Auth Required					
80081	OBSTETRIC PANEL	OBSTETRIC PANEL	No Auth Required					
80145	DRUG ASSAY ADALIMUMAB	DRUG ASSAY ADALIMUMAB	Authorization Required			Level 2 Review (Full Clinical Review)		
80150	ASSAY OF AMIKACIN	DRUG SCREEN QUANTITATIVE AMIKACIN	No Auth Required					
80155	DRUG ASSAY CAFFEINE	DRUG ASSAY CAFFEINE	No Auth Required					
80156	ASSAY CARBAMAZEPINE TOTAL	DRUG ASSAY CARBAMAZEPINE TOTAL	No Auth Required					
80157	ASSAY CARBAMAZEPINE FREE	DRUG ASSAY CARBAMAZEPINE FREE	No Auth Required					
80158	DRUG ASSAY CYCLOSPORINE	DRUG ASSAY CYCLOSPORINE	No Auth Required					
80159	DRUG ASSAY CLOZAPINE	DRUG ASSAY CLOZAPINE	No Auth Required					
80162	ASSAY OF DIGOXIN TOTAL	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	No Auth Required					
80163	ASSAY OF DIGOXIN FREE	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	No Auth Required					
80164	ASSAY DIPROPYLACETIC ACD TOT	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	No Auth Required					
80165	DIPROPYLACETIC ACID FREE	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	No Auth Required					
80168	ASSAY OF ETHOSUXIMIDE	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	No Auth Required					
80169	DRUG ASSAY EVEROLIMUS	DRUG ASSAY EVEROLIMUS	No Auth Required					
80170	ASSAY OF GENTAMICIN	DRUG SCREEN QUANTITATIVE GENTAMICIN	No Auth Required					
80171	DRUG SCREEN QUANT GABAPENTIN	DRUG SCREEN QUANTITATIVE GABAPENTIN	No Auth Required					
80173	ASSAY OF HALOPERIDOL	DRUG SCREEN QUANTITATIVE HALOPRIDOL	No Auth Required					
80175	DRUG SCREEN QUAN LAMOTRIGINE	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	No Auth Required					
80176	ASSAY OF LIDOCAINE	DRUG SCREEN QUANTITATIVE LIDOCAINE	No Auth Required					
80177	DRUG SCRN QUAN LEVETIRACETAM	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	No Auth Required					
80178	ASSAY OF LITHIUM	DRUG SCREEN QUANTITATIVE LITHIUM	No Auth Required					
80180	DRUG SCRN QUAN MYCOPHENOLATE	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	No Auth Required					
80183	DRUG SCRN QUANT OXCARBAZEPIN	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	No Auth Required					
80184	ASSAY OF PHENOBARBITAL	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	No Auth Required					
80185	ASSAY OF PHENYTOIN TOTAL	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	No Auth Required					
80186	ASSAY OF PHENYTOIN FREE	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	No Auth Required					
80187	DRUG ASSAY POSACONAZOLE	DRUG ASSAY POSACONAZOLE	Authorization Required			Level 2 Review (Full Clinical Review)		
80188	ASSAY OF PRIMIDONE	DRUG SCREEN QUANTITATIVE PRIMIDONE	No Auth Required					
80190	ASSAY OF PROCAINAMIDE	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	No Auth Required					
80192	ASSAY OF PROCAINAMIDE	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	No Auth Required					
80194	ASSAY OF QUINIDINE	DRUG SCREEN QUANTITATIVE QUINIDINE	No Auth Required					
80195	ASSAY OF SIROLIMUS	DRUG SCREEN QUANTITATIVE SIROLIMUS	No Auth Required					
80197	ASSAY OF TACROLIMUS	DRUG SCREEN QUANTITATIVE TACROLIMUS	No Auth Required					
80198	ASSAY OF THEOPHYLLINE	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	No Auth Required					
80199	DRUG SCREEN QUANT TIAGABINE	DRUG SCREEN QUANTITATIVE TIAGABINE	No Auth Required					
80200	ASSAY OF TOBRAMYCIN	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	No Auth Required					
80201	ASSAY OF TOPIRAMATE	DRUG SCREEN QUANTITATIVE TOPIRAMATE	No Auth Required					
80202	ASSAY OF VANCOMYCIN	DRUG SCREEN QUANTITATIVE VANCOMYCIN	No Auth Required					
80203	DRUG SCREEN QUANT ZONISAMIDE	DRUG SCREEN QUANTITATIVE ZONISAMIDE	No Auth Required					
80230	DRUG ASSAY INFLIXIMAB	DRUG ASSAY INFLIXIMAB	Authorization Required			Level 2 Review (Full Clinical Review)		
80235	DRUG ASSAY LACOSAMIDE	DRUG ASSAY LACOSAMIDE	Authorization Required			Level 2 Review (Full Clinical Review)		
80280	DRUG ASSAY VEDOLIZUMAB	DRUG ASSAY VEDOLIZUMAB	Authorization Required			Level 2 Review (Full Clinical Review)		
80285	DRUG ASSAY VORICONAZOLE	DRUG ASSAY VORICONAZOLE	Authorization Required			Level 2 Review (Full Clinical Review)		
80299	QUANTITATIVE ASSAY DRUG	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	No Auth Required					
80305	DRUG TEST PRSMV DIR OPT OBS	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	No Auth Required					
80306	DRUG TEST PRSMV INSTRMNT	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	No Auth Required					
80307	DRUG TEST PRSMV CHEM ANLYZR	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	No Auth Required					
80320	DRUG SCREEN QUANTALCOHOLS	DRUG SCREEN QUANTITATIVE ALCOHOLS	No Auth Required					
80321	ALCOHOLS BIOMARKERS 1OR 2	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	No Auth Required					
80322	ALCOHOLS BIOMARKERS 3/MORE	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	No Auth Required					
80323	ALKALOIDS NOS	ALKALOIDS NOT OTHERWISE SPECIFIED	No Auth Required					
80324	DRUG SCREEN AMPHETAMINES 1/2	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	No Auth Required					
80325	AMPHETAMINES 3OR 4	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	No Auth Required					
80326	AMPHETAMINES 5 OR MORE	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	No Auth Required					

80327	ANABOLIC STEROID 1 OR 2	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	No Auth Required					
80328	ANABOLIC STEROID 3 OR MORE	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	No Auth Required					
80329	ANALGESICS NON-OPIOID 1 OR 2	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	No Auth Required					
80330	ANALGESICS NON-OPIOID 3-5	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	No Auth Required					
80331	ANALGESICS NON-OPIOID 6/MORE	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	No Auth Required					
80332	ANTIDEPRESSANTS CLASS 1 OR 2	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	No Auth Required					
80333	ANTIDEPRESSANTS CLASS 3-5	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	No Auth Required					
80334	ANTIDEPRESSANTS CLASS 6/MORE	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	No Auth Required					
80335	ANTIDEPRESSANT TRICYCLIC 1/2	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	No Auth Required					
80336	ANTIDEPRESSANT TRICYCLIC 3-5	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	No Auth Required					
80337	TRICYCLIC & CYCLICALS 6/MORE	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	No Auth Required					
80338	ANTIDEPRESSANT NOT SPECIFIED	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	No Auth Required					
80339	ANTIEPILEPTICS NOS 1-3	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	No Auth Required					
80340	ANTIEPILEPTICS NOS 4-6	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	No Auth Required					
80341	ANTIEPILEPTICS NOS 7/MORE	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	No Auth Required					
80342	ANTIPSYCHOTICS NOS 1-3	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	No Auth Required					
80343	ANTIPSYCHOTICS NOS 4-6	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	No Auth Required					
80344	ANTIPSYCHOTICS NOS 7/MORE	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	No Auth Required					
80345	DRUG SCREENING BARBITURATES	DRUG SCREENING BARBITURATES	No Auth Required					
80346	BENZODIAZEPINES1-12	DRUG SCREENING BENZODIAZEPINES 1-12	No Auth Required					
80347	BENZODIAZEPINES 13 OR MORE	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	No Auth Required					
80348	DRUG SCREENING BUPRENORPHINE	DRUG SCREENING BUPRENORPHINE	No Auth Required					
80349	CANNABINOIDS NATURAL	DRUG SCREENING CANNABINOIDS NATURAL	No Auth Required					
80350	CANNABINOIDS SYNTHETIC 1-3	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	No Auth Required					
80351	CANNABINOIDS SYNTHETIC 4-6	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	No Auth Required					
80352	CANNABINOID SYNTHETIC 7/MORE	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	No Auth Required					
80353	DRUG SCREENING COCAINE	DRUG SCREENING COCAINE	No Auth Required					
80354	DRUG SCREENING FENTANYL	DRUG SCREENING FENTANYL	No Auth Required					
80355	GABAPENTIN NON-BLOOD	DRUG SCREENING GABAPENTIN NON-BLOOD	No Auth Required					
80356	HEROIN METABOLITE	DRUG SCREENING HEROIN METABOLITE	No Auth Required					
80357	KETAMINE AND NORKETAMINE	DRUG SCREENING KETAMINE AND NORKETAMINE	No Auth Required					
80358	DRUG SCREENING METHADONE	DRUG SCREENING METHADONE	No Auth Required					
80359	METHYLENEDIOXYAMPHETAMINES	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	No Auth Required					
80360	METHYLPHENIDATE	DRUG SCREENING METHYLPHENIDATE	No Auth Required					
80361	OPIATES 1 OR MORE	DRUG SCREENING OPIATES 1 OR MORE	No Auth Required					
80362	OPIOIDS & OPIATE ANALOGS 1/2	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	No Auth Required					
80363	OPIOIDS & OPIATE ANALOGS 3/4	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	No Auth Required					
80364	OPIOID &OPIATE ANALOG 5/MORE	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	No Auth Required					
80365	DRUG SCREENING OXYCODONE	DRUG SCREENING OXYCODONE	No Auth Required					
80366	DRUG SCREENING PREGABALIN	DRUG SCREENING PREGABALIN	No Auth Required					
80367	DRUG SCREENING PROPOXYPHENE	DRUG SCREENING PROPOXYPHENE	No Auth Required					
80368	SEDATIVE HYPNOTICS	DRUG SCREENING SEDATIVE HYPNOTICS	No Auth Required					
80369	SKELETAL MUSCLE RELAXANT 1/2	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	No Auth Required					
80370	SKEL MUSC RELAXANT 3 OR MORE	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	No Auth Required					
80371	STIMULANTS SYNTHETIC	DRUG SCREENING STIMULANTS SYNTHETIC	No Auth Required					
80372	DRUG SCREENING TAPENTADOL	DRUG SCREENING TAPENTADOL	No Auth Required					
80373	DRUG SCREENING TRAMADOL	DRUG SCREENING TRAMADOL	No Auth Required					
80374	STEREOISOMER ANALYSIS	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	No Auth Required					
80375	DRUG/SUBSTANCE NOS 1-3	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	No Auth Required					
80376	DRUG/SUBSTANCE NOS 4-6	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	No Auth Required					
80377	DRUG/SUBSTANCE NOS 7/MORE	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	No Auth Required					
80400	ACTH STIMULATION PANEL	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	No Auth Required					
80402	ACTH STIMULATION PANEL	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	No Auth Required					
80406	ACTH STIMULATION PANEL	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	No Auth Required					
80408	ALDOSTERONE SUPPRESSION EVAL	ALDOSTERONE SUPPRESSION EVALUATION PANEL	No Auth Required					
80410	CALCITONIN STIMUL PANEL	CALCITONIN STIMULATION PANEL	No Auth Required					
80412	CRH STIMULATION PANEL	CORTICOTROPIC RELEASING HORM STIMJ PANEL	No Auth Required					
80414	TESTOSTERONE RESPONSE	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	No Auth Required					
80415	ESTRADIOL RESPONSE PANEL	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	No Auth Required					
80416	RENIN STIMULATION PANEL	RENAL VEIN RENIN STIMULATION PANEL	No Auth Required					
80417	RENIN STIMULATION PANEL	PERIPHERAL VEIN RENIN STIMULATION PANEL	No Auth Required					
80418	PITUITARY EVALUATION PANEL	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	No Auth Required					
80420	DEXAMETHASONE PANEL	DEXMETHASONE SUPPRESSION PANEL 48 HR	No Auth Required					
80422	GLUCAGON TOLERANCE PANEL	GLUCOSE TOLERANCE PANEL INSULINOMA	No Auth Required					
80424	GLUCAGON TOLERANCE PANEL	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	No Auth Required					
80426	GONADOTROPIN HORMONE PANEL	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	No Auth Required					
80428	GROWTH HORMONE PANEL	GROWTH HORMONE STIMULATION PANEL	No Auth Required					
80430	GROWTH HORMONE PANEL	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	No Auth Required					
80432	INSULIN SUPPRESSION PANEL	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	No Auth Required					
80434	INSULIN TOLERANCE PANEL	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	No Auth Required					
80435	INSULIN TOLERANCE PANEL	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	No Auth Required					
80436	METYRAPONE PANEL	METYRAPONE PANEL	No Auth Required					
80438	TRH STIMULATION PANEL	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	No Auth Required					
80439	TRH STIMULATION PANEL	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	No Auth Required					

80500	LAB PATHOLOGY CONSULTATION	CLINICAL PATHOLOGY CONSULTATION LIMITED	No Auth Required					
80502	LAB PATHOLOGY CONSULTATION	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	No Auth Required					
81000	URINALYSIS NONAUTO W/SCOPE	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	No Auth Required					
81001	URINALYSIS AUTO W/SCOPE	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	No Auth Required					
81002	URINALYSIS NONAUTO W/O SCOPE	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	No Auth Required					
81003	URINALYSIS AUTO W/O SCOPE	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	No Auth Required					
81005	URINALYSIS	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	No Auth Required					
81007	URINE SCREEN FOR BACTERIA	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	No Auth Required					
81015	MICROSCOPIC EXAM OF URINE	URINALYSIS MICROSCOPIC ONLY	No Auth Required					
81020	URINALYSIS GLASS TEST	URINALYSIS 2/3 GLASS TEST	No Auth Required					
81025	URINE PREGNANCY TEST	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	No Auth Required					
81050	URINALYSIS VOLUME MEASURE	VOLUME MEASUREMENT TIMED COLLECTION EACH	No Auth Required					
81099	URINALYSIS TEST PROCEDURE	UNLISTED URINALYSIS PROCEDURE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
81105	HPA-1 GENOTYPING	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81106	HPA-2 GENOTYPING	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81107	HPA-3 GENOTYPING	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81108	HPA-4 GENOTYPING	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81109	HPA-5 GENOTYPING	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81110	HPA-6 GENOTYPING	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81111	HPA-9 GENOTYPING	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81112	HPA-15 GENOTYPING	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81120	IDH1 COMMON VARIANTS	IDH1 COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81121	IDH2 COMMON VARIANTS	IDH2 COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81161	DMD DUP/DELET ANALYSIS	DMD DUPLICATION/DELETION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81163	BRCA1&2 GENE FULL SEQ ALYS	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81165	BRCA1 GENE FULL SEQ ALYS	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81166	BRCA1 GENE FULL DUP/DEL ALYS	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81167	BRCA2 GENE FULL DUP/DEL ALYS	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81170	ABL1 GENE	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81171	AFF2 GENE DETC ABNOR ALLELES	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81172	AFF2 GENE CHARAC ALLELES	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81173	AR GENE FULL GENE SEQUENCE	AR GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81174	AR GENE KNOWN FAMIL VARIANT	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81175	ASXL1 FULL GENE SEQUENCE	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81176	ASXL1 GENE TARGET SEQ ALYS	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81177	ATN1 GENE DETC ABNOR ALLELES	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81178	ATXN1 GENE DETC ABNOR ALLELE	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81179	ATXN2 GENE DETC ABNOR ALLELE	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81180	ATXN3 GENE DETC ABNOR ALLELE	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81181	ATXN7 GENE DETC ABNOR ALLELE	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81182	ATXN8OS GEN DETC ABNOR ALLEL	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81183	ATXN10 GENE DETC ABNOR ALLEL	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81184	CACNA1A GEN DETC ABNOR ALLEL	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81185	CACNA1A GENE FULL GENE SEQ	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81186	CACNA1A GEN KNOWN FAMIL VRNT	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81187	CNBP GENE DETC ABNOR ALLELE	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81188	CSTB GENE DETC ABNOR ALLELE	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81189	CSTB GENE FULL GENE SEQUENCE	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81190	CSTB GENE KNOWN FAMIL VRNT	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81200	ASPA GENE	ASPA GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81201	APC GENE FULL SEQUENCE	APC GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81202	APC GENE KNOWN FAM VARIANTS	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81203	APC GENE DUP/DELET VARIANTS	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81204	AR GENE CHARAC ALLELES	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81205	BCKDHB GENE	BCKDHB GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81206	BCR/ABL1 GENE MAJOR BP	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81207	BCR/ABL1 GENE MINOR BP	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81208	BCR/ABL1 GENE OTHER BP	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81209	BLM GENE	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81210	BRAF GENE	BRAF GENE ANALYSIS V600 VARIANT(S)	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81212	BRCA1&2 185&5385&6174 VRNT	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81215	BRCA1 GENE KNOWN FAMIL VRNT	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81216	BRCA2 GENE FULL SEQ ALYS	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81217	BRCA2 GENE KNOWN FAMIL VRNT	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement

81218	CEBPA GENE FULL SEQUENCE	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81219	CALR GENE COM VARIANTS	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81220	CFTR GENE COM VARIANTS	CFTR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81221	CFTR GENE KNOWN FAM VARIANTS	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81222	CFTR GENE DUP/DELET VARIANTS	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81223	CFTR GENE FULL SEQUENCE	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81224	CFTR GENE INTRON POLY T	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81225	CYP2C19 GENE COM VARIANTS	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81226	CYP2D6 GENE COM VARIANTS	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81227	CYP2C9 GENE COM VARIANTS	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81228	CYTOGEN MICRARRAY COPY NMBR	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81229	CYTOGEN M ARRAY COPY NO&SNP	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81230	CYP3A4 GENE COMMON VARIANTS	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81231	CYP3A5 GENE COMMON VARIANTS	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81232	DPYD GENE COMMON VARIANTS	DYPD GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81233	BTK GENE COMMON VARIANTS	BTK GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81234	DMPK GENE DETC ABNOR ALLELE	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81235	EGFR GENE COM VARIANTS	EGFR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81236	EZH2 GENE FULL GENE SEQUENCE	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81237	EZH2 GENE COMMON VARIANTS	EZH2 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81238	F9 FULL GENE SEQUENCE	F9 FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81239	DMPK GENE CHARAC ALLELES	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81240	F2 GENE	F2 GENE ANALYSIS 20210G >A VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81241	F5 GENE	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81242	FANCC GENE	FANCC GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81243	FMR1 GENE DETECTION	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81244	FMR1 GENE CHARAC ALLELES	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81245	FLT3 GENE	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81246	FLT3 GENE ANALYSIS	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81247	G6PD GENE ALYS CMN VARIANT	G6PD GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81248	G6PD KNOWN FAMILIAL VARIANT	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81249	G6PD FULL GENE SEQUENCE	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81250	G6PC GENE	G6PC GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81251	GBA GENE	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81252	GJB2 GENE FULL SEQUENCE	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81253	GJB2 GENE KNOWN FAM VARIANTS	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81254	GJB6 GENE COM VARIANTS	GJB6 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81255	HEXA GENE	HEXA GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81256	HFE GENE	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81257	HBA1/HBA2 GENE	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81258	HBA1/HBA2 GENE FAM VRNT	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81259	HBA1/HBA2 FULL GENE SEQUENCE	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81260	IKBKAP GENE	IKBKAP GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81261	IGH GENE REARRANGE AMP METH	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81262	IGH GENE REARRANG DIR PROBE	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81263	IGH VARI REGIONAL MUTATION	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81264	IGK REARRANGEABN CLONAL POP	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81265	STR MARKERS SPECIMEN ANAL	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81266	STR MARKERS SPEC ANAL ADDL	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81267	CHIMERISM ANAL NO CELL SELEC	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81268	CHIMERISM ANAL W/CELL SELECT	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81270	JAK2 GENE	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81271	HTT GENE DETC ABNOR ALLELES	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81272	KIT GENE TARGETED SEQ ANALYS	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81273	KIT GENE ANALYS D816 VARIANT	KIT GENE ANALYSIS D816 VARIANT(S)	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81274	HTT GENE CHARAC ALLELES	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81275	KRAS GENE VARIANTS EXON 2	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81276	KRAS GENE ADDL VARIANTS	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81277	CYTOGENOMIC NEO MICRORA ALYS	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81283	IFNL3 GENE	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81284	FXN GENE DETC ABNOR ALLELES	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81285	FXN GENE CHARAC ALLELES	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81286	FXN GENE FULL GENE SEQUENCE	FXN GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81287	MGMT GENE PRMTR MTHYLTN ALYS	MGMT GENE PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81288	MLH1 GENE	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		

81289	FXN GENE KNOWN FAMIL VARIANT	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81290	MCOLN1 GENE	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81291	MTHFR GENE	MTHFR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81292	MLH1 GENE FULL SEQ	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81293	MLH1 GENE KNOWN VARIANTS	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81294	MLH1 GENE DUP/DELETE VARIANT	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81295	MSH2 GENE FULL SEQ	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81296	MSH2 GENE KNOWN VARIANTS	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81297	MSH2 GENE DUP/DELETE VARIANT	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81298	MSH6 GENE FULL SEQ	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81299	MSH6 GENE KNOWN VARIANTS	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81300	MSH6 GENE DUP/DELETE VARIANT	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81301	MICROSATELLITE INSTABILITY	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81302	MECP2 GENE FULL SEQ	MECP2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81303	MECP2 GENE KNOWN VARIANT	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81304	MECP2 GENE DUP/DELET VARIANT	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81305	MYD88 GENE P.LEU265PRO VRNT	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81306	NUDT15 GENE COMMON VARIANTS	NUDT15 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81307	PALB2 GENE FULL GENE SEQ	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81308	PALB2 GENE KNOWN FAMIL VRNT	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81309	PIK3CA GENE TRGT SEQ ALYS	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81310	NPM1 GENE	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81311	NRAS GENE VARIANTS EXON 2&3	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81312	PABPN1 GENE DETC ABNOR ALLEL	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81313	PCA3/KLK3 ANTIGEN	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81314	PDGFRA GENE	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81315	PML/RARALPHA COM BREAKPOINTS	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81316	PML/RARALPHA 1 BREAKPOINT	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81317	PMS2 GENE FULL SEQ ANALYSIS	PMS2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81318	PMS2 KNOWN FAMILIAL VARIANTS	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81319	PMS2 GENE DUP/DELET VARIANTS	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81320	PLCG2 GENE COMMON VARIANTS	PLCG2 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81321	PTEN GENE FULL SEQUENCE	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81322	PTEN GENE KNOWN FAM VARIANT	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81323	PTEN GENE DUP/DELET VARIANT	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81324	PMP22 GENE DUP/DELET	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81325	PMP22 GENE FULL SEQUENCE	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81326	PMP22 GENE KNOWN FAM VARIANT	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81328	SLCO1B1 GENE COM VARIANTS	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81329	SMN1 GENE DOS/DELETION ALYS	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81330	SMPD1 GENE COMMON VARIANTS	SMPD1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81331	SNRPN/UBE3A GENE	SNRPN/UBE3A METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81332	SERPINA1 GENE	SERPINA1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81333	TGFBI GENE COMMON VARIANTS	TGFBI GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81334	RUNX1 GENE TARGETED SEQ ALYS	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81335	TPMT GENE COM VARIANTS	TPMT GENE ANALAYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81336	SMN1 GENE FULL GENE SEQUENCE	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81340	TRB@ GENE REARRANGE AMPLIFY	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81341	TRB@ GENE REARRANGE DIRPROBE	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81342	TRG GENE REARRANGEMENT ANAL	TRG@ GENE REARRANGEMENT ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81343	PPP2R2B GEN DETC ABNOR ALLEL	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81344	TBP GENE DETC ABNOR ALLELES	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81345	TERT GENE TARGETED SEQ ALYS	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81346	TYMS GENE COM VARIANTS	TYMS GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81350	UGT1A1 GENE COMMON VARIANTS	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81355	VKORC1 GENE	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81361	HBB GENE COM VARIANTS	HBB COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81362	HBB GENE KNOWN FAM VARIANT	HBB KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81363	HBB GENE DUP/DEL VARIANTS	HBB DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81364	HBB FULL GENE SEQUENCE	HBB FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81370	HLA I & II TYPING LR	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81371	HLA I & II TYPE VERIFY LR	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81372	HLA I TYPING COMPLETE LR	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81373	HLA I TYPING 1 LOCUS LR	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81374	HLA I TYPING 1 ANTIGEN LR	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81375	HLA II TYPING AG EQUIV LR	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		

81376	HLA II TYPING 1 LOCUS LR	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81377	HLA II TYPE 1 AG EQUIV LR	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81378	HLA I & II TYPING HR	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81379	HLA I TYPING COMPLETE HR	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81380	HLA I TYPING 1 LOCUS HR	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81381	HLA I TYPING 1 ALLELE HR	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81382	HLA II TYPING 1 LOC HR	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81383	HLA II TYPING 1 ALLELE HR	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81400	MOPATH PROCEDURE LEVEL 1	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81401	MOPATH PROCEDURE LEVEL 2	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81402	MOPATH PROCEDURE LEVEL 3	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81403	MOPATH PROCEDURE LEVEL 4	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81404	MOPATH PROCEDURE LEVEL 5	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81405	MOPATH PROCEDURE LEVEL 6	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81406	MOPATH PROCEDURE LEVEL 7	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81407	MOPATH PROCEDURE LEVEL 8	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81408	MOPATH PROCEDURE LEVEL 9	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81410	AORTIC DYSFUNCTION/DILATION	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81411	AORTIC DYSFUNCTION/DILATION	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81412	ASHKENAZI JEWISH ASSOC DIS	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81413	CAR ION CHNNLPATH INC 10 GNS	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81414	CAR ION CHNNLPATH INC 2 GNS	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81415	EXOME SEQUENCE ANALYSIS	EXOME SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81416	EXOME SEQUENCE ANALYSIS	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81417	EXOME RE-EVALUATION	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81420	FETAL CHRMOML ANEUPLOIDY	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81422	FETAL CHRMOML MICRODELTJ	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81425	GENOME SEQUENCE ANALYSIS	GENOME SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81426	GENOME SEQUENCE ANALYSIS	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81427	GENOME RE-EVALUATION	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81430	HEARING LOSS SEQUENCE ANALYS	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81431	HEARING LOSS DUP/DEL ANALYS	HEARING LOSS DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81432	HRDTRY BRST CA-RLATD DSORDRS	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81433	HRDTRY BRST CA-RLATD DSORDRS	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81434	HEREDITARY RETINAL DISORDERS	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81435	HEREDITARY COLON CA DSORDRS	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81436	HEREDITARY COLON CA DSORDRS	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81437	HEREDTRY NURONDCRN TUM DSRDR	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81438	HEREDTRY NURONDCRN TUM DSRDR	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81439	HRDTRY CARDMYPY GENE PANEL	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81440	MITOCHONDRIAL GENE	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81442	NOONAN SPECTRUM DISORDERS	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81443	GENETIC TSTG SEVERE INH COND	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81445	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81448	HRDTRY PERPH NEURPHY PANEL	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81450	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81455	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81460	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81465	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81470	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81471	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81479	UNLISTED MOLECULAR PATHOLOGY	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81490	AUTOIMMUNE RHEUMATOID ARTHR	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81493	COR ARTERY DISEASE MRNA	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81500	ONCO (OVAR) TWO PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81503	ONCO (OVAR) FIVE PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81504	ONCOLOGY TISSUE OF ORIGIN	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81506	ENDO ASSAY SEVEN ANAL	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81507	FETAL ANEUPLOIDY TRISOM RISK	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81508	FTL CGEN ABNOR TWO PROTEINS	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81509	FTL CGEN ABNOR 3 PROTEINS	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81510	FTL CGEN ABNOR THREE ANAL	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81511	FTL CGEN ABNOR FOUR ANAL	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81512	FTL CGEN ABNOR FIVE ANAL	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81518	ONC BRST MRNA 11 GENES	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81519	ONCOLOGY BREAST MRNA	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		

81520	ONC BREAST MRNA 58 GENES	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81521	ONC BREAST MRNA 70 GENES	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81522	ONC BREAST MRNA 12 GENES	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81525	ONCOLOGY COLON MRNA	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81528	ONCOLOGY COLORECTAL SCR	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81535	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81536	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81538	ONCOLOGY LUNG	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81539	ONCOLOGY PROSTATE PROB SCORE	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81540	ONCOLOGY TUM UNKNOWN ORIGIN	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81541	ONC PROSTATE MRNA 46 GENES	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81542	ONC PROSTATE MRNA 22 CNT GEN	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81545	ONCOLOGY THYROID	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81551	ONC PROSTATE 3 GENES	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81552	ONC UVEAL MLNMA MRNA 15 GENE	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81595	CARDIOLOGY HRT TRNSPL MRNA	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
81596	NFCT DS CHRNC HCV 6 ASSAYS	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
81599	UNLISTED MAAA	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
82009	TEST FOR ACETONE/KETONES	KETONE BODIES SERUM QUALITATIVE	No Auth Required					
82010	ACETONE ASSAY	KETONE BODIES SERUM QUANTITATIVE	No Auth Required					
82013	ACETYLCHOLINESTERASE ASSAY	ASSAY OF ACETYLCHOLINESTERASE	No Auth Required					
82016	ACYLCARNITINES QUAL	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	No Auth Required					
82017	ACYLCARNITINES QUANT	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	No Auth Required					
82024	ASSAY OF ACTH	ADRENOCORTICOTROPIC HORMONE ACTH	No Auth Required					
82030	ASSAY OF ADP & AMP	ADENOSINE 5-MONOPHOSPHATE CYCLIC	No Auth Required					
82040	ASSAY OF SERUM ALBUMIN	ALBUMIN SERUM PLASMA/WHOLE BLOOD	No Auth Required					
82042	OTHER SOURCE ALBUMIN QUAN EA	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	No Auth Required					
82043	UR ALBUMIN QUANTITATIVE	URINE ALBUMIN QUANTITATIVE	No Auth Required					
82044	UR ALBUMIN SEMIQUANTITATIVE	URINE ALBUMIN SEMIQUANTITATIVE	No Auth Required					
82045	ALBUMIN ISCHEMIA MODIFIED	ALBUMIN ISCHEMIA MODIFIED	No Auth Required					
82075	ASSAY OF BREATH ETHANOL	ASSAY OF ALCOHOL BREATH	No Auth Required					
82085	ASSAY OF ALDOLASE	ASSAY OF ALDOLASE	No Auth Required					
82088	ASSAY OF ALDOSTERONE	ASSAY OF ALDOSTERONE	No Auth Required					
82103	ALPHA-1-ANTITRYPSIN TOTAL	ALPHA-1-ANTITRYPSIN TOTAL	No Auth Required					
82104	ALPHA-1-ANTITRYPSIN PHENO	ALPHA-1-ANTITRYPSIN PHENOTYPE	No Auth Required					
82105	ALPHA-FETOPROTEIN SERUM	ALPHA-FETOPROTEIN SERUM	No Auth Required					
82106	ALPHA-FETOPROTEIN AMNIOTIC	ALPHA-FETOPROTEIN AMNIOTIC FLUID	No Auth Required					
82107	ALPHA-FETOPROTEIN L3	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	No Auth Required					
82108	ASSAY OF ALUMINUM	ASSAY OF ALUMINUM	No Auth Required					
82120	AMINES VAGINAL FLUID QUAL	AMINES VAGINAL FLUID QUALITATIVE	No Auth Required					
82127	AMINO ACID SINGLE QUAL	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	No Auth Required					
82128	AMINO ACIDS MULT QUAL	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	No Auth Required					
82131	AMINO ACIDS SINGLE QUANT	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	No Auth Required					
82135	ASSAY AMINOLEVULINIC ACID	AMINOLEVULINIC ACID DELTA	No Auth Required					
82136	AMINO ACIDS QUANT 2-5	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	No Auth Required					
82139	AMINO ACIDS QUAN 6 OR MORE	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	No Auth Required					
82140	ASSAY OF AMMONIA	ASSAY OF AMMONIA	No Auth Required					
82143	AMNIOTIC FLUID SCAN	AMNIOTIC FLU SCAN	No Auth Required					
82150	ASSAY OF AMYLASE	ASSAY OF AMYLASE	No Auth Required					
82154	ANDROSTANEDIOL GLUCURONIDE	ANDROSTANEDIOL GLUCURONIDE	No Auth Required					
82157	ASSAY OF ANDROSTENEDIONE	ANDROSTENEDIONE	No Auth Required					
82160	ASSAY OF ANDROSTERONE	ANDROSTERONE	No Auth Required					
82163	ASSAY OF ANGIOTENSIN II	ANGIOTENSIN II	No Auth Required					
82164	ANGIOTENSIN I ENZYME TEST	ANGIOTENSIN I-CONVERTING ENZYME	No Auth Required					
82172	ASSAY OF APOLIPOPROTEIN	APOLIPOPROTEIN EACH	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
82175	ASSAY OF ARSENIC	ASSAY OF ARSENIC	No Auth Required					
82180	ASSAY OF ASCORBIC ACID	ASSAY OF ASCORBIC ACID BLOOD	No Auth Required					
82190	ATOMIC ABSORPTION	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	No Auth Required					
82232	ASSAY OF BETA-2 PROTEIN	BETA-2 MICROGLOBULIN	No Auth Required					
82239	BILE ACIDS TOTAL	BILE ACIDS TOTAL	No Auth Required					
82240	BILE ACIDS CHOLYLGLYCINE	BILE ACIDS CHOLYLGLYCINE	No Auth Required					
82247	BILIRUBIN TOTAL	BILIRUBIN TOTAL	No Auth Required					
82248	BILIRUBIN DIRECT	BILIRUBIN DIRECT	No Auth Required					
82252	FECAL BILIRUBIN TEST	BILIRUBIN FECES QUALITATIVE	No Auth Required					
82261	ASSAY OF BIOTINIDASE	BIOTINIDASE EACH SPECIMEN	No Auth Required					
82270	OCCULT BLOOD FECES	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	No Auth Required					
82271	OCCULT BLOOD OTHER SOURCES	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	No Auth Required					
82272	OCCULT BLD FECES 1-3 TESTS	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	No Auth Required					
82274	ASSAY TEST FOR BLOOD FECAL	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	No Auth Required					
82286	ASSAY OF BRADYKININ	BRADYKININ	No Auth Required					
82300	ASSAY OF CADMIUM	CADMIUM	No Auth Required					
82306	VITAMIN D 25 HYDROXY	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	No Auth Required					
82308	ASSAY OF CALCITONIN	CALCITONIN	No Auth Required					
82310	ASSAY OF CALCIUM	CALCIUM TOTAL	No Auth Required					
82330	ASSAY OF CALCIUM	CALCIUM IONIZED	No Auth Required					
82331	CALCIUM INFUSION TEST	CALCIUM AFTER CALCIUM INFUSION TEST	No Auth Required					
82340	ASSAY OF CALCIUM IN URINE	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	No Auth Required					
82355	CALCULUS ANALYSIS QUAL	CALCULUS QUALITATIVE ANALYSIS	No Auth Required					
82360	CALCULUS ASSAY QUANT	CALCULUS QUANTITATIVE CHEMICAL	No Auth Required					
82365	CALCULUS SPECTROSCOPY	CALCULUS INFRARED SPECTROSCOPY	No Auth Required					
82370	X-RAY ASSAY CALCULUS	CALCULUS XRAY DIFFRACTION	No Auth Required					
82373	ASSAY C-D TRANSFER MEASURE	CARBOHYDRATE DEFICIENT TRANSFERRIN	No Auth Required					
82374	ASSAY BLOOD CARBON DIOXIDE	CARBON DIOXIDE BICARBONATE	No Auth Required					
82375	ASSAY CARBOXYHB QUANT	CARBOXYHEMOGLOBIN QUANTITATIVE	No Auth Required					
82376	ASSAY CARBOXYHB QUAL	CARBOXYHEMOGLOBIN QUALITATIVE	No Auth Required					
82378	CARCINOEMBRYONIC ANTIGEN	CARCINOEMBRYONIC ANTIGEN CEA	No Auth Required					
82379	ASSAY OF CARNITINE	CARNITINE QUANTITATIVE EACH SPECIMEN	No Auth Required					
82380	ASSAY OF CAROTENE	CAROTENE	No Auth Required					
82382	ASSAY URINE CATECHOLAMINES	CATECHOLAMINES TOTAL URINE	No Auth Required					
82383	ASSAY BLOOD CATECHOLAMINES	CATECHOLAMINES BLOOD	No Auth Required					
82384	ASSAY THREE CATECHOLAMINES	CATECHOLAMINES FRACTIONATED	No Auth Required					
82387	ASSAY OF CATHEPSIN-D	CATHEPSIN-D	No Auth Required					
82390	ASSAY OF CERULOPLASMIN	CERULOPLASMIN	No Auth Required					

82397	CHEMILUMINESCENT ASSAY	CHEMILUMINESCENT ASSAY	No Auth Required					
82415	ASSAY OF CHLORAMPHENICOL	CHLORAMPHENICOL	No Auth Required					
82435	ASSAY OF BLOOD CHLORIDE	CHLORIDE BLD	No Auth Required					
82436	ASSAY OF URINE CHLORIDE	CHLORIDE URINE	No Auth Required					
82438	ASSAY OTHER FLUID CHLORIDES	CHLORIDE OTHER SOURCE	No Auth Required					
82441	TEST FOR CHLOROHYDROCARBONS	CHLORINATED HYDROCARBONS SCREEN	No Auth Required					
82465	ASSAY BLD/SERUM CHOLESTEROL	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	No Auth Required					
82480	ASSAY SERUM CHOLINESTERASE	CHOLINESTERASE SERUM	No Auth Required					
82482	ASSAY RBC CHOLINESTERASE	CHOLINESTERASE RBC	No Auth Required					
82485	ASSAY CHONDROITIN SULFATE	CHONDROITIN B SULFATE QUANTITATIVE	No Auth Required					
82495	ASSAY OF CHROMIUM	ASSAY OF CHROMIUM	No Auth Required					
82507	ASSAY OF CITRATE	ASSAY OF CITRATE	No Auth Required					
82523	COLLAGEN CROSSLINKS	COLLAGEN CROSS LINKS ANY METHOD	No Auth Required					
82525	ASSAY OF COPPER	ASSAY OF COPPER	No Auth Required					
82528	ASSAY OF CORTICOSTERONE	CORTICOSTERONE	No Auth Required					
82530	CORTISOL FREE	CORTISOL FREE	No Auth Required					
82533	TOTAL CORTISOL	CORTISOL TOTAL	No Auth Required					
82540	ASSAY OF CREATINE	ASSAY OF CREATINE	No Auth Required					
82542	COL CHROMOTOGRAPHY QUAL/QUAN	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	No Auth Required					
82550	ASSAY OF CK (CPK)	CREATINE KINASE TOTAL	No Auth Required					
82552	ASSAY OF CPK IN BLOOD	CREATINE KINASE ISOENZYMES	No Auth Required					
82553	CREATINE MB FRACTION	CREATINE KINASE MB FRACTION ONLY	No Auth Required					
82554	CREATINE ISOFORMS	CREATINE KINASE ISOFORMS	No Auth Required					
82565	ASSAY OF CREATININE	CREATININE BLOOD	No Auth Required					
82570	ASSAY OF URINE CREATININE	CREATININE OTHER SOURCE	No Auth Required					
82575	CREATININE CLEARANCE TEST	CREATININE CLEARANCE	No Auth Required					
82585	ASSAY OF CRYOFIBRINOGEN	ASSAY OF CRYOFIBRN	No Auth Required					
82595	ASSAY OF CRYOGLOBULIN	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	No Auth Required					
82600	ASSAY OF CYANIDE	ASSAY OF CYANIDE	No Auth Required					
82607	VITAMIN B-12	CYANOCOBALAMIN VITAMIN B-12	No Auth Required					
82608	B-12 BINDING CAPACITY	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	No Auth Required					
82610	CYSTATIN C	CYSTATIN C	No Auth Required					
82615	TEST FOR URINE CYSTINES	CSTINE&HOMOCSTINE URINE QUALITATIVE	No Auth Required					
82626	DEHYDROEPIANDROSTERONE	DEHYDROEPIANDROSTERONE	No Auth Required					
82627	DEHYDROEPIANDROSTERONE	DEHYDROEPIANDROSTERONE-SULFATE	No Auth Required					
82633	DESOXYCORTICOSTERONE	DESOXYCORTICOSTERONE 11-	No Auth Required					
82634	DEOXYCORTISOL	DEOXYCORTISOL 11-	No Auth Required					
82638	ASSAY OF DIBUCAINE NUMBER	ASSAY OF DIBUCAINE NUMBER	No Auth Required					
82642	DIHYDROTESTOSTERONE	DIHYDROTESTOSTERONE (DHT)	No Auth Required					
82652	VIT D 1 25-DIHYDROXY	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	No Auth Required					
82656	PANCREATIC ELASTASE FECAL	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	No Auth Required					
82657	ENZYME CELL ACTIVITY	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	No Auth Required					
82658	ENZYME CELL ACTIVITY RA	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	No Auth Required					
82664	ELECTROPHORETIC TEST	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	No Auth Required					
82668	ASSAY OF ERYTHROPOIETIN	ASSAY OF ERYTHROPOIETIN	No Auth Required					
82670	ASSAY OF ESTRADIOL	ASSAY OF ESTRADIOL	No Auth Required					
82671	ASSAY OF ESTROGENS	ASSAY OF ESTROGENS FRACTIONATED	No Auth Required					
82672	ASSAY OF ESTROGEN	ASSAY OF ESTROGENS TOTAL	No Auth Required					
82677	ASSAY OF ESTRIOL	ASSAY OF ESTRIOL	No Auth Required					
82679	ASSAY OF ESTRONE	ASSAY OF ESTRONE	No Auth Required					
82693	ASSAY OF ETHYLENE GLYCOL	ASSAY OF ETHYLENE GLYCOL	No Auth Required					
82696	ASSAY OF ETIOCHOLANOLONE	ASSAY OF ETIOCHOLANOLONE	No Auth Required					
82705	FATS/LIPIDS FECES QUAL	FAT/LIPIDS FECES QUALITATIVE	No Auth Required					
82710	FATS/LIPIDS FECES QUANT	FAT/LIPIDS FECES QUANTITATIVE	No Auth Required					
82715	ASSAY OF FECAL FAT	FAT DIFFIAL FECES QUANTITATIVE	No Auth Required					
82725	ASSAY OF BLOOD FATTY ACIDS	FATTY ACIDS NONESTERIFIED	No Auth Required					
82726	LONG CHAIN FATTY ACIDS	VERY LONG CHAIN FATTY ACIDS	No Auth Required					
82728	ASSAY OF FERRITIN	ASSAY OF FERRITIN	No Auth Required					Removed Authorization Requirement
82731	ASSAY OF FETAL FIBRONECTIN	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	No Auth Required					
82735	ASSAY OF FLUORIDE	ASSAY OF FLUORIDE	No Auth Required					
82746	ASSAY OF FOLIC ACID SERUM	ASSAY OF FOLIC ACID SERUM	No Auth Required					
82747	ASSAY OF FOLIC ACID RBC	ASSAY OF FOLIC ACID RBC	No Auth Required					
82757	ASSAY OF SEMEN FRUCTOSE	ASSAY OF FRUCTOSE SEMEN	No Auth Required					
82759	ASSAY OF RBC GALACTOKINASE	ASSAY OF GALACTOKINASE RBC	No Auth Required					
82760	ASSAY OF GALACTOSE	ASSAY OF GALACTOSE	No Auth Required					
82775	ASSAY GALACTOSE TRANSFERASE	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	No Auth Required					
82776	GALACTOSE TRANSFERASE TEST	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	No Auth Required					
82777	GALECTIN-3	GALECTIN-3	No Auth Required					
82784	ASSAY IGA/IGD/IGG/IGM EACH	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	No Auth Required					
82785	ASSAY OF IGE	ASSAY OF GAMMAGLOBULIN IGE	No Auth Required					
82787	IGG 1 2 3 OR 4 EACH	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	No Auth Required					
82800	BLOOD PH	GASES BLOOD PH ONLY	No Auth Required					
82803	BLOOD GASES ANY COMBINATION	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	No Auth Required					
82805	BLOOD GASES W/O2 SATURATION	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	No Auth Required					
82810	BLOOD GASES O2 SAT ONLY	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	No Auth Required					
82820	HEMOGLOBIN-OXYGEN AFFINITY	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	No Auth Required					
82930	GASTRIC ANALY W/PH EA SPEC	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	No Auth Required					
82938	GASTRIN TEST	GASTRIN AFTER SECRETIN STIMULATION	No Auth Required					
82941	ASSAY OF GASTRIN	ASSAY OF GASTRIN	No Auth Required					
82943	ASSAY OF GLUCAGON	ASSAY OF GLUCAGON	No Auth Required					
82945	GLUCOSE OTHER FLUID	GLUCOSE BODY FLUID OTHER THAN BLOOD	No Auth Required					
82946	GLUCAGON TOLERANCE TEST	GLUCOSE TOLERANCE TEST	No Auth Required					
82947	ASSAY GLUCOSE BLOOD QUANT	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	No Auth Required					
82948	REAGENT STRIP/BLOOD GLUCOSE	GLUCOSE BLOOD REAGENT STRIP	No Auth Required					
82950	GLUCOSE TEST	GLUCOSE POST GLUCOSE DOSE	No Auth Required					
82951	GLUCOSE TOLERANCE TEST (GTT)	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	No Auth Required					
82952	GTT-ADDED SAMPLES	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	No Auth Required					
82955	ASSAY OF G6PD ENZYME	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	No Auth Required					
82960	TEST FOR G6PD ENZYME	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	No Auth Required					
82962	GLUCOSE BLOOD TEST	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	No Auth Required					
82963	ASSAY OF GLUCOSIDASE	ASSAY OF GLUCOSIDASE BETA	No Auth Required					
82965	ASSAY OF GDH ENZYME	ASSAY OF GLUTAMATE DEHYDROGENASE	No Auth Required					
82977	ASSAY OF GGT	ASSAY OF GLUTAMYLTRASE GAMMA	No Auth Required					
82978	ASSAY OF GLUTATHIONE	ASSAY OF GLUTATHIONE	No Auth Required					
82979	ASSAY RBC GLUTATHIONE	ASSAY OF GLUTATHIONE REDUCTASE RBC	No Auth Required					
82985	ASSAY OF GLYCATED PROTEIN	ASSAY OF GLYCATED PROTEIN	No Auth Required					
83001	ASSAY OF GONADOTROPIN (FSH)	GONADOTROPIN FOLLICLE STIMULATING HORMONE	No Auth Required					
83002	ASSAY OF GONADOTROPIN (LH)	GONADOTROPIN LUTEINIZING HORMONE	No Auth Required					
83003	ASSAY GROWTH HORMONE (HGH)	ASSAY OF GROWTH HORMONE HUMAN	No Auth Required					
83006	GROWTH STIMULATION GENE 2	GROWTH STIMULATION EXPRESSED GENE 2	No Auth Required					

83009	H PYLORI (C-13) BLOOD	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	No Auth Required					
83010	ASSAY OF HAPTOGLOBIN QUANT	ASSAY OF HAPTOGLOBIN QUANTITATIVE	No Auth Required					
83012	ASSAY OF HAPTOGLOBINS	ASSAY OF HAPTOGLOBIN PHENOTYPES	No Auth Required					
83013	H PYLORI (C-13) BREATH	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	No Auth Required					
83014	H PYLORI DRUG ADMIN	HPYLORI DRUG ADMINISTRATION	No Auth Required					
83015	HEAVY METAL QUAL ANY ANAL	HEAVY METAL QUALITATIVE ANY ANALYTES	No Auth Required					
83018	HEAVY METAL QUANT EACH NES	HEAVY METAL QUANTIATIVE EACH NES	No Auth Required					
83020	HEMOGLOBIN ELECTROPHORESIS	HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	No Auth Required					
83021	HEMOGLOBIN CHROMOTOGRAPHY	HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	No Auth Required					
83026	HEMOGLOBIN COPPER SULFATE	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	No Auth Required					
83030	FETAL HEMOGLOBIN CHEMICAL	HEMOGLOBIN F FETAL CHEMICAL	No Auth Required					
83033	FETAL HEMOGLOBIN ASSAY QUAL	HEMOGLOBIN F FETAL QUALITATIVE	No Auth Required					
83036	GLYCOSYLATED HEMOGLOBIN TEST	HEMOGLOBIN GLYCOSYLATED A1C	No Auth Required					
83037	GLYCOSYLATED HB HOME DEVICE	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	No Auth Required					
83045	BLOOD METHEMOGLOBIN TEST	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	No Auth Required					
83050	BLOOD METHEMOGLOBIN ASSAY	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	No Auth Required					
83051	ASSAY OF PLASMA HEMOGLOBIN	ASSAY OF HEMOGLOBIN PLASMA	No Auth Required					
83060	BLOOD SULFHEMOGLOBIN ASSAY	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	No Auth Required					
83065	ASSAY OF HEMOGLOBIN HEAT	HEMOGLOBIN THERMOLABILE	No Auth Required					
83068	HEMOGLOBIN STABILITY SCREEN	HEMOGLOBIN UNSTABLE SCREEN	No Auth Required					
83069	ASSAY OF URINE HEMOGLOBIN	ASSAY OF HEMOGLOBIN URINE	No Auth Required					
83070	ASSAY OF HEMOSIDERIN QUAL	ASSAY OF HEMOSIDERIN QUALITATIVE	No Auth Required					
83080	ASSAY OF B HEXOSAMINIDASE	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	No Auth Required					
83088	ASSAY OF HISTAMINE	ASSAY OF HISTAMINE	No Auth Required					
83090	ASSAY OF HOMOCYSTINE	ASSAY OF HOMOCYSTEINE	No Auth Required					
83150	ASSAY OF HOMOVANILLIC ACID	ASSAY OF HOMOVANILLIC ACID	No Auth Required					
83491	ASSAY OF CORTICOSTEROIDS 17	HYDROXYCORTICOSTEROIDS 17	No Auth Required					
83497	ASSAY OF 5-HIAA	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	No Auth Required					
83498	ASSAY OF PROGESTERONE 17-D	ASSAY OF HYDROXYPROGESTERONE 17-D	No Auth Required					
83500	ASSAY FREE HYDROXYPROLINE	ASSAY OF HYDROXYPROLINE FREE	No Auth Required					
83505	ASSAY TOTAL HYDROXYPROLINE	ASSAY OF HYDROXYPROLINE TOTAL	No Auth Required					
83516	IMMUNOASSAY NONANTIBODY	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	No Auth Required					
83518	IMMUNOASSAY DIPSTICK	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	No Auth Required					
83519	RIA NONANTIBODY	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	No Auth Required					
83520	IMMUNOASSAY QUANT NOS NONAB	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	No Auth Required					
83525	ASSAY OF INSULIN	ASSAY OF INSULIN TOTAL	No Auth Required					
83527	ASSAY OF INSULIN	ASSAY OF INSULIN FREE	No Auth Required					
83528	ASSAY OF INTRINSIC FACTOR	ASSAY OF INTRINSIC FACTOR	No Auth Required					
83540	ASSAY OF IRON	ASSAY OF IRON	No Auth Required					
83550	IRON BINDING TEST	IRON BINDING CAPACITY	No Auth Required					
83570	ASSAY OF IDH ENZYME	ISOCITRIC DEHYDROGENASE	No Auth Required					
83582	ASSAY OF KETOGENIC STEROIDS	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	No Auth Required					
83586	ASSAY 17- KETOSTEROIDS	ASSAY OF KETOSTEROIDS 17- TOTAL	No Auth Required					
83593	FRACTIONATION KETOSTEROIDS	KETOSTEROIDS 17- FRACTIONATION	No Auth Required					
83605	ASSAY OF LACTIC ACID	ASSAY OF LACTATE	No Auth Required					
83615	LACTATE (LD) (LDH) ENZYME	LACTATE DEHYDROGENASE LDH	No Auth Required					
83625	ASSAY OF LDH ENZYMES	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	No Auth Required					
83630	LACTOFERRIN FECAL (QUAL)	LACTOFERRIN FECAL QUALITATIVE	No Auth Required					
83631	LACTOFERRIN FECAL (QUANT)	LACTOFERRIN FECAL QUANTITATIVE	No Auth Required					
83632	PLACENTAL LACTOGEN	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	No Auth Required					
83633	TEST URINE FOR LACTOSE	LACTOSE URINE QUALITATIVE	No Auth Required					
83655	ASSAY OF LEAD	ASSAY OF LEAD	No Auth Required					
83661	L/S RATIO FETAL LUNG	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	No Auth Required					
83662	FOAM STABILITY FETAL LUNG	FETAL LUNG MATURITY FOAM STABILITY TEST	No Auth Required					
83663	FLUORO POLARIZE FETAL LUNG	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	No Auth Required					
83664	LAMELLAR BDY FETAL LUNG	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	No Auth Required					
83670	ASSAY OF LAP ENZYME	LEUCINE AMINOPEPTIDASE LAP	No Auth Required					
83690	ASSAY OF LIPASE	ASSAY OF LIPASE	No Auth Required					
83695	ASSAY OF LIPOPROTEIN(A)	LIPOPROTEIN (A)	No Auth Required					
83698	ASSAY LIPOPROTEIN PLA2	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
83700	LIPOPRO BLD ELECTROPHORETIC	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
83701	LIPOPROTEIN BLD HR FRACTION	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
83704	LIPOPROTEIN BLD QUAN PART	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
83718	ASSAY OF LIPOPROTEIN	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	No Auth Required					
83719	ASSAY OF BLOOD LIPOPROTEIN	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	No Auth Required					
83721	ASSAY OF BLOOD LIPOPROTEIN	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	No Auth Required					
83722	LIPOPRTN DIR MEAS SD LDL CHL	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	No Auth Required					
83727	ASSAY OF LRH HORMONE	LUTEINIZING RELEASING FACTOR	No Auth Required					
83735	ASSAY OF MAGNESIUM	ASSAY OF MAGNESIUM	No Auth Required					
83775	ASSAY MALATE DEHYDROGENASE	ASSAY OF MALATE DEHYDROGENASE	No Auth Required					
83785	ASSAY OF MANGANESE	ASSAY OF MANGANESE	No Auth Required					
83789	MASS SPECTROMETRY QUAL/QUAN	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	No Auth Required					
83825	ASSAY OF MERCURY	ASSAY OF MERCURY QUANTITATIVE	No Auth Required					
83835	ASSAY OF METANEPHRINES	METANEPHRINES	No Auth Required					
83857	ASSAY OF METHEMALBUMIN	METHEMALBUMIN	No Auth Required					
83861	MICROFLUID ANALY TEARS	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	No Auth Required					
83864	MUCOPOLYSACCHARIDES	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	No Auth Required					
83872	ASSAY SYNOVIAL FLUID MUCIN	MUCIN SYNOVIAL FLUID ROPES TEST	No Auth Required					
83873	ASSAY OF CSF PROTEIN	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	No Auth Required					
83874	ASSAY OF MYOGLOBIN	MYOGLOBIN	No Auth Required					
83876	ASSAY MYELOPEROXIDASE	MYELOPEROXIDASE MPO	No Auth Required					
83880	ASSAY OF NATRIURETIC PEPTIDE	NATRIURETIC PEPTIDE	No Auth Required					
83883	ASSAY NEPHELOMETRY NOT SPEC	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	No Auth Required					
83885	ASSAY OF NICKEL	ASSAY OF NICKEL	No Auth Required					
83915	ASSAY OF NUCLEOTIDASE	ASSAY OF NUCLEOTIDASE 5'-	No Auth Required					
83916	OLIGOCLONAL BANDS	OLIGOCLONAL IMMUNE	No Auth Required					
83918	ORGANIC ACIDS TOTAL QUANT	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	No Auth Required					
83919	ORGANIC ACIDS QUAL EACH	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	No Auth Required					
83921	ORGANIC ACID SINGLE QUANT	ORGANIC ACID 1 QUANTITATIVE	No Auth Required					
83930	ASSAY OF BLOOD OSMOLALITY	ASSAY OF OSMOLALITY BLOOD	No Auth Required					
83935	ASSAY OF URINE OSMOLALITY	ASSAY OF OSMOLALITY URINE	No Auth Required					
83937	ASSAY OF OSTEOCALCIN	ASSAY OF OSTEOCALCIN	No Auth Required					
83945	ASSAY OF OXALATE	ASSAY OF OXALATE	No Auth Required					

83950	ONCOPROTEIN HER-2/NEU	ONCOPROTEIN HER-2/NEU	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
83951	ONCOPROTEIN DCP	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	No Auth Required					
83970	ASSAY OF PARATHORMONE	ASSAY OF PARATHORMONE	No Auth Required					
83986	ASSAY PH BODY FLUID NOS	PH BODY FLUID NOT ELSEWHERE SPECIFIED	No Auth Required					
83987	EXHALED BREATH CONDENSATE	PH EXHALED BREATH CONDENSATE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
83992	ASSAY FOR PHENCYCLIDINE	ASSAY OF PHENCYCLIDINE	No Auth Required					
83993	ASSAY FOR CALPROTECTIN FECAL	ASSAY OF CALPROTECTIN FECAL	No Auth Required					
84030	ASSAY OF BLOOD PKU	ASSAY OF PHENYLALANINE BLOOD	No Auth Required					
84035	ASSAY OF PHENYLKETONES	ASSAY OF PHENYLKETONES QUALITATIVE	No Auth Required					
84060	ASSAY ACID PHOSPHATASE	ASSAY OF PHOSPHATASE ACID TOTAL	No Auth Required					
84066	ASSAY PROSTATE PHOSPHATASE	ASSAY OF PHOSPHATASE ACID PROSTATIC	No Auth Required					
84075	ASSAY ALKALINE PHOSPHATASE	ASSAY OF PHOSPHATASE ALKALINE	No Auth Required					
84078	ASSAY ALKALINE PHOSPHATASE	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	No Auth Required					
84080	ASSAY ALKALINE PHOSPHATASES	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	No Auth Required					
84081	ASSAY PHOSPHATIDYLGLYCEROL	PHOSPHATIDYLGLYCEROL	No Auth Required					
84085	ASSAY OF RBC PG6D ENZYME	PHOSPHOGLUCONATE 6-DEHYD RBC	No Auth Required					
84087	ASSAY PHOSPHOHEXOSE ENZYMES	ASSAY OF PHOSPHOHEXOSE ISOMERASE	No Auth Required					
84100	ASSAY OF PHOSPHORUS	ASSAY OF PHOSPHORUS INORGANIC	No Auth Required					
84105	ASSAY OF URINE PHOSPHORUS	ASSAY OF PHOSPHORUS INORGANIC URINE	No Auth Required					
84106	TEST FOR PORPHOBILINOGEN	PORPHOBILINOGEN URINE QUALITATIVE	No Auth Required					
84110	ASSAY OF PORPHOBILINOGEN	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	No Auth Required					
84112	EVAL AMNIOTIC FLUID PROTEIN	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	No Auth Required					
84119	TEST URINE FOR PORPHYRINS	PORPHYRINS URINE QUALITATAIVE	No Auth Required					
84120	ASSAY OF URINE PORPHYRINS	PORPHYRINS URINE QUANTITATION & FRACTIONATION	No Auth Required					
84126	ASSAY OF FECES PORPHYRINS	PORPHYRINS FECES QUANTITATIVE	No Auth Required					
84132	ASSAY OF SERUM POTASSIUM	POTASSIUM SERUM PLASMA/WHOLE BLOOD	No Auth Required					
84133	ASSAY OF URINE POTASSIUM	POTASSIUM URINE	No Auth Required					
84134	ASSAY OF PREALBUMIN	PREALBUMIN	No Auth Required					
84135	ASSAY OF PREGNANEDIOL	PREGNANEDIOL	No Auth Required					
84138	ASSAY OF PREGNANETRIOL	PREGNANETRIOL	No Auth Required					
84140	ASSAY OF PREGNENOLONE	PREGNENOLONE	No Auth Required					
84143	ASSAY OF 17-HYDROXYPREGNENO	17-HYDROXYPREGNENOLONE	No Auth Required					
84144	ASSAY OF PROGESTERONE	ASSAY OF PROGESTERONE	No Auth Required					
84145	PROCALCITONIN (PCT)	PROCALCITONIN (PCT)	No Auth Required					
84146	ASSAY OF PROLACTIN	ASSAY OF PROLACTIN	No Auth Required					
84150	ASSAY OF PROSTAGLANDIN	ASSAY OF PROSTAGLNDIN EACH	No Auth Required					
84152	ASSAY OF PSA COMPLEXED	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	No Auth Required					
84153	ASSAY OF PSA TOTAL	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	No Auth Required					
84154	ASSAY OF PSA FREE	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	No Auth Required					
84155	ASSAY OF PROTEIN SERUM	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	No Auth Required					
84156	ASSAY OF PROTEIN URINE	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	No Auth Required					
84157	ASSAY OF PROTEIN OTHER	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	No Auth Required					
84160	ASSAY OF PROTEIN ANY SOURCE	PROTEIN TOTAL REFRACTOMETRY ANY SRC	No Auth Required					
84163	PAPPA SERUM	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	No Auth Required					
84165	PROTEIN E-PHORESIS SERUM	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	No Auth Required					
84166	PROTEIN E-PHORESIS/URINE/CSF	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	No Auth Required					
84181	WESTERN BLOT TEST	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	No Auth Required					
84182	PROTEIN WESTERN BLOT TEST	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	No Auth Required					
84202	ASSAY RBC PROTOPORPHYRIN	PROTOPORPHYRIN RBC QUANTITATIVE	No Auth Required					
84203	TEST RBC PROTOPORPHYRIN	PROTOPORPHYRIN RBC SCREEN	No Auth Required					
84206	ASSAY OF PROINSULIN	ASSAY OF PROINSULIN	No Auth Required					
84207	ASSAY OF VITAMIN B-6	ASSAY OF PYRIDOXAL PHOSPHATE	No Auth Required					
84210	ASSAY OF PYRUVATE	ASSAY OF PYRUVATE	No Auth Required					
84220	ASSAY OF PYRUVATE KINASE	ASSAY OF PYRUVATE KINASE	No Auth Required					
84228	ASSAY OF QUININE	ASSAY OF QUININE	No Auth Required					
84233	ASSAY OF ESTROGEN	ASSAY OF RECEPTOR ASSAY ESTROGEN	No Auth Required					
84234	ASSAY OF PROGESTERONE	ASSAY OF RECEPTOR ASSAY PROGESTERONE	No Auth Required					
84235	ASSAY OF ENDOCRINE HORMONE	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	No Auth Required					
84238	ASSAY NONENDOCRINE RECEPTOR	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	No Auth Required					
84244	ASSAY OF RENIN	ASSAY OF RENIN	No Auth Required					
84252	ASSAY OF VITAMIN B-2	ASSAY OF RIBOFLAVIN-VITAMIN B-2	No Auth Required					
84255	ASSAY OF SELENIUM	ASSAY OF SELENIUM	No Auth Required					
84260	ASSAY OF SEROTONIN	ASSAY OF SEROTONIN	No Auth Required					
84270	ASSAY OF SEX HORMONE GLOBUL	ASSAY OF SEX HORMONE BINDING GLOBULIN	No Auth Required					
84275	ASSAY OF SIALIC ACID	ASSAY OF SIALIC ACID	No Auth Required					
84285	ASSAY OF SILICA	ASSAY OF SILICA	No Auth Required					
84295	ASSAY OF SERUM SODIUM	SODIUM SERUM PLASMA OR WHOLE BLOOD	No Auth Required					
84300	ASSAY OF URINE SODIUM	ASSAY OF URINE SODIUM	No Auth Required					
84302	ASSAY OF SWEAT SODIUM	ASSAY OF SODIUM OTHER SOURCE	No Auth Required					
84305	ASSAY OF SOMATOMEDIN	ASSAY OF SOMATOMEDIN	No Auth Required					
84307	ASSAY OF SOMATOSTATIN	ASSAY OF SOMATOSTATIN	No Auth Required					
84311	SPECTROPHOTOMETRY	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	No Auth Required					
84315	BODY FLUID SPECIFIC GRAVITY	SPECIFIC GRAVITY EXCEPT URINE	No Auth Required					
84375	CHROMATOGRAM ASSAY SUGARS	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	No Auth Required					
84376	SUGARS SINGLE QUAL	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	No Auth Required					
84377	SUGARS MULTIPLE QUAL	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	No Auth Required					
84378	SUGARS SINGLE QUANT	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	No Auth Required					
84379	SUGARS MULTIPLE QUANT	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	No Auth Required					
84392	ASSAY OF URINE SULFATE	ASSAY OF SULFATE URINE	No Auth Required					
84402	ASSAY OF FREE TESTOSTERONE	ASSAY OF TESTOSTERONE FREE	No Auth Required					
84403	ASSAY OF TOTAL TESTOSTERONE	ASSAY OF TESTOSTERONE TOTAL	No Auth Required					
84410	TESTOSTERONE BIOAVAILABLE	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	No Auth Required					
84425	ASSAY OF VITAMIN B-1	ASSAY OF THIAMINE-VITAMIN B-1	No Auth Required					
84430	ASSAY OF THIOCYANATE	ASSAY OF THIOCYANATE	No Auth Required					
84431	THROMBOXANE URINE	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	No Auth Required					
84432	ASSAY OF THYROGLOBULIN	ASSAY OF THYROGLOBULIN	No Auth Required					
84436	ASSAY OF TOTAL THYROXINE	ASSAY OF THYROXINE TOTAL	No Auth Required					
84437	ASSAY OF NEONATAL THYROXINE	ASSAY OF THYROXINE REQUIRING ELUTION	No Auth Required					
84439	ASSAY OF FREE THYROXINE	ASSAY OF FREE THYROXINE	No Auth Required					
84442	ASSAY OF THYROID ACTIVITY	ASSAY OF THYROXINE BINDING GLOBULIN	No Auth Required					
84443	ASSAY THYROID STIM HORMONE	ASSAY OF THYROID STIMULATING HORMONE TSH	No Auth Required					
84445	ASSAY OF TSI GLOBULIN	THYROID STIMULATING IMMUNE GLOBULINS TSI	No Auth Required					
84446	ASSAY OF VITAMIN E	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	No Auth Required					

84449	ASSAY OF TRANSCORTIN	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	No Auth Required					
84450	TRANSFERASE (AST) (SGOT)	TRANSFERASE ASPARTATE AMINO AST SGOT	No Auth Required					
84460	ALANINE AMINO (ALT) (SGPT)	TRANSFERASE ALANINE AMINO ALT SGPT	No Auth Required					
84466	ASSAY OF TRANSFERRIN	ASSAY OF L7383TRANSFERRIN	No Auth Required					
84478	ASSAY OF TRIGLYCERIDES	ASSAY OF TRIGLYCERIDES	No Auth Required					
84479	ASSAY OF THYROID (T3 OR T4)	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	No Auth Required					
84480	ASSAY TRIIODOTHYRONINE (T3)	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	No Auth Required					
84481	FREE ASSAY (FT-3)	ASSAY OF TRIIODOTHYRONINE T3 FREE	No Auth Required					
84482	T3 REVERSE	TRIIODOTHYRONINE T3 REVERSE	No Auth Required					
84484	ASSAY OF TROPONIN QUANT	ASSAY OF TROPONIN QUANTITATIVE	No Auth Required					
84485	ASSAY DUODENAL FLUID TRYPSIN	ASSAY OF TRYPSIN DUODENAL FLUID	No Auth Required					
84488	TEST FECES FOR TRYPSIN	ASSAY OF TRYPSIN FECES QUALITATIVE	No Auth Required					
84490	ASSAY OF FECES FOR TRYPSIN	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	No Auth Required					
84510	ASSAY OF TYROSINE	ASSAY OF TYROSINE	No Auth Required					
84512	ASSAY OF TROPONIN QUAL	ASSAY OF TROPONIN QUALITATIVE	No Auth Required					
84520	ASSAY OF UREA NITROGEN	ASSAY OF UREA NITROGEN QUANTITATIVE	No Auth Required					
84525	UREA NITROGEN SEMI-QUANT	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	No Auth Required					
84540	ASSAY OF URINE/UREA-N	ASSAY OF UREA NITROGEN URINE	No Auth Required					
84545	UREA-N CLEARANCE TEST	UREA NITROGEN CLEARANCE	No Auth Required					
84550	ASSAY OF BLOOD/URIC ACID	ASSAY OF BLOOD/URIC ACID	No Auth Required					
84560	ASSAY OF URINE/URIC ACID	ASSAY OF URIC ACID OTHER SOURCE	No Auth Required					
84577	ASSAY OF FECES/UROBILINOGEN	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	No Auth Required					
84578	TEST URINE UROBILINOGEN	ASSAY OF UROBILINOGEN URINE QUALITATIVE	No Auth Required					
84580	ASSAY OF URINE UROBILINOGEN	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	No Auth Required					
84583	ASSAY OF URINE UROBILINOGEN	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	No Auth Required					
84585	ASSAY OF URINE VMA	ASSAY OF VANILLYLMANDELIC ACID URINE	No Auth Required					
84586	ASSAY OF VIP	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	No Auth Required					
84588	ASSAY OF VASOPRESSIN	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	No Auth Required					
84590	ASSAY OF VITAMIN A	ASSAY OF VITAMIN A	No Auth Required					
84591	ASSAY OF NOS VITAMIN	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	No Auth Required					
84597	ASSAY OF VITAMIN K	ASSAY OF VITAMIN K	No Auth Required					
84600	ASSAY OF VOLATILES	ASSAY OF VOLATILES	No Auth Required					
84620	XYLOSE TOLERANCE TEST	XYLOSE ABSORPTION TEST BLOOD &/URINE	No Auth Required					
84630	ASSAY OF ZINC	ASSAY OF ZINC	No Auth Required					
84681	ASSAY OF C-PEPTIDE	ASSAY OF C-PEPTIDE	No Auth Required					
84702	CHORIONIC GONADOTROPIN TEST	GONADOTROPIN CHORIONIC QUANTITATIVE	No Auth Required					
84703	CHORIONIC GONADOTROPIN ASSAY	GONADOTROPIN CHORIONIC QUALITATIVE	No Auth Required					
84704	HCG FREE BETACHAIN TEST	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	No Auth Required					
84830	OVULATION TESTS	OVULATION TEST VISUAL COLOR COMPARISON HLH	No Auth Required					
84999	CLINICAL CHEMISTRY TEST	UNLISTED CHEMISTRY PROCEDURE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
85002	BLEEDING TIME TEST	BLEEDING TIME TEST	No Auth Required					
85004	AUTOMATED DIFF WBC COUNT	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	No Auth Required					
85007	BL SMEAR W/DIFF WBC COUNT	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	No Auth Required					
85008	BL SMEAR W/O DIFF WBC COUNT	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	No Auth Required					
85009	MANUAL DIFF WBC COUNT B-COAT	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	No Auth Required					
85013	SPUN MICROHEMATOCRIT	BLOOD COUNT SPUN MICROHEMATOCRIT	No Auth Required					
85014	HEMATOCRIT	BLOOD COUNT HEMATOCRIT	No Auth Required					
85018	HEMOGLOBIN	BLOOD COUNT HEMOGLOBIN	No Auth Required					
85025	COMPLETE CBC W/AUTO DIFF WBC	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	No Auth Required					
85027	COMPLETE CBC AUTOMATED	BLOOD COUNT COMPLETE AUTOMATED	No Auth Required					
85032	MANUAL CELL COUNT EACH	BLOOD COUNT MANUAL CELL COUNT EACH	No Auth Required					
85041	AUTOMATED RBC COUNT	BLOOD COUNT RED BLOOD CELL AUTOMATED	No Auth Required					
85044	MANUAL RETICULOCYTE COUNT	BLOOD COUNT RETICULOCYTE AUTOMATED	No Auth Required					
85045	AUTOMATED RETICULOCYTE COUNT	BLOOD COUNT RETICULOCYTE AUTOMATED	No Auth Required					
85046	RETICYTE/HGB CONCENTRATE	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	No Auth Required					
85048	AUTOMATED LEUKOCYTE COUNT	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	No Auth Required					
85049	AUTOMATED PLATELET COUNT	BLOOD COUNT PLATELET AUTOMATED	No Auth Required					
85055	RETICULATED PLATELET ASSAY	RETICULATED PLATELET ASSAY	No Auth Required					
85060	BLOOD SMEAR INTERPRETATION	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	No Auth Required					
85097	BONE MARROW INTERPRETATION	BONE MARROW SMEAR INTERPRETATION	No Auth Required					
85130	CHROMOGENIC SUBSTRATE ASSAY	CHROMOGENIC SUBSTRATE ASSAY	No Auth Required					
85170	BLOOD CLOT RETRACTION	BLOOD CLOT RETRACTION	No Auth Required					
85175	BLOOD CLOT LYSIS TIME	CLOT LYSIS TIME WHOLE BLOOD DILUTION	No Auth Required					
85210	CLOT FACTOR II PROTHROM SPEC	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	No Auth Required					
85220	BLOOC CLOT FACTOR V TEST	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	No Auth Required					
85230	CLOT FACTOR VII PROCONVERTIN	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	No Auth Required					
85240	CLOT FACTOR VIII AHG 1 STAGE	CLOTTING FACTOR VIII AHG 1 STAGE	No Auth Required					
85244	CLOT FACTOR VIII RELTD ANTGN	CLOTTING FACTOR VIII RELATED ANTIGEN	No Auth Required					
85245	CLOT FACTOR VIII VW RISTOCTN	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	No Auth Required					
85246	CLOT FACTOR VIII VW ANTIGEN	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	No Auth Required					
85247	CLOT FACTOR VIII MULTIMETRIC	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	No Auth Required					
85250	CLOT FACTOR IX PTC/CHRSTMAS	CLOTTING FACTOR IX PTC/CHRISTMAS	No Auth Required					
85260	CLOT FACTOR X STUART-POWER	CLOTTING FACTOR X STUART-PROWER	No Auth Required					
85270	CLOT FACTOR XI PTA	CLOTTING FACTOR XI PTA	No Auth Required					
85280	CLOT FACTOR XII HAGEMAN	CLOTTING FACTOR XII HAGEMAN	No Auth Required					
85290	CLOT FACTOR XIII FIBRIN STAB	CLOTTING FACTOR XIII FIBRIN STABILIZING	No Auth Required					
85291	CLOT FACTOR XIII FIBRIN SCRN	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	No Auth Required					
85292	CLOT FACTOR FLETCHER FACT	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	No Auth Required					
85293	CLOT FACTOR WGHT KININOGEN	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	No Auth Required					
85300	ANTITHROMBIN III ACTIVITY	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	No Auth Required					
85301	ANTITHROMBIN III ANTIGEN	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	No Auth Required					
85302	CLOT INHIBIT PROT C ANTIGEN	CLOTTING INHIBITORS PROTEIN C ANTIGEN	No Auth Required					

85303	CLOT INHIBIT PROT C ACTIVITY	CLOTTING INHIBITORS PROTEIN C ACTIVITY	No Auth Required					
85305	CLOT INHIBIT PROT S TOTAL	CLOTTING INHIBITORS PROTEIN S TOTAL	No Auth Required					
85306	CLOT INHIBIT PROT S FREE	CLOTTING INHIBITORS PROTEIN S FREE	No Auth Required					
85307	ASSAY ACTIVATED PROTEIN C	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	No Auth Required					
85335	FACTOR INHIBITOR TEST	FACTOR INHIBITOR TEST	No Auth Required					
85337	THROMBOMODULIN	THROMBOMODULIN	No Auth Required					
85345	COAGULATION TIME LEE & WHITE	COAGULATION TIME LEE AND WHITE	No Auth Required					
85347	COAGULATION TIME ACTIVATED	COAGULATION TIME ACTIVATED	No Auth Required					
85348	COAGULATION TIME OTR METHOD	COAGULATION TIME OTHER METHODS	No Auth Required					
85360	EUGLOBULIN LYSIS	EUGLOBULIN LYSIS	No Auth Required					
85362	FIBRIN DEGRADATION PRODUCTS	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	No Auth Required					
85366	FIBRINOGEN TEST	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	No Auth Required					
85370	FIBRINOGEN TEST	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	No Auth Required					
85378	FIBRIN DEGRADE SEMIQUANT	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	No Auth Required					
85379	FIBRIN DEGRADATION QUANT	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	No Auth Required					
85380	FIBRIN DEGRADJ D-DIMER	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	No Auth Required					
85384	FIBRINOGEN ACTIVITY	FIBRINOGEN ACTIVITY	No Auth Required					
85385	FIBRINOGEN ANTIGEN	FIBRINOGEN ANTIGEN	No Auth Required					
85390	FIBRINOLYSINS SCREEN I&R	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	No Auth Required					
85396	CLOTTING ASSAY WHOLE BLOOD	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	No Auth Required					
85397	CLOTTING FUNCT ACTIVITY	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	No Auth Required					
85400	FIBRINOLYTIC PLASMIN	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	No Auth Required					
85410	FIBRINOLYTIC ANTIPLASMIN	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	No Auth Required					
85415	FIBRINOLYTIC PLASMINOGEN	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	No Auth Required					
85420	FIBRINOLYTIC PLASMINOGEN	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	No Auth Required					
85421	FIBRINOLYTIC PLASMINOGEN	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	No Auth Required					
85441	HEINZ BODIES DIRECT	HEINZ BODIES DIRECT	No Auth Required					
85445	HEINZ BODIES INDUCED	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	No Auth Required					
85460	HEMOGLOBIN FETAL	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	No Auth Required					
85461	HEMOGLOBIN FETAL	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	No Auth Required					
85475	HEMOLYSIN ACID	HEMOLYSIN ACID	No Auth Required					
85520	HEPARIN ASSAY	HEPARIN ASSAY	No Auth Required					
85525	HEPARIN NEUTRALIZATION	HEPARIN NEUTRALIZATION	No Auth Required					
85530	HEPARIN-PROTAMINE TOLERANCE	HEPARIN-PROTAMINE TOLERANCE TST	No Auth Required					
85536	IRON STAIN PERIPHERAL BLOOD	IRON STAIN PERIPHERAL BLOOD	No Auth Required					
85540	WBC ALKALINE PHOSPHATASE	WBC ALKALINE PHOSPHATASE COUNT	No Auth Required					
85547	RBC MECHANICAL FRAGILITY	MECHANICAL FRAGILITY RBC	No Auth Required					
85549	MURAMIDASE	MURAMIDASE	No Auth Required					
85555	RBC OSMOTIC FRAGILITY	OSMOTIC FRAGILITY RBC UNINCUBATED	No Auth Required					
85557	RBC OSMOTIC FRAGILITY	OSMOTIC FRAGILITY RBC INCUBATED	No Auth Required					
85576	BLOOD PLATELET AGGREGATION	PLATELET AGGREGATION IN VITRO EACH AGENT	No Auth Required					
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	PHOSPHOLIPID NEUTRALIZATION PLATELET	No Auth Required					
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	No Auth Required					
85610	PROTHROMBIN TIME	PROTHROMBIN TIME	No Auth Required					
85611	PROTHROMBIN TEST	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	No Auth Required					
85612	VIPER VENOM PROTHROMBIN TIME	RUSSELL VIPER VENON TIME UNDILUTED	No Auth Required					
85613	RUSSELL VIPER VENOM DILUTED	RUSSELL VIPER VENOM TIME DILUTED	No Auth Required					
85635	REPTILASE TEST	REPTILASE TEST	No Auth Required					
85651	RBC SED RATE NONAUTOMATED	SEDIMENTATION RATE RBC NON-AUTOMATED	No Auth Required					
85652	RBC SED RATE AUTOMATED	SEDIMENTATION RATE RBC AUTOMATED	No Auth Required					
85660	RBC SICKLE CELL TEST	SICKLING RBC REDUCTION	No Auth Required					
85670	THROMBIN TIME PLASMA	THROMBIN TIME PLASMA	No Auth Required					
85675	THROMBIN TIME TITER	THROMBIN TIME TITER	No Auth Required					
85705	THROMBOPLASTIN INHIBITION	THROMBOPLASTIN INHIBITION TISSUE	No Auth Required					
85730	THROMBOPLASTIN TIME PARTIAL	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	No Auth Required					
85732	THROMBOPLASTIN TIME PARTIAL	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	No Auth Required					
85810	BLOOD VISCOSITY EXAMINATION	VISCOSITY	No Auth Required					
85999	HEMATOLOGY PROCEDURE	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
86000	AGGLUTININS FEBRILE ANTIGEN	AGGLUTININS FEBRILE EACH ANTIGEN	No Auth Required					
86001	ALLERGEN SPECIFIC IGG	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	No Auth Required					
86003	ALLG SPEC IGE CRUDE XTRC EA	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	No Auth Required					
86005	ALLG SPEC IGE MULTIALLG SCR	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	No Auth Required					
86008	ALLG SPEC IGE RECOMB EA	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	No Auth Required					
86021	WBC ANTIBODY IDENTIFICATION	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	No Auth Required					
86022	PLATELET ANTIBODIES	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	No Auth Required					
86023	IMMUNOGLOBULIN ASSAY	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	No Auth Required					
86038	ANTINUCLEAR ANTIBODIES	ANTINUCLEAR ANTIBODIES ANA	No Auth Required					
86039	ANTINUCLEAR ANTIBODIES (ANA)	ANTINUCLEAR ANTIBODIES ANA TITER	No Auth Required					
86060	ANTISTREPTOLYSIN O TITER	ANTISTREPTOLYSIN O TITER	No Auth Required					
86063	ANTISTREPTOLYSIN O SCREEN	ANTISTREPTOLYSIN O SCREEN	No Auth Required					
86077	PHYS BLOOD BANK SERV XMATCH	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	No Auth Required					
86078	PHYS BLOOD BANK SERV REACTJ	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	No Auth Required					
86079	PHYS BLOOD BANK SERV AUTHRJ	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	No Auth Required					
86140	C-REACTIVE PROTEIN	C-REACTIVE PROTEIN	No Auth Required					
86141	C-REACTIVE PROTEIN HS	C-REACTIVE PROTEIN HIGH SENSITIVITY	No Auth Required					
86146	BETA-2 GLYCOPROTEIN ANTIBODY	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	No Auth Required					
86147	CARDIOLIPIN ANTIBODY EA IG	CARDIOLIPIN ANTIBODY EACH IG CLASS	No Auth Required					
86148	ANTI-PHOSPHOLIPID ANTIBODY	ANTI-PHOSPHATIDYLSERINE ANTIBODY	No Auth Required					
86152	CELL ENUMERATION & ID	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	No Auth Required					
86153	CELL ENUMERATION PHYS INTERP	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	No Auth Required					
86155	CHEMOTAXIS ASSAY	CHEMOTAXIS ASSAY SPECIFY METHOD	No Auth Required					
86156	COLD AGGLUTININ SCREEN	COLD AGGLUTININ SCREEN	No Auth Required					
86157	COLD AGGLUTININ TITER	COLD AGGLUTININ TITER	No Auth Required					
86160	COMPLEMENT ANTIGEN	COMPLEMENT ANTIGEN EACH COMPONENT	No Auth Required					
86161	COMPLEMENT/FUNCTION ACTIVITY	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	No Auth Required					
86162	COMPLEMENT TOTAL (CH50)	COMPLEMENT TOTAL HEMOLYTIC	No Auth Required					
86171	COMPLEMENT FIXATION EACH	COMPLEMENT FIXATION TESTS EACH ANTIGEN	No Auth Required					
86200	CCP ANTIBODY	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	No Auth Required					

86215	DEOXYRIBONUCLEASE ANTIBODY	DEOXYRIBONUCLEASE ANTIBODY	No Auth Required					
86225	DNA ANTIBODY NATIVE	DNA ANTIBODY NATIVE/DOUBLE STRANDED	No Auth Required					
86226	DNA ANTIBODY SINGLE STRAND	DNA ANTIBODY SINGLE STRANDED	No Auth Required					
86235	NUCLEAR ANTIGEN ANTIBODY	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	No Auth Required					
86255	FLUORESCENT ANTIBODY SCREEN	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	No Auth Required					
86256	FLUORESCENT ANTIBODY TITER	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	No Auth Required					
86277	GROWTH HORMONE ANTIBODY	GROWTH HORMONE HUMAN ANTIBODY	No Auth Required					
86280	HEMAGGLUTINATION INHIBITION	HEMAGGLUTINATION INHIBITION TEST HAI	No Auth Required					
86294	IMMUNOASSAY TUMOR QUAL	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	No Auth Required					
86300	IMMUNOASSAY TUMOR CA 15-3	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	No Auth Required					
86301	IMMUNOASSAY TUMOR CA 19-9	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	No Auth Required					
86304	IMMUNOASSAY TUMOR CA 125	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	No Auth Required					
86305	HUMAN EPIDIDYMIS PROTEIN 4	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	No Auth Required					
86308	HETEROPHILE ANTIBODY SCREEN	HETEROPHILE ANTIBODIES SCREEN	No Auth Required					
86309	HETEROPHILE ANTIBODY TITER	HETEROPHILE ANTIBODIES TITER	No Auth Required					
86310	HETEROPHILE ANTIBODY ABSRBJ	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	No Auth Required					
86316	IMMUNOASSAY TUMOR OTHER	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	No Auth Required					
86317	IMMUNOASSAY INFECTIOUS AGENT	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	No Auth Required					
86318	IMMUNOASSAY INFECTIOUS AGENT	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	No Auth Required					
86320	SERUM IMMUNOELECTROPHORESIS	IMMUNOELECTROPHORESIS SERUM	No Auth Required					
86325	OTHER IMMUNOELECTROPHORESIS	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	No Auth Required					
86327	IMMUNOELECTROPHORESIS ASSAY	IMMUNOELECTROPHORESIS CROSSED	No Auth Required					
86329	IMMUNODIFFUSION NES	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	No Auth Required					
86331	IMMUNODIFFUSION OUCHTERLONY	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	No Auth Required					
86332	IMMUNE COMPLEX ASSAY	IMMUNE COMPLEX ASSAY	No Auth Required					
86334	IMMUNOFIX E-PHORESIS SERUM	IMMUNOFIXJ ELECTROPHORESIS SERUM	No Auth Required					
86335	IMMUNFIX E-PHORSIS/URINE/CSF	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	No Auth Required					
86336	INHIBIN A	INHIBIN A	No Auth Required					
86337	INSULIN ANTIBODIES	INSULIN ANTIBODIES	No Auth Required					
86340	INTRINSIC FACTOR ANTIBODY	INTRINSIC FACTOR ANTIBODIES	No Auth Required					
86341	ISLET CELL ANTIBODY	ISLET CELL ANTIBODY	No Auth Required					
86343	LEUKOCYTE HISTAMINE RELEASE	LEUKOCYTE HISTAMINE RELEASE TEST LHR	No Auth Required					
86344	LEUKOCYTE PHAGOCYTOSIS	LEUKOCYTE PHAGOCYTOSIS	No Auth Required					
86352	CELL FUNCTION ASSAY W/STIM	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	No Auth Required					
86353	LYMPHOCYTE TRANSFORMATION	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	No Auth Required					
86355	B CELLS TOTAL COUNT	B CELLS TOTAL COUNT	No Auth Required					
86356	MONONUCLEAR CELL ANTIGEN	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	No Auth Required					
86357	NK CELLS TOTAL COUNT	NATURAL KILLER CELLS TOTAL COUNT	No Auth Required					
86359	T CELLS TOTAL COUNT	T CELLS TOTAL COUNT	No Auth Required					
86360	T CELL ABSOLUTE COUNT/RATIO	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	No Auth Required					
86361	T CELL ABSOLUTE COUNT	T CELLS ABSOLUTE CD4 COUNT	No Auth Required					
86367	STEM CELLS TOTAL COUNT	STEM CELLS TOTAL COUNT	No Auth Required					
86376	MICROSOMAL ANTIBODY EACH	MICROSOMAL ANTIBODIES EACH	No Auth Required					
86382	NEUTRALIZATION TEST VIRAL	NEUTRALIZATION TEST VIRAL	No Auth Required					
86384	NITROBLUE TETRAZOLIUM DYE	NITROBLUE TETRAZOLIUM DYE TEST NTD	No Auth Required					
86386	NUCLEAR MATRIX PROTEIN 22	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	No Auth Required					
86403	PARTICLE AGGLUT ANTBDY SCRN	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	No Auth Required					
86406	PARTICLE AGGLUT ANTBDY TITR	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	No Auth Required					
86430	RHEUMATOID FACTOR TEST QUAL	RHEUMATOID FACTOR QUALITATIVE	No Auth Required					
86431	RHEUMATOID FACTOR QUANT	RHEUMATOID FACTOR QUANTITATIVE	No Auth Required					
86480	TB TEST CELL IMMUN MEASURE	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	No Auth Required					
86481	TB AG RESPONSE T-CELL SUSP	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	No Auth Required					
86485	SKIN TEST CANDIDA	SKIN TEST CANDIDA	No Auth Required					
86486	SKIN TEST NOS ANTIGEN	SKIN TEST UNLISTED ANTIGEN EACH	No Auth Required					
86490	COCCIDIOIDOMYCOSIS SKIN TEST	SKIN TEST COCCIDIOIDOMYCOSIS	No Auth Required					
86510	HISTOPLASMOSIS SKIN TEST	SKIN TEST HISTOPLASMOSIS	No Auth Required					
86580	TB INTRADERMAL TEST	SKIN TEST TUBERCULOSIS INTRADERMAL	No Auth Required					
86590	STREPTOKINASE ANTIBODY	STREPTOKINASE ANTIBODY	No Auth Required					
86592	SYPHILIS TEST NON-TREP QUAL	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	No Auth Required					
86593	SYPHILIS TEST NON-TREP QUANT	SYPHILIS TEST QUANTITATIVE	No Auth Required					
86602	ANTINOMYCES ANTIBODY	ANTIBODY ACTINOMYCES	No Auth Required					
86603	ADENOVIRUS ANTIBODY	ANTIBODY ADENOVIRUS	No Auth Required					
86606	ASPERGILLUS ANTIBODY	ANTIBODY ASPERGILLUS	No Auth Required					
86609	BACTERIUM ANTIBODY	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	No Auth Required					
86611	BARTONELLA ANTIBODY	ANTIBODY BARTONELLA	No Auth Required					
86612	BLASTOMYCES ANTIBODY	ANTIBODY BLASTOMYCES	No Auth Required					
86615	BORDETELLA ANTIBODY	ANTIBODY BORDETELLA	No Auth Required					
86617	LYME DISEASE ANTIBODY	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	No Auth Required					
86618	LYME DISEASE ANTIBODY	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	No Auth Required					
86619	BORRELIA ANTIBODY	ANTIBODY BORRELIA RELAPSING FEVER	No Auth Required					
86622	BRUCELLA ANTIBODY	ANTIBODY BRUCELLA	No Auth Required					
86625	CAMPYLOBACTER ANTIBODY	ANTIBODY CAMPYLOBACTER	No Auth Required					
86628	CANDIDA ANTIBODY	ANTIBODY CANDIDA	No Auth Required					
86631	CHLAMYDIA ANTIBODY	ANTIBODY CHLAMYDIA	No Auth Required					
86632	CHLAMYDIA IGM ANTIBODY	ANTIBODY CHLAMYDIA IGM	No Auth Required					
86635	COCCIDIOIDES ANTIBODY	ANTIBODY COCCIDIOIDES	No Auth Required					
86638	Q FEVER ANTIBODY	ANTIBODY COXIELLA BURNETII Q FEVER	No Auth Required					
86641	CRYPTOCOCCUS ANTIBODY	ANTIBODY CRYPTOCOCCUS	No Auth Required					
86644	CMV ANTIBODY	ANTIBODY CYTOMEGALOVIRUS CMV	No Auth Required					
86645	CMV ANTIBODY IGM	ANTIBODY CYTOMEGALOVIRUS CMV IGM	No Auth Required					
86648	DIPHTHERIA ANTIBODY	ANTIBODY DIPHTHERIA	No Auth Required					
86651	ENCEPHALITIS CALIFORN ANTBDY	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	No Auth Required					
86652	ENCEPHALTIS EAST EQNE ANBDY	ANTIBODY ENCEPHALITIS EASTERN EQUINE	No Auth Required					
86653	ENCEPHALTIS ST LOUIS ANTBODY	ANTIBODY ENCEPHALITIS ST. LOUIS	No Auth Required					
86654	ENCEPHALTIS WEST EQNE ANTBDY	ANTIBODY ENCEPHALITIS WESTRN EQUINE	No Auth Required					
86658	ENTEROVIRUS ANTIBODY	ANTIBODY ENTEROVIRUS	No Auth Required					
86663	EPSTEIN-BARR ANTIBODY	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	No Auth Required					
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	No Auth Required					
86665	EPSTEIN-BARR CAPSID VCA	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	No Auth Required					
86666	EHRLICHIA ANTIBODY	ANTIBODY EHRLICHIA	No Auth Required					
86668	FRANCISELLA TULARENSIS	ANTIBODY FRANCISELLA TULARENSIS	No Auth Required					
86671	FUNGUS NES ANTIBODY	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	No Auth Required					
86674	GIARDIA LAMBLIA ANTIBODY	ANTIBODY GIARDIA LAMBLIA	No Auth Required					

86677	HELICOBACTER PYLORI ANTIBODY	ANTIBODY HELICOBACTER PYLORI	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
86682	HELMINTH ANTIBODY	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	No Auth Required					
86684	HEMOPHILUS INFLUENZA ANTIBDY	ANTIBODY HAEMOPHILUS INFLUENZA	No Auth Required					
86687	HTLV-I ANTIBODY	ANTIBODY HTLV-I	No Auth Required					
86688	HTLV-II ANTIBODY	ANTIBODY HTLV-II	No Auth Required					
86689	HTLV/HIV CONFIRMJ ANTIBODY	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	No Auth Required					
86692	HEPATITIS DELTA AGENT ANTBDY	ANTIBODY HEP DELTA AGENT	No Auth Required					
86694	HERPES SIMPLEX NES ANTBDY	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	No Auth Required					
86695	HERPES SIMPLEX TYPE 1 TEST	ANTIBODY HERPES SMPLX TYPE 1	No Auth Required					
86696	HERPES SIMPLEX TYPE 2 TEST	ANTIBODY HERPES SMPLX TYPE 2	No Auth Required					
86698	HISTOPLASMA ANTIBODY	ANTIBODY HISTOPLASMA	No Auth Required					
86701	HIV-1ANTIBODY	ANTIBODY HIV-1	No Auth Required					
86702	HIV-2 ANTIBODY	ANTIBODY HIV-2	No Auth Required					
86703	HIV-1/HIV-2 1 RESULT ANTBDY	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	No Auth Required					
86704	HEP B CORE ANTIBODY TOTAL	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	No Auth Required					
86705	HEP B CORE ANTIBODY IGM	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	No Auth Required					
86706	HEP B SURFACE ANTIBODY	HEPATITIS B SURF ANTIBODY HBSAB	No Auth Required					
86707	HEPATITIS BE ANTIBODY	HEPATITIS BE ANTIBODY HBEAB	No Auth Required					
86708	HEPATITIS A ANTIBODY	HEPATITIS A ANTIBODY HAAB	No Auth Required					
86709	HEPATITIS A IGM ANTIBODY	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	No Auth Required					
86710	INFLUENZA VIRUS ANTIBODY	ANTIBODY INFLUENZA VIRUS	No Auth Required					
86711	JOHN CUNNINGHAM ANTIBODY	ANTIBODY JOHN CUNNINGHAM VIRUS	No Auth Required					
86713	LEGIONELLA ANTIBODY	ANTIBODY LEGIONELLA	No Auth Required					
86717	LEISHMANIA ANTIBODY	ANTIBODY LEISHMANIA	No Auth Required					
86720	LEPTOSPIRA ANTIBODY	ANTIBODY LEPTOSPIRA	No Auth Required					
86723	LISTERIA MONOCYTOGENES	ANTIBODY LISTERIA MONOCYTOGENES	No Auth Required					
86727	LYMPH CHORIOMENINGITIS AB	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	No Auth Required					
86732	MUCORMYCOSIS ANTIBODY	ANTIBODY MUCORMYCOSIS	No Auth Required					
86735	MUMPS ANTIBODY	ANTIBODY MUMPS	No Auth Required					
86738	MYCOPLASMA ANTIBODY	ANTIBODY MYCOPLSM	No Auth Required					
86741	NEISSERIA MENINGITIDIS	ANTIBODY NEISSERIA MENINGITIDIS	No Auth Required					
86744	NOCARDIA ANTIBODY	ANTIBODY NOCARDIA	No Auth Required					
86747	PARVOVIRUS ANTIBODY	ANTIBODY PARVOVIRUS	No Auth Required					
86750	MALARIA ANTIBODY	ANTIBODY PLASMODIUM MALARIA	No Auth Required					
86753	PROTOZOA ANTIBODY NOS	ANTIBODY PROTOZOA NES	No Auth Required					
86756	RESPIRATORY VIRUS ANTIBODY	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	No Auth Required					
86757	RICKETTSIA ANTIBODY	ANTIBODY RICKETTSIA	No Auth Required					
86759	ROTAVIRUS ANTIBODY	ANTIBODY ROTAVIRUS	No Auth Required					
86762	RUBELLA ANTIBODY	ANTIBODY RUBELLA	No Auth Required					
86765	RUBEOLA ANTIBODY	ANTIBODY RUBEOLA	No Auth Required					
86768	SALMONELLA ANTIBODY	ANTIBODY SALMONELLA	No Auth Required					
86771	SHIGELLA ANTIBODY	ANTIBODY SHIGELLA	No Auth Required					
86774	TETANUS ANTIBODY	ANTIBODY TETANUS	No Auth Required					
86777	TOXOPLASMA ANTIBODY	ANTIBODY TOXOPLASMA	No Auth Required					
86778	TOXOPLASMA ANTIBODY IGM	ANTIBODY TOXOPLASMA IGM	No Auth Required					
86780	TREPONEMA PALLIDUM	ANTIBODY TREPONEMA PALLIDUM	No Auth Required					
86784	TRICHINELLA ANTIBODY	ANTIBODY TRICHINELLA	No Auth Required					
86787	VARICELLA-ZOSTER ANTIBODY	ANTIBODY VARICELLA-ZOSTER	No Auth Required					
86788	WEST NILE VIRUS AB IGM	ANTIBODY WEST NILE VIRUS IGM	No Auth Required					
86789	WEST NILE VIRUS ANTIBODY	ANTIBODY WEST NILE VIRUS	No Auth Required					
86790	VIRUS ANTIBODY NOS	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	No Auth Required					
86793	YERSINIA ANTIBODY	ANTIBODY YERSINIA	No Auth Required					
86794	ZIKA VIRUS IGM ANTIBODY	ZIKA VIRUS IGM ANTIBODY	No Auth Required					
86800	THYROGLOBULIN ANTIBODY	THYROGLOBULIN ANTIBODY	No Auth Required					
86803	HEPATITIS C AB TEST	HEPATITIS C ANTIBODY	No Auth Required					
86804	HEP C AB TEST CONFIRM	HEPATITIS C ANTIBODY CONFIRMATORY TEST	No Auth Required					
86805	LYMPHOCYTOTOXICITY ASSAY	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	No Auth Required					
86806	LYMPHOCYTOTOXICITY ASSAY	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	No Auth Required					
86807	CYTOTOXIC ANTIBODY SCREENING	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	No Auth Required					
86808	CYTOTOXIC ANTIBODY SCREENING	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	No Auth Required					
86812	HLA TYPING A B OR C	HLA TYPING A/B/C SINGLE ANTIGEN	No Auth Required					
86813	HLA TYPING A B OR C	HLA TYPING A/B/C MULTIPLE ANTIGENS	No Auth Required					
86816	HLA TYPING DR/DQ	HLA TYPING DR/DQ SINGLE ANTIGEN	No Auth Required					
86817	HLA TYPING DR/DQ	HLA TYPING DR/DQ MULTIPLE ANTIGENS	No Auth Required					
86821	LYMPHOCYTE CULTURE MIXED	HLA TYPING LYMPHOCYTE CULTURE MIXED	No Auth Required					
86825	HLA X-MATH NON-CYTOTOXIC	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	No Auth Required					
86826	HLA X-MATCH NONCYTOTOXC ADDL	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	No Auth Required					
86828	HLA CLASS I&II ANTIBODY QUAL	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	No Auth Required					
86829	HLA CLASS I/II ANTIBODY QUAL	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	No Auth Required					
86830	HLA CLASS I PHENOTYPE QUAL	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	No Auth Required					
86831	HLA CLASS II PHENOTYPE QUAL	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	No Auth Required					
86832	HLA CLASS I HIGH DEFIN QUAL	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	No Auth Required					
86833	HLA CLASS II HIGH DEFIN QUAL	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	No Auth Required					
86834	HLA CLASS I SEMIQUANT PANEL	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	No Auth Required					
86835	HLA CLASS II SEMIQUANT PANEL	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	No Auth Required					
86849	IMMUNOLOGY PROCEDURE	UNLISTED IMMUNOLOGY	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
86850	RBC ANTIBODY SCREEN	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	No Auth Required					
86860	RBC ANTIBODY ELUTION	ANTIBODY ELUTION RBC EACH ELUTION	No Auth Required					
86870	RBC ANTIBODY IDENTIFICATION	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	No Auth Required					
86880	COOMBS TEST DIRECT	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	No Auth Required					
86885	COOMBS TEST INDIRECT QUAL	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	No Auth Required					
86886	COOMBS TEST INDIRECT TITER	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	No Auth Required					
86890	AUTOLOGOUS BLOOD PROCESS	AUTOL BLD/COMPONENT COLLI STORAGE PREDEPOSITED	No Auth Required					
86891	AUTOLOGOUS BLOOD OP SALVAGE	AUTOL BLD/COMPONENT COLLI STORAGE SALVAGE	No Auth Required					
86900	BLOOD TYPING SEROLOGIC ABO	BLOOD TYPING SEROLOGIC ABO	No Auth Required					
86901	BLOOD TYPING SEROLOGIC RH(D)	BLOOD TYPING SEROLOGIC RH (D)	No Auth Required					
86902	BLOOD TYPE ANTIGEN DONOR EA	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	No Auth Required					
86904	BLOOD TYPING PATIENT SERUM	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	No Auth Required					
86905	BLOOD TYPING RBC ANTIGENS	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	No Auth Required					
86906	BLD TYPING SEROLOGIC RH PHNT	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	No Auth Required					
86910	BLOOD TYPING PATERNITY TEST	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	No Auth Required					
86911	BLOOD TYPING ANTIGEN SYSTEM	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	No Auth Required					
86920	COMPATIBILITY TEST SPIN	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	No Auth Required					

86921	COMPATIBILITY TEST INCUBATE	COMPATIBILITY EACH UNIT INCUBATION	No Auth Required					
86922	COMPATIBILITY TEST ANTIGLOB	COMPATIBILITY EACH UNIT ANTIGLOBULIN	No Auth Required					
86923	COMPATIBILITY TEST ELECTRIC	COMPATIBILITY EACH UNIT ELECTRONIC	No Auth Required					
86927	PLASMA FRESH FROZEN	FRESH FROZEN PLASMA THAWING EACH UNIT	No Auth Required					
86930	FROZEN BLOOD PREP	FROZEN BLOOD EACH UNIT FREEZING	No Auth Required					
86931	FROZEN BLOOD THAW	FROZEN BLOOD EACH UNIT THAWING	No Auth Required					
86932	FROZEN BLOOD FREEZE/THAW	FROZEN BLOOD EACH UNIT FREEZING & THAWING	No Auth Required					
86940	HEMOLYSINS/AGGLUTININS AUTO	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	No Auth Required					
86941	HEMOLYSINS/AGGLUTININS	HEMOLYSINS&AGGLUTININS INCUBATED	No Auth Required					
86945	BLOOD PRODUCT/IRRADIATION	IRRADIATION BLOOD PRODUCT EACH UNIT	No Auth Required					
86950	LEUKACYTE TRANSFUSION	LEUKOCYTE TRANSFUSION	No Auth Required					
86960	VOL REDUCTION OF BLOOD/PROD	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	No Auth Required					
86965	POOLING BLOOD PLATELETS	POOLING PLATELETS/OTHER BLOOD PRODUCTS	No Auth Required					
86970	RBC PRETX INCUBATJ W/CHEMICL	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	No Auth Required					
86971	RBC PRETX INCUBATJ W/ENZYMES	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	No Auth Required					
86972	RBC PRETX INCUBATJ W/DENSITY	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	No Auth Required					
86975	RBC SERUM PRETX INCUBJ DRUGS	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	No Auth Required					
86976	RBC SERUM PRETX ID DILUTION	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	No Auth Required					
86977	RBC SERUM PRETX INCUBJ/INHIB	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	No Auth Required					
86978	RBC PRETREATMENT SERUM	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	No Auth Required					
86985	SPLIT BLOOD OR PRODUCTS	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	No Auth Required					
86999	TRANSFUSION PROCEDURE	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
87003	SMALL ANIMAL INOCULATION	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	No Auth Required					
87015	SPECIMEN INFECT AGNT CONCNTJ	CONCENTRATION INFECTIOUS AGENTS	No Auth Required					
87040	BLOOD CULTURE FOR BACTERIA	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	No Auth Required					
87045	FECES CULTURE AEROBIC BACT	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	No Auth Required					
87046	STOOL CULTR AEROBIC BACT EA	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	No Auth Required					
87070	CULTURE OTHR SPECIMN AEROBIC	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	No Auth Required					
87071	CULTURE AEROBIC QUANT OTHER	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	No Auth Required					
87073	CULTURE BACTERIA ANAEROBIC	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	No Auth Required					
87075	CULTR BACTERIA EXCEPT BLOOD	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	No Auth Required					
87076	CULTURE ANAEROBE IDENT EACH	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	No Auth Required					
87077	CULTURE AEROBIC IDENTIFY	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	No Auth Required					
87081	CULTURE SCREEN ONLY	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	No Auth Required					
87084	CULTURE OF SPECIMEN BY KIT	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	No Auth Required					
87086	URINE CULTURE/COLONY COUNT	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	No Auth Required					
87088	URINE BACTERIA CULTURE	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	No Auth Required					
87101	SKIN FUNGI CULTURE	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	No Auth Required					
87102	FUNGUS ISOLATION CULTURE	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	No Auth Required					
87103	BLOOD FUNGUS CULTURE	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV	No Auth Required					
87106	FUNGI IDENTIFICATION YEAST	CULTURE FUNGI DEFINITIVE ID EACH	No Auth Required					
87107	FUNGI IDENTIFICATION MOLD	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	No Auth Required					
87109	MYCOPLASMA	CULTURE MYCOPLASMA ANY SOURCE	No Auth Required					
87110	CHLAMYDIA CULTURE	CULTURE CHLAMYDIA ANY SOURCE	No Auth Required					
87116	MYCOBACTERIA CULTURE	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	No Auth Required					
87118	MYCOBACTERIC IDENTIFICATION	CULTURE MYCOBACTERIAL DEFINITIVE ID EA	No Auth Required					
87140	CULTURE TYPE IMMUNOFLUORESC	CULTURE TYPING IMMUNOFLUORESCENT	No Auth Required					
87143	CULTURE TYPING GLC/HPLC	CULTURE TYPING GAS/HIGH PRES LIQ	No Auth Required					
87147	CULTURE TYPE IMMUNOLOGIC	CULTURE TYPING IMMUNOLOGIC OTH/THN	No Auth Required					
87149	DNA/RNA DIRECT PROBE	CULTURE TYPING NUCLEIC ACID PROBE DIR	No Auth Required					
87150	DNA/RNA AMPLIFIED PROBE	CULTYP NUC ACID AMP PRB CULT/ISOLATE	No Auth Required					
87152	CULTURE TYPE PULSE FIELD GEL	CULTURE TYPING IDENTIFJ PULSE FIELD GEL	No Auth Required					
87153	DNA/RNA SEQUENCING	CULTYP NUCLEIC ACID SEQUENCING METH	No Auth Required					
87158	CULTURE TYPING ADDED METHOD	CULTURE TYPING OTHER METHODS	No Auth Required					
87164	DARK FIELD EXAMINATION	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	No Auth Required					
87166	DARK FIELD EXAMINATION	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	No Auth Required					
87168	MACROSCOPIC EXAM ARTHROPOD	MACROSCOPIC EXAMINATION ARTHROPOD	No Auth Required					
87169	MACROSCOPIC EXAM PARASITE	MACROSCOPIC EXAMINATION PARASITE	No Auth Required					
87172	PINWORM EXAM	PINWORM EXAMINATION	No Auth Required					
87176	TISSUE HOMOGENIZATION CULTR	HOMOGENIZATION TISSUE CULTURE	No Auth Required					
87177	OVA AND PARASITES SMEARS	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	No Auth Required					
87181	MICROBE SUSCEPTIBLE DIFFUSE	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	No Auth Required					
87184	MICROBE SUSCEPTIBLE DISK	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	No Auth Required					
87185	MICROBE SUSCEPTIBLE ENZYME	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	No Auth Required					
87186	MICROBE SUSCEPTIBLE MIC	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	No Auth Required					
87187	MICROBE SUSCEPTIBLE MLC	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	No Auth Required					
87188	MICROBE SUSCEPT MACROBROTH	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	No Auth Required					
87190	MICROBE SUSCEPT MYCOBACTERI	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	No Auth Required					
87197	BACTERICIDAL LEVEL SERUM	SERUM BACTERICIDAL TITER	No Auth Required					
87205	SMEAR GRAM STAIN	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	No Auth Required					
87206	SMEAR FLUORESCENT/ACID STAI	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	No Auth Required					
87207	SMEAR SPECIAL STAIN	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	No Auth Required					
87209	SMEAR COMPLEX STAIN	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	No Auth Required					
87210	SMEAR WET MOUNT SALINE/INK	SMR PRIM SRC WET MOUNT NFCT AGT	No Auth Required					
87220	TISSUE EXAM FOR FUNGI	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	No Auth Required					
87230	ASSAY TOXIN OR ANTITOXIN	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	No Auth Required					
87250	VIRUS INOCULATE EGGS/ANIMAL	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	No Auth Required					

87252	VIRUS INOCULATION TISSUE	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	No Auth Required					
87253	VIRUS INOCULATE TISSUE ADDL	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	No Auth Required					
87254	VIRUS INOCULATION SHELL VIA	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	No Auth Required					
87255	GENET VIRUS ISOLATE HSV	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	No Auth Required					
87260	ADENOVIRUS AG IF	IAADI ADENOVIRUS	No Auth Required					
87265	PERTUSSIS AG IF	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	No Auth Required					
87267	ENTEROVIRUS ANTIBODY DFA	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	No Auth Required					
87269	GIARDIA AG IF	IAADI GIARDIA	No Auth Required					
87270	CHLAMYDIA TRACHOMATIS AG IF	IAADI CHLAMYDIA TRACHOMATIS	No Auth Required					
87271	CYTOMEGALOVIRUS DFA	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	No Auth Required					
87272	CRYPTOSPORIDIUM AG IF	IAADI CRYPTOSPORIDIUM	No Auth Required					
87273	HERPES SIMPLEX 2 AG IF	IAADI HERPES SMPLX VIRUS TYPE 2	No Auth Required					
87274	HERPES SIMPLEX 1 AG IF	IAADI HERPES SMPLX VIRUS TYPE 1	No Auth Required					
87275	INFLUENZA B AG IF	IAADI INFLUENZA B VIRUS	No Auth Required					
87276	INFLUENZA A AG IF	IAADI INFFLUENZA A VIRUS	No Auth Required					
87278	LEGION PNEUMOPHILIA AG IF	IAADI LEGIONELLA PNEUMOPHILA	No Auth Required					
87279	PARAINFLUENZA AG IF	IAADI PARAINFLUENZA VIRUS EACH TYPE	No Auth Required					
87280	RESPIRATORY SYNCYTIAL AG IF	IAADI RESPIRATORY SYNCTIAL VIRUS	No Auth Required					
87281	PNEUMOCYSTIS CARINII AG IF	IAADI PNEUMOCUSTIS CARINII	No Auth Required					
87283	RUBEOLA AG IF	IAADI RUBEOLA	No Auth Required					
87285	TREPONEMA PALLIDUM AG IF	IAADI TREPONEMA PALLIDUM	No Auth Required					
87290	VARICELLA ZOSTER AG IF	IAADI VARICELLA ZOSTER VIRUS	No Auth Required					
87299	ANTIBODY DETECTION NOS IF	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	No Auth Required					
87300	AG DETECTION POLYVAL IF	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	No Auth Required					
87301	ADENOVIRUS AG IA	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	No Auth Required					
87305	ASPERGILLUS AG IA	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	No Auth Required					
87320	CHYLMD TRACH AG IA	IAAD IA CHLAMYDIA TRACHOMATIS	No Auth Required					
87324	CLOSTRIDIUM AG IA	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	No Auth Required					
87327	CRYPTOCOCCUS NEOFORM AG IA	IAAD IA CRYPTOCOCCUS NEOFORMANS	No Auth Required					
87328	CRYPTOSPORIDIUM AG IA	IAAD IA CRYPTOSPORIDIUM	No Auth Required					
87329	GIARDIA AG IA	IAAD IA GIARDIA	No Auth Required					
87332	CYTOMEGALOVIRUS AG IA	IAAD IA CYTOMEGALOVIRUS	No Auth Required					
87335	E COLI 0157 AG IA	IAAD IA ESCHERICHIA COLI 0157	No Auth Required					
87336	ENTAMOEB HIST DISPR AG IA	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	No Auth Required					
87337	ENTAMOEB HIST GROUP AG IA	IAAD IA ENTAMOEBA HISTOLYTICA GRP	No Auth Required					
87338	HPYLORI STOOL IA	IAAD IA HPYLORI STOOL	No Auth Required					
87339	H PYLORI AG IA	IAAD IA HPYLORI	No Auth Required					
87340	HEPATITIS B SURFACE AG IA	IAAD IA HEPATITIS B SURFACE ANTIGEN	No Auth Required					
87341	HEPATITIS B SURFACE AG IA	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	No Auth Required					
87350	HEPATITIS BE AG IA	IAAD IA HEPATITIS BE ANTIGEN	No Auth Required					
87380	HEPATITIS DELTA AG IA	IAAD IA HEPATITIS DELTA ANTIGEN	No Auth Required					
87385	HISTOPLASMA CAPSUL AG IA	IAAD IA HISTOPLASM CAPSULATUM	No Auth Required					
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	No Auth Required					
87390	HIV-1 AG IA	IAAD IA HIV-1	No Auth Required					
87391	HIV-2 AG IA	IAAD IA HIV-2	No Auth Required					
87400	INFLUENZA A/B AG IA	IAAD IA INFLUENZA A/B EACH	No Auth Required					
87420	RESP SYNCYTIAL AG IA	IAAD IA RESPIRATORY SYNCTIAL VIRUS	No Auth Required					
87425	ROTAVIRUS AG IA	IAAD IA ROTAVIRUS	No Auth Required					
87427	SHIGA-LIKE TOXIN AG IA	IAAD IA SHIGA-LIKE TOXIN	No Auth Required					
87430	STREP A AG IA	IAAD IA STREPTOCOCCUS GROUP A	No Auth Required					
87449	AG DETECT NOS IA MULT	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	No Auth Required					
87450	AG DETECT NOS IA SINGLE	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	No Auth Required					
87451	AG DETECT POLYVAL IA MULT	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	No Auth Required					
87471	BARTONELLA DNA AMP PROBE	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	No Auth Required					
87472	BARTONELLA DNA QUANT	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	No Auth Required					
87475	LYME DIS DNA DIR PROBE	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	No Auth Required					
87476	LYME DIS DNA AMP PROBE	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	No Auth Required					
87480	CANDIDA DNA DIR PROBE	IADNA CANDIDA SPECIES DIRECT PROBE TQ	No Auth Required					
87481	CANDIDA DNA AMP PROBE	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	No Auth Required					
87482	CANDIDA DNA QUANT	IADNA CANDIDA SPECIES QUANTIFICATION	No Auth Required					
87483	CNS DNA AMP PROBE TYPE 12-25	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	No Auth Required					
87485	CHYLMD PNEUM DNA DIR PROBE	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	No Auth Required					
87486	CHYLMD PNEUM DNA AMP PROBE	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	No Auth Required					
87487	CHYLMD PNEUM DNA QUANT	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	No Auth Required					
87490	CHYLMD TRACH DNA DIR PROBE	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	No Auth Required					
87491	CHYLMD TRACH DNA AMP PROBE	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	No Auth Required					
87492	CHYLMD TRACH DNA QUANT	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	No Auth Required					
87493	C DIFF AMPLIFIED PROBE	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	No Auth Required					
87495	CYTOMEG DNA DIR PROBE	IADNA CYTOMEGALOVIRUS DIRECT PROBE	No Auth Required					
87496	CYTOMEG DNA AMP PROBE	IADNA CYTOMEGALOVIRUS AMPLIFIED	No Auth Required					
87497	CYTOMEG DNA QUANT	IADNA CYTOMEGALOVIRUS	No Auth Required					
87498	ENTEROVIRUS PROBE&REVRS TRNS	IADNA ENTEROVIRUS AMPLIF PROBE &	No Auth Required					
87500	VANOMYCIN DNA AMP PROBE	INFECTIOUS AGENT DNA/RNA VANCOMYCIN	No Auth Required					
87501	INFLUENZA DNA AMP PROB 1+	INFECTIOUS AGENT DNA/RNA INFLUENZA EA	No Auth Required					
87502	INFLUENZA DNA AMP PROBE	INFECTIOUS AGENT DNA/RNA INFLUENZA	No Auth Required					
87503	INFLUENZA DNA AMP PROB ADDL	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES	No Auth Required					
87505	NFCT AGENT DETECTION GI	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	No Auth Required					
87506	IADNA-DNA/RNA PROBE TQ 6-11	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	No Auth Required					
87507	IADNA-DNA/RNA PROBE TQ 12-25	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	No Auth Required					
87510	GARDNER VAG DNA DIR PROBE	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	No Auth Required					
87511	GARDNER VAG DNA AMP PROBE	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	No Auth Required					
87512	GARDNER VAG DNA QUANT	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	No Auth Required					
87516	HEPATITIS B DNA AMP PROBE	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	No Auth Required					
87517	HEPATITIS B DNA QUANT	IADNA HEPATITIS B VIRUS QUANTIFICATION	No Auth Required					
87520	HEPATITIS C RNA DIR PROBE	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	No Auth Required					
87521	HEPATITIS C PROBE&RVRS TRNSC	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	No Auth Required					
87522	HEPATITIS C REVRS TRNSCRPJ	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	No Auth Required					

87525	HEPATITIS G DNA DIR PROBE	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	No Auth Required					
87526	HEPATITIS G DNA AMP PROBE	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	No Auth Required					
87527	HEPATITIS G DNA QUANT	IADNA HEPATITIS G QUANTIFICATION	No Auth Required					
87528	HSV DNA DIR PROBE	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	No Auth Required					
87529	HSV DNA AMP PROBE	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	No Auth Required					
87530	HSV DNA QUANT	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	No Auth Required					
87531	HHV-6 DNA DIR PROBE	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	No Auth Required					
87532	HHV-6 DNA AMP PROBE	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	No Auth Required					
87533	HHV-6 DNA QUANT	IADNA HERPES VIRUS-6 QUANTIFICATION	No Auth Required					
87534	HIV-1 DNA DIR PROBE	IADNA HIV-1 DIRECT PROBE TECHNIQUE	No Auth Required					
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	No Auth Required					
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	No Auth Required					
87537	HIV-2 DNA DIR PROBE	IADNA HIV-2 DIRECT PROBE TECHNIQUE	No Auth Required					
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	No Auth Required					
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	No Auth Required					
87540	LEGION PNEUMO DNA DIR PROB	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	No Auth Required					
87541	LEGION PNEUMO DNA AMP PROB	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	No Auth Required					
87542	LEGION PNEUMO DNA QUANT	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	No Auth Required					
87550	MYCOBACTERIA DNA DIR PROBE	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	No Auth Required					
87551	MYCOBACTERIA DNA AMP PROBE	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	No Auth Required					
87552	MYCOBACTERIA DNA QUANT	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	No Auth Required					
87555	M.TUBERCULO DNA DIR PROBE	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	No Auth Required					
87556	M.TUBERCULO DNA AMP PROBE	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	No Auth Required					
87557	M.TUBERCULO DNA QUANT	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	No Auth Required					
87560	M.AVIUM-INTRA DNA DIR PROB	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	No Auth Required					
87561	M.AVIUM-INTRA DNA AMP PROB	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	No Auth Required					
87562	M.AVIUM-INTRA DNA QUANT	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	No Auth Required					
87563	M. GENITALIUM AMP PROBE	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	No Auth Required					
87580	M.PNEUMON DNA DIR PROBE	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	No Auth Required					
87581	M.PNEUMON DNA AMP PROBE	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	No Auth Required					
87582	M.PNEUMON DNA QUANT	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	No Auth Required					
87590	N.GONORRHOEAE DNA DIR PROB	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	No Auth Required					
87591	N.GONORRHOEAE DNA AMP PROB	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	No Auth Required					
87592	N.GONORRHOEAE DNA QUANT	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	No Auth Required					
87623	HPV LOW-RISK TYPES	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	No Auth Required					
87624	HPV HIGH-RISK TYPES	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	No Auth Required					
87625	HPV TYPES 16 & 18 ONLY	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	No Auth Required					
87631	RESP VIRUS 3-5 TARGETS	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	No Auth Required					
87632	RESP VIRUS 6-11 TARGETS	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	No Auth Required					
87633	RESP VIRUS 12-25 TARGETS	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	No Auth Required					
87634	RSV DNA/RNA AMP PROBE	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	No Auth Required					
87640	STAPH A DNA AMP PROBE	IADNA S AUREUS AMPLIFIED PROBE TQ	No Auth Required					
87641	MR-STAPH DNA AMP PROBE	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	No Auth Required					
87650	STREP A DNA DIR PROBE	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	No Auth Required					
87651	STREP A DNA AMP PROBE	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	No Auth Required					
87652	STREP A DNA QUANT	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	No Auth Required					
87653	STREP B DNA AMP PROBE	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	No Auth Required					
87660	TRICHOMONAS VAGIN DIR PROBE	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	No Auth Required					
87661	TRICHOMONAS VAGINALIS AMPLIF	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	No Auth Required					
87662	ZIKA VIRUS DNA/RNA AMP PROBE	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	No Auth Required					
87797	DETECT AGENT NOS DNA DIR	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	No Auth Required					
87798	DETECT AGENT NOS DNA AMP	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	No Auth Required					
87799	DETECT AGENT NOS DNA QUANT	IADNA NOS QUANTIFICATION EACH ORGANISM	No Auth Required					
87800	DETECT AGNT MULT DNA DIREC	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	No Auth Required					
87801	DETECT AGNT MULT DNA AMPLI	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	No Auth Required					
87802	STREP B ASSAY W/OPTIC	IAADIADOO STREPTOCOCCUS GROUP B	No Auth Required					
87803	CLOSTRIDIUM TOXIN A W/OPTIC	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	No Auth Required					
87804	INFLUENZA ASSAY W/OPTIC	IAADIADOO INFLUENZA	No Auth Required					
87806	HIV ANTIGEN W/HIV ANTIBODIES	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	No Auth Required					
87807	RSV ASSAY W/OPTIC	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	No Auth Required					
87808	TRICHOMONAS ASSAY W/OPTIC	IAADIADOO TRICHOMONAS VAGINALIS	No Auth Required					
87809	ADENOVIRUS ASSAY W/OPTIC	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	No Auth Required					
87810	CHYLMD TRACH ASSAY W/OPTIC	CHLAMYDIA TRACHOMATIS	No Auth Required					
87850	N. GONORRHOEAE ASSAY W/OPTIC	IAADIADOO NEISSERIA GONORRHOEAE	No Auth Required					
87880	STREP A ASSAY W/OPTIC	IAADIADOO STREPTOCOCCUS GROUP A	No Auth Required					
87899	AGENT NOS ASSAY W/OPTIC	IAADIADOO NOT OTHERWISE SPECIFIED	No Auth Required					
87900	PHENOTYPE INFECT AGENT DRUG	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	No Auth Required					
87901	GENOTYPE DNA HIV REVERSE T	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	No Auth Required					
87902	GENOTYPE DNA/RNA HEP C	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	No Auth Required					
87903	PHENOTYPE DNA HIV W/CULTURE	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	No Auth Required					
87904	PHENOTYPE DNA HIV W/CLT ADD	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	No Auth Required					
87905	SIALIDASE ENZYME ASSAY	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	No Auth Required					

87906	GENOTYPE DNA/RNA HIV	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	No Auth Required					
87910	GENOTYPE CYTOMEGALOVIRUS	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	No Auth Required					
87912	GENOTYPE DNA HEPATITIS B	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	No Auth Required					
87999	MICROBIOLOGY PROCEDURE	UNLISTED MICROBIOLOGY	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
88000	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION ONLY W/O CNS	No Auth Required					
88005	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION W/BRAIN	No Auth Required					
88007	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	No Auth Required					
88012	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	No Auth Required					
88014	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	No Auth Required					
88016	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAM MACERATED STILLBORN	No Auth Required					
88020	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS & MICROSCOPIC W/O CNS	No Auth Required					
88025	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS & MICROSCOPIC W/BRAIN	No Auth Required					
88027	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	No Auth Required					
88028	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	No Auth Required					
88029	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	No Auth Required					
88036	LIMITED AUTOPSY	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	No Auth Required					
88037	LIMITED AUTOPSY	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	No Auth Required					
88040	FORENSIC AUTOPSY (NECROPSY)	NECROPSY FORENSIC EXAMINATION	No Auth Required					
88045	CORONERS AUTOPSY (NECROPSY)	NECROPSY CORONER CALL	No Auth Required					
88099	NECROPSY (AUTOPSY) PROCEDURE	UNLISTED NECROPSY PROCEDURE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
88104	CYTOPATH FL NONGYN SMEARS	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	No Auth Required					
88106	CYTOPATH FL NONGYN FILTER	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	No Auth Required					
88108	CYTOPATH CONCENTRATE TECH	CYTP CONCENTRATION SMEARS & INTERPRETATION	No Auth Required					
88112	CYTOPATH CELL ENHANCE TECH	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	No Auth Required					
88120	CYTP URNE 3-5 PROBES EA SPEC	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	No Auth Required					
88121	CYTP URINE 3-5 PROBES CMPTR	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	No Auth Required					
88125	FORENSIC CYTOPATHOLOGY	CYTOPATHOLOGY FORENSIC	No Auth Required					
88130	SEX CHROMATIN IDENTIFICATION	SEX CHROMATIN IDENTIFICATION BARR BODIES	No Auth Required					
88140	SEX CHROMATIN IDENTIFICATION	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	No Auth Required					
88141	CYTOPATH C/V INTERPRET	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	No Auth Required					
88142	CYTOPATH C/V THIN LAYER	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	No Auth Required					
88143	CYTOPATH C/V THIN LAYER REDO	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	No Auth Required					
88147	CYTOPATH C/V AUTOMATED	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	No Auth Required					
88148	CYTOPATH C/V AUTO RESCREEN	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	No Auth Required					
88150	CYTOPATH C/V MANUAL	CYTP SLIDES C/V MNL SCR UNDER PHYS	No Auth Required					
88152	CYTOPATH C/V AUTO REDO	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	No Auth Required					
88153	CYTOPATH C/V REDO	CYTP SLIDES C/V MNL SCR&RESCR PHYS	No Auth Required					
88155	CYTOPATH C/V INDEX ADD-ON	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	No Auth Required					
88160	CYTOPATH SMEAR OTHER SOURCE	CYTP SMRS ANY OTH SRC SCR&INTERPJ	No Auth Required					
88161	CYTOPATH SMEAR OTHER SOURCE	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	No Auth Required					
88162	CYTOPATH SMEAR OTHER SOURCE	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	No Auth Required					
88164	CYTOPATH TBS C/V MANUAL	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	No Auth Required					
88165	CYTOPATH TBS C/V REDO	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	No Auth Required					
88166	CYTOPATH TBS C/V AUTO REDO	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	No Auth Required					
88167	CYTOPATH TBS C/V SELECT	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	No Auth Required					
88172	CYTP DX EVAL FNA 1ST EA SITE	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	No Auth Required					
88173	CYTOPATH EVAL FNA REPORT	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	No Auth Required					
88174	CYTOPATH C/V AUTO IN FLUID	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	No Auth Required					
88175	CYTOPATH C/V AUTO FLUID REDO	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	No Auth Required					
88177	CYTP FNA EVAL EA ADDL	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	No Auth Required					
88182	CELL MARKER STUDY	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	Authorization Required	Pathology and Lab - cytopathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88184	FLOWCYTOMETRY/ TC 1 MARKER	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	Authorization Required	Pathology and Lab - cytopathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88185	FLOWCYTOMETRY/TC ADD-ON	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	Authorization Required	Pathology and Lab - cytopathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88187	FLOWCYTOMETRY/READ 2-8	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	No Auth Required					
88188	FLOWCYTOMETRY/READ 9-15	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	No Auth Required					
88189	FLOWCYTOMETRY/READ 16 & >	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	No Auth Required					
88199	CYTOPATHOLOGY PROCEDURE	UNLISTED CYTOPATHOLOGY PROCEDURE	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		
88245	CHROMOSOME ANALYSIS 20-25	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88248	CHROMOSOME ANALYSIS 50-100	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88249	CHROMOSOME ANALYSIS 100	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88261	CHROMOSOME ANALYSIS 5	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88262	CHROMOSOME ANALYSIS 15-20	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88263	CHROMOSOME ANALYSIS 45	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88264	CHROMOSOME ANALYSIS 20-25	CHRMSM ANALYZE 20-25 CELLS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88267	CHROMOSOME ANALYS PLACENTA	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88269	CHROMOSOME ANALYS AMNIOTIC	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88271	CYTOGENETICS DNA PROBE	MOLECULAR CYTOGENETICS DNA PROBE EACH	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88272	CYTOGENETICS 3-5	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88273	CYTOGENETICS 10-30	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88274	CYTOGENETICS 25-99	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement

88275	CYTOGENETICS 100-300	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88280	CHROMOSOME KARYOTYPE STUDY	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88283	CHROMOSOME BANDING STUDY	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88285	CHROMOSOME COUNT ADDITIONAL	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88289	CHROMOSOME STUDY ADDITIONAL	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88291	CYTO/MOLECULAR REPORT	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
88299	CYTOGENETIC STUDY	UNLISTED CYTOGENETIC STUDY	Authorization Required	Pathology and Lab - cytogenetic studies		Level 2 Review (Full Clinical Review)		
88300	SURGICAL PATH GROSS	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	No Auth Required					
88302	TISSUE EXAM BY PATHOLOGIST	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No Auth Required					
88304	TISSUE EXAM BY PATHOLOGIST	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No Auth Required					
88305	TISSUE EXAM BY PATHOLOGIST	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No Auth Required					
88307	TISSUE EXAM BY PATHOLOGIST	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No Auth Required					
88309	TISSUE EXAM BY PATHOLOGIST	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No Auth Required					
88311	DECALCIFY TISSUE	DECALCIFICATION PROCEDURE	No Auth Required					
88312	SPECIAL STAINS GROUP 1	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	No Auth Required					
88313	SPECIAL STAINS GROUP 2	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	No Auth Required					
88314	HISTOCHEMICAL STAINS ADD-ON	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	No Auth Required					
88319	ENZYME HISTOCHEMISTRY	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	No Auth Required					
88321	MICROSLIDE CONSULTATION	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	No Auth Required					
88323	MICROSLIDE CONSULTATION	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	No Auth Required					
88325	COMPREHENSIVE REVIEW OF DATA	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	No Auth Required					
88329	PATH CONSULT INTROP	PATHOLOGY CONSULTATION DURING SURGERY	No Auth Required					
88331	PATH CONSULT INTRAOP 1 BLOC	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	No Auth Required					
88332	PATH CONSULT INTRAOP ADDL	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	No Auth Required					
88333	INTRAOP CYTO PATH CONSULT 1	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	No Auth Required					
88334	INTRAOP CYTO PATH CONSULT 2	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	No Auth Required					
88341	IMMUNOHISTO ANTB ADDL SLIDE	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	No Auth Required					
88342	IMMUNOHISTO ANTB 1ST STAIN	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	No Auth Required					
88344	IMMUNOHISTO ANTIBODY SLIDE	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	No Auth Required					
88346	IMMUNOFLUOR ANTB 1ST STAIN	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	No Auth Required					
88348	ELECTRON MICROSCOPY	ELECTRON MICROSCOPY DIAGNOSTIC	No Auth Required					
88350	IMMUNOFLUOR ANTB ADDL STAIN	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	No Auth Required					
88355	ANALYSIS SKELETAL MUSCLE	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	No Auth Required					
88356	ANALYSIS NERVE	MORPHOMETRIC ANALYSIS NERVE	No Auth Required					
88358	ANALYSIS TUMOR	MORPHOMETRIC ANALYSIS TUMOR	No Auth Required					
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88362	NERVE TEASING PREPARATIONS	NERVE TEASING PREPARATIONS	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		
88363	XM ARCHIVE TISSUE MOLEC ANAL	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88364	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88365	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION 1ST PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88366	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		
88367	INSITU HYBRIDIZATION AUTO	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		
88368	INSITU HYBRIDIZATION MANUAL	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88371	PROTEIN WESTERN BLOT TISSUE	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88372	PROTEIN ANALYSIS W/PROBE	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88375	OPTICAL ENDOMICROSCPY INTERP	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	Authorization Required	Pathology and Lab - surgical pathology		Level 1 Review (Network Validation)		Removed Authorization Requirement
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
88380	MICRODISSECTION LASER	MICRODISSECTION PREP IDENTIFIED TARGET LASER	No Auth Required					
88381	MICRODISSECTION MANUAL	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	No Auth Required					
88387	TISS EXAM MOLECULAR STUDY	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	No Auth Required					
88388	TISS EX MOLECUL STUDY ADD-ON	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	No Auth Required					
88399	SURGICAL PATHOLOGY PROCEDURE	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Authorization Required	Pathology and Lab - surgical pathology		Level 2 Review (Full Clinical Review)		
88720	BILIRUBIN TOTAL TRANSCUT	BILIRUBIN TOTAL TRANSCUTANEOUS	No Auth Required					
88738	HGB QUANT TRANSCUTANEOUS	HGB QUANTITATIVE TRANSCUTANEOUS	No Auth Required					
88740	TRANSCUTANEOUS CARBOXYHB	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	No Auth Required					
88741	TRANSCUTANEOUS METHB	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	No Auth Required					
88749	IN VIVO LAB SERVICE	UNLISTED IN VIVO LABORTORY SERVICE	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
89049	CHCT FOR MAL HYPERTHERMIA	CAFFEINE HALOTHANE CONTRACTURE TEST	No Auth Required					
89050	BODY FLUID CELL COUNT	CELL COUNT MISCELLANEOUS BODY FLUIDS	No Auth Required					
89051	BODY FLUID CELL COUNT	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	No Auth Required					
89055	LEUKOCYTE ASSESSMENT FECAL	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	No Auth Required					
89060	EXAM SYNOVIAL FLUID CRYSTALS	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	No Auth Required					
89125	SPECIMEN FAT STAIN	FAT STAIN FECES URINE/RESPIR SECRETIONS	No Auth Required					
89160	EXAM FECES FOR MEAT FIBERS	MEAT FIBERS FECES	No Auth Required					
89190	NASAL SMEAR FOR EOSINOPHILS	NASAL SMEAR EOSINOPHILS	No Auth Required					

89220	SPUTUM SPECIMEN COLLECTION	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	No Auth Required					
89230	COLLECT SWEAT FOR TEST	SWEAT COLLECTION IONTOPHORESIS	No Auth Required					
89240	PATHOLOGY LAB PROCEDURE	UNLIS MISC PATH	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
89250	CULTR OOCYTE/EMBRYO <4 DAYS	CUL OOCYTE/EMBRYO <4 DAYS	No Auth Required					
89251	CULTR OOCYTE/EMBRYO <4 DAYS	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	No Auth Required					
89253	EMBRYO HATCHING	ASSTD EMBRYO HATCHING MICROTQS ANY	No Auth Required					
89254	OOCYTE IDENTIFICATION	OOCYTE ID FROM FOLLICULAR FLU	No Auth Required					
89255	PREPARE EMBRYO FOR TRANSFER	PREPJ EMBRYO TR	No Auth Required					
89257	SPERM IDENTIFICATION	SPRM ID FROM ASPIR OTH/THN SEMINAL	No Auth Required					
89258	CRYOPRESERVATION EMBRYO(S)	CRYOPRSRV EMBRYO	No Auth Required					
89259	CRYOPRESERVATION SPERM	CRYOPRSRV SPRM	No Auth Required					
89260	SPERM ISOLATION SIMPLE	SPRM ISOL SMPL PREP INSEMINATION/DX	No Auth Required					
89261	SPERM ISOLATION COMPLEX	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	No Auth Required					
89264	IDENTIFY SPERM TISSUE	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	No Auth Required					
89268	INSEMINATION OF OOCYTES	INSEMINATION OOCYTES	No Auth Required					
89272	EXTENDED CULTURE OF OOCYTES	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	No Auth Required					
89280	ASSIST OOCYTE FERTILIZATION	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	No Auth Required					
89281	ASSIST OOCYTE FERTILIZATION	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	No Auth Required					
89290	BIOPSY OOCYTE POLAR BODY	BX OOCYTE MICROTQ </= 5 EMBRY	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
89291	BIOPSY OOCYTE POLAR BODY	BX OOCYTE MICROTQ >5 EMBRY	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
89325	SPERM ANTIBODY TEST	SPERM ANTIBODIES	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
89329	SPERM EVALUATION TEST	SPERM EVALUATION HAMSTER PENETRATION TEST	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
89330	EVALUATION CERVICAL MUCUS	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
89331	RETROGRADE EJACULATION ANAL	SPERM EVALUATION RETROGRADE EJACULATION URINE	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
89335	CRYOPRESERVE TESTICULAR TISS	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	No Auth Required					
89337	CRYOPRESERVATION OOCYTE(S)	CRYOPRESERVATION MATURE OOCYTE(S)	No Auth Required					
89342	STORAGE/YEAR EMBRYO(S)	STORAGE PER YEAR EMBRYO	No Auth Required					
89343	STORAGE/YEAR SPERM/SEMEN	STORAGE PER YEAR SPERM/SEMEN	No Auth Required					
89344	STORAGE/YEAR REPROD TISSUE	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	No Auth Required					
89346	STORAGE/YEAR OOCYTE(S)	STORAGE PER YEAR OOCYTE	No Auth Required					
89352	THAWING CRYOPRESRVED EMBRYO	THAWING CRYOPRESERVED EMBRYO	No Auth Required					
89353	THAWING CRYOPRESRVED SPERM	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	No Auth Required					
89354	THAW CRYOPRSVRD REPROD TISS	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	No Auth Required					
89356	THAWING CRYOPRESRVED OOCYTE	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	No Auth Required					
89398	UNLISTED REPROD MED LAB PROC	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Authorization Required	Pathology and Lab - reproductive medicine procedures		Level 2 Review (Full Clinical Review)		
90281	HUMAN IG IM	IMMUNE GLOBULIN IG HUMAN IM USE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90283	HUMAN IG IV	IMMUNE GLOBULIN IGIV HUMAN IV USE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90284	HUMAN IG SC	IMMUNE GLOBULIN HUMAN SUBQ	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90287	BOTULINUM ANTITOXIN	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	No Auth Required					
90288	BOTULISM IG IV	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	No Auth Required					
90291	CMV IG IV	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	No Auth Required					
90296	DIPHTHERIA ANTITOXIN	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	No Auth Required					
90371	HEP B IG IM	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	No Auth Required					
90375	RABIES IG IM/SC	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	No Auth Required					
90376	RABIES IG HEAT TREATED	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	No Auth Required					
90378	RSV MAB IM 50MG	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90384	RH IG FULL-DOSE IM	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	No Auth Required					
90385	RH IG MINIDOSE IM	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	No Auth Required					
90386	RH IG IV	RHO(D) IMMUNE GLOBULIN HUMAN IV	No Auth Required					
90389	TETANUS IG IM	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	No Auth Required					
90393	VACCINA IG IM	VACCINIA IMMUNE GLOBULIN HUMAN IM	No Auth Required					
90396	VARICELLA-ZOSTER IG IM	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	No Auth Required					
90399	IMMUNE GLOBULIN	UNLISTED IMMUNE GLOBULIN	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90460	IM ADMIN 1ST/ONLY COMPONENT	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	No Auth Required					
90461	IM ADMIN EACH ADDL COMPONENT	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	No Auth Required					
90471	IMMUNIZATION ADMIN	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	No Auth Required					
90472	IMMUNIZATION ADMIN EACH ADD	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	No Auth Required					
90473	IMMUNE ADMIN ORAL/NASAL	IM ADM INTRANSL/ORAL 1 VACCINE	No Auth Required					
90474	IMMUNE ADMIN ORAL/NASAL ADDL	IM ADM INTRANSL/ORAL EA VACCINE	No Auth Required					
90476	ADENOVIRUS VACCINE TYPE 4	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	No Auth Required					
90477	ADENOVIRUS VACCINE TYPE 7	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	No Auth Required					
90581	ANTHRAX VACCINE SC OR IM	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	No Auth Required					
90585	BCG VACCINE PERCUT	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	No Auth Required					
90586	BCG VACCINE INTRAVESICAL	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	No Auth Required					
90587	DENGUE VACC QUAD 3 DOSE SUBQ	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	No Auth Required					
90619	MENACWY-TT VACCINE IM	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	No Auth Required					
90620	MENB-4C VACC 2 DOSE IM	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	No Auth Required					
90621	MENB-FHBP VACC 2/3 DOSE IM	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	No Auth Required					
90625	CHOLERA VACCINE LIVE ORAL	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	No Auth Required					
90630	FLU VACC IIV4 NO PRESERV ID	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	No Auth Required					
90632	HEP A VACCINE ADULT IM	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	No Auth Required					
90633	HEPA VACC PED/ADOL 2 DOSE	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	No Auth Required					
90634	HEPA VACC PED/ADOL 3 DOSE	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	No Auth Required					
90636	HEP A/HEP B VACC ADULT IM	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	No Auth Required					
90644	HIB-MENCY VACCINE 4 DOSE IM	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	No Auth Required					
90647	HIB PRP-OMP VACC 3 DOSE IM	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	No Auth Required					
90648	HIB PRP-T VACCINE 4 DOSE IM	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	No Auth Required					

90649	4VHPV VACCINE 3 DOSE IM	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	No Auth Required					
90650	2VHPV VACCINE 3 DOSE IM	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	No Auth Required					
90651	9VHPV VACCINE 2/3 DOSE IM	9VHPV VACC 2/3 DOSE SCHED IM USE	No Auth Required					
90653	IIV ADJUVANT VACCINE IM	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	No Auth Required					
90654	FLU VACC IIV3 NO PRESERV ID	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	No Auth Required					
90655	IIV3 VACC NO PRSV 0.25 ML IM	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	No Auth Required					
90656	IIV3 VACC NO PRSV 0.5 ML IM	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	No Auth Required					
90657	IIV3 VACCINE SPLT 0.25 ML IM	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	No Auth Required					
90658	IIV3 VACCINE SPLT 0.5 ML IM	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	No Auth Required					
90660	LAIV3 VACCINE INTRANASAL	LAIV3 VACCINE LIVE FOR INTRANASAL USE	No Auth Required					
90661	CCIIV3 VAC NO PRSV 0.5 ML IM	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	No Auth Required					
90662	IIV NO PRSV INCREASED AG IM	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	No Auth Required					
90664	LAIV VACC PANDEMIC INTRANASL	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	No Auth Required					
90666	FLU VAC PANDEM PRSRV FREE IM	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	No Auth Required					
90667	IIV VACC PANDEMIC ADJUVT IM	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	No Auth Required					
90668	IIV VACCINE PANDEMIC IM	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	No Auth Required					
90670	PCV13 VACCINE IM	PCV13 VACCINE FOR INTRAMUSCULAR USE	No Auth Required					
90672	LAIV4 VACCINE INTRANASAL	LAIV4 VACCINE FOR INTRANASAL USE	No Auth Required					
90673	RIV3 VACCINE NO PRESERV IM	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	No Auth Required					
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	No Auth Required					
90675	RABIES VACCINE IM	RABIES VACCINE INTRAMUSCULAR	No Auth Required					
90676	RABIES VACCINE ID	RABIES VACCINE INTRADERMAL	No Auth Required					
90680	RV5 VACC 3 DOSE LIVE ORAL	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	No Auth Required					
90681	RV1 VACC 2 DOSE LIVE ORAL	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	No Auth Required					
90682	RIV4 VACC RECOMBINANT DNA IM	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	No Auth Required					
90685	IIV4 VACC NO PRSV 0.25 ML IM	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	No Auth Required					
90686	IIV4 VACC NO PRSV 0.5 ML IM	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	No Auth Required					
90687	IIV4 VACCINE SPLT 0.25 ML IM	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	No Auth Required					
90688	IIV4 VACCINE SPLT 0.5 ML IM	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	No Auth Required					
90689	VACC IIV4 NO PRSRV 0.25 ML IM	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	No Auth Required					
90690	TYPHOID VACCINE ORAL	TYPHOID VACCINE LIVE ORAL	No Auth Required					
90691	TYPHOID VACCINE IM	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	No Auth Required					
90694	VACC AIIV4 NO PRSRV 0.5ML IM	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	No Auth Required					
90696	DTAP-IPV VACCINE 4-6 YRS IM	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	No Auth Required					
90697	DTAP-IPV-HIB-HEPB VACCINE IM	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	No Auth Required					
90698	DTAP-IPV/HIB VACCINE IM	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	No Auth Required					
90700	DTAP VACCINE < 7 YRS IM	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	No Auth Required					
90702	DT VACCINE UNDER 7 YRS IM	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	No Auth Required					
90707	MMR VACCINE SC	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	No Auth Required					
90710	MMRV VACCINE SC	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	No Auth Required					
90713	POLIOVIRUS IPV SC/IM	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	No Auth Required					
90714	TD VACC NO PRESV 7 YRS+ IM	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	No Auth Required					
90715	TDAP VACCINE 7 YRS/> IM	TDAP VACCINE 7 YRS/> IM	No Auth Required					
90716	VAR VACCINE LIVE SUBQ	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	No Auth Required					
90717	YELLOW FEVER VACCINE SUBQ	YELLOW FEVER VACCINE LIVE SUBQ	No Auth Required					
90723	DTAP-HEP B-IPV VACCINE IM	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	No Auth Required					
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	No Auth Required					
90733	MPSV4 VACCINE SUBQ	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	No Auth Required					
90734	MENACWYD/MENACWYCRM VACC IM	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	No Auth Required					
90736	HZV VACCINE LIVE SUBQ	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	No Auth Required					
90738	INACTIVATED JE VACC IM	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	No Auth Required					
90739	HEPB VACC 2 DOSE ADULT IM	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	No Auth Required					
90740	HEPB VACC 3 DOSE IMMUNSUP IM	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	No Auth Required					
90743	HEPB VACC 2 DOSE ADOLESC IM	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	No Auth Required					
90744	HEPB VACC 3 DOSE PED/ADOL IM	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	No Auth Required					
90746	HEPB VACCINE 3 DOSE ADULT IM	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	No Auth Required					
90747	HEPB VACC 4 DOSE IMMUNSUP IM	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	No Auth Required					
90748	HIB-HEPB VACCINE IM	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	No Auth Required					
90749	VACCINE TOXOID	UNLISTED VACCINE/TOXOID	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
90750	HZV VACC RECOMBINANT IM	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	No Auth Required					
90756	CCIIV4 VACC ABX FREE IM	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	No Auth Required					
90785	PSYTX COMPLEX INTERACTIVE	PSYCHOTHERAPY COMPLEX INTERACTIVE	No Auth Required					
90791	PSYCH DIAGNOSTIC EVALUATION	PSYCHIATRIC DIAGNOSTIC EVALUATION	No Auth Required					
90792	PSYCH DIAG EVAL W/MED SRVCS	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	No Auth Required					
90832	PSYTX W PT 30 MINUTES	PSYCHOTHERAPY W/PATIENT 30 MINUTES	No Auth Required					
90833	PSYTX W PT W E/M 30 MIN	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	No Auth Required					
90834	PSYTX W PT 45 MINUTES	PSYCHOTHERAPY W/PATIENT 45 MINUTES	No Auth Required					
90836	PSYTX W PT W E/M 45 MIN	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	No Auth Required					
90837	PSYTX W PT 60 MINUTES	PSYCHOTHERAPY W/PATIENT 60 MINUTES	No Auth Required					
90838	PSYTX W PT W E/M 60 MIN	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	No Auth Required					

90839	PSYTX CRISIS INITIAL 60 MIN	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	No Auth Required					
90840	PSYTX CRISIS EA ADDL 30 MIN	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	No Auth Required					
90845	PSYCHOANALYSIS	PSYCHOANALYSIS	No Auth Required					
90846	FAMILY PSYTX W/O PT 50 MIN	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	No Auth Required					
90847	FAMILY PSYTX W/PT 50 MIN	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	No Auth Required					
90849	MULTIPLE FAMILY GROUP PSYTX	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	No Auth Required					
90853	GROUP PSYCHOTHERAPY	GROUP PSYCHOTHERAPY	No Auth Required					
90863	PHARMACOLOGIC MGMT W/PSYTX	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	No Auth Required					
90865	NARCOSYNTHESIS	NARCOSYNTHESIS PSYC DX&THER PURPOSES	No Auth Required					
90867	TCRANIAL MAGN STIM TX PLAN	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
90868	TCRANIAL MAGN STIM TX DELI	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
90869	TCRAN MAGN STIM REDETEMINE	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
90870	ELECTROCONVULSIVE THERAPY	ELECTROCONVULSIVE THERAPY	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
90875	PSYCHOPHYSIOLOGICAL THERAPY	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	No Auth Required					
90876	PSYCHOPHYSIOLOGICAL THERAPY	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	No Auth Required					
90880	HYPNOTHERAPY	HYPNOTHERAPY	No Auth Required					
90882	ENVIRONMENTAL MANIPULATION	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	No Auth Required					
90885	PSY EVALUATION OF RECORDS	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	No Auth Required					
90889	PREPARATION OF REPORT	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	No Auth Required					
90899	PSYCHIATRIC SERVICE/THERAPY	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
90912	BFB TRAINING 1ST 15 MIN	BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
90913	BFB TRAINING EA ADDL 15 MIN	BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
90935	HEMODIALYSIS ONE EVALUATION	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90937	HEMODIALYSIS REPEATED EVAL	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90940	HEMODIALYSIS ACCESS STUDY	HEMODIALYSIS ACCESS FLOW STUDY	No Auth Required					
90945	DIALYSIS ONE EVALUATION	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90947	DIALYSIS REPEATED EVAL	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90951	ESRD SERV 4 VISITS P MO <2YR	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	No Auth Required					
90952	ESRD SERV 2-3 VSTS P MO <2YR	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	No Auth Required					
90953	ESRD SERV 1 VISIT P MO <2YRS	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	No Auth Required					
90954	ESRD SERV 4 VSTS P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	No Auth Required					
90955	ESRD SRV 2-3 VSTS P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	No Auth Required					
90956	ESRD SRV 1 VISIT P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	No Auth Required					
90957	ESRD SRV 4 VSTS P MO 12-19	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	No Auth Required					
90958	ESRD SRV 2-3 VSTS P MO 12-19	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	No Auth Required					
90959	ESRD SERV 1 VST P MO 12-19	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	No Auth Required					
90960	ESRD SRV 4 VISITS P MO 20+	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	No Auth Required					
90961	ESRD SRV 2-3 VSTS P MO 20+	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	No Auth Required					
90962	ESRD SERV 1 VISIT P MO 20+	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	No Auth Required					
90963	ESRD HOME PT SERV P MO <2YRS	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90964	ESRD HOME PT SERV P MO 2-11	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90965	ESRD HOME PT SERV P MO 12-19	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90966	ESRD HOME PT SERV P MO 20+	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90967	ESRD SVC PR DAY PT <2	ESRD RELATED SVC <FULL MONTH <2 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90968	ESRD SVC PR DAY PT 2-11	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90969	ESRD SVC PR DAY PT 12-19	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90970	ESRD SVC PR DAY PT 20+	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90989	DIALYSIS TRAINING COMPLETE	DIALYSIS TRAINING PATIENT COMPLETED COURSE	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90993	DIALYSIS TRAINING INCOMPL	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
90997	HEMOPERFUSION	HEMOPERFUSION	No Auth Required					
90999	DIALYSIS PROCEDURE	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 2 Review (Full Clinical Review)		
91010	ESOPHAGUS MOTILITY STUDY	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	No Auth Required					
91013	ESOPHGL MOTIL W/STIM/PERFUS	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	No Auth Required					
91020	GASTRIC MOTILITY STUDIES	GASTRIC MOTILITY MANOMETRIC STUDIES	No Auth Required					
91022	DUODENAL MOTILITY STUDY	DUODENAL MOTILITY MANOMETRIC STUDY	No Auth Required					
91030	ACID PERFUSION OF ESOPHAGUS	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	No Auth Required					
91034	GASTROESOPHAGEAL REFLUX TEST	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	No Auth Required					
91035	G-ESOPH REFLX TST W/ELECTROD	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	No Auth Required					
91037	ESOPH IMPED FUNCTION TEST	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
91038	ESOPH IMPED FUNCT TEST > 1HR	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
91040	ESOPH BALLOON DISTENSION TST	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	No Auth Required					
91065	BREATH HYDROGEN/METHANE TEST	BREATH HYDROGEN/METHANE TEST	No Auth Required					
91110	GI TRACT CAPSULE ENDOSCOPY	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
91112	GI WIRELESS CAPSULE MEASURE	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
91117	COLON MOTILITY 6 HR STUDY	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	No Auth Required					
91120	RECTAL SENSATION TEST	RECTAL SESATION TONE & COMPLIANCE TEST	No Auth Required					
91122	ANAL PRESSURE RECORD	ANORECTAL MANOMETRY	No Auth Required					

91132	ELECTROGASTROGRAPHY	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	No Auth Required					
91133	ELECTROGASTROGRAPHY W/TEST	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	No Auth Required					
91200	LIVER ELASTOGRAPHY	LIVER ELASTOGRAPHY W/O IMAG W/I&R	No Auth Required					
91299	GASTROENTEROLOGY PROCEDURE	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92002	EYE EXAM NEW PATIENT	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	No Auth Required					
92004	EYE EXAM NEW PATIENT	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	No Auth Required					
92012	EYE EXAM ESTABLISH PATIENT	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	No Auth Required					
92014	EYE EXAM&TX ESTAB PT 1/>VST	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	No Auth Required					
92015	DETERMINE REFRACTIVE STATE	DETERMINATION REFRACTIVE STATE	No Auth Required					
92018	NEW EYE EXAM & TREATMENT	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL	No Auth Required					
92019	EYE EXAM & TREATMENT	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	No Auth Required					
92020	SPECIAL EYE EVALUATION	GONIOSCOPY SEPARATE PROCEDURE	No Auth Required					
92025	CORNEAL TOPOGRAPHY	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	No Auth Required					
92060	SPECIAL EYE EVALUATION	SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	No Auth Required					
92065	ORTHOPTIC/PLEOPTIC TRAINING	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	No Auth Required					
92071	CONTACT LENS FITTING FOR TX	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	No Auth Required					
92072	FIT CONTAC LENS FOR MANAGMNT	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	No Auth Required					
92081	VISUAL FIELD EXAMINATION(S)	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	No Auth Required					
92082	VISUAL FIELD EXAMINATION(S)	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM	No Auth Required					
92083	VISUAL FIELD EXAMINATION(S)	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM	No Auth Required					
92100	SERIAL TONOMETRY EXAM(S)	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	No Auth Required					
92132	CMPTR OPHTH DX IMG ANT SEGMT	CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	No Auth Required					
92133	CMPTR OPHTH IMG OPTIC NERVE	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	No Auth Required					
92134	CPTR OPHTH DX IMG POST SEGMT	COMPUTERIZED OPHTHALMIC IMAGING RETINA	No Auth Required					
92136	OPHTHALMIC BIOMETRY	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	No Auth Required					
92145	CORNEAL HYSTERESIS DETER	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92201	OPSCPY EXTND RTA DRAW UNI/BI	OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	No Auth Required					
92202	OPSCPY EXTND ON/MAC DRAW	OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	No Auth Required					
92225	SPECIAL EYE EXAM INITIAL	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R 1ST	No Auth Required					
92226	SPECIAL EYE EXAM SUBSEQUENT	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R SBS	No Auth Required					
92227	REMOTE DX RETINAL IMAGING	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B	No Auth Required					
92228	REMOTE RETINAL IMAGING MGMT	REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B	No Auth Required					
92230	EYE EXAM WITH PHOTOS	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	No Auth Required					
92235	FLUORESCEIN ANGRPH UNI/BI	FLUORESCEIN ANGRPH W/MULTIFRAME I&R UNI/BI	No Auth Required					
92240	ICG ANGIOGRAPHY UNI/BI	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	No Auth Required					
92242	FLUORESCEIN ICG ANGIOGRAPHY	FLUORESCEIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI	No Auth Required					
92250	EYE EXAM WITH PHOTOS	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	No Auth Required					
92260	OPHTHALMOSCOPY/DYNAMOMETRY	OPHTHALMODYNAMOMETRY	No Auth Required					
92265	EYE MUSCLE EVALUATION	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R	No Auth Required					
92270	ELECTRO-OCULOGRAPHY	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	No Auth Required					
92273	FULL FIELD ERG W/I&R	FULL FIELD ELECTRORETINOGRAPHY W/I&R	No Auth Required					
92274	MULTIFOCAL ERG W/I&R	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	No Auth Required					
92283	COLOR VISION EXAMINATION	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	No Auth Required					
92284	DARK ADAPTATION EYE EXAM	DARK ADAPTATION XM W/INTERPRETATION & REPORT	No Auth Required					
92285	EYE PHOTOGRAPHY	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE	No Auth Required					
92286	INTERNAL EYE PHOTOGRAPHY	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	No Auth Required					
92287	INTERNAL EYE PHOTOGRAPHY	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	No Auth Required					
92310	CONTACT LENS FITTING	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	No Auth Required					
92311	CONTACT LENS FITTING	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	No Auth Required					
92312	CONTACT LENS FITTING	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	No Auth Required					
92313	CONTACT LENS FITTING	RX&FITG CORNEOSCLERAL LENS	No Auth Required					
92314	PRESCRIPTION OF CONTACT LENS	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	No Auth Required					
92315	RX CNTACT LENS APHAKIA 1 EYE	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	No Auth Required					
92316	RX CNTACT LENS APHAKIA 2 EYE	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	No Auth Required					
92317	RX CORNEOSCLERAL CNTACT LENS	RX CONTACT CORNEOSCLERAL LENS	No Auth Required					
92325	MODIFICATION OF CONTACT LENS	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	No Auth Required					
92326	REPLACEMENT OF CONTACT LENS	REPLACEMENT CONTACT LENS	No Auth Required					
92340	FIT SPECTACLES MONOFOCAL	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	No Auth Required					
92341	FIT SPECTACLES BIFOCAL	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	No Auth Required					
92342	FIT SPECTACLES MULTIFOCAL	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	No Auth Required					
92352	FIT APHAKIA SPECTCL MONOFOCL	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	No Auth Required					
92353	FIT APHAKIA SPECTCL MULTIFOC	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	No Auth Required					
92354	FIT SPECTACLES SINGLE SYSTEM	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	No Auth Required					
92355	FIT SPECTACLES COMPOUND LENS	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	No Auth Required					
92358	APHAKIA PROSTH SERVICE TEMP	PROSTHESIS SERVICE APHAKIA TEMPORARY	No Auth Required					
92370	REPAIR & ADJUST SPECTACLES	RPR&REFITG SPECTACLES EXCEPT APHAKIA	No Auth Required					
92371	REPAIR & ADJUST SPECTACLES	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA	No Auth Required					
92499	EYE SERVICE OR PROCEDURE	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		

92502	EAR AND THROAT EXAMINATION	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	No Auth Required					
92504	EAR MICROSCOPY EXAMINATION	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	No Auth Required					
92507	SPEECH/HEARING THERAPY	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	No Auth Required					
92508	SPEECH/HEARING THERAPY	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	No Auth Required					
92511	NASOPHARYNGOSCOPY	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	No Auth Required					
92512	NASAL FUNCTION STUDIES	NASAL FUNCTION STUDIES	No Auth Required					
92516	FACIAL NERVE FUNCTION TEST	FACIAL NERVE FUNCTION STUDIES	No Auth Required					
92520	LARYNGEAL FUNCTION STUDIES	LARYNGEAL FUNCTION STUDIES	No Auth Required					
92521	EVALUATION OF SPEECH FLUENCY	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	No Auth Required					
92522	EVALUATE SPEECH PRODUCTION	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	No Auth Required					
92523	SPEECH SOUND LANG COMPREHEN	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	No Auth Required					
92524	BEHAVRAL QUALIT ANALYS VOICE	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	No Auth Required					
92526	ORAL FUNCTION THERAPY	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	No Auth Required					
92531	SPONTANEOUS NYSTAGMUS STUDY	SPONTANEOUS NYSTAGMUS W/GAZE	No Auth Required					
92532	POSITIONAL NYSTAGMUS TEST	POSITIONAL NYSTAGMUS TEST	No Auth Required					
92533	CALORIC VESTIBULAR TEST	CALORIC VESTIBULAR TEST EACH IRRIGATION	No Auth Required					
92534	OPTOKINETIC NYSTAGMUS TEST	OPTOKINETIC NYSTAGMUS TEST	No Auth Required					
92537	CALORIC VSTBLR TEST W/REC	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	No Auth Required					
92538	CALORIC VSTBLR TEST W/REC	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	No Auth Required					
92540	BASIC VESTIBULAR EVALUATION	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	No Auth Required					
92541	SPONTANEOUS NYSTAGMUS TEST	SPONTANEOUS NYSTAGMUS TEST	No Auth Required					
92542	POSITIONAL NYSTAGMUS TEST	POSITIONAL NYSTAGMUS TEST	No Auth Required					
92544	OPTOKINETIC NYSTAGMUS TEST	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	No Auth Required					
92545	OSCILLATING TRACKING TEST	OSCILLATING TRACKING TEST W/RECORDING	No Auth Required					
92546	SINUSOIDAL ROTATIONAL TEST	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	No Auth Required					
92547	SUPPLEMENTAL ELECTRICAL TEST	USE VERTICAL ELECTRODES	No Auth Required					
92548	CDP-SOT 6 COND W/I&R	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
92549	CDP-SOT 6 COND W/I&R MCT&ADT	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92550	TYMPANOMETRY & REFLEX THRESH	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	No Auth Required					
92551	PURE TONE HEARING TEST AIR	SCREENING TEST PURE TONE AIR ONLY	No Auth Required					
92552	PURE TONE AUDIOMETRY AIR	PURE TONE AUDIOMETRY AIR ONLY	No Auth Required					
92553	AUDIOMETRY AIR & BONE	PURE TONE AUDIOMETRY AIR & BONE	No Auth Required					
92555	SPEECH THRESHOLD AUDIOMETRY	SPEECH AUDIOMETRY THRESHOLD	No Auth Required					
92556	SPEECH AUDIOMETRY COMPLETE	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	No Auth Required					
92557	COMPREHENSIVE HEARING TEST	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	No Auth Required					
92558	EVOKED AUDITORY TEST QUAL	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	No Auth Required					
92559	GROUP AUDIOMETRIC TESTING	AUDIOMETRIC TESTING GROUPS	No Auth Required					
92560	BEKESY AUDIOMETRY SCREEN	BEKESY AUDIOMETRY SCREENING	No Auth Required					
92561	BEKESY AUDIOMETRY DIAGNOSIS	BEKESY AUDIOMETRY DIAGNOSTIC	No Auth Required					
92562	LOUDNESS BALANCE TEST	LOUDNESS BALANCE BINAURAL/MONAURAL	No Auth Required					
92563	TONE DECAY HEARING TEST	TONE DECAY TEST	No Auth Required					
92564	SISI HEARING TEST	SHORT INCREMENT SENSITIVITY INDEX	No Auth Required					
92565	STENGER TEST PURE TONE	STENGER TEST PURE TONE	No Auth Required					
92567	TYMPANOMETRY	TYMPANOMETRY	No Auth Required					
92568	ACOUSTIC REFL THRESHOLD TST	ACOUSTIC REFLEX THRESHOLD	No Auth Required					
92570	ACOUSTIC IMMITANCE TESTING	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	No Auth Required					
92571	FILTERED SPEECH HEARING TEST	FILTERED SPEECH TEST	No Auth Required					
92572	STAGGERED SPONDAIC WORD TEST	STAGGERED SPONDAIC WORD	No Auth Required					
92575	SENSORINEURAL ACUITY TEST	SENSORINEURAL ACUITY LEVEL	No Auth Required					
92576	SYNTHETIC SENTENCE TEST	SYNTHETIC SENTENCE IDENTIFICATION TEST	No Auth Required					
92577	STENGER TEST SPEECH	STENGER TEST SPEECH	No Auth Required					
92579	VISUAL AUDIOMETRY (VRA)	VISUAL REINFORCEMENT AUDIOMETRY	No Auth Required					
92582	CONDITIONING PLAY AUDIOMETRY	CONDITIONING PLAY AUDIOMETRY	No Auth Required					
92583	SELECT PICTURE AUDIOMETRY	SELECT PICTURE AUDIOMETRY	No Auth Required					
92584	ELECTROCOCHLEOGRAPHY	ELECTROCOCHLEOGRAPHY	No Auth Required					
92585	AUDITOR EVOKE POTENT COMPRE	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	No Auth Required					
92586	AUDITOR EVOKE POTENT LIMIT	AUDITORY EVOKED POTENTIALS LIMITED	No Auth Required					
92587	EVOKED AUDITORY TEST LIMITED	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	No Auth Required					
92588	EVOKED AUDITORY TST COMPLETE	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	No Auth Required					
92590	HEARING AID EXAM ONE EAR	HEARING AID EXAMINATION & SELECTION MONAURAL	No Auth Required					
92591	HEARING AID EXAM BOTH EARS	HEARING AID EXAMINATION & SELECTION BINAURAL	No Auth Required					
92592	HEARING AID CHECK ONE EAR	HEARING AID CHECK MONAURAL	No Auth Required					
92593	HEARING AID CHECK BOTH EARS	HEARING AID CHECK BINAURAL	No Auth Required					
92594	ELECTRO HEARNG AID TEST ONE	ELECTROACOUS EVAL HEARING AID MONAURAL	No Auth Required					
92595	ELECTRO HEARNG AID TST BOTH	ELECTROACOUS EVAL HEARING AID BINAURAL	No Auth Required					
92596	EAR PROTECTOR EVALUATION	EAR PROTECTOR ATTENUATION MEASUREMENTS	No Auth Required					
92597	ORAL SPEECH DEVICE EVAL	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	No Auth Required					
92601	COCHLEAR IMPLT F/UP EXAM <7	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
92602	REPROGRAM COCHLEAR IMPLT <7	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
92603	COCHLEAR IMPLT F/UP EXAM 7/>	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
92604	REPROGRAM COCHLEAR IMPLT 7/>	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
92605	EX FOR NONSPEECH DEVICE RX	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	No Auth Required					
92606	NON-SPEECH DEVICE SERVICE	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92607	EX FOR SPEECH DEVICE RX 1HR	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	No Auth Required					
92608	EX FOR SPEECH DEVICE RX ADDL	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	No Auth Required					
92609	USE OF SPEECH DEVICE SERVICE	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92610	EVALUATE SWALLOWING FUNCTION	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	No Auth Required					
92611	MOTION FLUOROSCOPY/SWALLOW	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	No Auth Required					
92612	ENDOSCOPY SWALLOW (FEES) VID	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	No Auth Required					
92613	ENDOSCOPY SWALLOW (FEES) I&R	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	No Auth Required					
92614	LARYNGOSCOPIC SENSORY VID	FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	No Auth Required					
92615	LARYNGOSCOPIC SENSORY I&R	FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	No Auth Required					

92616	FEES W/LARYNGEAL SENSE TEST	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	No Auth Required					
92617	FEES W/LARYNGEAL SENSE I&R	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R	No Auth Required					
92618	EX FOR NONSPEECH DEV RX ADD	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	No Auth Required					
92620	AUDITORY FUNCTION 60 MIN	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	No Auth Required					
92621	AUDITORY FUNCTION + 15 MIN	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	No Auth Required					
92625	TINNITUS ASSESSMENT	ASSESSMENT TINNITUS	No Auth Required					
92626	EVAL AUD FUNCJ 1ST HOUR	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	No Auth Required					
92627	EVAL AUD FUNCJ EA ADDL 15	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	No Auth Required					
92630	AUD REHAB PRE-LING HEAR LOSS	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	No Auth Required					
92633	AUD REHAB POSTLING HEAR LOSS	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	No Auth Required					
92640	AUD BRAINSTEM IMPLT PROGRAMG	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	No Auth Required					
92700	ENT PROCEDURE/SERVICE	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
92920	PRQ CARDIAC ANGIOPLAST 1 ART	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	No Auth Required					
92921	PRQ CARDIAC ANGIO ADDL ART	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	No Auth Required					
92924	PRQ CARD ANGIO/ATHRECT 1 ART	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	No Auth Required					
92925	PRQ CARD ANGIO/ATHRECT ADDL	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	No Auth Required					
92928	PRQ CARD STENT W/ANGIO 1 VSL	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	No Auth Required					
92929	PRQ CARD STENT W/ANGIO ADDL	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	No Auth Required					
92933	PRQ CARD STENT/ATH/ANGIO	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	No Auth Required					
92934	PRQ CARD STENT/ATH/ANGIO	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	No Auth Required					
92937	PRQ REVASC BYP GRAFT 1 VSL	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	No Auth Required					
92938	PRQ REVASC BYP GRAFT ADDL	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	No Auth Required					
92941	PRQ CARD REVASC MI 1 VSL	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	No Auth Required					
92943	PRQ CARD REVASC CHRONIC 1VSL	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	No Auth Required					
92944	PRQ CARD REVASC CHRONIC ADDL	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	No Auth Required					
92950	HEART/LUNG RESUSCITATION CPR	CARDIOPULMONARY RESUSCITATION	No Auth Required					
92953	TEMPORARY EXTERNAL PACING	TEMPORARY TRANSCUTANEOUS PACING	No Auth Required					
92960	CARDIOVERSION ELECTRIC EXT	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	No Auth Required					Removed Authorization Requirement
92961	CARDIOVERSION ELECTRIC INT	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	No Auth Required					
92970	CARDIOASSIST INTERNAL	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	No Auth Required					
92971	CARDIOASSIST EXTERNAL	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
92973	PRQ CORONARY MECH THROMBECT	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	No Auth Required					
92974	CATH PLACE CARDIO BRACHYTX	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	No Auth Required					
92975	DISSOLVE CLOT HEART VESSEL	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	No Auth Required					
92977	DISSOLVE CLOT HEART VESSEL	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	No Auth Required					
92978	ENDOLUMINL IVUS OCT C 1ST	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	No Auth Required					
92979	ENDOLUMINL IVUS OCT C EA	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	No Auth Required					
92986	REVISION OF AORTIC VALVE	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	No Auth Required					
92987	REVISION OF MITRAL VALVE	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	No Auth Required					
92990	REVISION OF PULMONARY VALVE	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	No Auth Required					
92992	REVISION OF HEART CHAMBER	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALLOON	No Auth Required					
92993	REVISION OF HEART CHAMBER	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOD	No Auth Required					
92997	PUL ART BALLOON REPR PERCUT	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	No Auth Required					
92998	PUL ART BALLOON REPR PERCUT	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	No Auth Required					
93000	ELECTROCARDIOGRAM COMPLETE	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	No Auth Required					
93005	ELECTROCARDIOGRAM TRACING	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	No Auth Required					
93010	ELECTROCARDIOGRAM REPORT	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	No Auth Required					
93015	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	No Auth Required					
93016	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	No Auth Required					
93017	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	No Auth Required					
93018	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	No Auth Required					
93024	CARDIAC DRUG STRESS TEST	ERGONOVINE PROVOCATION TST	No Auth Required					
93025	MICROVOLT T-WAVE ASSESS	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	No Auth Required					
93040	RHYTHM ECG WITH REPORT	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	No Auth Required					
93041	RHYTHM ECG TRACING	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	No Auth Required					
93042	RHYTHM ECG REPORT	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	No Auth Required					
93050	ART PRESSURE WAVEFORM ANALYS	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	No Auth Required					
93224	ECG MONIT/REPRT UP TO 48 HRS	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	No Auth Required					
93225	ECG MONIT/REPRT UP TO 48 HRS	XTRNL ECG & 48 HR RECORDING	No Auth Required					
93226	ECG MONIT/REPRT UP TO 48 HRS	EXTERNAL ECG SCANNING ANALYSIS REPORT	No Auth Required					
93227	ECG MONIT/REPRT UP TO 48 HRS	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	No Auth Required					
93228	REMOTE 30 DAY ECG REV/REPORT	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93229	REMOTE 30 DAY ECG TECH SUPP	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93260	PRGRMG DEV EVAL IMPLTBL SYS	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	No Auth Required					
93261	INTERROGATE SUBQ DEFIB	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	No Auth Required					
93264	REM MNTR WRLS P-ART PRS SNR	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	No Auth Required					
93268	ECG RECORD/REVIEW	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	No Auth Required					

93270	REMOTE 30 DAY ECG REV/REPORT	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	No Auth Required					
93271	ECG/MONITORING AND ANALYSIS	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	No Auth Required					
93272	ECG/REVIEW INTERPRET ONLY	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	No Auth Required					
93278	ECG/SIGNAL-AVERAGED	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	No Auth Required					
93279	PRGRMG DEV EVAL PM/LDLS PM	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	No Auth Required					
93280	PM DEVICE PROGR EVAL DUAL	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	No Auth Required					
93281	PM DEVICE PROGR EVAL MULTI	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	No Auth Required					
93282	PRGRMG EVAL IMPLANTABLE DFB	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	No Auth Required					
93283	PRGRMG EVAL IMPLANTABLE DFB	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	No Auth Required					
93284	PRGRMG EVAL IMPLANTABLE DFB	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	No Auth Required					
93285	PRGRMG DEV EVAL SCRMS IP	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	No Auth Required					
93286	PERI-PX EVAL PM/LDLS PM IP	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	No Auth Required					
93287	PERI-PX DEVICE EVAL & PRGR	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	No Auth Required					
93288	INTERROG EVL PM/LDLS PM IP	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	No Auth Required					
93289	INTERROG DEVICE EVAL HEART	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	No Auth Required					
93290	INTERROG DEV EVAL ICPMS IP	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	No Auth Required					
93291	INTERROG DEV EVAL SCRMS IP	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	No Auth Required					
93292	WCD DEVICE INTERROGATE	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	No Auth Required					
93293	PM PHONE R-STRIP DEVICE EVAL	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	No Auth Required					
93294	REM INTERROG EVL PM/LDLS PM	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	No Auth Required					
93295	DEV INTERROG REMOTE 1/2/MLT	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	No Auth Required					
93296	REM INTERROG EVL PM/IDS	REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	No Auth Required					
93297	REM INTERROG DEV EVAL ICPMS	REM INTERROG ICPMS <30 D PHYS/QHP	No Auth Required					
93298	REM INTERROG DEV EVAL SCRMS	REM INTERROG SCRMS <30 D PHYS/QHP	No Auth Required					
93299	INTERROG EVAL ICPMS/SCRMS	REM INTERROG ICPMS/SCRMS <30 D TECH REVIEW	No Auth Required					
93303	ECHO TRANSTHORACIC	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	No Auth Required					
93304	ECHO TRANSTHORACIC	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	No Auth Required					
93306	TTE W/DOPPLER COMPLETE	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	No Auth Required					
93307	TTE W/O DOPPLER COMPLETE	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	No Auth Required					
93308	TTE F-UP OR LMTD	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	No Auth Required					
93312	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	No Auth Required					
93313	ECHO TRANSESOPHAGEAL	ECHO R-T 2D W/PROBE PLACEMENT ONLY	No Auth Required					
93314	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	No Auth Required					
93315	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	No Auth Required					
93316	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	No Auth Required					
93317	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	No Auth Required					
93318	ECHO TRANSESOPHAGEAL INTRAOP	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	No Auth Required					
93320	DOPPLER ECHO EXAM HEART	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	No Auth Required					
93321	DOPPLER ECHO EXAM HEART	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	No Auth Required					
93325	DOPPLER COLOR FLOW ADD-ON	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	No Auth Required					
93350	STRESS TTE ONLY	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	No Auth Required					
93351	STRESS TTE COMPLETE	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	No Auth Required					
93352	ADMIN ECG CONTRAST AGENT	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	No Auth Required					
93355	ECHO TRANSESOPHAGEAL (TEE)	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	No Auth Required					
93356	MYOCRD STRAIN IMG SPCKL TRCK	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	No Auth Required					
93451	RIGHT HEART CATH	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	No Auth Required					
93452	LEFT HRT CATH W/VENTRCLGRPHY	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	No Auth Required					
93453	R&L HRT CATH W/VENTRICLGRPHY	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	No Auth Required					
93454	CORONARY ARTERY ANGIO S&I	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	No Auth Required					
93455	CORONARY ART/GRFT ANGIO S&I	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	No Auth Required					
93456	R HRT CORONARY ARTERY ANGIO	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	No Auth Required					
93457	R HRT ART/GRFT ANGIO	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	No Auth Required					
93458	L HRT ARTERY/VENTRICLE ANGIO	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	No Auth Required					
93459	L HRT ART/GRFT ANGIO	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	No Auth Required					
93460	R&L HRT ART/VENTRICLE ANGIO	R & L HRT CATH WINJX HRT ART& L VENTR IMG	No Auth Required					
93461	R&L HRT ART/VENTRICLE ANGIO	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	No Auth Required					
93462	L HRT CATH TRNSPTL PUNCTURE	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	No Auth Required					
93463	DRUG ADMIN & HEMODYNMIC MEAS	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	No Auth Required					
93464	EXERCISE W/HEMODYNAMIC MEAS	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	No Auth Required					
93503	INSERT/PLACE HEART CATHETER	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	No Auth Required					
93505	BIOPSY OF HEART LINING	ENDOMYOCARDIAL BIOPSY	No Auth Required					
93530	RT HEART CATH CONGENITAL	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	No Auth Required					
93531	R & L HEART CATH CONGENITAL	CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA	No Auth Required					
93532	R & L HEART CATH CONGENITAL	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	No Auth Required					
93533	R & L HEART CATH CONGENITAL	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	No Auth Required					
93561	CARDIAC OUTPUT MEASUREMENT	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	No Auth Required					

93562	CARD OUTPUT MEASURE SUBSQ	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA	No Auth Required					
93563	INJECT CONGENITAL CARD CATH	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	No Auth Required					
93564	INJECT HRT CONGNTL ART/GRFT	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	No Auth Required					
93565	INJECT L VENTR/ATRIAL ANGIO	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	No Auth Required					
93566	INJECT R VENTR/ATRIAL ANGIO	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I	No Auth Required					
93567	INJECT SUPRVLV AORTOGRAPHY	NJX SUPRAVALV AORTOG HRT CATH W/S&I	No Auth Required					
93568	INJECT PULM ART HRT CATH	NJX PULMONARY ANGIO HRT CATH W/S&I	No Auth Required					
93571	HEART FLOW RESERVE MEASURE	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	No Auth Required					
93572	HEART FLOW RESERVE MEASURE	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	No Auth Required					
93580	TRANSCATH CLOSURE OF ASD	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	No Auth Required					
93581	TRANSCATH CLOSURE OF VSD	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	No Auth Required					
93582	PERQ TRANSCATH CLOSURE PDA	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	No Auth Required					
93583	PERQ TRANSCATH SEPTAL REDUXN	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	No Auth Required					
93590	PERQ TRANSCATH CLS MITRAL	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	No Auth Required					
93591	PERQ TRANSCATH CLS AORTIC	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	No Auth Required					
93592	PERQ TRANSCATH CLOSURE EACH	PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	No Auth Required					
93600	BUNDLE OF HIS RECORDING	BUNDLE OF HIS RECORDING	No Auth Required					
93602	INTRA-ATRIAL RECORDING	INTRA-ATRIAL RECORDING	No Auth Required					
93603	RIGHT VENTRICULAR RECORDING	RIGHT VENTRICULAR RECORDING	No Auth Required					
93609	MAP TACHYCARDIA ADD-ON	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	No Auth Required					
93610	INTRA-ATRIAL PACING	INTRA-ATRIAL PACING	No Auth Required					
93612	INTRAVENTRICULAR PACING	INTRAVENTRICULAR PACING	No Auth Required					
93613	ELECTROPHYS MAP 3D ADD-ON	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	No Auth Required					
93615	ESOPHAGEAL RECORDING	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	No Auth Required					
93616	ESOPHAGEAL RECORDING	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	No Auth Required					
93618	HEART RHYTHM PACING	INDUCTION ARRHYTHMIA ELECTRICAL PACING	No Auth Required					
93619	ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	No Auth Required					
93620	ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	No Auth Required					
93621	ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	No Auth Required					
93622	ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	No Auth Required					
93623	STIMULATION PACING HEART	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	No Auth Required					
93624	ELECTROPHYSIOLOGIC STUDY	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	No Auth Required					
93631	HEART PACING MAPPING	INTRAOP EPICAR& ENDOCAR PACG& MAPG	No Auth Required					
93640	EVALUATION HEART DEVICE	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	No Auth Required					
93641	ELECTROPHYSIOLOGY EVALUATION	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	No Auth Required					
93642	ELECTROPHYSIOLOGY EVALUATION	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	No Auth Required					
93644	ELECTROPHYSIOLOGY EVALUATION	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	No Auth Required					
93650	ABLATE HEART DYSRHYTHM FOCUS	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	No Auth Required					
93653	EP & ABLATE SUPRAVENT ARRHYT	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	No Auth Required					
93654	EP & ABLATE VENTRIC TACHY	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	No Auth Required					
93655	ABLATE ARRHYTHMIA ADD ON	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	No Auth Required					
93656	TX ATRIAL FIB PULM VEIN ISOL	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	No Auth Required					
93657	TX L/R ATRIAL FIB ADDL	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	No Auth Required					
93660	TILT TABLE EVALUATION	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	No Auth Required					
93662	INTRACARDIAC ECG (ICE)	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	No Auth Required					
93668	PERIPHERAL VASCULAR REHAB	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	No Auth Required					
93701	BIOIMPEDANCE CV ANALYSIS	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93702	BIS XTRACELL FLUID ANALYSIS	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93724	ANALYZE PACEMAKER SYSTEM	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	No Auth Required					
93740	TEMPERATURE GRADIENT STUDIES	TEMPRATURE GRADIENT STUDY	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93745	SET-UP CARDIOVERT-DEFIBRILL	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	No Auth Required					
93750	INTERROGATION VAD IN PERSON	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	No Auth Required					
93770	MEASURE VENOUS PRESSURE	DERMINATION OF VENOUS PRESSUE	No Auth Required					
93784	AMBL BP MNTR W/SOFTWARE	AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	No Auth Required					
93786	AMBL BP MNTR W/SW REC ONLY	AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	No Auth Required					
93788	AMBL BP MNTR W/SW A/R	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	No Auth Required					
93790	AMBL BP MNTR W/SW I&R	AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	No Auth Required					
93792	PT/CAREGIVER TRAING HOME INR	PT/CAREGIVER TRAING FOR INITIATION HOME INR MNTR	No Auth Required					
93793	ANTICOAG MGMT PT WARFARIN	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	No Auth Required					
93797	CARDIAC REHAB	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	No Auth Required					
93798	CARDIAC REHAB/MONITOR	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	No Auth Required					
93799	CARDIOVASCULAR PROCEDURE	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93880	EXTRACRANIAL BILAT STUDY	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	No Auth Required					
93882	EXTRACRANIAL UNI/LTD STUDY	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	No Auth Required					
93886	INTRACRANIAL COMPLETE STUDY	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	No Auth Required					
93888	INTRACRANIAL LIMITED STUDY	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	No Auth Required					
93890	TCD VASOREACTIVITY STUDY	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	No Auth Required					
93892	TCD EMBOLI DETECT W/O INJ	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	No Auth Required					

93893	TCD EMBOLI DETECT W/INJ	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	No Auth Required					
93895	CAROTID INTIMA ATHEROMA EVAL	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
93922	UPR/L XTREMITY ART 2 LEVELS	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	No Auth Required					
93923	UPR/LXTR ART STDY 3+ LVLS	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	No Auth Required					
93924	LWR XTR VASC STDY BILAT	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	No Auth Required					
93925	LOWER EXTREMITY STUDY	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	No Auth Required					
93926	LOWER EXTREMITY STUDY	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	No Auth Required					
93930	UPPER EXTREMITY STUDY	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	No Auth Required					
93931	UPPER EXTREMITY STUDY	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	No Auth Required					
93970	EXTREMITY STUDY	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	No Auth Required					
93971	EXTREMITY STUDY	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	No Auth Required					
93975	VASCULAR STUDY	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	No Auth Required					
93976	VASCULAR STUDY	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	No Auth Required					
93978	VASCULAR STUDY	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	No Auth Required					
93979	VASCULAR STUDY	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	No Auth Required					
93980	PENILE VASCULAR STUDY	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	No Auth Required					
93981	PENILE VASCULAR STUDY	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	No Auth Required					
93985	DUP-SCAN HEMO COMPL BI STD	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	No Auth Required					
93986	DUP-SCAN HEMO COMPL UNI STD	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	No Auth Required					
93990	DOPPLER FLOW TESTING	DUPLEX SCAN HEMODIALYSIS ACCESS	No Auth Required					
93998	NONINVAS VASC DX STUDY PROC	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
94002	VENT MGMT INPAT INIT DAY	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	No Auth Required					
94003	VENT MGMT INPAT SUBQ DAY	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	No Auth Required					
94004	VENT MGMT NF PER DAY	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	No Auth Required					
94005	HOME VENT MGMT SUPERVISION	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	No Auth Required					
94010	BREATHING CAPACITY TEST	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	No Auth Required					
94011	SPIROMETRY UP TO 2 YRS OLD	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	No Auth Required					
94012	SPIRMTRY W/BRNCHDIL INF-2 YR	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	No Auth Required					
94013	MEAS LUNG VOL THRU 2 YRS	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	No Auth Required					
94014	PATIENT RECORDED SPIROMETRY	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	No Auth Required					
94015	PATIENT RECORDED SPIROMETRY	PATIENT-INITIATED SPIROMETRIC RECORDING	No Auth Required					
94016	REVIEW PATIENT SPIROMETRY	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	No Auth Required					
94060	EVALUATION OF WHEEZING	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	No Auth Required					
94070	EVALUATION OF WHEEZING	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	No Auth Required					
94150	VITAL CAPACITY TEST	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	No Auth Required					
94200	LUNG FUNCTION TEST (MBC/MVV)	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	No Auth Required					
94250	EXPIRED GAS COLLECTION	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	No Auth Required					
94375	RESPIRATORY FLOW VOLUME LOOP	RESPIRATORY FLOW VOLUME LOOP	No Auth Required					
94400	CO2 BREATHING RESPONSE CURVE	BREATHING RESPONSE TO CO2	No Auth Required					
94450	HYPOXIA RESPONSE CURVE	BREATHING RESPONSE TO HYPOXIA	No Auth Required					
94452	HAST W/REPORT	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	No Auth Required					
94453	HAST W/OXYGEN TITRATE	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	No Auth Required					
94610	SURFACTANT ADMIN THRU TUBE	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	No Auth Required					
94617	EXERCISE TST BRNCSPSM	EXERCISE TEST FOR BRONCHOSPASM	No Auth Required					
94621	CARDIOPULM EXERCISE TESTING	CARDIOPULMONARY EXERCISE TESTING	No Auth Required					
94640	AIRWAY INHALATION TREATMENT	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	No Auth Required					
94642	AEROSOL INHALATION TREATMENT	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	No Auth Required					
94644	CBT 1ST HOUR	CONTINUOUS INHALATION TREATMENT 1ST HR	No Auth Required					
94645	CBT EACH ADDL HOUR	CONTINUOUS INHALATION TREATMENT EA ADDL HR	No Auth Required					
94660	POS AIRWAY PRESSURE CPAP	CPAP VENTILATION CPAP INITIATION&MGMT	No Auth Required					
94662	NEG PRESS VENTILATION CNP	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	No Auth Required					
94664	EVALUATE PT USE OF INHALER	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	No Auth Required					
94667	CHEST WALL MANIPULATION	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	No Auth Required					
94668	CHEST WALL MANIPULATION	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	No Auth Required					
94669	MECHANICAL CHEST WALL OSCILL	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
94680	EXHALED AIR ANALYSIS O2	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	No Auth Required					
94681	EXHALED AIR ANALYSIS O2/CO2	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	No Auth Required					
94690	EXHALED AIR ANALYSIS	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	No Auth Required					
94726	PULM FUNCT TST PLETHYSMOGRAP	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	No Auth Required					
94727	PULM FUNCTION TEST BY GAS	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	No Auth Required					
94728	AIRWY RESIST BY OSCILLOMETRY	AIRWAY RESISTANCE BY OSCILLOMETRY	No Auth Required					
94729	CO/MEMBANE DIFFUSE CAPACITY	CO DIFFUSING CAPACITY	No Auth Required					
94750	PULMONARY COMPLIANCE STUDY	PULMONARY COMPLIANCE STUDY	No Auth Required					
94760	MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	No Auth Required					
94761	MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	No Auth Required					
94762	MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	No Auth Required					
94770	EXHALED CARBON DIOXIDE TEST	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	No Auth Required					
94772	BREATH RECORDING INFANT	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	No Auth Required					
94774	PED HOME APNEA REC COMPL	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	No Auth Required					

94775	PED HOME APNEA REC HK-UP	PEDIATRIC APNEA MONITOR ATTACHMENT	No Auth Required					
94776	PED HOME APNEA REC DOWNLD	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	No Auth Required					
94777	PED HOME APNEA REC REPORT	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	No Auth Required					
94780	CARS/BD TST INFT-12MO 60 MIN	CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	No Auth Required					
94781	CARS/BD TST INFT-12MO +30MIN	CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	No Auth Required					
94799	PULMONARY SERVICE/PROCEDURE	UNLISTED PULMONARY SERVICE/PROCEDURE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
95004	PERCUT ALLERGY SKIN TESTS	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	No Auth Required					
95012	EXHALED NITRIC OXIDE MEAS	NITRIC OXIDE EXPIRED GAS DETERMINATION	No Auth Required					
95017	PERQ & ICUT ALLG TEST VENOMS	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	No Auth Required					
95018	PERQ&IC ALLG TEST DRUGS/BIOL	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	No Auth Required					
95024	ICUT ALLERGY TEST DRUG/BUG	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	No Auth Required					
95027	ICUT ALLERGY TITRATE-AIRBORN	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	No Auth Required					
95028	ICUT ALLERGY TEST-DELAYED	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	No Auth Required					
95044	ALLERGY PATCH TESTS	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	No Auth Required					
95052	PHOTO PATCH TEST	PHOTO PATCH TEST SPECIFY NUMBER TSTS	No Auth Required					
95056	PHOTOSENSITIVITY TESTS	PHOTO TESTS	No Auth Required					
95060	EYE ALLERGY TESTS	OPHTHALMIC MUCOUS MEMBRANE TESTS	No Auth Required					
95065	NOSE ALLERGY TEST	DIRECT NASAL MUCOUS MEMBRANE TEST	No Auth Required					
95070	BRONCHIAL ALLERGY TESTS	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	No Auth Required					
95071	BRONCHIAL ALLERGY TESTS	INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES	No Auth Required					
95076	INGEST CHALLENGE INI 120 MIN	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	No Auth Required					
95079	INGEST CHALLENGE ADDL 60 MIN	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	No Auth Required					
95115	IMMUNOTHERAPY ONE INJECTION	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	No Auth Required					
95117	IMMUNOTHERAPY INJECTIONS	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	No Auth Required					
95120	IMMUNOTHERAPY ONE INJECTION	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	No Auth Required					
95125	IMMUNOTHERAPY 2/> INJECTIONS	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	No Auth Required					
95130	IMMNTX 1 STING INSECT	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	No Auth Required					
95131	IMMNTX 2 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	No Auth Required					
95132	IMMNTX 3 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	No Auth Required					
95133	IMMNTX 4 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	No Auth Required					
95134	IMMNTX 5 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	No Auth Required					
95144	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	No Auth Required					
95145	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	No Auth Required					
95146	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	No Auth Required					
95147	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	No Auth Required					
95148	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	No Auth Required					
95149	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	No Auth Required					
95165	ANTIGEN THERAPY SERVICES	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	No Auth Required					
95170	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	No Auth Required					
95180	RAPID DESENSITIZATION	RAPID DESENSITIZATION PROCEDURE EACH HOUR	No Auth Required					
95199	ALLERGY IMMUNOLOGY SERVICES	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	No Auth Required					
95249	CONT GLUC MNTR PT PROV EQP	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
95250	CONT GLUC MNTR PHYS/QHP EQP	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPTMENT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
95251	CONT GLUC MNTR ANALYSIS I&R	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
95700	EEG CONT REC W/VID EEG TECH	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	No Auth Required					
95705	EEG W/O VID 2-12 HR UNMNTR	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	No Auth Required					
95706	EEG WO VID 2-12HR INTMT MNTR	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	No Auth Required					
95707	EEG W/O VID 2-12HR CONT MNTR	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	No Auth Required					
95708	EEG WO VID EA 12-26HR UNMNTR	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	No Auth Required					
95709	EEG W/O VID EA 12-26HR INTMT	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	No Auth Required					
95710	EEG W/O VID EA 12-26HR CONT	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	No Auth Required					
95711	VEEG 2-12 HR UNMONITORED	VEEG BY TECH 2-12 HOURS UNMONITORED	No Auth Required					
95712	VEEG 2-12 HR INTMT MNTR	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	No Auth Required					
95713	VEEG 2-12 HR CONT MNTR	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	No Auth Required					
95714	VEEG EA 12-26 HR UNMNTR	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	No Auth Required					
95715	VEEG EA 12-26HR INTMT MNTR	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	No Auth Required					
95716	VEEG EA 12-26HR CONT MNTR	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	No Auth Required					
95717	EEG PHYS/QHP 2-12 HR W/O VID	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	No Auth Required					
95718	EEG PHYS/QHP 2-12 HR W/VEEG	EEG PHYS/QHP 2-12 HR WITH VEEG	No Auth Required					
95719	EEG PHYS/QHP EA INCR W/O VID	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	No Auth Required					
95720	EEG PHY/QHP EA INCR W/VEEG	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	No Auth Required					
95721	EEG PHY/QHP>36<60 HR W/O VID	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	No Auth Required					
95722	EEG PHY/QHP>36<60 HR W/VEEG	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	No Auth Required					
95723	EEG PHY/QHP>60<84 HR W/O VID	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	No Auth Required					
95724	EEG PHY/QHP>60<84 HR W/VEEG	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	No Auth Required					
95725	EEG PHY/QHP>84 HR W/O VID	EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	No Auth Required					

95726	EEG PHY/QHP>84 HR W/VEEG	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	No Auth Required					
95782	POLYSOM <6 YRS 4/> PARAMTRS	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	Authorization Required	Sleep Studies		Level 1 Review (Network Validation)		Removed Authorization Requirement
95783	POLYSOM <6 YRS CPAP/BILVL	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	Authorization Required	Sleep Studies		Level 1 Review (Network Validation)		Removed Authorization Requirement
95800	SLP STDY UNATTENDED	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
95801	SLP STDY UNATND W/ANAL	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
95803	ACTIGRAPHY TESTING	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
95805	MULTIPLE SLEEP LATENCY TEST	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
95806	SLEEP STUDY UNATT&RESP EFFT	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
95807	SLEEP STUDY ATTENDED	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
95808	POLYSOM ANY AGE 1-3> PARAM	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
95810	POLYSOM 6/> YRS 4/> PARAM	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
95811	POLYSOM 6/>YRS CPAP 4/> PARM	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
95812	EEG 41-60 MINUTES	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
95813	EEG EXTND MNTR 61-119 MIN	EEG EXTENDED MONITORING 61-119 MINUTES	No Auth Required					
95816	EEG AWAKE AND DROWSY	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	No Auth Required					
95819	EEG AWAKE AND ASLEEP	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	No Auth Required					
95822	EEG COMA OR SLEEP ONLY	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	No Auth Required					
95824	EEG CEREBRAL DEATH ONLY	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	No Auth Required					
95827	EEG ALL NIGHT RECORDING	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	No Auth Required					
95829	SURGERY ELECTROCORTICOGRAM	ELECTROCORTICOGRAM SURGERY SPX	No Auth Required					
95830	INSERT ELECTRODES FOR EEG	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	No Auth Required					
95831	LIMB MUSCLE TESTING MANUAL	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	No Auth Required					
95832	HAND MUSCLE TESTING MANUAL	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	No Auth Required					
95833	BODY MUSCLE TESTING MANUAL	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	No Auth Required					
95834	BODY MUSCLE TESTING MANUAL	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	No Auth Required					
95836	ECOG IMPLTD BRN NPGT <30 D	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	No Auth Required					
95851	RANGE OF MOTION MEASUREMENTS	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	No Auth Required					
95852	RANGE OF MOTION MEASUREMENTS	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	No Auth Required					
95857	CHOLINESTERASE CHALLENGE	CHOLINESTERASE INHIBITOR CHALLENGE TEST	No Auth Required					
95860	MUSCLE TEST ONE LIMB	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	No Auth Required					
95861	MUSCLE TEST 2 LIMBS	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	No Auth Required					
95863	MUSCLE TEST 3 LIMBS	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	No Auth Required					
95864	MUSCLE TEST 4 LIMBS	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	No Auth Required					
95865	MUSCLE TEST LARYNX	NEEDLE ELECTROMYOGRAPHY LARYNX	No Auth Required					
95866	MUSCLE TEST HEMIDIAPHRAGM	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	No Auth Required					
95867	MUSCLE TEST CRAN NERV UNILAT	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	No Auth Required					
95868	MUSCLE TEST CRAN NERVE BILAT	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	No Auth Required					
95869	MUSCLE TEST THOR PARASPINAL	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	No Auth Required					
95870	MUSCLE TEST NONPARASPINAL	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	No Auth Required					
95872	MUSCLE TEST ONE FIBER	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	No Auth Required					
95873	GUIDE NERV DESTR ELEC STIM	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	No Auth Required					
95874	GUIDE NERV DESTR NEEDLE EMG	NEEDLE EMG GUID W/CHEMODENERVATION	No Auth Required					
95875	LIMB EXERCISE TEST	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	No Auth Required					
95885	MUSC TST DONE W/NERV TST LIM	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	No Auth Required					
95886	MUSC TEST DONE W/N TEST COMP	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	No Auth Required					
95887	MUSC TST DONE W/N TST NONEXT	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	No Auth Required					
95905	MOTOR &/ SENS NRVE CNDJ TEST	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
95907	NVR CNDJ TST 1-2 STUDIES	NERVE CONDUCTION STUDIES 1-2 STUDIES	No Auth Required					
95908	NRV CNDJ TST 3-4 STUDIES	NERVE CONDUCTION STUDIES 3-4 STUDIES	No Auth Required					
95909	NRV CNDJ TST 5-6 STUDIES	NERVE CONDUCTION STUDIES 5-6 STUDIES	No Auth Required					
95910	NRV CNDJ TEST 7-8 STUDIES	NERVE CONDUCTION STUDIES 7-8 STUDIES	No Auth Required					
95911	NRV CNDJ TEST 9-10 STUDIES	NERVE CONDUCTION STUDIES 9-10 STUDIES	No Auth Required					
95912	NRV CNDJ TEST 11-12 STUDIES	NERVE CONDUCTION STUDIES 11-12 STUDIES	No Auth Required					
95913	NRV CNDJ TEST 13/> STUDIES	NERVE CONDUCTION STUDIES 13/> STUDIES	No Auth Required					
95921	AUTONOMIC NRV PARASYM INERVJ	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	No Auth Required					
95922	AUTONOMIC NRV ADRENRG INERVJ	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	No Auth Required					
95923	AUTONOMIC NRV SYST FUNJ TEST	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	No Auth Required					
95924	ANS PARASYMP & SYMP W/TILT	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	No Auth Required					
95925	SOMATOSENSORY TESTING	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	No Auth Required					
95926	SOMATOSENSORY TESTING	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	No Auth Required					
95927	SOMATOSENSORY TESTING	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
95928	C MOTOR EVOKED UPPR LIMBS	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	No Auth Required					
95929	C MOTOR EVOKED LWR LIMBS	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	No Auth Required					
95930	VISUAL EP TEST CNS W/I&R	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	No Auth Required					
95933	BLINK REFLEX TEST	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	No Auth Required					
95937	NEUROMUSCULAR JUNCTION TEST	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	No Auth Required					

95938	SOMATOSENSORY TESTING	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	No Auth Required					
95939	C MOTOR EVOKED UPR&LWR LIMBS	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	No Auth Required					
95943	PARASYMP&SYMP HRT RATE TEST	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	No Auth Required					
95950	AMBULATORY EEG MONITORING	MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	No Auth Required					
95951	EEG MONITORING/VIDEORECORD	LOCALIZE CEREBRAL SEIZURE CABLE/RADIO EEG/VIDEO	No Auth Required					
95953	EEG MONITORING/COMPUTER	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	No Auth Required					
95954	EEG MONITORING/GIVING DRUGS	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	No Auth Required					
95955	EEG DURING SURGERY	EEG NONINTRACRANIAL SURGERY	No Auth Required					
95956	EEG MONITOR TECHNOL ATTENDED	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	No Auth Required					
95957	EEG DIGITAL ANALYSIS	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	No Auth Required					
95958	EEG MONITORING/FUNCTION TEST	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	No Auth Required					
95961	ELECTRODE STIMULATION BRAIN	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	No Auth Required					
95962	ELECTRODE STIM BRAIN ADD-ON	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	No Auth Required					
95965	MEG SPONTANEOUS	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	No Auth Required					
95966	MEG EVOKED SINGLE	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	No Auth Required					
95967	MEG EVOKED EACH ADDL	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	No Auth Required					
95970	ALYS NPGT W/O PRGRMG	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	No Auth Required					
95971	ALYS SMPL SP/PN NPGT W/PRGRM	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	No Auth Required					
95972	ALYS CPLX SP/PN NPGT W/PRGRM	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	No Auth Required					
95976	ALYS SMPL CN NPGT PRGRMG	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	No Auth Required					
95977	ALYS CPLX CN NPGT PRGRMG	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	No Auth Required					
95980	IO ANAL GAST N-STIM INIT	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	No Auth Required					
95981	IO ANAL GAST N-STIM SUBSQ	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	No Auth Required					
95982	IO GA N-STIM SUBSQ W/REPROG	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	No Auth Required					
95983	ALYS BRN NPGT PRGRMG 15 MIN	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	No Auth Required					
95984	ALYS BRN NPGT PRGRMG ADDL 15	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	No Auth Required					
95992	CANALITH REPOSITIONING PROC	CANALITH REPOSITIONING PROCEDURE	No Auth Required					
95999	NEUROLOGICAL PROCEDURE	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
96000	MOTION ANALYSIS VIDEO/3D	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
96001	MOTION TEST W/FT PRESS MEAS	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
96002	DYNAMIC SURFACE EMG	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	No Auth Required					
96003	DYNAMIC FINE WIRE EMG	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	No Auth Required					
96004	PHYS REVIEW OF MOTION TESTS	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	Authorization Required	General Medicine - neurology and neuromuscular procedures		Level 2 Review (Full Clinical Review)		
96020	FUNCTIONAL BRAIN MAPPING	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	No Auth Required					
96040	GENETIC COUNSELING 30 MIN	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	Authorization Required	Genetic Testing and Counseling		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
96105	ASSESSMENT OF APHASIA	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	No Auth Required					
96110	DEVELOPMENTAL SCREEN W/SCORE	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	No Auth Required					
96112	DEVEL TST PHYS/QHP 1ST HR	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96113	DEVEL TST PHYS/QHP EA ADDL	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96121	NUBHVL XM PHY/QHP EA ADDL HR	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96125	COGNITIVE TEST BY HC PRO	STANDARDIZED COGNITIVE PERFORMANCE TESTING	No Auth Required					
96127	BRIEF EMOTIONAL/BEHAV ASSMT	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	No Auth Required					
96130	PSYCL TST EVAL PHYS/QHP 1ST	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96131	PSYCL TST EVAL PHYS/QHP EA	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96132	NRPSYC TST EVAL PHYS/QHP 1ST	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96133	NRPSYC TST EVAL PHYS/QHP EA	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96137	PSYCL/NRPSYC TST PHY/QHP EA	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96138	PSYCL/NRPSYC TECH 1ST	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96139	PSYCL/NRPSYC TST TECH EA	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96146	PSYCL/NRPSYC TST AUTO RESULT	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
96156	HLTH BHV ASSMT/REASSESSMENT	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96158	HLTH BHV IVNTJ INDIV 1ST 30	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96159	HLTH BHV IVNTJ INDIV EA ADDL	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement

96160	PT-FOCUSED HLTH RISK ASSMT	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	No Auth Required					
96161	CAREGIVER HEALTH RISK ASSMT	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	No Auth Required					
96164	HLTH BHV IVNTJ GRP 1ST 30	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96165	HLTH BHV IVNTJ GRP EA ADDL	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96167	HLTH BHV IVNTJ FAM 1ST 30	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96168	HLTH BHV IVNTJ FAM EA ADDL	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96170	HLTH BHV IVNTJ FAM WO PT 1ST	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96171	HLTH BHV IVNTJ FAM W/O PT EA	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
96360	HYDRATION IV INFUSION INIT	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	No Auth Required					
96361	HYDRATE IV INFUSION ADD-ON	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	No Auth Required					
96365	THER/PROPH/DIAG IV INF INIT	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	No Auth Required					
96366	THER/PROPH/DIAG IV INF ADDON	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	No Auth Required					
96367	TX/PROPH/DG ADDL SEQ IV INF	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	No Auth Required					
96368	THER/DIAG CONCURRENT INF	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	No Auth Required					
96372	THER/PROPH/DIAG INJ SC/IM	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	No Auth Required					
96374	THER/PROPH/DIAG INJ IV PUSH	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	No Auth Required					
96375	TX/PRO/DX INJ NEW DRUG ADDON	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	No Auth Required					
96379	THER/PROP/DIAG INJ/INF PROC	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	No Auth Required					
96401	CHEMO ANTI-NEOPL SQ/IM	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	No Auth Required					
96402	CHEMO HORMON ANTINEOPL SQ/IM	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	No Auth Required					
96405	CHEMO INTRALESIONAL UP TO 7	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7	No Auth Required					
96406	CHEMO INTRALESIONAL OVER 7	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	No Auth Required					
96409	CHEMO IV PUSH SNGL DRUG	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	No Auth Required					Removed Authorization Requirement
96411	CHEMO IV PUSH ADDL DRUG	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	No Auth Required					
96413	CHEMO IV INFUSION 1 HR	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	No Auth Required					
96415	CHEMO IV INFUSION ADDL HR	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	No Auth Required					
96416	CHEMO PROLONG INFUSE W/PUMP	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	No Auth Required					
96417	CHEMO IV INFUS EACH ADDL SEQ	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	No Auth Required					
96420	CHEMO IA PUSH TECNIQUE	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	No Auth Required					
96422	CHEMO IA INFUSION UP TO 1 HR	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR	No Auth Required					
96423	CHEMO IA INFUSE EACH ADDL HR	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	No Auth Required					
96425	CHEMOTHERAPY INFUSION METHOD	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	No Auth Required					
96440	CHEMOTHERAPY INTRACAVITARY	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	No Auth Required					
96446	CHEMOTX ADMN PRTL CAVITY	CHEMOTX ADMN PRTL CAVITY PORT/CATH	No Auth Required					
96450	CHEMOTHERAPY INTO CNS	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	No Auth Required					Removed Authorization Requirement
96521	REFILL/MAINT PORTABLE PUMP	REFILLING & MAINTENANCE PORTABLE PUMP	No Auth Required					
96523	IRRIG DRUG DELIVERY DEVICE	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	No Auth Required					
96549	CHEMOTHERAPY UNSPECIFIED	UNLISTED CHEMOTHERAPY PROCEDURE	Authorization Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe		Level 2 Review (Full Clinical Review)		
96567	PDT DSTR PRMLG LES SKN	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
96570	PHOTODYNMC TX 30 MIN ADD-ON	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	No Auth Required					
96571	PHOTODYNAMIC TX ADDL 15 MIN	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	No Auth Required					
96573	PDT DSTR PRMLG LES PHYS/QHP	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
96574	DBRDMT PRMLG LES W/PDT	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	No Auth Required					
96900	ULTRAVIOLET LIGHT THERAPY	ACTINOTHERAPY ULTRAVIOLET LIGHT	No Auth Required					
96902	TRICHOGRAM	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	No Auth Required					
96904	WHOLE BODY PHOTOGRAPHY	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	No Auth Required					
96910	PHOTOCHEMOTHERAPY WITH UV-B	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	No Auth Required					
96912	PHOTOCHEMOTHERAPY WITH UV-A	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	No Auth Required					
96913	PHOTOCHEMOTHERAPY UV-A OR B	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	No Auth Required					
96931	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96932	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96933	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96934	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96935	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96936	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
96999	DERMATOLOGICAL PROCEDURE	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
97010	HOT OR COLD PACKS THERAPY	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	No Auth Required					
97012	MECHANICAL TRACTION THERAPY	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	No Auth Required					
97014	ELECTRIC STIMULATION THERAPY	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	No Auth Required					
97016	VASOPNEUMATIC DEVICE THERAPY	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	No Auth Required					
97018	PARAFFIN BATH THERAPY	APPL MODALITY 1/> AREAS PARAFFIN BATH	No Auth Required					
97022	WHIRLPOOL THERAPY	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	No Auth Required					
97024	DIATHERMY EG MICROWAVE	APPLICATION MODALITY 1/> AREAS DIATHERMY	No Auth Required					
97026	INFRARED THERAPY	APPLICATION MODALITY 1/> AREAS INFRARED	No Auth Required					
97028	ULTRAVIOLET THERAPY	APPL MODALITY 1/> AREAS ULTRAVIOLET	No Auth Required					

97032	ELECTRICAL STIMULATION	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	No Auth Required					
97033	ELECTRIC CURRENT THERAPY	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	No Auth Required					
97034	CONTRAST BATH THERAPY	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	No Auth Required					
97035	ULTRASOUND THERAPY	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	No Auth Required					
97036	HYDROTHERAPY	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	No Auth Required					
97039	PHYSICAL THERAPY TREATMENT	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
97110	THERAPEUTIC EXERCISES	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	No Auth Required					
97112	NEUROMUSCULAR REEDUCATION	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	No Auth Required					
97113	AQUATIC THERAPY/EXERCISES	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	No Auth Required					
97116	GAIT TRAINING THERAPY	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	No Auth Required					
97124	MASSAGE THERAPY	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	No Auth Required					
97129	THER IVNTJ 1ST 15 MIN	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
97130	THER IVNTJ EA ADDL 15 MIN	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
97139	PHYSICAL MEDICINE PROCEDURE	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
97140	MANUAL THERAPY 1/> REGIONS	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	No Auth Required					
97150	GROUP THERAPEUTIC PROCEDURES	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	No Auth Required					
97151	BHV ID ASSMT BY PHYS/QHP	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97152	BHV ID SUPRT ASSMT BY 1 TECH	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97153	ADAPTIVE BEHAVIOR TX BY TECH	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97154	GRP ADAPT BHV TX BY TECH	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97155	ADAPT BEHAVIOR TX PHYS/QHP	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97156	FAM ADAPT BHV TX GDN PHY/QHP	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97157	MULT FAM ADAPT BHV TX GDN	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97158	GRP ADAPT BHV TX BY PHY/QHP	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
97161	PT EVAL LOW COMPLEX 20 MIN	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	No Auth Required					
97162	PT EVAL MOD COMPLEX 30 MIN	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	No Auth Required					
97163	PT EVAL HIGH COMPLEX 45 MIN	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	No Auth Required					
97164	PT RE-EVAL EST PLAN CARE	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	No Auth Required					
97165	OT EVAL LOW COMPLEX 30 MIN	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	No Auth Required					
97166	OT EVAL MOD COMPLEX 45 MIN	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	No Auth Required					
97167	OT EVAL HIGH COMPLEX 60 MIN	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	No Auth Required					
97168	OT RE-EVAL EST PLAN CARE	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	No Auth Required					
97169	ATHLETIC TRN EVAL LOW CMPLX	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	No Auth Required					
97170	ATHLETIC TRN EVAL MOD CMPLX	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	No Auth Required					
97171	ATHLETIC TRN EVAL HIGH CMPLX	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	No Auth Required					
97172	ATHLETIC TRN RE-EVAL PLAN CR	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	No Auth Required					
97530	THERAPEUTIC ACTIVITIES	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	No Auth Required					
97533	SENSORY INTEGRATION	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
97535	SELF CARE MNGMENT TRAINING	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	No Auth Required					
97537	COMMUNITY/WORK REINTEGRATION	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	No Auth Required					
97542	WHEELCHAIR MNGMENT TRAINING	WHEELCHAIR MGMT EA 15 MIN	No Auth Required					
97545	WORK HARDENING	WORK HARDENING/CONDITIONING 1ST 2 HR	No Auth Required					
97546	WORK HARDENING ADD-ON	WORK HARDENING/CONDITIONING EACH HOUR	No Auth Required					
97597	RMVL DEVITAL TIS 20 CM/<	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	No Auth Required					
97598	RMVL DEVITAL TIS ADDL 20CM/<	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	No Auth Required					
97602	WOUND(S) CARE NON-SELECTIVE	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	No Auth Required					
97605	NEG PRESS WOUND TX </=50 CM	NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM	No Auth Required					
97606	NEG PRESS WOUND TX >50 CM	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	No Auth Required					
97607	NEG PRESS WND TX </=50 SQ CM	NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	No Auth Required					
97608	NEG PRESS WOUND TX >50 CM	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	No Auth Required					
97610	LOW FREQUENCY NON-THERMAL US	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
97750	PHYSICAL PERFORMANCE TEST	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	No Auth Required					
97755	ASSISTIVE TECHNOLOGY ASSESS	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	No Auth Required					
97760	ORTHOTIC MGMT&TRAING 1ST ENC	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	No Auth Required					
97761	PROSTHETIC TRAING 1ST ENC	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	No Auth Required					
97799	PHYSICAL MEDICINE PROCEDURE	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
97802	MEDICAL NUTRITION INDIV IN	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	No Auth Required					

97803	MED NUTRITION INDIV SUBSEQ	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	No Auth Required					
97804	MEDICAL NUTRITION GROUP	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	No Auth Required					
97810	ACUPUNCT W/O STIMUL 15 MIN	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	No Auth Required					
97811	ACUPUNCT W/O STIMUL ADDL 15M	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	No Auth Required					
97813	ACUPUNCT W/STIMUL 15 MIN	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	No Auth Required					
97814	ACUPUNCT W/STIMUL ADDL 15M	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	No Auth Required					
98925	OSTEOPATH MANJ 1-2 REGIONS	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	No Auth Required					
98926	OSTEOPATH MANJ 3-4 REGIONS	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	No Auth Required					
98927	OSTEOPATH MANJ 5-6 REGIONS	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	No Auth Required					
98928	OSTEOPATH MANJ 7-8 REGIONS	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	No Auth Required					
98929	OSTEOPATH MANJ 9-10 REGIONS	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	No Auth Required					
98940	CHIROPRACT MANJ 1-2 REGIONS	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	No Auth Required					
98941	CHIROPRACT MANJ 3-4 REGIONS	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	No Auth Required					
98942	CHIROPRACTIC MANJ 5 REGIONS	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	No Auth Required					
98943	CHIROPRACT MANJ XTRSPINL 1/>	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	No Auth Required					
98960	SELF-MGMT EDUC & TRAIN 1 PT	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	No Auth Required					
98961	SELF-MGMT EDUC/TRAIN 2-4 PT	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	No Auth Required					
98962	SELF-MGMT EDUC/TRAIN 5-8 PT	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	No Auth Required					
98966	HC PRO PHONE CALL 5-10 MIN	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	No Auth Required					
98967	HC PRO PHONE CALL 11-20 MIN	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	No Auth Required					
98968	HC PRO PHONE CALL 21-30 MIN	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	No Auth Required					
98969	ONLINE SERVICE BY HC PRO	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	No Auth Required					
98970	QNHP OL DIG E/M SVC 5-10MIN	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN	No Auth Required					
98971	QNHP OL DIG EM SVC 11-20MIN	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN	No Auth Required					
98972	QNHP OL DIG E/M SVC 21+ MIN	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN	No Auth Required					
99000	SPECIMEN HANDLING OFFICE-LAB	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	No Auth Required					
99001	SPECIMEN HANDLING PT-LAB	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	No Auth Required					
99002	DEVICE HANDLING PHYS/QHP	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	No Auth Required					
99024	POSTOP FOLLOW-UP VISIT	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	No Auth Required					
99026	IN-HOSPITAL ON CALL SERVICE	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	No Auth Required					
99027	OUT-OF-HOSP ON CALL SERVICE	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	No Auth Required					
99050	MEDICAL SERVICES AFTER HRS	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	No Auth Required					
99051	MED SERV EVE/WKEND/HOLIDAY	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	No Auth Required					
99053	MED SERV 10PM-8AM 24 HR FAC	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	No Auth Required					
99056	MED SERVICE OUT OF OFFICE	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	No Auth Required					
99058	OFFICE EMERGENCY CARE	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	No Auth Required					
99060	OUT OF OFFICE EMERG MED SERV	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	No Auth Required					
99070	SPECIAL SUPPLIES PHYS/QHP	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	No Auth Required					
99071	PATIENT EDUCATION MATERIALS	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	No Auth Required					
99075	MEDICAL TESTIMONY	MEDICAL TESTIMONY	No Auth Required					
99078	GROUP HEALTH EDUCATION	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	No Auth Required					
99080	SPECIAL REPORTS OR FORMS	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	No Auth Required					
99082	UNUSUAL PHYSICIAN TRAVEL	UNUSUAL TRAVEL	No Auth Required					
99091	COLLJ & INTERPJ DATA EA 30 D	COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	No Auth Required					
99100	SPECIAL ANESTHESIA SERVICE	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	No Auth Required					
99116	ANESTHESIA WITH HYPOTHERMIA	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	No Auth Required					
99135	SPECIAL ANESTHESIA PROCEDURE	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	No Auth Required					
99140	EMERGENCY ANESTHESIA	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	No Auth Required					
99151	MOD SED SAME PHYS/QHP <5 YRS	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	No Auth Required					
99152	MOD SED SAME PHYS/QHP 5/>YRS	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	No Auth Required					
99153	MOD SED SAME PHYS/QHP EA	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	No Auth Required					
99155	MOD SED OTH PHYS/QHP <5 YRS	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	No Auth Required					
99156	MOD SED OTH PHYS/QHP 5/>YRS	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	No Auth Required					
99157	MOD SED OTHER PHYS/QHP EA	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	No Auth Required					
99170	ANOGENITAL EXAM CHILD W IMAG	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	No Auth Required					
99172	OCULAR FUNCTION SCREEN	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	No Auth Required					
99173	VISUAL ACUITY SCREEN	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	No Auth Required					
99174	OCULAR INSTRUMNT SCREEN BIL	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	No Auth Required					
99175	INDUCTION OF VOMITING	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	No Auth Required					
99177	OCULAR INSTRUMNT SCREEN BIL	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	No Auth Required					
99183	HYPERBARIC OXYGEN THERAPY	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
99184	HYPOTHERMIA ILL NEONATE	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	No Auth Required					
99188	APP TOPICAL FLUORIDE VARNISH	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	No Auth Required					
99190	SPECIAL PUMP SERVICES	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	No Auth Required					
99191	SPECIAL PUMP SERVICES	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	No Auth Required					
99192	SPECIAL PUMP SERVICES	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	No Auth Required					

99195	PHLEBOTOMY	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	No Auth Required					
99199	SPECIAL SERVICE/PROC/REPORT	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
99201	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 10 MINUTES	No Auth Required					
99202	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 20 MINUTES	No Auth Required					
99203	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 30 MINUTES	No Auth Required					
99204	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 45 MINUTES	No Auth Required					
99205	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 60 MINUTES	No Auth Required					
99211	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 5 MINUTES	No Auth Required					
99212	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 10 MINUTES	No Auth Required					
99213	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 15 MINUTES	No Auth Required					
99214	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 25 MINUTES	No Auth Required					
99215	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 40 MINUTES	No Auth Required					
99217	OBSERVATION CARE DISCHARGE	OBSERVATION CARE DISCHARGE MANAGEMENT	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99218	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 30 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99219	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 50 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99220	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 70 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99221	INITIAL HOSPITAL CARE	INITIAL HOSPITAL CARE/DAY 30 MINUTES	No Auth Required					
99222	INITIAL HOSPITAL CARE	INITIAL HOSPITAL CARE/DAY 50 MINUTES	No Auth Required					
99223	INITIAL HOSPITAL CARE	INITIAL HOSPITAL CARE/DAY 70 MINUTES	No Auth Required					
99224	SUBSEQUENT OBSERVATION CARE	SBSQ OBSERVATION CARE/DAY 15 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99225	SUBSEQUENT OBSERVATION CARE	SBSQ OBSERVATION CARE/DAY 25 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99226	SUBSEQUENT OBSERVATION CARE	SBSQ OBSERVATION CARE/DAY 35 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99231	SUBSEQUENT HOSPITAL CARE	SBSQ HOSPITAL CARE/DAY 15 MINUTES	No Auth Required					
99232	SUBSEQUENT HOSPITAL CARE	SBSQ HOSPITAL CARE/DAY 25 MINUTES	No Auth Required					
99233	SUBSEQUENT HOSPITAL CARE	SBSQ HOSPITAL CARE/DAY 35 MINUTES	No Auth Required					
99234	OBSERV/HOSP SAME DATE	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99235	OBSERV/HOSP SAME DATE	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99236	OBSERV/HOSP SAME DATE	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
99238	HOSPITAL DISCHARGE DAY	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<	No Auth Required					
99239	HOSPITAL DISCHARGE DAY	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	No Auth Required					
99241	OFFICE CONSULTATION	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	No Auth Required					
99242	OFFICE CONSULTATION	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	No Auth Required					
99243	OFFICE CONSULTATION	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	No Auth Required					
99244	OFFICE CONSULTATION	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN	No Auth Required					
99245	OFFICE CONSULTATION	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	No Auth Required					
99251	INPATIENT CONSULTATION	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	No Auth Required					
99252	INPATIENT CONSULTATION	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	No Auth Required					
99253	INPATIENT CONSULTATION	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	No Auth Required					
99254	INPATIENT CONSULTATION	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	No Auth Required					
99255	INPATIENT CONSULTATION	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	No Auth Required					
99281	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	No Auth Required					
99282	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	No Auth Required					
99283	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	No Auth Required					
99284	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	No Auth Required					
99285	EMERGENCY DEPT VISIT	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	No Auth Required					
99288	DIRECT ADVANCED LIFE SUPPORT	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	No Auth Required					
99291	CRITICAL CARE FIRST HOUR	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	No Auth Required					
99292	CRITICAL CARE ADDL 30 MIN	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	No Auth Required					
99304	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	No Auth Required					
99305	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	No Auth Required					
99306	NURSING FACILITY CARE INIT	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	No Auth Required					
99307	NURSING FAC CARE SUBSEQ	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	No Auth Required					
99308	NURSING FAC CARE SUBSEQ	SBSQ NURSING FACIL CARE/DAY MINOR COMPLI 15 MIN	No Auth Required					
99309	NURSING FAC CARE SUBSEQ	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	No Auth Required					
99310	NURSING FAC CARE SUBSEQ	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	No Auth Required					
99315	NURSING FAC DISCHARGE DAY	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	No Auth Required					
99316	NURSING FAC DISCHARGE DAY	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	No Auth Required					
99318	ANNUAL NURSING FAC ASSESSMNT	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN	No Auth Required					
99324	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN	No Auth Required					
99325	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN	No Auth Required					
99326	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES	No Auth Required					
99327	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN	No Auth Required					
99328	DOMICIL/R-HOME VISIT NEW PAT	DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES	No Auth Required					
99334	DOMICIL/R-HOME VISIT EST PAT	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	No Auth Required					
99335	DOMICIL/R-HOME VISIT EST PAT	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	No Auth Required					
99336	DOMICIL/R-HOME VISIT EST PAT	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	No Auth Required					
99337	DOMICIL/R-HOME VISIT EST PAT	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	No Auth Required					
99339	DOMICIL/R-HOME CARE SUPERVIS	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN	No Auth Required					
99340	DOMICIL/R-HOME CARE SUPERVIS	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>	No Auth Required					
99341	HOME VISIT NEW PATIENT	HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99342	HOME VISIT NEW PATIENT	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99343	HOME VISIT NEW PATIENT	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99344	HOME VISIT NEW PATIENT	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement

99345	HOME VISIT NEW PATIENT	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99347	HOME VISIT EST PATIENT	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99348	HOME VISIT EST PATIENT	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99349	HOME VISIT EST PATIENT	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99350	HOME VISIT EST PATIENT	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS	Authorization Required	NA		Level 1 Review (Network Validation)		Removed Authorization Requirement
99354	PROLONG E&M/PSYCTX SERV O/P	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR	No Auth Required					
99355	PROLONG E&M/PSYCTX SERV O/P	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30	No Auth Required					
99356	PROLONGED SERVICE INPATIENT	PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR	No Auth Required					
99357	PROLONGED SERVICE INPATIENT	PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN	No Auth Required					
99358	PROLONG SERVICE W/O CONTACT	PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	No Auth Required					
99359	PROLONG SERV W/O CONTACT ADD	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	No Auth Required					
99360	PHYSICIAN STANDBY SERVICES	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	No Auth Required					
99366	TEAM CONF W/PAT BY HC PROF	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	No Auth Required					
99367	TEAM CONF W/O PAT BY PHYS	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	No Auth Required					
99368	TEAM CONF W/O PAT BY HC PRO	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	No Auth Required					
99374	HOME HEALTH CARE SUPERVISION	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	No Auth Required					
99375	HOME HEALTH CARE SUPERVISION	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	No Auth Required					
99377	HOSPICE CARE SUPERVISION	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	No Auth Required					
99378	HOSPICE CARE SUPERVISION	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	No Auth Required					
99379	NURSING FAC CARE SUPERVISION	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	No Auth Required					
99380	NURSING FAC CARE SUPERVISION	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	No Auth Required					
99381	INIT PM E/M NEW PAT INFANT	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	No Auth Required					
99382	INIT PM E/M NEW PAT 1-4 YRS	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	No Auth Required					
99383	PREV VISIT NEW AGE 5-11	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	No Auth Required					
99384	PREV VISIT NEW AGE 12-17	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	No Auth Required					
99385	PREV VISIT NEW AGE 18-39	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	No Auth Required					
99386	PREV VISIT NEW AGE 40-64	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	No Auth Required					
99387	INIT PM E/M NEW PAT 65+ YRS	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	No Auth Required					
99391	PER PM REEVAL EST PAT INFANT	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	No Auth Required					
99392	PREV VISIT EST AGE 1-4	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	No Auth Required					
99393	PREV VISIT EST AGE 5-11	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	No Auth Required					
99394	PREV VISIT EST AGE 12-17	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	No Auth Required					
99395	PREV VISIT EST AGE 18-39	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	No Auth Required					
99396	PREV VISIT EST AGE 40-64	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	No Auth Required					
99397	PER PM REEVAL EST PAT 65+ YR	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	No Auth Required					
99401	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	No Auth Required					
99402	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	No Auth Required					
99403	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	No Auth Required					
99404	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	No Auth Required					
99406	BEHAV CHNG SMOKING 3-10 MIN	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	No Auth Required					
99407	BEHAV CHNG SMOKING > 10 MIN	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	No Auth Required					
99411	PREVENTIVE COUNSELING GROUP	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	No Auth Required					
99412	PREVENTIVE COUNSELING GROUP	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	No Auth Required					
99415	PROLONG CLINCL STAFF SVC	PROLNG CLINCL STAFF SVC DURING O/P E/M 1ST HR	No Auth Required					
99416	PROLONG CLINCL STAFF SVC ADD	PROLNG CLINCL STAFF SVC DURING O/P E/M EA 30 MIN	No Auth Required					
99421	OL DIG E/M SVC 5-10 MIN	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	No Auth Required					
99422	OL DIG E/M SVC 11-20 MIN	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	No Auth Required					
99423	OL DIG E/M SVC 21+ MIN	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	No Auth Required					
99429	UNLISTED PREVENTIVE SERVICE	UNLISTED PREVENTIVE MEDICINE SERVICE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
99441	PHONE E/M PHYS/QHP 5-10 MIN	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	No Auth Required					
99442	PHONE E/M PHYS/QHP 11-20 MIN	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	No Auth Required					
99443	PHONE E/M PHYS/QHP 21-30 MIN	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	No Auth Required					
99444	ONLINE E/M BY PHYS/QHP	PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE	No Auth Required					
99446	NTRPROF PH1/NTRNET/EHR 5-10	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	No Auth Required					
99447	NTRPROF PH1/NTRNET/EHR 11-20	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN	No Auth Required					
99448	NTRPROF PH1/NTRNET/EHR 21-30	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN	No Auth Required					
99449	NTRPROF PH1/NTRNET/EHR 31/>	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 31/> MIN	No Auth Required					
99450	BASIC LIFE DISABILITY EXAM	BASIC LIFE AND/OR DISABILITY EXAMINATION	No Auth Required					
99451	NTRPROF PH1/NTRNET/EHR 5/>	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5/> MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99452	NTRPROF PH1/NTRNET/EHR RFRL	NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99453	REM MNTR PHYSIOL PARAM SETUP	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement

99454	REM MNTR PHYSIOL PARAM DEV	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99455	WORK RELATED DISABILITY EXAM	WORK RELATED/MED DBLT XM TREATING PHYS	No Auth Required					
99456	DISABILITY EXAMINATION	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	No Auth Required					
99457	REM PHYSIOL MNTR 1ST 20 MIN	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99458	REM PHYSIOL MNTR EA ADDL 20	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99460	INIT NB EM PER DAY HOSP	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	No Auth Required					
99461	INIT NB EM PER DAY NON-FAC	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	No Auth Required					
99462	SBSQ NB EM PER DAY HOSP	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	No Auth Required					
99463	SAME DAY NB DISCHARGE	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	No Auth Required					
99464	ATTENDANCE AT DELIVERY	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	No Auth Required					
99465	NB RESUSCITATION	DELIVERY/BIRTHING ROOM RESUSCITATION	No Auth Required					
99466	PED CRIT CARE TRANSPORT	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	No Auth Required					
99467	PED CRIT CARE TRANSPORT ADDL	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	No Auth Required					
99468	NEONATE CRIT CARE INITIAL	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	No Auth Required					
99469	NEONATE CRIT CARE SUBSQ	SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	No Auth Required					
99471	PED CRITICAL CARE INITIAL	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	No Auth Required					
99472	PED CRITICAL CARE SUBSQ	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	No Auth Required					
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	SELF-MEAS BP PT EDUCAJ/TRAING & DEV CALIBRATION	No Auth Required					
99474	SELF-MEAS BP 2 READG BID 30D	SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	No Auth Required					
99475	PED CRIT CARE AGE 2-5 INIT	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	No Auth Required					
99476	PED CRIT CARE AGE 2-5 SUBSQ	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	No Auth Required					
99477	INIT DAY HOSP NEONATE CARE	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	No Auth Required					
99478	IC LBW INF < 1500 GM SUBSQ	SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	No Auth Required					
99479	IC LBW INF 1500-2500 G SUBSQ	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	No Auth Required					
99480	IC INF PBW 2501-5000 G SUBSQ	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	No Auth Required					
99485	SUPRV INTERFACILTY TRANSPORT	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	No Auth Required					
99486	SUPRV INTERFAC TRNSPORT ADDL	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	No Auth Required					
99487	CMPLX CHRON CARE W/O PT VSIT	CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	No Auth Required					
99489	CMPLX CHRON CARE ADDL 30 MIN	CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	No Auth Required					
99490	CHRON CARE MGMT SRVC 20 MIN	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	No Auth Required					
99491	CHRNC CARE MGMT SVC 30 MIN	CHRONIC CARE MGMT SVC AT LEAST 30 MIN PER MONTH	Authorization Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)		Level 1 Review (Network Validation)		Removed Authorization Requirement
99495	TRANS CARE MGMT 14 DAY DISCH	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	No Auth Required					
99496	TRANS CARE MGMT 7 DAY DISCH	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	No Auth Required					
99497	ADVNCD CARE PLAN 30 MIN	ADVANCE CARE PLANNING FIRST 30 MINS	No Auth Required					
99498	ADVNCD CARE PLAN ADDL 30 MIN	ADVANCE CARE PLANNING EA ADDL 30 MINS	No Auth Required					
99499	UNLISTED E&M SERVICE	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
99500	HOME VISIT PRENATAL	HOME VISIT PRENATAL MONITORING & ASSESSMENT	No Auth Required					
99501	HOME VISIT POSTNATAL	HOME VISIT POSTNATAL ASSMT&F-UP CARE	No Auth Required					
99502	HOME VISIT NB CARE	HOME VISIT NEWBORN CARE & ASSESSMENT	No Auth Required					
99503	HOME VISIT RESP THERAPY	HOME VISIT RESPIRATORY THERAPY CARE	No Auth Required					
99504	HOME VISIT MECH VENTILATOR	HOME VISIT MECHANICAL VENTILATION CARE	No Auth Required					
99505	HOME VISIT STOMA CARE	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	No Auth Required					
99506	HOME VISIT IM INJECTION	HOME VISIT INTRAMUSCULAR INJECTIONS	No Auth Required					
99507	HOME VISIT CATH MAINTAIN	HOME VISIT CARE&MAINT CATH	No Auth Required					
99509	HOME VISIT DAY LIFE ACTIVITY	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	No Auth Required					
99510	HOME VISIT SING/M/FAM COUNS	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	No Auth Required					
99511	HOME VISIT FECAL/ENEMA MGMT	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	No Auth Required					
99512	HOME VISIT FOR HEMODIALYSIS	HOME VISIT HEMODIALYSIS	No Auth Required					
99600	HOME VISIT NOS	UNLISTED HOME VISIT SERVICE/PROCEDURE	Authorization Required	NA		Level 2 Review (Full Clinical Review)		
99601	HOME INFUSION/VISIT 2 HRS	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR	No Auth Required					
99602	HOME INFUSION EACH ADDTL HR	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR	No Auth Required					
99605	MTMS BY PHARM NP 15 MIN	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	No Auth Required					
99606	MTMS BY PHARM EST 15 MIN	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	No Auth Required					
99607	MTMS BY PHARM ADDL 15 MIN	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	No Auth Required					
0001F	HEART FAILURE COMPOSITE	HRT FAILURE ASSESSED	No Auth Required					
0002M	LIVER DIS 10 ASSAYS W/ASH	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	No Auth Required					
0003M	LIVER DIS 10 ASSAYS W/NASH	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH	No Auth Required					
0004M	SCOLIOSIS 53 SNP SALIVA SCOR	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
0005F	OSTEOARTHRITIS COMPOSITE	OSTEOARTHRITIS COMPOSITE	No Auth Required					
0006M	ONC HEP GENE RISK CLASSIFIER	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
0007M	ONC GASTRO 51 GENE NOMOGRAM	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
0009M	FETAL ANEUPLOIDY TRISOM RISK	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Authorization Required	Genetic testing and counseling		Level 2 Review (Full Clinical Review)		
0011M	ONC PRST8 CA MRNA 12 GEN ALG	ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	Authorization Required	Genetic Testing and Counseling		Level 2 Review (Full Clinical Review)		

0012F	CAP BACTERIAL ASSESS	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	No Auth Required					
0012M	ONC MRNA 5 GEN RSK URTHL CA	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Authorization Required	Genetic Testing and Counseling		Level 2 Review (Full Clinical Review)		
0013M	ONC MRNA 5 GEN RECR URTHL CA	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Authorization Required	Genetic Testing and Counseling		Level 2 Review (Full Clinical Review)		
0014F	COMP PREOP ASSESS CAT SURG	COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT	No Auth Required					
0015F	MELAN FOLLOW-UP COMPLETE	MELANOMA FOLLOW UP COMPLETED	No Auth Required					
0500F	INITIAL PRENATAL CARE VISIT	INITIAL PRENATAL CARE VISIT	No Auth Required					
0501F	PRENATAL FLOW SHEET	PRENATAL FLOW SHEET	No Auth Required					
0502F	SUBSEQUENT PRENATAL CARE	SUBSEQUENT PRENATAL CARE VISIT	No Auth Required					
0503F	POSTPARTUM CARE VISIT	POSTPARTUM CARE VISIT	No Auth Required					
0505F	HEMODIALYSIS PLAN DOCD	HEMODIALYSIS PLAN OF CARE DOCUMENTED	No Auth Required					
0507F	PERITON DIALYSIS PLAN DOCD	PERITONEAL DIALYSIS PLAN DOCUMENTED	No Auth Required					
0509F	URINE INCON PLAN DOCD	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED	No Auth Required					
0513F	ELEV BP PLAN OF CARE DOCD	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED	No Auth Required					
0514F	CARE PLAN HGB DOCD ESA PT	PLAN/CARE INCRSD HGB LVL DOCD PT ON ESA THXPY	No Auth Required					
0516F	ANEMIA PLAN OF CARE DOCD	ANEMIA PLAN OF CARE DOCUMENTED	No Auth Required					
0517F	GLAUCOMA PLAN OF CARE DOCD	GLAUCOMA PLAN OF CARE DOCUMENTED	No Auth Required					
0518F	FALL PLAN OF CARE DOCD	FALLS PLAN OF CARE DOCUMENTED	No Auth Required					
0519F	PLAND CHEMO DOCD B/4 TXMNT	PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX	No Auth Required					
0520F	RAD DOS LIMTS B/4 3D RAD	RAD DOSE LIMTS EST PRIOR3D RAD FOR MIN 2 TIS/ORG	No Auth Required					
0521F	PLAN OF CARE 4 PAIN DOCD	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED	No Auth Required					
0525F	INITIAL VISIT FOR EPISODE	INITIAL VISIT FOR EPISODE	No Auth Required					
0526F	SUBS VISIT FOR EPISODE	SUBSEQUENT VISIT FOR EPISODE	No Auth Required					
0528F	RCMND FLW-UP 10 YRS DOCD	RCMND FLLW-UP 2ND CLNSCPY 10/> YRS DOCD RPRT	No Auth Required					
0529F	INTRVL 3/>YR PTS CLNSCP DOCD	INTRVL 3/> YRS PTS LAST COLONOSCOPY DOCD	No Auth Required					
0535F	DYSPNEA MNGMNT PLAN DOCD	DYSPNEA MANAGEMENT PLAN DOCUMENTED	No Auth Required					
0540F	GLUCO MNGMNT PLAN DOCD	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED	No Auth Required					
0545F	FOLLOW UP CARE PLAN MDD DOCD	PLAN FOR FOLLOW-UP CARE FOR MDD DOCD	No Auth Required					
0550F	CYTOPATH REPORT NONGYN SPCMN	CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS	No Auth Required					
0551F	CYTOPATH REPORT NON ROUTINE	CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE	No Auth Required					
0555F	SYMPTOM MGMNT PLAN CARE DOCD	SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED	No Auth Required					
0556F	PLAN CARE LIPID CONTROL DOCD	PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED	No Auth Required					
0557F	PLAN CAREMNG ANGNL SYMPTDOCD	PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCD	No Auth Required					
0575F	HIV RNA PLAN CARE DOCD	HIV RNA CONTROL PLAN OF CARE DOCD	No Auth Required					
0580F	MULTIDISCIPLINARY CARE PLAN	MULTIDISCIPLINARY CARE PLAN DEVELOPED/UPDATED	No Auth Required					
0581F	PT TRNSFRD FROM ANESTH TO CC	PT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	No Auth Required					
0582F	NO TRNSFR FROM ANESTH TO CC	PT NOT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	No Auth Required					
0583F	TRANSFER CARE CHECKLIST USED	TRANSFER OF CARE CHECKLIST USED	No Auth Required					
0584F	NO TRANSFERCARE CHKLIST USED	TRANSFER OF CARE CHECKLIST NOT USED	No Auth Required					
1000F	TOBACCO USE ASSESSED	TOBACCO USE ASSESSED	No Auth Required					
1002F	ASSESS ANGINAL SYMPTOM/LEVEL	ANGINAL SYMPTOMS & LEVEL ACTIVITY ASSESSED	No Auth Required					
1003F	LEVEL OF ACTIVITY ASSESS	LEVEL ACTIVITY ASSESSED	No Auth Required					
1004F	CLIN SYMP VOL OVRLD ASSESS	CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED	No Auth Required					
1005F	ASTHMA SYMPTOMS EVALUATE	ASTHMA SYMPTOMS EVALUATED	No Auth Required					
1006F	OSTEOARTHRITIS ASSESS	OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES	No Auth Required					
1007F	ANTI-INFLM/ANLGSC OTC ASSESS	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES	No Auth Required					
1008F	GI/RENAL RISK ASSESS	GI&RENAL PRESCRIBED/OTC NSAID RISK FACTORS ASSES	No Auth Required					
1010F	SEVERITY ANGINA BY ACTVTY	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY	No Auth Required					
1011F	ANGINA PRESENT	ANGINA PRESENT	No Auth Required					
1012F	ANGINA ABSENT	ANGINA ABSENT	No Auth Required					
1015F	COPD SYMPTOMS ASSESS	COPD SYMPTOMS ASSESSED/TOOL COMPLETED	No Auth Required					
1018F	ASSESS DYSPNEA NOT PRESENT	DYSPNEA ASSESSED NOT PRESENT	No Auth Required					
1019F	ASSESS DYSPNEA PRESENT	DYSPNEA ASSESSED PRESENT	No Auth Required					
1022F	PNEUMO IMM STATUS ASSESS	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED	No Auth Required					
1026F	CO-MORBID CONDITION ASSESS	CO-MORBID CONDITIONS ASSESSED	No Auth Required					
1030F	INFLUENZA IMM STATUS ASSESS	INFLUENZA IMMUNIZATION STATUS ASSESSED	No Auth Required					
1031F	SMOKING & 2ND HAND ASSESSED	SMOKING & 2ND HAND SMOKE IN THE HOME ASSESSED	No Auth Required					
1032F	SMOKER/EXPOSED 2ND HND SMOKE	CURRENT SMOKER/EXPOSED TO SECONDHAND SMOKE	No Auth Required					
1033F	TOBACCO NONSMOKER NOR 2NDHND	TOBACCO NON-SMOKER & NO 2NDHAND SMOKE EXPOSURE	No Auth Required					
1034F	CURRENT TOBACCO SMOKER	CURRENT TOBACCO SMOKER	No Auth Required					
1035F	SMOKELESS TOBACCO USER	CURRENT SMOKELESS TOBACCO USER	No Auth Required					
1036F	TOBACCO NON-USER	CURRENT TOBACCO NON-USER CAD CAP COPD PV DM	No Auth Required					
1038F	PERSISTENT ASTHMA	PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA	No Auth Required					
1039F	INTERMITTENT ASTHMA	INTERMITTENT ASTHMA	No Auth Required					
1040F	DSM-5 INFO MDD DOCD	DSM-5 CRITERIA MDD DOCD AT THE INITIAL EVAL	No Auth Required					
1050F	HISTORY OF MOLE CHANGES	HISTORY NEW OR CHANGING MOLES	No Auth Required					
1052F	TYPE LOCATION ACTIVITYASSESS	TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED	No Auth Required					
1055F	VISUAL FUNCT STATUS ASSESS	VISUAL FUNCTIONAL STATUS ASSESSED	No Auth Required					
1060F	DOC PERM/CONT/PAROX ATR FIB	DOC PERM/PERSISTENT/PAROXYSMAL ATRIAL FIB	No Auth Required					
1061F	DOC LACK PERM&CONT&PAROX FIB	DOC ABSENCE PERM&PERSISTENT&PAROXYSM ATRIAL FIB	No Auth Required					
1065F	ISCHM STROKE SYMP LT3 HRSB/4	ISCHEMIC STROKE SYMP ONSET <3 HRS PRIOR ARRIVAL	No Auth Required					
1066F	ISCHM STROKE SYMP GE3 HRSB/4	ISCHEMIC STROKE SYMP ONSET >/=3 HRS PRIOR ARRIVA	No Auth Required					
1070F	ALARM SYMP ASSESSED-ABSENT	ALARM SYMPTOMS ASSESSED NONE PRESENT	No Auth Required					
1071F	ALARM SYMP ASSESSED-1+ PRSNT	ALARM SYMPTOMS ASSESSED 1/> PRESENT	No Auth Required					
1090F	PRES/ABSN URINE INCON ASSESS	PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED	No Auth Required					
1091F	URINE INCON CHARACTERIZED	URINE INCONTINENCE CHARACTERIZED	No Auth Required					
1100F	PTFALLS ASSESS-DOCD GE2>/YR	PT FALLS ASSESS DOCD 2/> FALLS/FALL W/INJURY/YR	No Auth Required					
1101F	PT FALLS ASSESS-DOCD LE1/YR	PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR	No Auth Required					
1110F	PT LFT INPT FAC W/IN 60 DAYS	PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS	No Auth Required					

1111F	DSCHRG MED/CURRENT MED MERGE	DISCHRG MEDS RECONCILED W/CURRENT MED LIST	No Auth Required					
1116F	AURIC/PERI PAIN ASSESSED	AURICULAR/PERIAURICULAR PAIN ASSESSED	No Auth Required					
1118F	GERD SYMPS ASSESSED 12 MONTH	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY	No Auth Required					
1119F	INIT EVAL FOR CONDITION	INITIAL EVALUATION FOR CONDITION	No Auth Required					
1121F	SUBS EVAL FOR CONDITION	SUBSEQUENT EVALUATION CONDITION	No Auth Required					
1123F	ACP DISCUSS/DSCN MKR DOCD	ADV CARE PLN TLKD & ALT DCSN MAKER DOCD	No Auth Required					
1124F	ACP DISCUSS-NO DSCNMKR DOCD	ADV CARE PLN/ NO ALT DCSN MKR DOCD OR REFUSAL	No Auth Required					
1125F	AMNT PAIN NOTED PAIN PRSNT	PAIN SEVERITY QUANTIFIED PAIN PRESENT	No Auth Required					
1126F	AMNT PAIN NOTED NONE PRSNT	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT	No Auth Required					
1127F	NEW EPISODE FOR CONDITION	NEW EPISODE FOR CONDITION	No Auth Required					
1128F	SUBS EPISODE FOR CONDITION	SUBS EPISODE FOR CONDITION	No Auth Required					
1130F	BK PAIN & FXN ASSESSED	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE	No Auth Required					
1134F	EPSD BK PAIN FOR 6 WKS/<	EPISODE BACK PAIN LASTING SIX WEEKS/<	No Auth Required					
1135F	EPSD BK PAIN FOR >6 WKS	EPISODE BACK PAIN LASTING >SIX WEEKS	No Auth Required					
1136F	EPSD BK PAIN FOR 12 WKS/<	EPISODE BACK PAIN LASTING 12 WEEKS/<	No Auth Required					
1137F	EPSD BK PAIN FOR >12 WKS	EPISODE BACK PAIN LASTING >12 WKS	No Auth Required					
1150F	DOC PT RSK DEATH W/IN 1YR	DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No Auth Required					
1151F	DOC NO PT RSK DEATH W/IN 1YR	DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No Auth Required					
1152F	DOC ADVNCD DIS COMFORT 1ST	DOC ADVANCED DISEASE DX CARE GOALS COMFORT	No Auth Required					
1153F	DOC ADVNCD DIS CMFRT NOT 1ST	DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT	No Auth Required					
1157F	ADVNC CARE PLAN IN RCRD	ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD	No Auth Required					
1158F	ADVNC CARE PLAN TLK DOCD	ADVNC CARE PLANNING TLK DOCD IN MED RCRD	No Auth Required					
1159F	MED LIST DOCD IN RCRD	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	No Auth Required					
1160F	RVW MEDS BY RX/DR IN RCRD	RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD	No Auth Required					
1170F	FXNL STATUS ASSESSED	FUNCTIONAL STATUS ASSESSED	No Auth Required					
1175F	FUNCTION STAT ASSESSED RVWD	FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD	No Auth Required					
1180F	THROMBOEMB RISK ASSESSED	THROMBOEMBOLIC RISK ASSESSED	No Auth Required					
1181F	NEUROPSYCHIA SYMPTS ASSESSED	NEUROPSYCHIATRIC SYMPTS ASSESSED RESULTS REVIEWD	No Auth Required					
1182F	NEUROPSYCHI SYMPT 1+PRESENT	NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT	No Auth Required					
1183F	NEUROPSYCHIATRIC SYMP ABSENT	NEUROPSYCHIATRIC SYMPTOMS ABSENT	No Auth Required					
1200F	SEIZURE TYPE& FREQU DOCD	SEIZURE TYPE FREQUENCY DOCUMENTED	No Auth Required					
1205F	EPI ETIOL SYND RVWD AND DOCD	ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD	No Auth Required					
1220F	PT SCREENED FOR DEPRESSION	PATIENT SCREENED DEPRESSION	No Auth Required					
1400F	PRKNS DIAG RVIEWED	PARKINSON DISEASE DIAGNOSIS REVIEWED	No Auth Required					
1450F	SYMPTOMS IMPROVED/CONSIST	SYMPTOMS IMPROVED/CONSIST W/TXMNT GOAL ASSESSMNT	No Auth Required					
1451F	SYMPT SHOW CLIN IMPORT DROP	SYMPTOMS SHOW CLIN IMPRTNT DROP SINCE ASSESSMENT	No Auth Required					
1460F	QUAL CARD DIAG PRIOR 12 MONS	QUALIFYING CARD EVENT/DIAGNOSIS PRIOR 12 MONTHS	No Auth Required					
1461F	NO QUAL CARD DIAG PRIOR12MON	NO QUAL CARD EVENT/DIAG IN PREVIOUS 12 MONTHS	No Auth Required					
1490F	DEM SEVERITY CLASSIFIED MILD	DEMENTIA SEVERITY CLASSIFIED MILD	No Auth Required					
1491F	DEM SEVERITY CLASSIFIED MOD	DEMENTIA SEVERITY CLASSIFIED MODERATE	No Auth Required					
1493F	DEM SEVERITY CLASS SEVERE	DEMENTIA SEVERITY CLASSIFIED SEVERE	No Auth Required					
1494F	COGNIT ASSESSED AND REVIEWED	COGNITION ASSESSED AND REVIEWED	No Auth Required					
1500F	SYMPTOM&SIGN SYMM POLYNEURO	SYMP&SIGN DISTAL SYMM POLYNEUROPATHY REVWD&DOCD	No Auth Required					
1501F	NOT INITIAL EVAL FOR COND	NOT INITIAL EVALUATION FOR CONDITION	No Auth Required					
1502F	PT QUERIED PAIN FXN W/ INSTR	PT QUERIED RE PAIN W/FUNC USING RELIABLE INSTRM	No Auth Required					
1503F	PT QUERIED SYMP RESP INSUFF	PT QUERIED RE SYMP RESPIRATORY INSUFFICIENCY	No Auth Required					
1504F	PT HAS RESP INSUFFICIENCY	PATIENT HAS RESPIRATORY INSUFFICIENCY	No Auth Required					
1505F	PT HAS NO RESP INSUFFICIENCY	PATIENT DOES NOT HAVE RESPIRATORY INSUFFICIENCY	No Auth Required					
2000F	BLOOD PRESSURE MEASURE	BLOOD PRESSURE MEASURED	No Auth Required					
2001F	WEIGHT RECORD	WEIGHT RECORDED	No Auth Required					
2002F	CLIN SIGN VOL OVRLD ASSESS	CLINICAL SIGNS VOLUME OVERLOAD ASSESSED	No Auth Required					
2004F	INITIAL EXAM INVOLVED JOINTS	INITIAL EXAMINATION INVOLVED JOINTS	No Auth Required					
2010F	VITAL SIGNS RECORDED	VITAL SIGNS RECORDED	No Auth Required					
2014F	MENTAL STATUS ASSESS	MENTAL STATUS ASSESSED	No Auth Required					
2015F	ASTHMA IMPAIRMENT ASSESSED	ASTHMA IMPAIRMENT ASSESSED	No Auth Required					
2016F	ASTHMA RISK ASSESSED	ASTHMA RISK ASSESSED	No Auth Required					
2018F	HYDRATION STATUS ASSESS	HYDRATION STATUS ASSESSED	No Auth Required					
2019F	DILATED MACUL EXAM DONE	DILATED MACULAR EXAM PERFORMED	No Auth Required					
2020F	DILATED FUNDUS EVAL DONE	DILATED FUNDUS EVALUATION PERFORMED	No Auth Required					
2021F	DILAT MACULAR EXAM DONE	DILATED MACULAR OR FUNDUS EXAM PERFORMED	No Auth Required					
2022F	DILAT RTA XM EVC RTNOPTHY	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	No Auth Required					
2023F	DILAT RTA XM W/O RTNOPTHY	DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY	No Auth Required					
2024F	7 FLD RTA PHOTO EVC RTNOPTHY	7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPTHY	No Auth Required					
2025F	7 FLD RTA PHOTO W/O RTNOPTHY	7 STANDARD FLD RETINAL PHOTO W/O EVC RTNOPTHY	No Auth Required					
2026F	EYE IMG VALID EVC RTNOPTHY	EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPTHY	No Auth Required					
2027F	OPTIC NERVE HEAD EVAL DONE	OPTIC NERVE HEAD EVALUATION PERFORMED	No Auth Required					
2028F	FOOT EXAM PERFORMED	FOOT EXAMINATION PERFORMED	No Auth Required					
2029F	COMPLETE PHYS SKIN EXAM DONE	COMPLETE PHYSICAL SKIN EXAM PERFORMED	No Auth Required					
2030F	H2O STAT DOCD NORMAL	HYDRATION STATUS DOCD NORMALLY HYDRATED	No Auth Required					
2031F	H2O STAT DOCD DEHYDRATED	HYDRATION STATUS DOCUMENTED DEHYDRATED	No Auth Required					
2033F	EYE IMG VALID W/O RTNOPTHY	EYE IMG VLD MTCH DX 7 STND FLD W/O EVC RTNOPTHY	No Auth Required					
2035F	TYMP MEMB MOTION EXAMD	TYMPANIC MEMBRANE MOBILITY ASSESS	No Auth Required					
2040F	BK PN XM ON INIT VISIT DATE	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE	No Auth Required					
2044F	DOC MNTL TST B/4 BK TRXMNT	DOC MNTL HLTH ASSES PRIOR INTVN BACK PAIN 6WKS	No Auth Required					
2050F	WOUND CHAR SIZE ETC DOCD	WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT	No Auth Required					
2060F	PT TALK EVAL HLTHWKR RE MDD	PT INTRVWD BY EVAL CLINICIAN </DATE DIAG MDD	No Auth Required					
3006F	CXR DOC REV	CHEST X-RAY RESULTS DOCUMENTED & REVIEWED	No Auth Required					
3008F	BODY MASS INDEX DOCD	BODY MASS INDEX DOCUMENTED	No Auth Required					
3011F	LIPID PANEL DOC REV	LIPID PANEL RESULTS DOCUMENTED & REVIEWED	No Auth Required					

3014F	SCREEN MAMMO DOC REV	SCREENING MAMMOGRAPHY RESULTS DOC&REV	No Auth Required					
3015F	CERV CANCER SCREEN DOCD	CERVICAL CANCER SCREENING RESULTS DOCD & RVWD	No Auth Required					
3016F	PT SCRND UNHLTHY OH USE	PT SCRND UNHLTHY OH USE BY SYSTMTC SCRNG METHD	No Auth Required					
3017F	COLORECTAL CA SCREEN DOC REV	COLORECTAL CANCER SCREENING RESULTS DOC&REV	No Auth Required					
3018F	PRE-PRXD RSK ET AL DOCD	PRE-PRX RISK ASSESS DEPTH&QUAL BOWEL PREP	No Auth Required					
3019F	LVEF ASSESS PLANPOST DSCHRGE	LVEF ASSESSMENT PLANNED POST DISCHARGE	No Auth Required					
3020F	LVF ASSESS	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED	No Auth Required					
3021F	LVEF MOD/SEVER DEPRS SYST	LEFT VENTRICULAR EJECTION FRACTION <40%	No Auth Required					
3022F	LVEF >/=40% SYSTOLIC	LEFT VENTRICULAR EJECTION FRACTION >/EQUAL 40%	No Auth Required					
3023F	SPIROM DOC REV	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED	No Auth Required					
3025F	SPIROM FEV/FVC <70% W/COPD	SPIROMETRY TEST RESULTS FEV/FVC <70% W/COPD	No Auth Required					
3027F	SPIROM FEV/FVC>/=70%/W/OCOPD	SPIROMETRY TEST RESULTS FEV/FVC >/=70% W/O COPD	No Auth Required					
3028F	O2 SATURATION DOC REV	OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWE	No Auth Required					
3035F	O2 SATURATION</=88%/PAO</=55	OXYGEN SATUR </EQUAL 88%/PAO2 </EQUAL 55 MM	No Auth Required					
3037F	O2 SATURATION >88%/PAO>55 HG	OXYGEN SATURATION >88%/PAO2 >55 MM HG	No Auth Required					
3038F	PULM FX W/IN 12 MON B/4 SURG	PULMONARY FUNC TEST WITHIN 12 MON PRIOR SURG	No Auth Required					
3040F	FEV <40% PREDICTED VALUE	FUNCTIONAL EXPIRATORY VOLUME < 40%	No Auth Required					
3042F	FEV >/=40% PREDICTED VALUE	FUNCTJL EXPIR VOLUME >/EQUAL 40% PREDICTED VALUE	No Auth Required					
3044F	HG A1C LEVEL LT 7.0%	MOST RECENT HEMOGLOBIN A1C LEVEL < 7.0%	No Auth Required					
3045F	HG A1C LEVEL 7.0-9.0%	MOST RECENT HEMOGLOBIN A1C LEVEL GT 7.0-9.0 %	No Auth Required					
3046F	HEMOGLOBIN A1C LEVEL >9.0%	MOST RECENT HEMOGLOBIN A1C LEVEL >9.0%	No Auth Required					
3048F	LDL-C <100 MG/DL	MOST RECENT LDL-C <100 MG/DL	No Auth Required					
3049F	LDL-C 100-129 MG/DL	MOST RECENT LDL-C 100-129 MG/DL	No Auth Required					
3050F	LDL-C >/= 130 MG/DL	MOST RECENT LDL-C >/EQUAL 130 MG/DL	No Auth Required					
3051F	HG A1C>EQUAL 7.0%<8.0%	MOST RECENT HG A1C>EQUAL TO 7.0%&<8.0%	No Auth Required					
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%	MOST RECENT HG A1C>EQUAL TO 8.0%&<EQUAL TO 9.0%	No Auth Required					
3055F	LVEF LESS THAN/EQUAL TO 35%	LVEF LESS THAN OR EQUAL TO 35%	No Auth Required					
3056F	LVEF GREATER THAN 35%	LVEF GREATER THAN 35%	No Auth Required					
3060F	POS MICROALBUMINURIA REV	POSITIVE MICROALBUMINURIA TEST RESULT DOC&REV	No Auth Required					
3061F	NEG MICROALBUMINURIA REV	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV	No Auth Required					
3062F	POS MACROALBUMINURIA REV	POSITIVE MACROALBUMINURIA TEST RESULT DOC&REV	No Auth Required					
3066F	NEPHROPATHY DOC TX	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY	No Auth Required					
3072F	LOW RISK FOR RETINOPATHY	LOW RISK FOR RETINOPATHY	No Auth Required					
3073F	PRE-SURG EYE MEASURES DOCD	DOCUMENTED LENGTH CORNEAL POWER & LENS POWER	No Auth Required					
3074F	SYST BP LT 130 MM HG	MOST RECENT SYSTOLIC BLOOD PRESSURE <130 MM HG	No Auth Required					
3075F	SYST BP GE 130 - 139MM HG	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG	No Auth Required					
3077F	SYST BP >/= 140 MM HG	MOST RECENT SYSTOLIC BLOOD PRES>/EQUAL 140 MM HG	No Auth Required					
3078F	DIAST BP <80 MM HG	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	No Auth Required					
3079F	DIAST BP 80-89 MM HG	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	No Auth Required					
3080F	DIAST BP >/= 90 MM HG	MOST RECENT DIASTOL BLOOD PRES >/EQUAL 90 MM HG	No Auth Required					
3082F	KT/V <1.2	KT/V <1.2 (CLEARANCE OF UREA (KT)/VOLUME (V))	No Auth Required					
3083F	KT/V =/> 1.2 & <1.7	KT/V EQUAL/>1.2 & <1.7	No Auth Required					
3084F	KT/V >/= 1.7	KT/V >/= 1.7	No Auth Required					
3085F	SUICIDE RISK ASSESSED	SUICIDE RISK ASSESSED	No Auth Required					
3088F	MDD MILD	MAJOR DEPRESSIVE DISORDER MILD	No Auth Required					
3089F	MDD MODERATE	MAJOR DEPRESSIVE DISORDER MODERATE	No Auth Required					
3090F	MDD SEVERE W/O PSYCH	MDD SEVERE WITHOUT PSYCHOTIC FEATURES	No Auth Required					
3091F	MDD SEVERE W/PSYCH	MAJOR DESPRESV DISORDER SEVERE W/PSYCHOT FEATURE	No Auth Required					
3092F	MDD IN REMISSION	MAJOR DEPRESSIVE DISORDER REMISSION	No Auth Required					
3093F	DOC NEW DIAG 1ST/ADDL MDD	DOC NEW DIAG DX INIT/RECURRENT EPISODE OF MDD	No Auth Required					
3095F	CENTRAL DEXA RESULTS DOCD	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD	No Auth Required					
3096F	CENTRAL DEXA ORDERED	CENTRAL DUAL ENERGY ABSORPTIOMETRY ORDERED	No Auth Required					
3100F	IMAGE TEST REF CAROT DIAM	CAROTID IMAGNG REPORT DIR/INDIR MEAS VESSEL DIAM	No Auth Required					
3110F	PRES/ABSN HMRHG/LESION DOCD	CT/MRI HMRHG/MASS LESION/ACUTE INFRC DOC	No Auth Required					
3111F	CT/MRI BRAIN DONE W/IN 24HRS	CT OR MRI BRAIN DONE W/IN 24 HRS HOSP ARRIVAL	No Auth Required					
3112F	CT/MRI BRAIN DONE 24 HRS	CT/MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL	No Auth Required					
3115F	QUANT RESULTS ACTIVITY &SYMP	QUANT RESULTS EVAL CURR LEVEL ACTIVITY CLIN SYMP	No Auth Required					
3117F	HF ASSESSMENT TOOL COMPLETED	HF DISEASE SPECIFIC ASSESSMENT TOOL COMPLETED	No Auth Required					
3118F	NY HEART ASSOC CLASS DOCD	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCD	No Auth Required					
3119F	NO EVAL ACTIVITY CLIN SYMP	NO EVAL LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS	No Auth Required					
3120F	12-LEAD ECG PERFORMED	12-LEAD ECG PERFORMED	No Auth Required					
3126F	ESOPH BX RPRT W/DYSPL INFO	ESOPH BX RPRT W/DYSPLAS INFO AND APPROP GRADING	No Auth Required					
3130F	UPPER GI ENDOSCOPY PERFORMED	UPPER GI ENDOSCOPY PERFORMED	No Auth Required					
3132F	DOC REF UPPER GI ENDOSCOPY	DOC REFERAL FOR UPPER GI ENDOSCOPY	No Auth Required					
3140F	UPPER GI ENDO SHOWS BARRTTS	UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
3141F	UPPER GI ENDO NOT BARRTTS	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S	Authorization Required	Surgery of digestive system		Level 2 Review (Full Clinical Review)		
3142F	BARIUM SWALLOW TEST ORDERED	BARIUM SWALLOW TEST ORDERED	No Auth Required					
3150F	FORCEPS ESOPH BIOPSY DONE	FORCEPS ESOPHAGEAL BIOPSY PERFORMED	No Auth Required					
3155F	CYTOGEN TEST MARROW B/4 TX	CYTOGEN TEST DONE MARROW DIAG OR PRIOR TXMNT	No Auth Required					
3160F	DOC FE+ STORES B/4 EPO THX	DOC IRON STORES PRIOR START EPO THERAPY	No Auth Required					
3170F	FLOW CYTO DONE B/4 TX	FLOW CYTOMETRY W/DIAG/PRIOR INITIATING TREATMENT	No Auth Required					
3200F	BARIUM SWALLOW TEST NOT REQ	BARIUM SWALLOW TEST NOT ORDERED	No Auth Required					
3210F	GRP A STREP TEST PERFORMED	GROUP A STREP TEST PERFORMED	No Auth Required					

3215F	PT IMMUNITY TO HEP A DOCD	DOCUMENTED IMMUNITY HEPATITIS A	No Auth Required					
3216F	PT IMMUNITY TO HEP B DOCD	DOCUMENTED IMMUNITY HEPATITIS B	No Auth Required					
3218F	RNA TSTNG HEP C DOCD DONE	HEP C RNA TEST 6 MOS BEFORE ANTIVIRAL TX	No Auth Required					
3220F	HEP C QUANT RNA TSTNG DOCD	HEP C QUANT RNA TEST 12 WKS AFTER ANTIVIRAL TX	No Auth Required					
3230F	NOTE HRING TST W/IN 6 MON	HEARING TEST 6 MOS PRIOR TO EAR TUBE INSERTION	No Auth Required					
3250F	NONPRIM LOC ANAT BX SITE TUM	NONPRIM ANATOMIC LOCATION OF SPECIMEN SITE	No Auth Required					
3260F	PT CAT/PN CAT/HIST GRD DOCD	TUMOR/NODES/HISTO GRADE DOCUMENTED	No Auth Required					
3265F	RNA TSTNG HEPC VIR ORD/DOCD	RNA TESTING FOR HEP C VIREMIA ORDERED/DOCD	No Auth Required					
3266F	HEPC GN TSTNG DOCD B/4TXMNT	HEPATITIS C GENOTYPE PRIOR ANTIVIRAL TREATMENT	No Auth Required					
3267F	PATH RPRT W/ PT PN CAT ET AL	PATH RPRT INCLUDES PT & PN CAT GLEASON	No Auth Required					
3268F	PSA/T/GLSC DOCD B/4 TXMNT	PSA & TUMOR STAGE&GLEASON SCORE PRIOR INIT	No Auth Required					
3269F	BONE SCN B/4 TXMNT/AFTR DX	BONE SCAN PRIOR INITIAT TX/DX PROSTATE CANCER	No Auth Required					
3270F	NO BONE SCN B/4 TXMNT/AFTRDX	BONE SCAN NOT PRIOR INITIAT TX/DX PROSTATE CA	No Auth Required					
3271F	LOW RISK PROSTATE CANCER	LOW RISK OF RECURRENCE PROSTATE CANCER	No Auth Required					
3272F	MED RISK PROSTATE CANCER	INTERMED RISK OF RECURRENCE PROSTATE CANCER	No Auth Required					
3273F	HIGH RISK PROSTATE CANCER	HIGH RISK OF RECURRENCE PROSTATE CANCER	No Auth Required					
3274F	PROST CNCR RSK NOT LW/MD/HGH	PROST CANCER RSK RECUR NOT DETER/LOW/INTERMED/HI	No Auth Required					
3278F	SERUM LVLS CA/IPTH/LPD ORD	SERUM LEVELS CALCUM PHOSPH PARATHYR & LIPID PR	No Auth Required					
3279F	HGB LVL >/= 13 G/DL	HEMOGLOBIN LEVEL>/EQUAL 13 G/DL	No Auth Required					
3280F	HGB LVL 11-12.9 G/DL	HEMOGLOBIN LEVEL 11 G/DL-12.9 G/DL	No Auth Required					
3281F	HGB LVL <11 G/DL	HEMOGLOBIN LEVEL <11 G/DL	No Auth Required					
3284F	IOP DOWN >15% OF PRE-SVC LVL	INTRAOCULAR PRESS REDUCED >/EQUAL 15%	No Auth Required					
3285F	IOP DOWN <15% OF PRE-SVC LVL	IOP REDUCED <15% PRE-INTERVENTION LEVEL	No Auth Required					
3288F	FALL RISK ASSESSMENT DOCD	FALLS RISK ASSESSMENT DOCUMENTED	No Auth Required					
3290F	PT=D(RH)- AND UNSENSITIZED	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED	No Auth Required					
3291F	PT=D(RH)+ OR SENSITIZED	PATIENT IS D (RH) POSITIVE OR SENSITIZED	No Auth Required					
3292F	HIV TSTNG ASKED/DOCD/REVWD	HIV TSTNG ASK/DOCD/RVWD AT 1ST/2ND PRENATAL VST	No Auth Required					
3293F	ABO RH BLOOD TYPING DOCD	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	No Auth Required					
3294F	GRP B STREP SCREENING DOCD	GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION	No Auth Required					
3300F	AJCC STAGE DOCD B/4 THXPY	AJCC STAGE DOCUMENTED & REVIEWED	No Auth Required					
3301F	CANCER STAGE DOCD METAST	CANCER STAGE DOCD METASTATIC & REVIEWED	No Auth Required					
3315F	ER+ OR PR+ BREAST CANCER	ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER	No Auth Required					
3316F	ER- OR PR- BREAST CANCER	ESTROGEN/PROGEST RECEPTOR NEGATIVE BREAST CANCER	No Auth Required					
3317F	PATH RPT MALIG CANCER DOCD	PATH REPRT MALIGNANCY DOCD & RVWD INITIATE CHE	No Auth Required					
3318F	PATH RPT MALIG CANCER DOCD	PATH REPRT MALIGNANCY DOCD & RVWD INITIA RAD	No Auth Required					
3319F	X-RAY/CT/ULTRSND ET AL ORD	1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	No Auth Required					
3320F	NO XRAY/CT/ ET AL ORDD	0 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	No Auth Required					
3321F	AJCC CNCR 0/IA MELAN DOCD	AJCC CANCER STAGE 0 OR IA MELANOMA	No Auth Required					
3322F	MELANOMAAJCC STAGE 0 OR IA	MELANOMA THAN AJCC STAGE 0	No Auth Required					
3323F	CLIN NODE STGNG DOCDB/4 SURG	CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG	No Auth Required					
3324F	MRI CT SCAN ORD RVWD RQSTD	MRI CT SCAN ORDERED REVIEWED/REQUESTED	No Auth Required					
3325F	PREOP ASSES 4 CATARACT SURG	PREOP ASSES 12 MOS PRIOR CATARACT SURG W/IO LENS	No Auth Required					
3328F	PRFRMNC DOCD 2 WKS B/4 SURG	PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG	No Auth Required					
3330F	IMAGING STUDY ORDERED (BKP)	IMAGING STUDY ORDERED	No Auth Required					
3331F	BK IMAGING TST NOT ORDERED	IMAGING STUDY NOT ORDERED	No Auth Required					
3340F	MAMMO ASSESS INC XRAY DOCD	MAMMO ASSESSMENT CAT INCOMP ADDTNL IMAGE DOCD	No Auth Required					
3341F	MAMMO ASSESS NEGATIVE DOCD	MAMMO ASSESSMENT CAT NEGATIVE DOCD	No Auth Required					
3342F	MAMMO ASSESS BENGN DOCD	MAMMO ASSESSMENT CAT BENIGN DOCD	No Auth Required					
3343F	MAMMO PROBABLY BENGN DOCD	MAMMO ASSESSMENT CAT PROB BENIGN DOCD	No Auth Required					
3344F	MAMMO ASSESS SUSP DOCD	MAMMO ASSESSMENT CAT SUSPICIOUS DOCD	No Auth Required					
3345F	MAMMO ASSESS HGHLYMALIG DOC	MAMMO ASSESSMENT CAT HIGH CHANCE MALIG DOCD	No Auth Required					
3350F	MAMMO BX PROVEN MALIG DOCD	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD	No Auth Required					
3351F	NEG SCRN DEP SYMP BY DEPTOOL	NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL	No Auth Required					
3352F	NO SIG DEP SYMP BY DEP TOOL	NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL	No Auth Required					
3353F	MILD-MOD DEP SYMP BY DEPTOOL	MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL	No Auth Required					
3354F	CLIN SIG DEP SYM BY DEP TOOL	CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL	No Auth Required					
3370F	AJCC BRST CNCR STAGE 0 DOCD	AJCC BREAST CANCER STAGE 0 DOCUMENTED	No Auth Required					
3372F	AJCC BRST CNCR STAGE 1 DOCD	AJCC BREAST CANCER STAGE I T1MIC T1A/T1B	No Auth Required					
3374F	AJCC BRST CNCR STAGE 1 DOCD	AJCC BREAST CANCER STAGE I T1C	No Auth Required					
3376F	AJCC BRSTCNCR STAGE 2 DOCD	AJCC BREAST CANCER STAGE II	No Auth Required					
3378F	AJCC BRSTCNCR STAGE 3 DOCD	AJCC BREAST CANCER STAGE III	No Auth Required					
3380F	AJCC BRSTCNCR STAGE 4 DOCD	AJCC BREAST CANCER STAGE IV	No Auth Required					
3382F	AJCC CLN CNCR STAGE 0 DOCD	AJCC COLON CANCER STAGE 0	No Auth Required					
3384F	AJCC CLN CNCR STAGE 1 DOCD	AJCC COLON CANCER STAGE I	No Auth Required					
3386F	AJCC CLN CNCR STAGE 2 DOCD	AJCC COLON CANCER STAGE II	No Auth Required					
3388F	AJCC CLN CNCR STAGE 3 DOCD	AJCC COLON CANCER STAGE III DOCD	No Auth Required					
3390F	AJCC CLN CNCR STAGE 4 DOCD	AJCC COLON CANCER STAGE IV DOCD	No Auth Required					
3394F	QUANT HER2 IHC EVAL BRST CX	QUANT HER2 IHC EVAL OF BRST CANCER ASCO/CAP	No Auth Required					
3395F	QUANT NONHER2 IHC BRST CX	QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED	No Auth Required					
3450F	DYSPNEA SCRND NO-MILD DYSP	DYSPNEA SCRND NO-MILD DYSPNEA	No Auth Required					
3451F	DYSPNEA SCRND MOD-HIGH DYSP	DYSPNEA SCRND MOD-SEVERE DYSPNEA	No Auth Required					
3452F	DYSPNEA NOT SCREENED	DYSPNEA NOT SCREENED	No Auth Required					
3455F	TB SCRNG DONE-INTERPD 6MON	TB SCRNG DONE INTRPD </6 MOS START RA THXPY	No Auth Required					
3470F	RA DISEASE ACTIVITY LOW	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW	No Auth Required					
3471F	RA DISEASE ACTIVITY MOD	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY MOD	No Auth Required					
3472F	RA DISEASE ACTIVITY HIGH	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY HIGH	No Auth Required					

3475F	DISEASE PROGN RA POOR DOCD	DISEASE PROGNOSIS RA ASSESSED POOR PROG DOCD	No Auth Required					
3476F	DISEASE PROGN RA GOOD DOCD	DISEASE PROGNOSIS RA ASSESSED GOOD PROG DOCD	No Auth Required					
3490F	HISTORY AIDS-DEFINING COND	HISTORY OF AIDS-DEFINING CONDITION	No Auth Required					
3491F	HIV UNSURE BABY OF HIV+MOMS	HIV INDETERMINATE INFANTS BORN OF HIV MOTHERS	No Auth Required					
3492F	HISTORY CD4+ CELL COUNT <350	HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3	No Auth Required					
3493F	NO HIST CD4+ CELL COUNT <350	NO HIST NADIR CD4+ CELL CNT <350&AIDS CONDITION	No Auth Required					
3494F	CD4+CELL COUNT <200CELLS/MM3	CD4+ CELL COUNT <200 CELLS/MM	No Auth Required					
3495F	CD4+CELL CNT 200-499 CELLS	CD4+ CELL COUNT 200-499 CELLS/MM (HIV)	No Auth Required					
3496F	CD4+ CELL COUNT => 500 CELLS	CD4+ CELL COUNT => 500 CELLS/MM	No Auth Required					
3497F	CD4+ CELL PERCENTAGE <15%	CD4+ CELL PERCENTAGE <15% HIV	No Auth Required					
3498F	CD4+ CELL >=15% (HIV)	CD4+ CELL PERCENTAGE >= 15% HIV	No Auth Required					
3500F	CD4+CELL CNT/% DOCD AS DONE	CD4+CELL CNT/CD4+CELL % DOCD AS DONE	No Auth Required					
3502F	HIV RNA VRL LD <LMTS QUANTIF	HIV RNA VIRAL LOAD <LIMITS OF QUANTIF	No Auth Required					
3503F	HIV RNA VRL LDNOT<LMTS QUNTF	HIV RNA VIRAL LOAD NOT <LIMITS OF QUANTIF	No Auth Required					
3510F	DOC TB SCRNG-RSLTS INTERPD	DOCJ TB SCREEN PERFORMED & RESULTS INTERPRET	No Auth Required					
3511F	CHLMYD/GONRH TSTS DOCD DONE	CHLAMYDIA/GONORRHEA TSTS DOCD AS DONE	No Auth Required					
3512F	SYPH SCRNG DOCD AS DONE	SYPHILIS SCREENING DOCUMENTED AS DONE	No Auth Required					
3513F	HEP B SCRNG DOCD AS DONE	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED	No Auth Required					
3514F	HEP C SCRNG DOCD AS DONE	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED	No Auth Required					
3515F	PT HAS DOCD IMMUN TO HEP C	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C	No Auth Required					
3517F	HBV ASSESS&RESULTS INTRP 1YR	HBV STATUS ASSESSED W/ RESULTS IN 1 YR	No Auth Required					
3520F	CDIFFICILE TESTING PERFORMED	CLOSTRIDIUM DIFFICILE TESTING PERFORMED	No Auth Required					
3550F	LOW RSK THROMBOEMBOLISM	LOW RISK FOR THROMBOEMBOLISM	No Auth Required					
3551F	INTRMED RSK THROMBOEMBOLISM	INTERMEDIATE RISK FOR THROMBOEMBOLISM	No Auth Required					
3552F	HGH RISK FOR THROMBOEMBOLISM	HIGH RISK FOR THROMBOEMBOLISM	No Auth Required					
3555F	PT INR MEASUREMENT PERFORMED	PT HAD INR MEASUREMENT PERFORMED	No Auth Required					
3570F	RPRT BONE SCINT XREF W XRAY	REPORT BONE SCINTIGRAPHY W/X-RAY SAME REGION	No Auth Required					
3572F	PT CONSID POSS RISK FX	PT POTENTIAL RISK FRACTURE WEIGHT-BEARING SITE	No Auth Required					
3573F	PT NOT CONSID POSS RISK FX	PT NOT POTENT RISK FRACTURE WEIGHT-BEARING SITE	No Auth Required					
3650F	EEG ORDERED RVWD REQSTD	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ	No Auth Required					
3700F	PSYCH DISORDERS ASSESSED	PSYCHIATRIC DISORDERS/DISTURBANCES ASSESSED	No Auth Required					
3720F	COGNIT IMPAIRMENT ASSESSED	COGNITIVE IMPAIRMENT/DYSFUNCTION ASSESSED	No Auth Required					
3725F	SCREEN DEPRESSION PERFORMED	SCREENING FOR DEPRESSION PERFORMED	No Auth Required					
3750F	PTNOTRCVNGSTEROID>/=10MG/DAY	PT NOT RCVNG CORTICOSTERIDS>/=10MG/DAY 60/> DAYS	No Auth Required					
3751F	ELECTRODIAG POLYNEURO 6 MN	ELECTRODIAG STUDIES DSP DOCD RVWD W/IN 6 MONTHS	No Auth Required					
3752F	NO ELECTRODIAG POLYNEURO 6MN	ELECTRODIAG STUDIES DSP NOT DOCD RVWD W/IN 6 MON	No Auth Required					
3753F	PT HAS SYMP&SIGNS NEUROPATHY	PT HAS CLINICAL SYMP&SIGNS NEUROPATHY W/CAUSE	No Auth Required					
3754F	SCREENING TESTS DM DONE	SCREENING TSTS DIABETES MELLITUS RVWD RQSTD ORD	No Auth Required					
3755F	COG&BEHAV IMPRMNT SCRNG DONE	COGNITIVE&BEHAVIORAL IMPAIRMENT SCRNG PERFORMED	No Auth Required					
3756F	PT W/PSEUDOBULB AFFECT/ALS	PT HAS PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP	No Auth Required					
3757F	PT W/O PSEUDOBULBAFFECT/ALS	NO PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP	No Auth Required					
3758F	PT REF PULM FX TEST/PEAKFLOW	PULM FUNC TESTING/PEAK COUGH EXPIRATORY FLOW	No Auth Required					
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR	PT SCRND DYSPHAGIA WT LOSS IMPAIRED NUTRITION	No Auth Required					
3760F	PT W/DYSPHAG/WT LOSS/NUTR	PT W/DYSPHAG/WT LOSS/IMPAIRED NUTRITION	No Auth Required					
3761F	PT W/O DYSPHAG/WT LOSS/NUTR	PT WO/DYSPHAG/WT LOSS/IMPAIRED NUTRITION	No Auth Required					
3762F	PATIENT IS DYSARTHRIC	PATIENT IS DYSARTHRIC	No Auth Required					
3763F	PATIENT IS NOT DYSARTHRIC	PATIENT IS NOT DYSARTHRIC	No Auth Required					
3775F	ADENOMA DETECTED SCREENING	ADENOMA(S)/NEOPLASM DETECTED SCRNG CLNSCPY	No Auth Required					
3776F	ADENOMA NOT DETECT SCREENING	ADENOMA(S)/NEOPLASM NOT DETECTED SCRNG CLNSCPY	No Auth Required					
4000F	TOBACCO USE TXMNT COUNSELING	TOBACCO USE CESSATION IVNTJ COUNSELING	No Auth Required					
4001F	TOBACCO USE TXMNT PHARMACOL	TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER	No Auth Required					
4003F	PT ED WRITE/ORAL PTS W/ HF	PT EDUCATION WRTTN/ORAL HRT FAILURE PTS PFRMD	No Auth Required					
4004F	PT TOBACCO SCREEN RCVD TLK	PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	No Auth Required					
4005F	PHARM THX FOR OP RXD	PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED	No Auth Required					
4008F	BETA-BLOCKER THERAPY RXD/TKN	BETA BLOCKER THERAPY RXD/CURRENTLY BEING TAKEN	No Auth Required					
4010F	ACE/ARB THERAPY RXD/TAKEN	ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN	No Auth Required					
4011F	ORAL ANTIPLATELET THERAPY RX	ORAL ANTIPLATELET THERAPY PRESCRIBED	No Auth Required					
4012F	WARFARIN THERAPY RX	WARFARIN THERAPY PRESCRIBED	No Auth Required					
4013F	STATIN THERAPY/CURRENTLY TKN	STATIN THERAPY RXD/CURRENTLY TAKEN	No Auth Required					
4014F	WRITTEN DISCHARGE INSTR PRVD	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR	No Auth Required					
4015F	PERSIST ASTHMA MEDICINE CTRL	PRSISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED	No Auth Required					
4016F	ANTI-INFLM/ANLGSC AGENT RX	ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED	No Auth Required					
4017F	GI PROPHYLAXIS FOR NSAID RX	GI PROPHYLAXIS NSAID USE PRESCRIBED	No Auth Required					
4018F	THERAPY EXERCISE JOINT RX	THERAPEUTIC EXERCISE INVOLVED JTS INST/PRESCRIBE	No Auth Required					
4019F	DOC RECPT COUNSL VIT D/CALC+	DOCUMENT COUNSELING EXERCISE CALCIUM & VITAMIN	No Auth Required					
4025F	INHALED BRONCHODILATOR RX	INHALED BRONCHODILATOR PRESCRIBED	No Auth Required					
4030F	OXYGEN THERAPY RX	LONG-TERM OXYGEN THERAPY PRESCRIBED	No Auth Required					
4033F	PULMONARY REHAB REC	PULMONARY REHABILITATION RECOMMENDED	No Auth Required					
4035F	INFLUENZA IMM REC	INFLUENZA IMMUNIZATION RECOMMENDED	No Auth Required					
4037F	INFLUENZA IMM ORDER/ADMIN	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED	No Auth Required					
4040F	PNEUMOC VAC/ADMIN/RCVD	PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR	No Auth Required					
4041F	DOC ORDER CEFAZOLIN/CEFUROX	DOC ORDER CEFAZOLIN/CEFUROXIME ANTIMICRB PROPHYL	No Auth Required					

4042F	DOC ANTIBIO NOT GIVEN	DOC PROPHY ANTIBIO NOT GIVEN W/IN 4 HR PRIOR SUR	No Auth Required					
4043F	DOC ORDER GIVEN STOP ANTIBIO	DOC ORDER DISCONT ANTIBIO W/IN 48 HOURS OF SURG	No Auth Required					
4044F	DOC ORDER GIVEN VTE PROPHYLX	DOC ORDER VTE PROPHYL W/IN 24 HRS PRIOR SURG	No Auth Required					
4045F	EMPIRIC ANTIBIOTIC RX	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	No Auth Required					
4046F	DOC ANTIBIO GIVEN B/4 SURG	DOCD ANTIBIO W/IN 4 HRS PRIOR/INTRAOP SURG INCIS	No Auth Required					
4047F	DOC ANTIBIO GIVEN B/4 SURG	DOC ORDER ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INC	No Auth Required					
4048F	DOC ANTIBIO GIVEN B/4 SURG	DOC ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INCIS	No Auth Required					
4049F	DOC ORDER GIVEN STOP ANTIBIO	DOC ORDER GIVEN TO STOP ANTIBIO W/IN 24 HRS SURG	No Auth Required					
4050F	HT CARE PLAN DOC	HYPERTENSION PLAN OF CARE DOCUMENTED	No Auth Required					
4051F	REFERRED FOR AN AV FISTULA	REFERRED FOR AN ARTERIO-VENOUS (AV) FISTULA	No Auth Required					
4052F	HEMODIALYSIS VIA AV FISTULA	HEMODIAL VIA FUNCTIONG AV FISTULA	No Auth Required					
4053F	HEMODIALYSIS VIA AV GRAFT	HEMODIALYSIS VIA FUNCTIONING AVGRAFT	No Auth Required					
4054F	HEMODIALYSIS VIA CATHETER	HEMODIALYSIS VIA CATHETER	No Auth Required					
4055F	PT RCVNG PERITON DIALYSIS	PATIENT RECEIVING PERITONEAL DIALYSIS	No Auth Required					
4056F	APPROP ORAL REHYD RECOMMD	APPROPRIATE ORAL REHYD SOLUTION RECOMMENDED	No Auth Required					
4058F	PED GASTRO ED GIVEN CAREGVR	PAG PROVIDED TO CAREGIVER	No Auth Required					
4060F	PSYCH SVCS PROVIDED	PSYCHOTHERAPY SERVICES PROVIDED	No Auth Required					
4062F	PT REFERRAL PSYCH DOCD	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED	No Auth Required					
4063F	ANTIDEPRES RXTHXPY NOT RXD	ANTIDEPRESSANT RXTHXY CONSIDER & NOT PRESCRIBE	No Auth Required					
4064F	ANTIDEPRESSANT RX	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED	No Auth Required					
4065F	ANTIPSYCHOTIC RX	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED	No Auth Required					
4066F	ECT PROVIDED	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED	No Auth Required					
4067F	PT REFERRAL FOR ECT DOCD	PT REFERRAL ELECTROCONVULSIVE THXPY (ECT) DOCD	No Auth Required					
4069F	VTE PROPHYLAXIS RCVD	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RCVD	No Auth Required					
4070F	DVT PROPHYLX RECVD DAY 2	DEEP VEIN THROMB PROPHYL RECVD BY HOSP DAY 2	No Auth Required					
4073F	ORAL ANTIPLAT THX RX DISCHRG	ORAL ANTIPLATELET THERAPY PRESCRBED AT DISCHARGE	No Auth Required					
4075F	ANTICOAG THX RX AT DISCHRG	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE	No Auth Required					
4077F	DOC T-PA ADMIN CONSIDERED	DOC T-PA ADMINISTRATION WAS CONSIDERED	No Auth Required					
4079F	DOC REHAB SVCS CONSIDERED	DOC REHAB SERVICES WERE CONSIDERED	No Auth Required					
4084F	ASPIRIN RECVD W/IN 24 HRS	ASPIRIN RECVD W/IN 24 HRS PRIOR ED ARRIVAL/STAY	No Auth Required					
4086F	ASPIRIN/CLOPIDOGREL RXD	ASPIRIN OR CLOPIDOGREL PRESCRIBED	No Auth Required					
4090F	PT RCVNG EPO THXPY	PATIENT RECEIVING ERYTHROPOIETIN THERAPY	No Auth Required					
4095F	PT NOT RCVNG EPO THXPY	PATIENT NOT RECEIVING ERYTHORPOIETIN THERAPY	No Auth Required					
4100F	BIPHOS THXPY VEIN ORD/RECVD	BISPHOS THXPY VENOUS ORDERED OR RECEIVED	No Auth Required					
4110F	INT MAM ART USED FOR CABG	LIMA GRAFT USED IN 1ST ISOLATED CABG PXD	No Auth Required					
4115F	BETA BLCKR ADMIN W/IN 24 HRS	BETA BLOCKER GIVEN W/IN 24 HRS PRIOR SURG INC	No Auth Required					
4120F	ANTIBIOT RXD/GIVEN	ANTIBIOTIC PRESCRIBED OR DISPENSED	No Auth Required					
4124F	ANTIBIOT NOT RXD/GIVEN	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	No Auth Required					
4130F	TOPICAL PREP RX AOE	ACUTE OTITIS EXTERNA TOPICAL PREPS PRESCRIBED	No Auth Required					
4131F	SYST ANTIMICROBIAL THX RX	SYSTEMIC ANTIMICROBIAL TX PRESCRIBED	No Auth Required					
4132F	NO SYST ANTIMICROBIAL THX RX	SYSTEMIC ANTIMICROBIAL TX NOT PRESCRIBED	No Auth Required					
4133F	ANTIHIST/DECONG RX/RECOM	ANTIHISTAMINE/DECONGESTANT PRESCRIBED	No Auth Required					
4134F	NO ANTIHIST/DECONG RX/RECOM	ANTIHISTAMINE/DECONGESTANT NOT PRESCRIBED	No Auth Required					
4135F	SYSTEMIC CORTICOSTEROIDS RX	SYSTEMIC CORTICOSTEROIDS PRESCRIBED	No Auth Required					
4136F	SYST CORTICOSTEROIDS NOT RX	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED	No Auth Required					
4140F	INHALED CORTICOSTEROIDS RXD	INHALED CORTICOSTEROIDS PRESCRIBED	No Auth Required					
4142F	CORTICOSTER SPARNG THRPY RXD	CORTICOSTEROID SPARING THERAPY PRESCRIBED	No Auth Required					
4144F	ALT LONG-TERM CNTRL MED RXD	ALTERNATIVE LONG-TERM CONTROL MEDICATION RXD	No Auth Required					
4145F	2+ ANTI-HYPRTNSV AGENTS TKN	2+ ANTI-HYPERTENSIVE AGENTS RXD OR TAKEN	No Auth Required					
4148F	HEP A VAC INJXN ADMIN/RECVD	HEPATITIS A VACCINE ADMIN OR PREVIOSLY RECVD	No Auth Required					
4149F	HEP B VAC INJXN ADMIN/RECVD	HEPATITIS B VACCCINE ADMIN OR PREVIOSLY RECVD	No Auth Required					
4150F	PT RECVNG ANTIVIR TXMNT HEPC	CURRENT HEPATITIS C ANTIVIRAL TREATMENT	No Auth Required					
4151F	PT NOT RECVNG ANTIV HEP C	NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT	No Auth Required					
4153F	COMBO PEGINTF/RIB RX	COMB PEGINTERF/RIBAVIRIN TX PRESCRIBED	No Auth Required					
4155F	HEP A VAC SERIES PREV RECVD	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED	No Auth Required					
4157F	HEP B VAC SERIES PREV RECVD	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED	No Auth Required					
4158F	PT EDU RE ALCOH DRNKNG DONE	PATIENT COUNSELED ABOUT RISKS ALCOHOL USE	No Auth Required					
4159F	CONTRCP TALK B/4 ANTIV TXMNT	CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX	No Auth Required					
4163F	PT COUNS 4 TXMNT OPT PROST	PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER	No Auth Required					
4164F	ADJV HRMNL THXPY RXD	ADJUVANT HORMONAL THXPY RX/ADMIN	No Auth Required					
4165F	3D-CRT/IMRT RECEIVED	3D-CRT OR INTENSITY MODUL RAD THXPY RECVD	No Auth Required					
4167F	HD BED TILTED 1ST DAY VENT	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED	No Auth Required					
4168F	PT CARE ICU&VENT W/IN 24HRS	PT RCVG CARE ICU & RCVNG MECH VENT 24 HRS/<	No Auth Required					
4169F	NO PT CARE ICU/VENT IN 24HRS	PT NOT RCVG CARE IN ICU/NOT RCVG MECHL VENT	No Auth Required					
4171F	PT RCVNG ESA THXPY	PATIENT RECEIVING (ESA) THERAPY	No Auth Required					
4172F	PT NOT RCVNG ESA THXPY	PATIENT NOT RECEIVING (ESA) THERAPY	No Auth Required					
4174F	COUNS POTENT GLAUC IMPCT	TLK VIS FXN & QUAL LIFE/TRXMNT FOR PT/CRGVR	No Auth Required					
4175F	VIS 20/40/> W/IN 90 DAYS	CORRECT VISUAL ACUIT 20/40/> W/IN 90 DAYS SURG	No Auth Required					
4176F	TALK RE UV LIGHT PT/CRGVR	COUNSEL UV LITE PROTEC PREV/PROG CATARACT DEVEL	No Auth Required					
4177F	TALK PT/CRGVR RE AREDS PREV	COUNSEL BENEF/RISK AREDS PREV AGE RELATED AMD	No Auth Required					
4178F	ANTID GLBLN RCVD W/IN 26WKS	ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION	No Auth Required					

4179F	TAMOXIFEN/AI PRESCRIBED	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD	No Auth Required					
4180F	ADJV THXPYRXD/RCVD COLON CA	ADJVNT CHEMO RFRRD RXD/RCVD STAGE III COLON CA	No Auth Required					
4181F	CONFORMAL RADN THXPY RCVD	CONFORMAL RADIATION THERAPY RECEIVED	No Auth Required					
4182F	NO CONFORMAL RADN THXPY	CONFORMAL RADIATION THERAPY NOT RECEIVED	No Auth Required					
4185F	CONTINUOUS PPI OR H2RA RCVD	NONSTOP 12MON THXPY W/PPI OR H2 H2RA RCVD	No Auth Required					
4186F	NO CONT PPI OR H2RA RCVD	NO CONTIN 12MON THXPY W/PPI OR H2 H2RA RCVD	No Auth Required					
4187F	ANTI RHEUM DRUGTHXPYRXD/GVN	DIS MODFY ANTI-RHEU DRUG THXPY RX/GVN	No Auth Required					
4188F	APPROP ACE/ARB TSTNG DONE	APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE	No Auth Required					
4189F	APPROP DIGOXIN TSTNG DONE	APPROP DIGOXIN THXP MONIT TST ORDRD/DONE	No Auth Required					
4190F	APPROP DIURETIC TSTNG DONE	APPROP DIURETIC THXP MONIT TST ORDRD/DONE	No Auth Required					
4191F	APPROP ANTICONVULS TSTNG	APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE	No Auth Required					
4192F	PT NOT RCVNG GLUCOCO THXPY	PATIENT NOT RECEIVING GLUCOCORTICOID	No Auth Required					
4193F	PT RCV <10MG DAILY PREDNISO	PATIENT RCVNG <10 MG DAILY PREDNISONE	No Auth Required					
4194F	PT RCV =>10MG DAILY PREDNISO	PATIENT RCVNG =>10 MG DAILY PREDNISONE	No Auth Required					
4195F	PT RCVNG ANTI-RHEUM THXPY RA	PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXRPY FOR RA	No Auth Required					
4196F	PTNOT RCVNG ANTI-RHM THXPYRA	PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA	No Auth Required					
4200F	EXTERNAL BEAM TO PROST ONLY	EXTRNL BM RADIOTHXPY TO PROST W/WO NODAL IRRAD	No Auth Required					
4201F	EXTRNL BEAM OTHER THAN PROST	EXTRNL BM RADIOTHXPY W/WO NODAL IRRAD AS ADJV	No Auth Required					
4210F	ACE/ARB THXPY FOR MOS/>	ACE/ARB MEDICATION THERAPY 6 MONTHS/>	No Auth Required					
4220F	DIGOXIN THXPY FOR 6 MOS/>	DIGOXIN MEDICATION THERAPY 6 MONTHS/>	No Auth Required					
4221F	DIURETIC THXPY FOR 6 MOS/>	DIURETIC MEDICATION THERAPY 6 MOS/>	No Auth Required					
4230F	ANTICONV THXPY FOR 6 MOS/>	ANTICONVUL MED THERAPY 6 MOS/>	No Auth Required					
4240F	INSTR XRCZ BACK PAIN 12 WKS	INSTR THER XRCS-DR FLLWUP PT EPSD BACK PN >12 WK	No Auth Required					
4242F	SPRVSD XRCZ BACK PN >12 WKS	TLK RE SPRVSD XRCS PROG TO PTS BACK PN >12WKS	No Auth Required					
4245F	PT INSTR NRML ACTIVITIES	PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES	No Auth Required					
4248F	PT INSTR NO BD REST 4 DAYS/>	COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS/>	No Auth Required					
4250F	WRMNG 4 SURG NORMOTHERMIA	ACTV WRMNG INTRAOP FOR NORMOTHERMIA	No Auth Required					
4255F	ANESTH 60 MIN/> AS DOCD	DURATION GEN NEUR ANESTH 60 MINS/> DOC RECORD	No Auth Required					
4256F	ANESTHE <60 MIN AS DOCD	DURATION GEN NEUR ANESTH <60 MIN DOCD RECORD	No Auth Required					
4260F	WOUND SRFC CULTURETECH USED	WOUND SURFACE CULTURE TECHNIQUE USED	No Auth Required					
4261F	TECH OTHER THAN SURFC CULTR	TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED	No Auth Required					
4265F	WET-DRY DRESSINGS RX RECMD	USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD	No Auth Required					
4266F	NO WET-DRY DRSSINGS RX RECMD	USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD	No Auth Required					
4267F	COMPRSSION THXPY PRESCRIBED	COMPRESSION THERAPY PRESCRIBED	No Auth Required					
4268F	PT ED RE COMP THXPY RCVD	PT ED RE NEED LONG TERM COMPRESS THXPY RCVD	No Auth Required					
4269F	APPROPOS MTHD OFFLOADING RXD	APPROP METHOD OFFLOADING PRESCRIBED	No Auth Required					
4270F	PT RCVNG ANTI R-VIRAL THXPY	PT RCVNG POTENT ANTI R-VIRAL THX 6 MON OR MORE	No Auth Required					
4271F	PT RCVNG ANTI R-VIRAL THXPY	PT RCVNG POT ANTI R-VIRAL THX <6 MON/NOT RCVN	No Auth Required					
4274F	FLU IMMUNO ADMIND RCVD	FLU IMMUNO ADMIND/PREVIOUSLY RCVD	No Auth Required					
4276F	POTENT ANTIVIR THXPY RXD	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED	No Auth Required					
4279F	PCP PROPHYLAXIS RXD	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD	No Auth Required					
4280F	PCP PROPHYLAX RXD 3MON LOW %	PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON	No Auth Required					
4290F	PT SCRNED FOR INJ DRUG USE	PATIENT SCREENED FOR INJECTION DRUG USE	No Auth Required					
4293F	PT SCRND HGH-RISK SEX BEHAV	PT SCRND HGH-RSK SEXUAL BEHAVIOR	No Auth Required					
4300F	PT RCVNG WARF THXPY	PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT	No Auth Required					
4301F	PT NOT RCVNG WARF THXPY	PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT	No Auth Required					
4305F	PT ED RE FT CARE INSPCT RCVD	PT EDUC FOOT CARE & DAILY INSPCTN FEET RCVD	No Auth Required					
4306F	PT TLK PSYCH & RX OPD ADDIC	PT COUNSEL PSYCHOSOC&PHARM TX OPIOID ADDICTION	No Auth Required					
4320F	PT TALK PSYCHSOC&RX OH DPND	PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND	No Auth Required					
4322F	CRGVR PROV W/ ED ADDL RSRCS	CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES	No Auth Required					
4324F	PT QUERIED PRKNS COMPLIC	PT QUERIED PARKINSONS MED-RELATED COMPLICATION	No Auth Required					
4325F	MED TXMNT OPTIONS RVWD W/PT	MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P	No Auth Required					
4326F	PT ASKED RE SYMP AUTO DYSFXN	PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS	No Auth Required					
4328F	PT ASKED RE SLEEP DISTURB	PT/CAREGIVER QUERIED SLEEP DISTURBANCES	No Auth Required					
4330F	CNSLNG EPI SPEC SFTY ISSUES	EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT	No Auth Required					
4340F	CNSLNG CHLDBRNG WOMEN EPI	COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY	No Auth Required					
4350F	CNSLNG PROVIDED SYMP MNGMNT	COUNSELING PROVIDED SYMP MNGMNT PALLIATION	No Auth Required					
4400F	REHAB THXPY OPTIONS W/PT	REHAB THERAPY OPTIONS DISCUSSED W/PATIENT	No Auth Required					
4450F	SELF-CARE ED PROVIDED TO PT	SELF-CARE EDUCATION PROVIDED TO PATIENT	No Auth Required					
4470F	ICD COUNSELING PROVIDED	IMPLANT CARDIOVERT-DEFIB (ICD) COUNSELING PROV	No Auth Required					
4480F	PT RCVNG ACE/ARB B-BLOCKERTX	PT RCVNG ACE/ARB BETA BLOCKER TX 3 MONS/LONGER	No Auth Required					
4481F	PT RCVNG ACE/ARB BLKER <3MOS	PT RCVNG ACE/ARB AND BETA BLOCKER < 3 MONTHS	No Auth Required					
4500F	REF TO OUTPT CARD REHAB PROG	REFERRED TO OUTPT CARD REHABILITATION PROGRAM	No Auth Required					
4510F	PREV CARDREHAB QUALCARDEVENT	PREVIOUS CARDIAC REHAB FOR QUAL CARD EVENT DONE	No Auth Required					
4525F	NEUROPSYCHIA INTERVEN ORDER	NEUROPSYCHIATRIC INTERVENTION ORDERED	No Auth Required					
4526F	NEUROPSYCHIA INTERVEN RCVD	NEUROPSYCHIATRIC INTERVENTION RECEIVED	No Auth Required					

4540F	DISEASE MODIF PHARMACOTHXPY	DISEASE MODIFYING PHARMACOTHERAPY DISCUSSED	No Auth Required					
4541F	PT OFFERED TX FOR PSEUDOBULB	TX PSEUDOBULBAR AFFECT SIALORRHEA/ALS SYMP	No Auth Required					
4550F	NONINVAS RESP SUPPORT TALK	OPTIONS NONINVASIVE RESP SUPPORT DISCUSSED W/PT	No Auth Required					
4551F	NUTRITIONAL SUPPORT OFFERED	NUTRITIONAL SUPPORT OFFERED	No Auth Required					
4552F	PT REF FOR SPEECH LANG PATH	PT OFFERED REFERRAL SPEECH LANGUAGE PATHOLOGIST	No Auth Required					
4553F	PT ASST RE END LIFE ISSUES	PT OFFERED ASSISTANCE PLANNING END LIFE ISSUES	No Auth Required					
4554F	PT RECVD INHAL ANESTHETIC	PT RECEIVED INHALATIONAL ANESTHETIC AGENT	No Auth Required					
4555F	PT RECVD NO INHAL ANESTHIC	PT DID NOT RECEIVE INHALATIONAL ANESTHETIC AGENT	No Auth Required					
4556F	PT W/3+ POST-OP NAUSEA&VOM	PT SHOWS 3+RISK FACTORS POST-OP NAUSEA&VOMITING	No Auth Required					
4557F	PT W/O 3+ POST-OPNAUSEA&VOM	PT NO EXHIBIT 3+ RISK FACTORS POST-OP NAUSEA/VOM	No Auth Required					
4558F	PT RECVD 2 RX ANTI-EMET AGT	PT RCEVD 2 PROPHYLACTIC RX AGENTS PRE&INTRA-OP	No Auth Required					
4559F	1 BODYTEMP >=35.5CW/IN 30MIN	1BODY TEMP MEAS>=35.5C IN 30-15 MINS POST ANESTH	No Auth Required					
4560F	ANESTH W/O GEN/NEURAX ANESTH	ANESTH DID NOT INVOLVE GENERAL/NEURAXIAL ANESTH	No Auth Required					
4561F	PT W/ CORONARY ARTERY STENT	PATIENT HAS A CORONARY ARTERY STENT	No Auth Required					
4562F	PT W/O CORONARY ARTERY STENT	PATIENT DOES NOT HAVE A CORONARY ARTERY STENT	No Auth Required					
4563F	PT RECVD ASPIRIN W/IN 24 HRS	PT RECVD ASPIRIN W/IN 24 HRS PRIOR ANESTH START	No Auth Required					
5005F	PT COUNSLD ON EXAM FOR MOLES	COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION	No Auth Required					
5010F	MACUL RESULT PHY/QHP MNG DM	DILATED MACULAR/FUNDUS XM COMMUNJ TX PHYS/QHP	No Auth Required					
5015F	DOC FX & TEST/TXMNT FOR OP	DOCD CONTACT THAT FX EXISTED & PT TSTED/TXD OP	No Auth Required					
5020F	TXMNTS 2 PHYS/QHP BY 1 MON	TX SUMM RPRT COMMUN PHYS&PT 1 MO COMPLETE	No Auth Required					
5050F	PLAN 2 MAIN DR BY 1 MONTH	TX COMMUN PROVIDERS CONTINUING CARE 1 MO DX	No Auth Required					
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	FINDNGS DIAG MAM TO MNGNG PRACT 3 DAYS INTERP	No Auth Required					
5062F	MAMMO RESULT COM TO PT 5 DAY	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON	No Auth Required					
5100F	RSK FX REF W/N 24 HRS XRAY	FX RISK REF PHYS/QHP COMMJ 24 HRS IMAGING STUDY	No Auth Required					
5200F	EVAL APPROS SURG THXPY EPI	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS	No Auth Required					
5250F	ASTHMA DISCHARGE PLAN PRESNT	ASTHMA DISCHARGE PLAN PRESENT	No Auth Required					
6005F	CARE LEVEL RATIONALE DOC	RATIONALE FOR LEVEL OF CARE DOCUMENTED	No Auth Required					
6010F	DYSPHAG TEST DONE B/4 EATING	DYSPHAGIA SCREENING PRIOR ORAL INTAKE	No Auth Required					
6015F	DYSPHAG TEST DONE B/4 EATING	PATIENT OK FOR PER ORAL INTAKE (FOOD/MEDICATION)	No Auth Required					
6020F	NPO (NOTHING-MOUTH) ORDERED	NOTHING BY MOUTH ORDERED	No Auth Required					
6030F	MAX STERILE BARRIERS FLWD	ALL ELEM OF MAX STERILE BARRIER TECHNQ FLWD	No Auth Required					
6040F	APPRO RAD DS DVCS TECHS DOCD	USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD	No Auth Required					
6045F	RADXPS IN END RPRT4FLURO PXD	RAD EXPOS/TIME IN LAST RPRT FLUORO PRXD DOCD	No Auth Required					
6070F	PT ASKED/CNSLD AED EFFECTS	PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS	No Auth Required					
6080F	PT/CAREGIVER QUERIED FALLS	PATIENT QUERIED ABOUT FALLS	No Auth Required					
6090F	PT/CAREGIVER COUNSEL SAFETY	PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE	No Auth Required					
6100F	VERIFY PT SITE PXD DOCD	VERIFY CORRECT PT SITE PXD DOCUMENTED	No Auth Required					
6101F	SAFETY COUNSELING DEMENTIA	SAFETY COUNSELING DEMENTIA PROVIDED	No Auth Required					
6102F	SAFETY COUNSELING DEM ORDER	SAFETY COUNSELING DEMENTIA ORDERED	No Auth Required					
6110F	COUNSEL PROV DRIVING RISKS	COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING	No Auth Required					
6150F	PT NOTRCVNG1ST ANTITNF TXMNT	PT NOT RCVNG 1ST COURSE OF ANTI-TNF THERAPY	No Auth Required					
7010F	PT INFO INTO RECALL SYSTEM	PT INFORMATION ENTERED INTO RECALL SYSTEM	No Auth Required					
7020F	MAMMO ASSESS CAT IN DBASE	MAMMO ASSESSMENT CAT IN DATABASE FOR RATE	No Auth Required					
7025F	PT INFOSYS ALARM 4 NXT MAMMO	INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE	No Auth Required					
9001F	AORTIC ANEURYSM<5CM DIAM CT	AORTIC ANEURYSM<5CM MAX DIAM CENTERLINE/AXIAL CT	No Auth Required					
9002F	AORTIC ANEURYSM 5-5.4CM DIAM	AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN/AXIAL CT	No Auth Required					
9003F	AORTIC ANRYSM5.5-5.9CM DIAM	AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRLN/AXIAL CT	No Auth Required					
9004F	AORTIC ANRYSM 6/> CM DIAM	AORTIC ANEURYSM 6/> CM MAX DIAM CTRLN/AXIAL CT	No Auth Required					
9005F	ASYMPT CAROT/VRTBRBAS STEN	ASYMPT CAROT STEN NO ISCHEM/STRK CAROT/VRTBROBAS	No Auth Required					
9006F	SYMPT STEN-TIA/STRK<120DAYS	SYMPT CAROT STENOS IPSIL CAROT TIA/STRK<120DAYS	No Auth Required					
9007F	OTHER CAROT STEN 120 DAYS/>	OTHER CAROTID STENT IPSIL TIA/STRK 120 DAYS/>	No Auth Required					
A0425	GROUND MILEAGE PER STATUTE MILE	GROUND MILEAGE PER STATUTE MILE	No Auth Required					
A0426	AMB SRVC ALS NONEMERG TRNSPRT LVL 1	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	No Auth Required					
A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	No Auth Required					
A0428	AMB SERVICE BLS NONEMERG TRANSPORT	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	No Auth Required					
A0429	AMB SERVICE BLS EMERGENCY TRANSPORT	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	No Auth Required					
A0430	AMB SRVC AIR TRNSPRT 1 WAY FIX WING	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
A0431	AMB SRVC AIR TRNSPRT 1 WAY ROTARY	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Authorization Required	General Medicine - other services and procedures		Level 1 Review (Network Validation)		Removed Authorization Requirement
A0432	PARAMED INTRCPT RURL NO 3 PARTY PAY	PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER	No Auth Required					
A0433	ADVANCED LIFE SUPPORT LEVEL 2	ADVANCED LIFE SUPPORT LEVEL 2	No Auth Required					
A0434	SPECIALTY CARE TRANSPORT	SPECIALTY CARE TRANSPORT	No Auth Required					
A0435	FIX WING AIR MILEAGE-STATUTE MILE	FIXED WING AIR MILEAGE PER STATUTE MILE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
A0436	ROTARY WING AIR MILEAGE-STATUT MILE	ROTARY WING AIR MILEAGE PER STATUTE MILE	Authorization Required	General Medicine - other services and procedures		Level 1 Review (Network Validation)		Removed Authorization Requirement
A0999	UNLISTED AMBULANCE SERVICE	UNLISTED AMBULANCE SERVICE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
A4206	SYRINGE W/NEEDLE STERIL 1 CC/< EACH	SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	No Auth Required					
A4207	SYRINGE W/NEEDLE STERILE 2 CC EACH	SYRINGE WITH NEEDLE STERILE 2 CC EACH	No Auth Required					
A4208	SYRINGE W/NEEDLE STERILE 3 CC EACH	SYRINGE WITH NEEDLE STERILE 3 CC EACH	No Auth Required					
A4209	SYRINGE W/NEEDLE STERILE 5 CC/> EA	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	No Auth Required					

A4211	SUPPLIES SELF-ADMINED INJECTIONS	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	No Auth Required					
A4212	NONCORING NEEDLE/STYLET W/WO CATH	NONCORING NEEDLE OR STYLET W/WO CATHETER	No Auth Required					
A4213	SYRINGE STERILE 20 CC/GREATER EACH	SYRINGE STERILE 20 CC OR GREATER EACH	No Auth Required					
A4215	NEEDLE STERILE ANY SIZE EACH	NEEDLE STERILE ANY SIZE EACH	No Auth Required					
A4216	STERL H2O SALINE & OR DXT DIL 10 ML	STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML	No Auth Required					
A4217	STERILE WATER/SALINE 500 ML	STERILE WATER/SALINE 500 ML	No Auth Required					
A4218	STERL SALINE/WATR METRD DOSE 10 ML	STERILE SALINE/WATER METERED DOSE DISPNS 10 ML	No Auth Required					
A4220	REFILL KIT IMPLANTABLE INFUS PUMP	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	No Auth Required					
A4221	SUPS MAINT NON-INS RX INFUS CATH PW	SUPPLIES FOR MAINT NON-INS RX INFUS CATH PER WK	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
A4222	INFUS SPL EXT RX INFUS PUMP CAS/BAG	INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG	No Auth Required					
A4223	INFUS SPL NO EXT INFUS PUMP CAS/BAG	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG	No Auth Required					
A4224	SPL MAINT INSULIN INFUS CATH PER WK	SUPPLIES MAINTENANCE INSULIN INFUS CATH PER WEEK	No Auth Required					
A4225	SPL EXT INS INF PMP SYR T CART ST E	SPL EXT INSULIN INFUS PUMP SYR TYPE CART ST EA	No Auth Required					
A4226	S MNT INS IP DR ADJ TX CNT G SNS PW	SPL MAINT INS IP DR ADJ USING TX CONT G SENS WK	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
A4230	INFUS SET EXT INSULIN PUMP NONNDLE	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE	No Auth Required					
A4231	INFUS SET EXT INSULIN PUMP NEEDLE	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	No Auth Required					
A4233	REPL BATT ALK NOT J CELL HOM BG MON	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT	No Auth Required					
A4234	REPL BATT ALK J CELL HOM BG MON	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA	No Auth Required					
A4235	REPL BATT LITHIUM HOM BG MON OWN PT	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA	No Auth Required					
A4236	REPL BATT SILVER OXIDE HOM BG MON	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA	No Auth Required					
A4244	ALCOHOL OR PEROXIDE PER PINT	ALCOHOL OR PEROXIDE PER PINT	No Auth Required					
A4245	ALCOHOL WIPES PER BOX	ALCOHOL WIPES PER BOX	No Auth Required					
A4246	BETADINE/PHISOHEX SOLUTION PER PINT	BETADINE OR PHISOHEX SOLUTION PER PINT	No Auth Required					
A4247	BETADINE/IODINE SWABS/WIPES PER BOX	BETADINE OR IODINE SWABS/WIPES PER BOX	No Auth Required					
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML	No Auth Required					
A4253	BLD GLU TST/REAGT STRIPS HOM MON-50	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50	No Auth Required					
A4255	PLATFORMS HOM BLD GLU MON 50-BOX	PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX	No Auth Required					
A4256	NORMAL LOW&HI CALIBRATOR SOL/CHIPS	NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS	No Auth Required					
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC	No Auth Required					
A4258	SPRING-POWERED DEVICE LANCET EACH	SPRING-POWERED DEVICE FOR LANCET EACH	No Auth Required					
A4259	LANCETS PER BOX OF 100	LANCETS PER BOX OF 100	No Auth Required					
A4262	TEMP ABSORB LAC DUCT IMPLANT EA	TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH	No Auth Required					
A4263	PERM NONDISSOLV LAC DUCT IMPL EA	PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA	No Auth Required					
A4265	PARAFFIN PER POUND	PARAFFIN PER POUND	No Auth Required					
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH	DISPOSABLE ENDOSCOPE SHEATH EACH	No Auth Required					
A4280	ADHES SKN SUPP ATTCH BRST PROSTH EA	ADHES SKN SUPPORT ATTCH USE W/EXT BRST PROSTH EA	No Auth Required					
A4281	TUBING FOR BREAST PUMP REPLACEMENT	TUBING FOR BREAST PUMP REPLACEMENT	No Auth Required					
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT	ADAPTER FOR BREAST PUMP REPLACEMENT	No Auth Required					
A4283	CAP BREAST PUMP BOTTLE REPLACEMENT	CAP FOR BREAST PUMP BOTTLE REPLACEMENT	No Auth Required					
A4284	BRST SHIELD&SPLSH PROTCTR PUMP REPL	BREAST SHIELD&SPLASH PROTECTR W/BREAST PUMP REPL	No Auth Required					
A4285	POLYCARBATE BOTTLE BREAST PUMP REPL	POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL	No Auth Required					
A4286	LOCKING RING BREAST PUMP REPLACMENT	LOCKING RING FOR BREAST PUMP REPLACEMENT	No Auth Required					
A4290	SACRAL NERVE STIM TEST LEAD EACH	SACRAL NERVE STIMULATION TEST LEAD EACH	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
A4300	IMPL ACSS CATHETER EXTERNAL ACCESS	IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS	No Auth Required					
A4301	IMPL ACSS TOTAL CATH PORT/RESERVOIR	IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR	No Auth Required					
A4305	DISPBL RX DEL SYS RATE 50 ML/>-HR	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR	No Auth Required					
A4306	DISPOSABL RX DEL SYS FLW < 50 ML HR	DISPOSABL DRUG DEL SYS FLOW RATE <50 ML PER HOUR	No Auth Required					
A4310	INSRTION TRAY W/O DRN BAG&W/O CATH	INSERTION TRAY W/O DRAIN BAG&W/O CATHETER	No Auth Required					
A4311	INSRTION TRAY W/O BAG 2-WAY LATEX	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX	No Auth Required					
A4312	INSRTION TRAY W/O BAG 2-WAY SILCON	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY SILCON	No Auth Required					
A4313	INSRT TRAY W/O BAG 3-WAY CNT IRRIG	INSRT TRAY W/O DRN BAG W/CATH 3-WAY CONT IRRIG	No Auth Required					
A4314	INSRTION TRAY W/BAG 2-WAY LATEX	INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT	No Auth Required					
A4315	INSRTION TRAY W/BAG 2-WAY SILCON	INSRTION TRAY W/DRN BAG W/CATH2-WAY ALL SILCON	No Auth Required					
A4316	INSRTION TRAY W/BAG 3-WAY CONT IRRG	INSRTION TRAY W/DRN BAG W/CATH 3-WAY CONT IRRIG	No Auth Required					
A4320	IRRIG TRAY W/BULB/PISTON SYRINGE	IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS	No Auth Required					
A4321	THERAPEUTIC AGT URIN CATH IRRIG	THERAPEUTIC AGENT URINARY CATHETER IRRIGATION	No Auth Required					
A4322	IRRIGATION SYRINGE BULB/PISTON EACH	IRRIGATION SYRINGE BULB OR PISTON EACH	No Auth Required					
A4326	MALE EXT CATH CLCT CHAMB ANY TYPE	MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA	No Auth Required					
A4327	FE EXT URIN CLCT DEVC; METL CUP EA	FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA	No Auth Required					
A4328	FE EXT URIN CLCT DEVICE; POUCH EA	FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA	No Auth Required					
A4330	PERIAN FECAL CLCT POUCH W/ADHES EA	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH	No Auth Required					
A4331	EXT DRN TUBING W/CNCTOR/ADAPTR EA	EXT DRN TUBING W/CNCTOR/ADAPTR FOR LEG BAG EA	No Auth Required					
A4332	LUBRICNT INDIVIDUAL STERL PACKET EA	LUBRICANT INDIVIDUAL STERILE PACKET EACH	No Auth Required					
A4333	URIN CATH ANCHR DEVC ADHES ATTCH EA	URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA	No Auth Required					
A4334	URIN CATH ANCHR DEVICE LEG STRAP EA	URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH	No Auth Required					
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	INCONTINENCE SUPPLY; MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
A4336	INCONT SUPPLY URETHRAL INSERT EA	INCONTINENCE SUPPLY URETHRAL INSERT ANY TYPE EA	No Auth Required					
A4337	INCONT SPL RECTAL INSRT ANY TYPE EA	INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH	No Auth Required					
A4338	INDWLL CATH; 2-WAY LATEX W/COAT EA	INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA	No Auth Required					

A4340	INDWELL CATHETER; SPECIALTY TYPE EA	INDWELLING CATHETER; SPECIALTY TYPE EACH	No Auth Required					
A4344	INDWLL CATH FOLEY 2-WAY SILCON EA	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA	No Auth Required					
A4346	INDWLL CATH; FOLY 3-WAY CONT IRRIG	INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA	No Auth Required					
A4349	MALE EXT CATH W/WO ADHES DISPBL EA	MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA	No Auth Required					
A4351	INTERMIT URIN CATH; STRAIT TIP EA	INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA	No Auth Required					
A4352	INTERMIT URIN CATH; COUDE TIP EA	INTERMITTENT URINARY CATHETER; COUDE TIP EACH	No Auth Required					
A4353	INTERMIT URIN CATH W/INSERTION SPL	INTERMIT URINARY CATHETER W/INSERTION SUPPLIES	No Auth Required					
A4354	INSRTION TRAY W/DRN BAG W/O CATH	INSERTION TRAY W/DRAIN BAG BUT WITHOUT CATHETER	No Auth Required					
A4355	IRRIG TUBING CONT 3-WAY CATH EA	IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA	No Auth Required					
A4356	EXT URETHRAL CLAMP/COMPRS DEVICE EA	EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH	No Auth Required					
A4357	BEDSID DRN BAG DAY/NGT W/WO TUBE EA	BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA	No Auth Required					
A4358	URINARY LEG BAG; VINYL W/WO TUBE EA	URINARY LEG BAG; VINYL W/WO TUBE EACH	No Auth Required					
A4360	DISP EXT URETHRAL CLAMP/COMP DEV EA	DISPSBL EXT URETHRAL CLAMP/COMP DEV PAD POUCH EA	No Auth Required					
A4361	OSTOMY FACEPLATE EACH	OSTOMY FACEPLATE EACH	No Auth Required					
A4362	SKN BARRIER; SOLID 4X4/EQUVALNT; EA	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH	No Auth Required					
A4363	OSTOMY CLAMP ANY TYPE REPL ONLY EA	OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH	No Auth Required					
A4364	ADHES LIQUID/EQUAL ANY TYPE-OUNCE	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE	No Auth Required					
A4366	OSTOMY VENT ANY TYPE EACH	OSTOMY VENT ANY TYPE EACH	No Auth Required					
A4367	OSTOMY BELT EACH	OSTOMY BELT EACH	No Auth Required					
A4368	OSTOMY FILTER ANY TYPE EACH	OSTOMY FILTER ANY TYPE EACH	No Auth Required					
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ	OSTOMY SKIN BARRIER LIQUID PER OZ	No Auth Required					
A4371	OSTOMY SKIN BARRIER POWDER PER OZ	OSTOMY SKIN BARRIER POWDER PER OZ	No Auth Required					
A4372	OST SKIN BARR SOL 4X4/EQUV STD EA	OST SKIN BARR SOL 4X4/EQUV STD WEAR CONVXITY EA	No Auth Required					
A4373	OST SKN BARR W/FLNGE BUILT-IN CONVX	OST SKN BARR W/FLNGE W/BUILT-IN CONVXITY SZ EA	No Auth Required					
A4375	OST POUCH DRNABLE W/FCEPLAT PLST EA	OSTOMY POUCH DRAINABLE W/FCEPLATE ATTCH PLSTC EA	No Auth Required					
A4376	OST POUCH DRNABLE W/FCEPLAT RUBR EA	OSTOMY POUCH DRAINABLE W/FACEPLATE ATTCH RUBR EA	No Auth Required					
A4377	OST POUCH DRNABLE FCEPLAT PLSTC EA	OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA	No Auth Required					
A4378	OST POUCH DRAINABLE FCEPLAT RUBR EA	OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH	No Auth Required					
A4379	OST POUCH URIN W/FCEPLAT PLSTC EA	OSTOMY POUCH URINARY W/FACEPLATE ATTCH PLSTC EA	No Auth Required					
A4380	OST POUCH URIN W/FCEPLAT RUBR EA	OSTOMY POUCH URINARY W/FACEPLATE ATTCH RUBBER EA	No Auth Required					
A4381	OST POUCH URIN USE FCEPLAT PLSTC EA	OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH	No Auth Required					
A4382	OST POUCH URIN FCEPLAT HVY PLSTC EA	OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA	No Auth Required					
A4383	OST POUCH URIN USE FCEPLAT RUBR EA	OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH	No Auth Required					
A4384	OST FCEPLAT EQUVALNT SILCON RING EA	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH	No Auth Required					
A4385	OST SKN BARRIER 4X4 EXT W/O CONVXTY	OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA	No Auth Required					
A4387	OST POUCH CLOS BARR BUILT-IN CONVX	OSTOMY POUCH CLOSED W/BARR BUILT-IN CONVEXITY EA	No Auth Required					
A4388	OST POUCH DRNABL W/EXT WEAR BARR EA	OST POUCH DRAINABLE W/EXT WEAR BARRIER ATTCH EA	No Auth Required					
A4389	OST POUCH DRNBL BARR BUILT-IN CONVX	OST POUCH DRNABLE W/BARR W/BUILT-IN CONVXITY EA	No Auth Required					
A4390	OST POUCH DRNABLE EXT W/CONVXITY EA	OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA	No Auth Required					
A4391	OST POUCH URIN W/EXT WEAR BARR EA	OSTOMY POUCH URINARY W/EXT WEAR BARRIER ATTCH EA	No Auth Required					
A4392	OST POUCH URIN STD W/CONVXITY EA	OST POUCH URIN W/STD WEAR BARRIER W/CONVXITY EA	No Auth Required					
A4393	OST POUCH URIN EXT W/CONVXITY EA	OST POUCH URIN W/EXT WEAR BARRIER W/CONVXITY EA	No Auth Required					
A4394	OSTOMY DEODORANT W/WO LUB PER FL OZ	OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ	No Auth Required					
A4395	OST DEODORANT OST POUCH SOLID-TAB	OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB	No Auth Required					
A4396	OSTOMY BELT W/PERISTOMAL HERN SUP	PERISTOMAL HERNIA SUPPORT BELT	No Auth Required					
A4397	IRRIGATION SUPPLY; SLEEVE EACH	IRRIGATION SUPPLY; SLEEVE EACH	No Auth Required					
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH	OSTOMY IRRIGATION SUPPLY; BAG EACH	No Auth Required					
A4399	OST IRRIG SPL; CONE/CATH W/WO BRUSH	OSTOMY IRRIGATION SUPPLY; CONE/CATH W/WO BRUSH	No Auth Required					
A4400	OSTOMY IRRIGATION SET	OSTOMY IRRIGATION SET	No Auth Required					
A4402	LUBRICANT PER OUNCE	LUBRICANT PER OUNCE	No Auth Required					
A4404	OSTOMY RING EACH	OSTOMY RING EACH	No Auth Required					
A4405	OST SKN BARRIER NONPECTIN PASTE-OZ	OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ	No Auth Required					
A4406	OST SKN BARRIER PECTIN PASTE-OZ	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE	No Auth Required					
A4407	OST SKN BARRIER W/CONVXITY 4X4 IN/<	OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN/< EA	No Auth Required					
A4408	OST SKN BARRIER W/CONVXITY > 4X4 IN	OST SKN BARRIER W/BUILT-IN CONVXITY > 4X4 IN EA	No Auth Required					
A4409	OST SKN BARR EXT W/O CONVX 4X4 IN/<	OST SKN BARR EXT W/O BUILT-IN CONVXTY 4X4 IN/<EA	No Auth Required					
A4410	OST SKN BARR EXT W/O CONVX >4X4 IN	OST SKN BARR EXT W/O BUILT-IN CONVXITY>4X4 IN EA	No Auth Required					
A4411	OST SKN BARR SOLID 4X4/EQ W/CONVXTY	OST SKN BARRIER SOLID 4X4/EQ W/BUILT-IN CONVXITY	No Auth Required					
A4412	OST POUCH DRNBL BARR FLNGE W/O FLTR	OST POUCH DRNABLE BARRIER W/FLNGE W/O FLTR EA	No Auth Required					
A4413	OST POUCH DRNABL BARRIER FLNGE/FLTR	OST POUCH DRNABLE HI OP BARRIER W/FLNGE/FLTR EA	No Auth Required					
A4414	OST SKN BARRIER W/O CONVX 4X4 IN/<	OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN/<EA	No Auth Required					
A4415	OST SKN BARRIER W/O CONVX >4X4 IN	OST SKN BARRIER W/O BUILT-IN CONVXITY >4X4 IN EA	No Auth Required					
A4416	OST POUCH CLO BARR ATTCH W/FILTR EA	OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA	No Auth Required					
A4417	OST POUCH CLO BARR W/BLT-IN CONVXIT	OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT	No Auth Required					
A4418	OST POUCH CLOS; W/O BARR W/FILTR EA	OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA	No Auth Required					
A4419	OST POUCH CLOS; BARRIER W/NON-LOCK	OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR	No Auth Required					
A4420	OST POUCH CLO;USE BARR LOCK FLNG EA	OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA	No Auth Required					
A4421	OSTOMY SUPPLY; MISCELLANEOUS	OSTOMY SUPPLY; MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
A4422	OST ABSORB MATL THICKN LQD STOML OP	OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA	No Auth Required					
A4423	OST POUCH CLOS; BARR W/LOCK FLNG EA	OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA	No Auth Required					
A4424	OST POUCH DRNBL BARR ATTCH FILTR EA	OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA	No Auth Required					
A4425	OST POUCH DRNBL; BARR NON-LOCK FLNG	OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA	No Auth Required					

A4426	OST POUCH DRNBL;BARR W/LOCK FLNG EA	OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA	No Auth Required					
A4427	OST POUCH DRN;BARR LOCK FLNG FLTR	OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA	No Auth Required					
A4428	OST POUCH URIN W/FAUCET TAP W/VALVE	OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE	No Auth Required					
A4429	OST POUCH URIN W/BLT-IN CONVX VALVE	OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE	No Auth Required					
A4430	OST POUCH URN BLT-IN CNVX FAUCT VLV	OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA	No Auth Required					
A4431	OST POUCH URIN;BARR FAUCT TAP VLV	OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA	No Auth Required					
A4432	OST POUCH URN;NO-LCK FLNG FAUCT VLV	OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV	No Auth Required					
A4433	OST POUCH URIN; BARR W/LOCK FLNG EA	OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA	No Auth Required					
A4434	OST POUCH URN;LOCK FLNG FAUCT VLV	OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE	No Auth Required					
A4435	OST POUCH DRN HI OP EXT WR BARR EA	OST POUCH DRAIN HI OP EXT WEAR BARR W/WO FLTR EA	No Auth Required					
A4450	TAPE NON-WATERPROOF 18 SQUARE IN	TAPE NON-WATERPROOF PER 18 SQUARE INCHES	No Auth Required					
A4452	TAPE WATERPROOF PER 18 SQUARE IN	TAPE WATERPROOF PER 18 SQUARE INCHES	No Auth Required					
A4455	ADHESIVE REMOVER/SOLVENT PER OUNCE	ADHESIVE REMOVER OR SOLVENT PER OUNCE	No Auth Required					
A4456	ADHESIVE REMOVER WIPES ANY TYPE EA	ADHESIVE REMOVER WIPES ANY TYPE EACH	No Auth Required					
A4458	ENEMA BAG WITH TUBING REUSABLE	ENEMA BAG WITH TUBING REUSABLE	No Auth Required					
A4459	MAN PUMP-OP ENEMA SYS REUSE ANY TYP	MANUAL PUMP-OPERATED ENEMA SYS REUSABLE ANY TYPE	No Auth Required					
A4461	SURG DRESSING HOLDR NON-REUSABLE EA	SURGICAL DRESSING HOLDER NON-REUSABLE EACH	No Auth Required					
A4463	SURG DRESSING HOLDER REUSABLE EA	SURGICAL DRESSING HOLDER REUSABLE EACH	No Auth Required					
A4465	NONELASTIC BINDER FOR EXTREMITY	NONELASTIC BINDER FOR EXTREMITY	No Auth Required					
A4467	BELT STRAP SLV GARMENT/COV ANY TYPE	BELT STRAP SLEEVE GARMENT OR COVERING ANY TYPE	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
A4470	GRAVLEE JET WASHER	GRAVLEE JET WASHER	No Auth Required					
A4480	VABRA ASPIRATOR	VABRA ASPIRATOR	No Auth Required					
A4481	TRACHEOSTOMA FLTR TYPE SZ EA	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH	No Auth Required					
A4483	MOISTR EXCHGR DISPBL W/INVASV VENT	MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT	No Auth Required					
A4550	SURGICAL TRAYS	SURGICAL TRAYS	No Auth Required					
A4553	NON-DISPOSABLE UNDERPADS ALL SIZES	NON-DISPOSABLE UNDERPADS ALL SIZES	No Auth Required					
A4556	ELECTRODES PER PAIR	ELECTRODES PER PAIR	No Auth Required					
A4557	LEAD WIRES PER PAIR	LEAD WIRES PER PAIR	No Auth Required					
A4558	CONDUCTVE GEL/PASTE USE W/ELEC DEVC	CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE	No Auth Required					
A4559	COUPLING GEL/PASTE W/US DEVC PER OZ	COUPLING GEL/PASTE USE W/US DEVICE PER OZ	No Auth Required					
A4561	PESSARY RUBBER ANY TYPE	PESSAR RUBBER ANY TYPE	No Auth Required					
A4562	PESSARY NON RUBBER ANY TYPE	PESSARY NON RUBBER ANY TYPE	No Auth Required					
A4563	RCTL CNTRL SYS VAG INSRT LT U ANY E	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	No Auth Required					
A4565	SLINGS	SLINGS	No Auth Required					
A4595	ELEC STIM SUPPLIES 2 LEAD PER MONTH	ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH	No Auth Required					
A4600	SLEEVE INTERMITT LIMB COMP REPL EA	SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA	No Auth Required					
A4601	LIB RECHARG NONPROSTHETIC USE REPL	LITHIUM ION BATT RECHARG NONPROS USE REPLACEMENT	No Auth Required					
A4602	REPL BA EXT IP OWND PT LI 1.5 V EA	REPL BA EXT INFUS PUMP OWND PATIENT LI 1.5 V EA	No Auth Required					
A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC	No Auth Required					
A4605	TRACHEAL SUCTION CATH CLOS SYS EA	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH	No Auth Required					
A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT	No Auth Required					
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH	TRANSTRACHEAL OXYGEN CATHETER EACH	No Auth Required					
A4614	PEAK EXPIRATORY FLW METER HAND HELD	PEAK EXPIRATORY FLOW RATE METER HAND HELD	No Auth Required					
A4615	CANNULA NASAL	CANNULA NASAL	No Auth Required					
A4616	TUBING PER FOOT	TUBING PER FOOT	No Auth Required					
A4617	MOUTHPIECE	MOUTHPIECE	No Auth Required					
A4618	BREATHING CIRCUITS	BREATHING CIRCUITS	No Auth Required					
A4619	FACE TENT	FACE TENT	No Auth Required					
A4620	VARIABLE CONCENTRATION MASK	VARIABLE CONCENTRATION MASK	No Auth Required					
A4623	TRACHEOSTOMY INNER CANNULA	TRACHEOSTOMY INNER CANNULA	No Auth Required					
A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA	No Auth Required					
A4625	TRACHEOST CARE KIT NEW TRACHEOST	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	No Auth Required					
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	TRACHEOSTOMY CLEANING BRUSH EACH	No Auth Required					
A4628	OROPHARYNGEAL SUCTION CATHETER EACH	OROPHARYNGEAL SUCTION CATHETER EACH	No Auth Required					
A4629	TRACHEOST CARE KIT EST TRACHEOST	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY	No Auth Required					
A4630	REPL BATTRY TRNSQ ELEC STIM OWND PT	REPLCMT BATTRY MED NECES TRNSQ ELEC STIM OWND PT	No Auth Required					
A4633	REPLCMT BULB/LAMP UV LGHT TX SYS EA	REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA	No Auth Required					
A4634	REPLCMT BULB TX LGHT BOX TABOP MDL	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL	No Auth Required					
A4635	UNDERARM PAD CRUTCH REPLACEMENT EA	UNDERARM PAD CRUTCH REPLACEMENT EACH	No Auth Required					
A4636	REPL HANDGRIP CANE CRTCH/WALKER EA	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	No Auth Required					
A4637	REPL TIP CANE CRUTCH WALKER EA	REPLACEMENT TIP CANE CRUTCH WALKER EACH	No Auth Required					
A4638	REPL BATT PT-OWND EAR PULSE GEN EA	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
A4639	REPL PAD INFRARD HEATING PAD SYS EA	REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH	No Auth Required					
A4640	REPL PAD W/ALTRNAT PRSS PAD OWND PT	REPLCMT PAD W/MED NECES ALTRNAT PRSS PAD OWND PT	No Auth Required					
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	No Auth Required					
A4642	IN-111 SATUMOMB PENDETID DX TO 6MCI	INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI	No Auth Required					
A4648	TISSUE MARKER IMPLANTBL ANY TYPE EA	TISSUE MARKER IMPLANTABLE ANY TYPE EACH	No Auth Required					
A4649	SURGICAL SUPPLY; MISCELLANEOUS	SURGICAL SUPPLY; MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
A4650	IMPLANTABLE RADIATION DOSIMETER EA	IMPLANTABLE RADIATION DOSIMETER EACH	No Auth Required					
A4651	CALIBRATED MICROCAPILLARY TUBE EACH	CALIBRATED MICROCAPILLARY TUBE EACH	No Auth Required					
A4652	MICROCAPILLARY TUBE SEALANT	MICROCAPILLARY TUBE SEALANT	No Auth Required					
A4653	PERITON DIALYSIS CATH ANCHR BELT EA	PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA	No Auth Required					
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH	SYRINGE WITH OR WITHOUT NEEDLE EACH	No Auth Required					
A4660	SPHYGMOMANOMETER/BP W/CUFF&STETH	SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE	No Auth Required					
A4663	BLOOD PRESSURE CUFF ONLY	BLOOD PRESSURE CUFF ONLY	No Auth Required					
A4671	DISPBL CYCLR SET USED W/CYCLR DIALY	DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA	No Auth Required					

A4672	DRAIN EXT LINE STERILE DIALYSIS EA	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH	No Auth Required					
A4673	EXT LINE W/EASY LOCK CNCTR DIALYSIS	EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS	No Auth Required					
A4674	CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ	No Auth Required					
A4680	ACTIVATED CARBON FILTER HEMODIAL EA	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH	No Auth Required					
A4690	DIALYZER ALL TYPES SZS HEMODIAL EA	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH	No Auth Required					
A4706	BICARBONATE CONC SOL HEMODIAL-GAL	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON	No Auth Required					
A4707	BICARBONAT CONC PWDR HEMODIAL-PCKET	BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET	No Auth Required					
A4708	ACTAT CONC SOL HEMODIAL-GALLON	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON	No Auth Required					
A4709	ACID CONC SOL HEMODIAL-GALLON	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON	No Auth Required					
A4714	TREATED H2O PERITON DIALYSIS-GALLON	TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON	No Auth Required					
A4719	Y SET TUBING PERITONEAL DIALYSIS	Y SET TUBING FOR PERITONEAL DIALYSIS	No Auth Required					
A4720	DIALYSATE FL>249<=999 CC DIALYSIS	DIALYSATE DXTROS FL >249</=999 CC PERITON DIALYS	No Auth Required					
A4721	DIALYSATE FL>999<=1999CC DIALYSIS	DIALYSATE DXTROS FL >999</=1999CC PERITON DIALYS	No Auth Required					
A4722	DIALYSATE FL>1999<=2999CC DIALYSIS	DIALYSATE DXTROS FL>1999</=2999CC PERITON DIALYS	No Auth Required					
A4723	DIALYSATE FL>2999<=3999CC DIALYSIS	DIALYSATE DXTROS FL>2999</=3999CC PERITON DIALYS	No Auth Required					
A4724	DIALYSATE FL>3999<=4999CC DIALYSIS	DIALYSATE DXTROS FL>3999</=4999CC PERITON DIALYS	No Auth Required					
A4725	DIALYSATE FL>4999<=5999CC DIALYSIS	DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS	No Auth Required					
A4726	DIALYSATE DEXTROSE FL>5999 CC PD	DIALYSATE DEXTROSE FLUID > 5999 CC PD	No Auth Required					
A4728	DIALYSAT SOL NO-DXTRS CNTAIN 500 ML	DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML	No Auth Required					
A4730	FIST CANNULAT SET HEMODIALYSIS EA	FISTULA CANNULATION SET FOR HEMODIALYSIS EACH	No Auth Required					
A4736	TOPICAL ANESTHETIC DIALYSIS PER G	TOPICAL ANESTHETIC FOR DIALYSIS PER G	No Auth Required					
A4737	INJ ANESTHETIC DIALYSIS PER 10 ML	INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML	No Auth Required					
A4740	SHUNT ACCESSRY HEMODIAL ANY TYPE EA	SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH	No Auth Required					
A4750	BLD TUBING ART/VENOUS HEMODIAL EA	BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH	No Auth Required					
A4755	BLD TUBING ART&VENOUS HEMODIAL EA	BLOOD TUBING ART&VENOUS COMBINED HEMODIALYSIS EA	No Auth Required					
A4760	DIALYSATE SOL TST KIT PERITON EA	DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA	No Auth Required					
A4765	DIALYSATE POWDER PERITON DIALYSIS	DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET	No Auth Required					
A4766	DIALYSATE SOL PERITON DIALYSIS-10ML	DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML	No Auth Required					
A4770	BLD COLLECTION TUBE VAC DIALYSIS-50	BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50	No Auth Required					
A4771	SERUM CLOT TIME TUBE DIALYSIS-50	SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50	No Auth Required					
A4772	BLD GLU TEST STRIPS DIALYSIS PER 50	BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50	No Auth Required					
A4773	OCCULT BLD TEST STRIPS DIALYSIS-50	OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50	No Auth Required					
A4774	AMMONIA TEST STRIPS DIALYSIS PER 50	AMMONIA TEST STRIPS FOR DIALYSIS PER 50	No Auth Required					
A4802	PROTAMINE SULFATE HEMODIAL-50 MG	PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG	No Auth Required					
A4860	DISPBL CATH TIP PERITON DIALYSIS-10	DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10	No Auth Required					
A4870	PLUMB &/ ELEC WRK HOM HEMODIAL EQP	PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT	No Auth Required					
A4890	CONTRACTS REPR&MAINT HEMODIAL EQP	CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT	No Auth Required					
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	No Auth Required					
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Authorization Required			Level 2 Review (Full Clinical Review)		
A4918	VENOUS PRESSURE CLAMP HEMODIAL EA	VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH	No Auth Required					
A4927	GLOVES NON-STERILE PER 100	GLOVES NON-STERILE PER 100	No Auth Required					
A4928	SURGICAL MASK PER 20	SURGICAL MASK PER 20	No Auth Required					
A4929	TOURNIQUET FOR DIALYSIS EACH	TOURNIQUET FOR DIALYSIS EACH	No Auth Required					
A4930	GLOVES STERILE PER PAIR	GLOVES STERILE PER PAIR	No Auth Required					
A4931	ORL THERMOMETER REUSBL ANY TYPE EA	ORAL THERMOMETER REUSABLE ANY TYPE EACH	No Auth Required					
A4932	RECTAL THERMOMETER REUSBL TYPE EA	RECTAL THERMOMETER REUSABLE ANY TYPE EACH	No Auth Required					
A5051	OST POUCH CLOS; W/BARRIER ATTCH EA	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH	No Auth Required					
A5052	OST POUCH CLOS; W/O BARR ATTACH EA	OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA	No Auth Required					
A5053	OSTOMY POUCH CLOS; USE FACEPLATE EA	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH	No Auth Required					
A5054	OST POUCH CLOS; BARRIER W/FLNGE EA	OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH	No Auth Required					
A5055	STOMA CAP	STOMA CAP	No Auth Required					
A5056	OST POUCH DRAIN EXT BARRIER FLTR EA	OST POUCH DRAINABLE EXT WEAR BARRIER W/FILTER EA	No Auth Required					
A5057	OST POUCH DRAIN BARR CONVX FLTR EA	OST POUCH DRAINABL EXT WEAR BARR CONVXTY FLTR EA	No Auth Required					
A5061	OST POUCH DRNABLE; W/BARR ATTCH EA	OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH	No Auth Required					
A5062	OST POUCH DRNABL; W/O BARR ATTCH EA	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA	No Auth Required					
A5063	OST POUCH DRNABLE; BARR W/FLNGE EA	OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA	No Auth Required					
A5071	OST POUCH URIN; W/BARRIER ATTCH EA	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH	No Auth Required					
A5072	OST POUCH URIN; W/O BARR ATTCH EA	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA	No Auth Required					
A5073	OST POUCH URIN; BARRIER W/FLNGE EA	OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH	No Auth Required					
A5081	STOMA PLUG OR SEAL ANY TYPE	STOMA PLUG OR SEAL ANY TYPE	No Auth Required					
A5082	CONTINENT DEVC;CATH CONTINENT STOMA	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	No Auth Required					
A5083	CONT DEVICE STOMA ABSORPTIVE COVER	CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA	No Auth Required					
A5093	OSTOMY ACCESSORY; CONVEX INSERT	OSTOMY ACCESSORY; CONVEX INSERT	No Auth Required					
A5102	BEDSIDE DRN BOTTLE W/WO TUBING EA	BEDSID DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA	No Auth Required					
A5105	URIN SUSPENSRY LEG BAG W/WO TUBE EA	URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH	No Auth Required					
A5112	URINARY DRAIN BAG LEG/ABD LATEX EA	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH	No Auth Required					
A5113	LEG STRAP; LATEX REPLCMT ONLY-SET	LEG STRAP; LATEX REPLACEMENT ONLY PER SET	No Auth Required					
A5114	LEG STRAP; FOAM/FABRIC REPL-SET	LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET	No Auth Required					
A5120	SKIN BARRIER WIPES OR SWABS EACH	SKIN BARRIER WIPES OR SWABS EACH	No Auth Required					
A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	No Auth Required					
A5122	SKN BARRIER; SOLID 8X8/EQUVALNT EA	SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	No Auth Required					
A5126	ADHES/NON-ADHES; DISK/FOAM PAD	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	No Auth Required					

A5131	APPLINC CLNR INCONT&OST APPLN-16 OZ	APPLINC CLNR INCONT&OSTOMY APPLINCS PER 16 OZ	No Auth Required					
A5200	PERQ CATH/TUBE ANCHR DEVC ADHES SKN	PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH	No Auth Required					
A5500	DM ONLY CSTM PREP SHOE MX DNS INSRT	DIAB ONLY FIT CSTM PREP&SPL SHOE MX DNSITY INSRT	No Auth Required					
A5501	DM ONLY CSTM PREP SHOE MOLD PTS FT	DIAB ONLY FIT CSTM PREP&SPL SHOE MOLD PTS FT	No Auth Required					
A5503	DM ONLY MOD SHOE/CSTM ROLLER/ROCKER	DIAB ONLY MOD SHOE/CSTM MOLD ROLLER/ROCKR BOTTOM	No Auth Required					
A5504	DM ONLY MOD SHOE/CSTM W/WEDGE SHOE	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/WEDGE SHOE	No Auth Required					
A5505	DM ONLY MOD SHOE/CSTM W/MT BAR SHOE	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/MT BAR SHOE	No Auth Required					
A5506	DM ONLY MOD SHOE/CSTM OFF SET HEEL	DIAB ONLY MOD SHOE/CSTM MOLD SHOE W/OFF SET HEEL	No Auth Required					
A5507	DM ONLY NOS MOD SHOE/CSTM MOLD SHOE	DIAB ONLY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE	No Auth Required					
A5508	DM ONLY DELUX FEATUR SHOE/CSTM MOLD	DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE	No Auth Required					
A5510	DIAB ONLY DIR FORM COMPRS MOLD FT	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT	No Auth Required					
A5512	FOR DIAB ONLY MX DNSITY INSRT PRFAB	FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PRFAB EA	No Auth Required					
A5513	DIA ONLY MX DN INSRT CSTM MLD P F E	DIA ONLY MX DEN INSRT CSTM FRM MDL PT FT CF EA	No Auth Required					
A5514	DIA MX DEN INS DIR CARV CSTM FAB EA	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	No Auth Required					
A6010	COLLEGEN WOUND FILLR DRY FORM PER G	COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G	No Auth Required					
A6011	COLLEGEN WOUND FIL GEL/PASTE PER G	COLLEGEN BASED WOUND FILLR GEL/PASTE STERL PER G	No Auth Required					
A6021	COLL DRESS PAD SIZE 16 SQ/LESS EA	COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA	No Auth Required					
A6022	COLL DRSG STRL>16 BUT</=48 SQ IN EA	COLL DRSG STERL PAD SIZE>16 SQ IN BUT/=48 SQ EA	No Auth Required					
A6023	COLL DRSG STERILE SZ >48 SQ IN EA	COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH	No Auth Required					
A6024	COLL DRESS WND FIL STERL PER 6 IN	COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN	No Auth Required					
A6025	GEL SHEET DERMAL/EPIDRMAL APPLIC EA	GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH	No Auth Required					
A6154	WOUND POUCH EACH	WOUND POUCH EACH	No Auth Required					
A6196	ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	ALGINAT/OTH FIBER GELL DRESS STERIL PAD 16 SQ/<	No Auth Required					
A6197	ALGINAT/OTH FIBR GELL >16<=48 SQEA	ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA	No Auth Required					
A6198	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA	No Auth Required					
A6199	ALGINAT/OTH FIBR GELL DRESS FIL-6IN	ALGINATE/OTH FIBER GEL DRESS WND FIL STERL 6 IN	No Auth Required					
A6203	COMPOS DRESS 16 SQ/< W/ADHES BORDR	COMPOS DRESS STERL PAD 16 SQ/< W/ADHES BORDR EA	No Auth Required					
A6204	COMPOS DRESS >16 <=48 SQ W/ADHES	COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA	No Auth Required					
A6205	COMPOS DRESS >48SQ W/ADHES BORDR EA	COMPOS DRESS STERL PAD > 48 SQ W/ADHES BORDR	No Auth Required					
A6206	CNTCT LAYR STERL 16 SQ IN/<EA DRESS	CONTACT LAYER STERL 16 SQ IN/LESS EA DRESSING	No Auth Required					
A6207	CNTC LAYER > 16 SQ BUT <= 48 SQ EA	CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING	No Auth Required					
A6208	CONTACT LAYER > 48 SQ EACH DRESSING	CONTACT LAYER STERL > 48 SQ IN EACH DRESSING	No Auth Required					
A6209	FOAM DRESS STERL 16 SQ/< NO ADHES	FOAM DRESS STERL PAD 16 SQ/< NO ADHES BORDR EA	No Auth Required					
A6210	FOAM DRESS >16 <=48SQ W/O ADHES EA	FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA	No Auth Required					
A6211	FOAM DRESS STERL > 48 SQ NO ADHES	FOAM DRESS STERL PAD >48 SQ NO ADHES BORDR EA	No Auth Required					
A6212	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	FOAM DRESS STERL PAD SZ 16 SQ/> W/ADHES BORDR EA	No Auth Required					
A6213	FOAM DRESS >16 <= 48 SQ W/ADHES EA	FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA	No Auth Required					
A6214	FOAM DRESS > 48 SQ W/ADHES BORDR EA	FOAM DRESS STERL PAD SZ > 48 SQ W/ADHES BORDR EA	No Auth Required					
A6215	FOAM DRESSING WOUND FIL STERL PER G	FOAM DRESSING WOUND FILLER STERILE PER G	No Auth Required					
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/<	GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA	No Auth Required					
A6217	GAUZE NON-IMPREG NONSTRL >16<=48SQ	GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES	No Auth Required					
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ	GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA	No Auth Required					
A6219	GAUZE NON-IMPREG STERL 16 SQ/<ADHES	GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR	No Auth Required					
A6220	GAUZE NON-IMPREG >16 <=48 SQ ADHES	GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA	No Auth Required					
A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES	GAUZE NON-IMPREG STERL > 48 SQ W/ADHES BORDR EA	No Auth Required					
A6222	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<	No Auth Required					
A6223	GAUZ IMPREG NOT H2O/HYDRGL >16<=48	GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ	No Auth Required					
A6224	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL > 48 SQ	No Auth Required					
A6228	GAUZ IMPREG WATR/NL SALINE > 16 SQ	GAUZE IMPREG H2O/NL SALINE STERL >16 SQ NO ADHES	No Auth Required					
A6229	GAUZ IMPREG WATR/SALINE >16<=48 SQ	GAUZE IMPREG H2O/NL SALINE STERL>16 BUT</=48 SQ	No Auth Required					
A6230	GAUZ IMPREG H2O/SALINE STERL >48 SQ	GAUZE IMPREG H2O/NL SALINE STERL> 48 SQ NO ADHES	No Auth Required					
A6231	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL 16 SQ/<	No Auth Required					
A6232	GAUZ IMPREG HYDRGEL DIR >16 <= 48	GAUZE IMPREG HYDROGEL DIR WND CNTC >16 </= 48 SQ	No Auth Required					
A6233	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	GAUZE IMPREG HYDROGEL DIR WND CNTC STERL>48 SQ	No Auth Required					
A6234	HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	HYDROCOLLOID DRESS STERL 16 SQ/< NO ADHES BORDR	No Auth Required					
A6235	HYDRCOLLOID DRESS >16<=48 NO ADHES	HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA	No Auth Required					
A6236	HYDROCOLLOID DRESS >48 SQ W/O ADHES	HYDROCOLLOID DRESS STERL >48 SQ NO ADHES BORDR	No Auth Required					
A6237	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	HYDROCOLLOID DRESS STERL 16 SQ/< ADHES BORDR	No Auth Required					
A6238	HYDRCOLLOID DRESS >16<= 48 W/ADHES	HYDROCOLLOID DRESS > 16 BUT </= 48 SQ W/ADHES EA	No Auth Required					
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES	HYDROCOLLOID DRESS STERL >48 SQ W/ADHES BORDR	No Auth Required					
A6240	HYDROCOLLOID DRESS FIL PASTE-FL OZ	HYDROCOLLOID DRESSING WND FIL PASTE STERL PER OZ	No Auth Required					
A6241	HYDROCOLLOID DRESS DRY FORM PER G	HYDROCOLLOID DRESS WND FIL DRY FORM STERL PER G	No Auth Required					
A6242	HYDROGEL DRESS 16 SQ/< W/O ADHES EA	HYDROGEL DRESS STERL PAD 16 SQ/< NO ADHES BORDR	No Auth Required					
A6243	HYDROGEL DRESS >16 <=48SQ NO ADHES	HYDROGEL DRESS >16 SQ BUT </= 48 SQ W/O ADHES EA	No Auth Required					
A6244	HYDROGEL DRESS > 48 SQ W/O ADHES EA	HYDROGEL DRESS STERL PAD > 48 SQ NO ADHES BORDR	No Auth Required					

A6245	HYDROGEL DRESS 16 SQ/< W/ADHES EA	HYDROGEL DRESS STERL PAD 16 SQ/< ADHES BORDR	No Auth Required					
A6246	HYDROGEL DRESS >16 <=48 SQ W/ADHES	HYDROGEL DRESS > 16 SQ BUT </= 48 SQ W/ADHES EA	No Auth Required					
A6247	HYDROGEL DRESS STERL >48 SQ ADHES	HYDROGEL DRESS STERL PAD > 48 SQ ADHES BORDR	No Auth Required					
A6248	HYDROGEL DRESS WOUND FIL GEL FL OZ	HYDROGEL DRESSING WOUND FILLER GEL PER FL OZ	No Auth Required					
A6250	SKN SEALNT PROTCT MOISTURZR OINTMNT	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ	No Auth Required					
A6251	SPCLTY ABSORB DRESS 16SQ/< NO ADHES	SPCLTY ABSORB DRESS STERL 16 SQ/<NO ADHES BORDR	No Auth Required					
A6252	SPCL ABSORB DRESS >16<=48 NO ADHES	SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR	No Auth Required					
A6253	SPCLTY ABSORB DRESS >48 SQ NO ADHES	SPCLTY ABSORB DRESS STERL >48 SQ NO ADHES BORDR	No Auth Required					
A6254	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	SPCLTY ABSORB DRESS STERL 16 SQ/< ADHES BORDR EA	No Auth Required					
A6255	SPCL ABSORB DRESS >16<= 48 W/ADHES	SPCLTY ABSORB DRESS STERL >16 </= 48 SQ W/ADHES	No Auth Required					
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES	SPCLTY ABSORB DRESS STERL > 48 SQ ADHES BORDR	No Auth Required					
A6257	TRNSPRT FILM STERL 16 SQ/< EA DRESS	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS	No Auth Required					
A6258	TRNSPRT FILM >16 SQ BUT <=48 SQ EA	TRNSPRT FILM STERL >16 SQ BUT</= 48 SQ EA DRESS	No Auth Required					
A6259	TRNSPRT FILM STERL > 48 SQ EA DRESS	TRANSPARENT FILM STERL > 48 SQ IN EA DRESSING	No Auth Required					
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE	WOUND CLEANSERS ANY TYPE ANY SIZE	No Auth Required					
A6261	WOUND FILLR GEL/PASTE PER FL OZ NOS	WOUND FILLER GEL/PASTE PER FL OZ NOS	No Auth Required					
A6262	WOUND FILLER DRY FORM PER G NOS	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	No Auth Required					
A6266	GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD	No Auth Required					
A6402	GAUZ NON-IMPREG STERL 16 SQ/< NO AD	GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR	No Auth Required					
A6403	GAUZ NON-IMPREG STERL >16 <= 48 SQ	GAUZE NON-IMPREG STERL > 16 </= 48 SQ W/O ADHES	No Auth Required					
A6404	GAUZ NON-IMPREG STRL >48SQ NO ADHES	GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR	No Auth Required					
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN	PACK STRIPS NON-IMPREGNTD UP 2 IN WDTH-LINR YARD	No Auth Required					
A6410	EYE PAD STERILE EACH	EYE PAD STERILE EACH	No Auth Required					
A6411	EYE PAD NON-STERILE EACH	EYE PAD NON-STERILE EACH	No Auth Required					
A6412	EYE PATCH OCCLUSIVE EACH	EYE PATCH OCCLUSIVE EACH	No Auth Required					
A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON	PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WDTH	No Auth Required					
A6442	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST	No Auth Required					
A6443	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST	No Auth Required					
A6444	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST	No Auth Required					
A6445	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	No Auth Required					
A6446	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	No Auth Required					
A6447	CONFORMING BANDGE NON-ELAST KNITTED	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL	No Auth Required					
A6448	LT COMPRS BANDGE ELAST WDTH < 3 IN	LT COMPRS BANDGE ELAST WDTH < 3 IN PER YARD	No Auth Required					
A6449	LT COMPRS BANDGE WDTH >/= 3 & <5 IN	LT COMPRS BANDGE ELAST WDTH >/= 3 & <5 IN PER YD	No Auth Required					
A6450	LT COMPRS BANDGE WDTH >/= 5 IN	LT COMPRS BANDGE ELAST WDTH >/= 5 IN PER YARD	No Auth Required					
A6451	MOD COMPRS BANDGE WD >/= 3 & <5 IN	MOD COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN	No Auth Required					
A6452	HI COMPRS BANDGE WD >/= 3 & <5 IN	HI COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN	No Auth Required					
A6453	SELF-ADHERENT BANDGE WDTH </= 3 IN	SELF-ADHERENT BANDGE WDTH </= 3 IN PER YARD	No Auth Required					
A6454	SLF ADHERNT BANDGE WD >/= 3 & <5 IN	SELF-ADHERENT BANDGE WDTH >/= 3 & < 5 IN PER YD	No Auth Required					
A6455	SELF-ADHERENT BANDGE WDTH >/= 5 IN	SELF-ADHERENT BANDGE WDTH >/= 5 IN PER YARD	No Auth Required					
A6456	ZINC PAST BANDGE WD >/= 3 & <5 IN	ZINC PASTE IMPREGNTD BANDGE WDTH >/= 3 & <5 IN	No Auth Required					
A6457	TUBULR DRSG W/WO ELAST WDTH LINR YD	TUBULAR DRSG W/WO ELASTIC ANY WDTH PER LINEAR YD	No Auth Required					
A6460	SYN RSRB W DR STRL P 16 SI/< NO A E	SYN RSRB WND DRSG STER PAD 16 SI/< NO ADH BO EA	No Auth Required					
A6461	S RSRB ST PD SZ >16 SI </= 48 SI E	SYN RSRB STR PAD SZ >16 SI BUT</= 48 SI NO A B E	No Auth Required					
A6501	COMPRS BURN GARMNT BDYSUIT CSTM FAB	COMPRS BURN GARMENT BODYSUIT CUSTOM FABRICATED	No Auth Required					
A6502	COMPRS BRN GARMNT CHIN STRAP CSTM	COMPRS BURN GARMENT CHIN STRAP CUSTOM FABRICATED	No Auth Required					
A6503	COMPRS BRN GARMNT FCE HOOD CSTM FAB	COMPRS BURN GARMENT FACIAL HOOD CUSTOM FAB	No Auth Required					
A6504	COMPRS BRN GARMNT GLOV WRST CSTM	COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB	No Auth Required					
A6505	COMPRS BRN GARMNT GLOV ELB CSTM FAB	COMPRS BURN GARMENT GLOVE ELB CUSTOM FABRICATED	No Auth Required					
A6506	COMPRS BURN GARMNT GLOV AX CSTM FAB	COMPRS BURN GARMENT GLOVE AXILLA CUSTOM FAB	No Auth Required					
A6507	COMPRS BRN GARMNT FT KNEE LEN CSTM	COMPRS BURN GARMENT FT KNEE LENGTH CUSTOM FAB	No Auth Required					
A6508	COMPRS BRN GARMNT FT THI LEN CSTM	COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB	No Auth Required					
A6509	COMPRS BRN GARMNT TRNK WAIST CSTM	COMPRS BRN GARMNT UP TRNK WAIST ARM OPENING CSTM	No Auth Required					
A6510	COMPRS BRN GARMNT TRNK ARM LEG OPN	COMPRS BRN GARMNT TRNK ARMS TO LEG OPENING CSTM	No Auth Required					
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN	COMPRS BRN GARMNT LW TRNK W/LEG OPENING CSTM FAB	No Auth Required					
A6512	COMPRESSION BURN GARMENT NOC	COMPRESSION BURN GARMENT NOC	No Auth Required					
A6513	COMPRS BRN MASK FCE&/NCK PLSTC/EQUL	COMPRS BRN MASK FCE & OR NCK PLSTC/EQUL CSTM FAB	No Auth Required					
A6531	GRADIENT COMPRS STK BK 30-40 MMHG	GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA	No Auth Required					
A6532	GRADIENT COMPRS STK BK 40-50 MMHG	GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA	No Auth Required					
A6545	GRD CMPRS WRP NONELST BK 30-50 MMHG	GRADIENT COMPRS WRAP NONELAST BK 30-50 MM HG EA	No Auth Required					
A6550	WND CARE SET NEG PRSS WND TX PUMP	WND CARE SET NEG PRSS WND TX ELEC PUMP SPL	No Auth Required					
A7000	CANISTER DISPBL USED W/SUCTN PUMP	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	No Auth Required					
A7001	CANISTR NONDISPBL USED W/SUCTN PUMP	CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH	No Auth Required					
A7002	TUBING USED WITH SUCTION PUMP EACH	TUBING USED WITH SUCTION PUMP EACH	No Auth Required					
A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL	No Auth Required					
A7004	SM VOL NONFILTR PNEUMAT NEB DISPBL	SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL	No Auth Required					
A7005	ADMN SET SM VOL NONFLTR NEB NONDISP	ADMN SET W/SM VOL NONFILTR NEBULIZR NON-DISPBL	No Auth Required					

A7006	ADMN SET W/SM VOL FILTR NEBULIZR	ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR	No Auth Required					
A7007	LG VOL NEBULIZR DISPBL UNFIL COMPRS	LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS	No Auth Required					
A7008	LG VOL NEBULIZR DISPBL PRFIL COMPRS	LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS	No Auth Required					
A7009	RESRVOR BOTTLE LG VOL US NEBULIZR	RESRVOR BOTTLE NON-DISPBL W/LG VOL US NEBULIZR	No Auth Required					
A7010	CORUG TUBE DISPBL LG VOL NEB 100 FT	CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT	No Auth Required					
A7012	WATER COLLEC DEV USE W/LG VOL NEB	WATER COLLEC DEV USE W/LG VOL NEB	No Auth Required					
A7013	FILTER DISP W/AREO COMPRESS/US GEN	FILTER DISPOSABL W/AREOSOL COMPRESS/US GENERATOR	No Auth Required					
A7014	FLTR NON-DISPBL AROSL COMPRS/US GEN	FILTER NON-DISPBL USED W/AROSL COMPRS/US GEN	No Auth Required					
A7015	AREO MASK USED W/ DME NEB	AREO MASK USED W/ DME NEB	No Auth Required					
A7016	DOME&MOUTHPECE W/SM VOL US NEBULIZR	DOME&MOUTHPIECE USED W/SMALL VOLUME US NEBULIZR	No Auth Required					
A7017	NEB GLASS/AUTOCLAV NOT USE W/O2	NEB GLASS/AUTOCLAV NOT USE W/O2	No Auth Required					
A7018	H2O DIST USE W/LG VOL NEB 1000 ML	H2O DIST USE W/LG VOL NEB 1000 ML	No Auth Required					
A7020	INTERFACE COUGH STIM DEVC REPL ONLY	INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY	No Auth Required					
A7025	HI FREQ CHST WALL OSCILAT VEST REPL	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
A7027	COMB ORAL/NASAL MASK W/CPAP EACH	COMB ORAL/NASAL MASK USED W/CPAP DEVICE EACH	No Auth Required					
A7028	ORAL CUSH ORAL/NASAL MASK REPL EA	ORAL CUSHION COMB ORAL/NASAL MASK REPL ONLY EACH	No Auth Required					
A7029	NASL PILLOW ORL/NASL MASK REPL PAIR	NASAL PILLOWS COMB ORAL/NASL MASK REPL ONLY PAIR	No Auth Required					
A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA	No Auth Required					
A7031	FCE MASK INTERFCE REPL FULL MASK EA	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA	No Auth Required					
A7032	CUSHN NASAL MASK INTF REPL ONLY EA	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	No Auth Required					
A7033	PILLW NASL CANNULA TYPE INTF REPL	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR	No Auth Required					
A7034	NASL INTERFCE POS ARWAY PRSS DEVC	NASL INTRFCE POS ARWAY PRSS DEVC W/WO HEAD STRAP	No Auth Required					
A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE	No Auth Required					
A7036	CHINSTRAP USE W/POS ARWAY PRSS DEVC	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE	No Auth Required					
A7037	TUBING USED W/POS ARWAY PRESS DEVC	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No Auth Required					
A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE	No Auth Required					
A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE	No Auth Required					
A7040	ONE WAY CHEST DRAIN VALVE	ONE WAY CHEST DRAIN VALVE	No Auth Required					
A7041	WATER SEAL DRNAGE CONTAINER&TUBING	WATER SEAL DRAINAGE CONTAINER & TUBING	No Auth Required					
A7044	ORL INTERFCE W/POS ARWAY PRSS DEVC	ORAL INTERFACE USED W/POS ARWAY PRESS DEVICE EA	No Auth Required					
A7045	EXHALATION PORT REPLACEMENT ONLY	EXHALATION PORT W/WO SWIVEL REPLACEMENT ONLY	No Auth Required					
A7046	WATR CHAMB HUMDIFIR USED W/POS ARWA	WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC R	No Auth Required					
A7047	ORAL INTF USED RESP SUCTION PUMP EA	ORAL INTERFACE USED RESPIRATORY SUCTION PUMP EA	No Auth Required					
A7048	VACUUM DRN CLCT U & TUBING KIT EA	VACUUM DRAINAGE COLLECTION UNIT & TUBING KIT EA	No Auth Required					
A7501	TRACHEOSTOMA VALV INCL DIAPHRAGM EA	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH	No Auth Required					
A7502	REPL DIAPH/FCEPLAT TRACHESTOMA VALV	REPL DIAPHRAGM/FCEPLATE TRACHEOSTOMA VALVE EA	No Auth Required					
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA	No Auth Required					
A7504	FLTR USE TRACHEOSTOMA EXCHG SYS EA	FLTR USE TRACHEOSTOMA HEAT&MOISTR EXCHG SYS EA	No Auth Required					
A7505	HOUS REUSABL W/O ADHES EXCHG SYS	HOUSING REUSABL W/O ADHES EXCHG SYS&/ VALV EA	No Auth Required					
A7506	ADHES DISC EXCHG SYS&/ W/TRACH VALV	ADHES DISC EXCHG SYS &/ W/TRACHEOSTOMA VALV EA	No Auth Required					
A7507	FLTR HLDR&INTGR FLTR TRACHEOSTOMA	FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG	No Auth Required					
A7508	HOUS&INTGR ADHES EXCHG SYS &/ VALV	HOUS&INTGR ADHES TRACHEOSTOMA EXCHG SYS &/ VALV	No Auth Required					
A7509	FLTR HLDR&INTGR FLTR HOUS&ADHES	FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA	No Auth Required					
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL	No Auth Required					
A7521	TRACHEOST/LARYNGECT TUBE CUFF PVC	TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA	No Auth Required					
A7522	TRACHEOST/LARYNGECT TUBE STNLESS ST	TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA	No Auth Required					
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	TRACHEOSTOMY SHOWER PROTECTOR EACH	No Auth Required					
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH	TRACHEOSTOMA STENT/STUD/BUTTON EACH	No Auth Required					
A7525	TRACHEOSTOMY MASK EACH	TRACHEOSTOMY MASK EACH	No Auth Required					
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EA	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	No Auth Required					
A7527	TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH	No Auth Required					
A8000	HELMET PROTECTIVE SOFT PREFAB	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES	No Auth Required					
A8001	HELMET PROTECTIVE HARD PREFAB	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES	No Auth Required					
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES	No Auth Required					
A8003	HELMET PROTECTIVE HARD CUSTOM FAB	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	No Auth Required					
A8004	SOFT INTERFACE FOR HELMET REPL ONLY	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	No Auth Required					
A9150	NONPRESCRIPTION DRUG	NONPRESCRIPTION DRUG	No Auth Required					
A9155	ARTFICIAL SALIVA 30 ML	ARTFICIAL SALIVA 30 ML	No Auth Required					
A9284	SPIROMETER NONELECTRONC INCL ACCESS	SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES	No Auth Required					
A9285	INVERSION/EVERSION CORRECTION DEVC	INVERSION/EVERSION CORRECTION DEVICE	No Auth Required					
A9500	TC-99M SESTAMIBI DX PER STUDY DOSE	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY DOSE	No Auth Required					
A9501	TC-99M TEBOROXIME DX PER STUDY DOSE	TECHNETIUM TC-99M TEBOROXIME DX PER STUDY DOSE	No Auth Required					
A9502	TC-99M TETROFOSMIN DX - STUDY DOSE	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE	No Auth Required					
A9503	TC-99M MEDRONATE DX UP TO 30 MCI	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI	No Auth Required					
A9504	TC-99M APCITIDE DX UP TO 20 MCI	TECHNETIUM TC-99M APCITIDE DX UP TO 20 MCI	No Auth Required					
A9505	TL-201 THALLOUS CHLORID DX PER MCI	THALLIUM TL-201 THALLOUS CHLORID DX PER MCI	No Auth Required					
A9507	IN-111 CAPROMB PENDETD DX TO 10 MCI	INDIUM IN-111 CAPROMAB PENDETIDE DX UP TO 10 MCI	No Auth Required					
A9508	I-131 IOBENGUANE SULFATE DX 0.5 MCI	IODINE I-131 IOBENGUANE SULFATE DX PER 0.5 MCI	No Auth Required					

A9509	IODINE I-123 SODIM IODIDE DX MCI	IODINE I-123 SODIUM IODIDE DX PER MILLICURIE	No Auth Required					
A9510	TC-99M DISOFENIN DX UP TO 15 MCI	TECHNETIUM TC-99M DISOFENIN DX UP TO 15 MCI	No Auth Required					
A9512	TC-99M PERTECHNETATE DX PER MCI	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE	No Auth Required					
A9513	LUTETIUM LU 177 DOTATATE THER 1 MCI	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	No Auth Required					
A9515	CHOLINE C-11 DX STUDY DOS TO 20 MCI	CHOLINE C-11 DX PER STUDY DOSE UP TO 20 MCI	No Auth Required					
A9516	I-123 SODIUM IODIDE DX TO 999 UCI	IODINE I-123 SODIUM IODIDE DX PER 100 UCI TO 999	No Auth Required					
A9517	I-131 SODIM IODIDE CAPS TX MCI	IODINE I-131 SODIUM IODIDE CAPS THERAPEUTIC MCI	No Auth Required					
A9520	TC-99M TILMANOCEPT DX TO 0.5 MCI	TECHNETIUM TC-99M TILMANOCEPT DX TO 0.5 MCI	No Auth Required					
A9521	TC-99M EXETAZIME DX UP TO 25 MCI	TECHNETIUM TC-99M EXETAZIME DX UP TO 25 MCI	No Auth Required					
A9524	I-131 IODINATD SERUM ALB DX 5 UCI	IODINE I-131 IODINATD SERUM ALBUMIN DX PER 5 UCI	No Auth Required					
A9526	NITRO N-13 AMMONIA DX UP TO 40 MCI	NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI	No Auth Required					
A9527	IODINE I-125 NA IODIDE SOL TX MCI	IODINE I-125 SODIUM IODIDE SOL TX PER MCI	No Auth Required					
A9528	I-131 SODIUM IODIDE CAPS DX PER MCI	IODINE I-131 SODIUM IODIDE CAPSULES DX PER MCI	No Auth Required					
A9529	I-131 SODIM IODIDE SOL DX PER MCI	IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU	No Auth Required					
A9530	I-131 SODIUM IODIDE SOL TX PER MCI	IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI	No Auth Required					
A9531	I-131 SODIM IODIDE DX UP TO 100 UCI	IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE	No Auth Required					
A9532	I-125 SERUM ALB DX PER 5 MICROCURIE	IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES	No Auth Required					
A9536	TC-99M DEPREOTIDE DX UP TO 35 MCI	TECHNETIUM TC-99M DEPREOTIDE DX UP TO 35 MCI	No Auth Required					
A9537	TC-99M MEBROFENIN DX UP TO 15 MCI	TECHNETIUM TC-99M MEBROFENIN DX UP TO 15 MCI	No Auth Required					
A9538	TC-99M PYROPHOSHATE DX UP TO 25 MCI	TECHNETIUM TC-99M PYROPHOSHATE DX UP TO 25 MCI	No Auth Required					
A9539	TC-99M PENTETATE DX UP TO 25 MCI	TECHNETIUM TC-99M PENTETATE DX UP TO 25 MCI	No Auth Required					
A9540	TC-99M MAA DX UP TO 10 MCI	TECHNETIUM TC-99M MAA DX STDY DOSE UP TO 10 MCI	No Auth Required					
A9541	TC-99M SULFUR COLL DX UP TO 20 MCI	TECHNETIUM TC-99M SULFUR COLLOID DX UP TO 20 MCI	No Auth Required					
A9542	IN-111 IBRITUMAB TIUXTN DX TO 5 MCI	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	No Auth Required					
A9543	Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	No Auth Required					
A9546	CO-57/58 CYANOCOBALAMIN DX TO 1 UCI	COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE	No Auth Required					
A9547	IN-111 OXYQUINOLIN DX 0.5 MILLICURE	INDIUM IN-111 OXYQUINOLINE DX PER 0.5 MILLICURIE	No Auth Required					
A9548	INDIUM IN-111 PENTETATE DX 0.5 MCI	INDIUM IN-111 PENTETATE DX PER 0.5 MILLICURIE	No Auth Required					
A9550	TC-99M SODIM GLUCEPTAT DX TO 25 MCI	TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI	No Auth Required					
A9551	TC-99M SUCCIMER DX UP TO 10 MCI	TECHNETIUM TC-99M SUCCIMER DX UP TO 10 MCI	No Auth Required					
A9552	FDG F-18 FDG DX UP TO 45 MCI	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI	No Auth Required					
A9553	CR-51 SODIUM CHROMATE DX TO 250 UCI	CHROMIUM CR-51 SODIUM CHROMATE DX UP TO 250 UCI	No Auth Required					
A9554	I-125 SODUM IOTHALAMTE DX TO 10 UCI	IODINE I-125 SODIUM IOTHALAMATE DX UP TO 10 UCI	No Auth Required					
A9555	RUBIDIUM RB-82 DX UP TO 60 MCI	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI	No Auth Required					
A9556	GALLIUM GA-67 CITRATE DX PER MCI	GALLIUM GA-67 CITRATE DIAGNOSTIC PER MILLICURIE	No Auth Required					
A9557	TC-99M BICISATE DX UP TO 25 MCI	TECHNETIUM TC-99M BICISATE DX UP TO 25 MCI	No Auth Required					
A9558	XENON XE-133 GAS DX PER 10 MCI	XENON XE-133 GAS DIAGNOSTIC PER 10 MILLICURIES	No Auth Required					
A9559	CO-57 CYANOCOBALAMN ORL DX TO 1 UCI	COBALT CO-57 CYANOCOBALAMIN ORAL DX UP TO 1 UCI	No Auth Required					
A9560	TC-99M LABELED RBC DX UP TO 30 MCI	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI	No Auth Required					
A9561	TC-99M OXIDRONATE DX UP TO 30 MCI	TECHNETIUM TC-99M OXIDRONATE DX UP TO 30 MCI	No Auth Required					
A9562	TC-99M MERTIATIDE DX UP TO 15 MCI	TECHNETIUM TC-99M MERTIATIDE DX UP TO 15 MCI	No Auth Required					
A9563	SODIUM PHOSHATE P-32 TX PER MCI	SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE	No Auth Required					
A9564	CHROMIC PHOSHATE P-32 SUSP TX MCI	CHROMIC PHOSHATE P-32 SUSP THERAPEUTIC PER MCI	No Auth Required					
A9566	TC-99M FANOLESOMAB DX UP TO 25 MCI	TECHNETIUM TC-99M FANOLESOMAB DX UP TO 25 MCI	No Auth Required					
A9567	TC-99M PENTETATE DX AROSL TO 75 MCI	TECHNETIUM TC-99M PENTETATE DX AEROSOL TO 75 MCI	No Auth Required					
A9568	TC-99M ARCITUMOMAB DX TO 45 MCI	TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI	No Auth Required					
A9569	TC-99M EXAMETAZIME AUTOLG WBC DX	TECHNETIUM TC-99M EXAMETAZIME AUTOLG WBC DX DOSE	No Auth Required					
A9570	INDIUM IN-111 AUTOLG WBC DX DOSE	INDIUM IN-111 AUTOLOGOUS WBC DX PER STUDY DOSE	No Auth Required					
A9571	INDIUM IN-111 AUTOLG PLATELETS DX	INDIUM IN-111 AUTOLOGOUS PLATELETS DX STUDY DOSE	No Auth Required					
A9572	IN-111 PENTETREOTIDE DX TO 6 MCI	INDIUM IN-111 PENTETREOTIDE DX DOSE TO 6 MCI	No Auth Required					
A9575	INJ GADOTERATE MEGLUMINE 0.1 ML	INJECTION GADOTERATE MEGLUMINE 0.1 ML	No Auth Required					
A9576	INJECTION GADOTERIDOL PER ML	INJECTION GADOTERIDOL PROHANCE MULTIPACK PER ML	No Auth Required					
A9577	INJ GADOBENATE DIMEGLUMINE PER ML	INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER ML	No Auth Required					
A9578	INJ GADOBENATE DIMEGLUMIN MXPACK ML	INJ GADOBENATE DIMEGLUMINE MXHANCE MXPACK PER ML	No Auth Required					
A9579	INJ GADOLINIUM MR CONTRAST NOS ML	INJECTION GADOLINIUM BASED MR CONTRAST NOS ML	No Auth Required					
A9580	NAF F-18 DX STUDY DOSE TO 30 MCI	SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI	No Auth Required					
A9581	INJ GADOXETATE DISODIUM 1 ML	INJECTION GADOXETATE DISODIUM 1 ML	No Auth Required					
A9582	I-123 IOBENGUANE DX DOSE TO 15 MCI	IODINE I-123 IOBENGUANE DX STUDY DOSE TO 15 MCI	No Auth Required					
A9583	INJ GADOFOSVESET TRISODIUM 1 ML	INJECTION GADOFOSVESET TRISODIUM 1 ML	No Auth Required					
A9584	IODINE I-123 IOFLUPAN DX UP 5 MCI	IODINE I-123 IOFLUPANE DX-STUDY DOSE UP 5 MCI	No Auth Required					
A9585	INJECTION GADOBUTROL 0.1 ML	INJECTION GADOBUTROL 0.1 ML	No Auth Required					
A9586	FLORBETAPR F18 DX-STDY DS TO 10 MCI	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI	No Auth Required					
A9587	GALLIUM GA-68 DOTATATE DX 0.1 MCI	GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE	No Auth Required					
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI	FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE	No Auth Required					
A9589	INSTILLATION HAL HCI 100 MG	INSTILLATION HEXAMINOLEVULINATE HCI 100 MG	No Auth Required					
A9590	IODINE I-131 IOBENGUANE 1 MCI	IODINE I-131 IOBENGUANE 1 MCI	No Auth Required					

A9597	PET RADIOPHARMA DX TUMOR ID NOC	POSITRON EMISSION TOMOGRAPHY RP DX TUMOR ID NOC	No Auth Required					
A9598	PET RADIOPHARM DX NON-TUMOR ID NOC	POSITRON EMISSION TOMO RP DX NON-TUMOR ID NOC	No Auth Required					
A9600	STRONTIUM SR-89 CHLORID TX PER MCI	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	No Auth Required					
A9604	SM-153 LEXIDRONAM TX TO 150 MCI	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	No Auth Required					
A9606	RADIUM RA-223 DICHLORIDE TX PER UCI	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	No Auth Required					
A9698	NON-RADIOACTV CONTRST IMAG MATL NOC	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	No Auth Required					
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	RADIOPHARMACEUTICAL THERAPEUTIC NOC	No Auth Required					
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY	SUP OF INJ CONTRST MAT-ECHO P/STUDY	No Auth Required					
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	No Auth Required					
A9901	DME DEL SET&/DSPNS SRVC ANOTH HCPCS	DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS	No Auth Required					
A9999	MISCELLANEOUS DME SUPPLY/ACCESS NOS	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Authorization Required			Level 2 Review (Full Clinical Review)		
B4034	ENTERAL FEED SPL KIT; SYRINGE DAY	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4035	ENTERAL FEED SPL KIT; PUMP FED-DAY	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	No Auth Required					
B4036	ENTERAL FD SPL KIT; GRAVITY FED-DAY	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4081	NASOGASTRIC TUBING WITH STYLET	NASOGASTRIC TUBING WITH STYLET	No Auth Required					
B4082	NASOGASTRIC TUBING WITHOUT STYLET	NASOGASTRIC TUBING WITHOUT STYLET	No Auth Required					
B4083	STOMACH TUBE - LEVINE TYPE	STOMACH TUBE - LEVINE TYPE	No Auth Required					
B4087	GASTROSTOMY/J-TUBE STANDARD EACH	GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA	No Auth Required					
B4088	GASTROSTOMY/J-TUBE LOW-PROFILE EA	GASTROSTOMY/J-TUBE LOW-PROFILE ANY MAT/TYPE EACH	No Auth Required					
B4102	ENTRAL F ADLT REPL FL&LYTES 500 ML	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4103	ENTRAL F PED REPL FL&LYTES 500 ML	ENTRAL FORMULA PED REPL FLS&LYTES 500 ML = 1 U	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4104	ADDITIVE FOR ENTERAL FORMULA	ADDITIVE FOR ENTERAL FORMULA	No Auth Required					
B4105	IN-LINE CART CTG DIG ENZYME EF EACH	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4150	ENTRAL F NUTRITIONALLY COMPLETE	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4152	ENTRAL F NUTRITION CMPL CAL DENSE	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4153	ENTRL F NUTRTN CMPL HYDROLYZD PROTS	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4154	ENTRAL F CMPL NO INHERITED DZ METAB	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4155	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4157	ENTRAL F CMPL INHERITED DZ METAB	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4158	ENTRAL F PED NUTRITION COMPLETE	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4160	ENTRAL F PED NUTRITN CMPL CAL DENSE	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4161	ENTRAL F PED HYDROLYZED/AA PROTEINS	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4162	ENTRAL F PED INHERITED DZ METAB	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4164	PARNTRAL NUT SOL; CARBS 50%/< HOM	PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5-7%	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7%-HOM MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5%-HOM MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4185	PARENTERAL NUTR SOL NOS 10 G LIPIDS	PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4187	OMEGAVEN 10 G LIPIDS	OMEGAVEN 10 G LIPIDS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4189	PARNTRAL NUT;AMINOACID&CARB 10-51GM	PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4193	PARNTRAL NUT;AMINOACID&CARB 52-73GM	PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4197	PARNTRL NUT;AMINOACID&CARB 74-100GM	PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B4199	PARNTRAL NUT;AMINO ACID&CARB >100GM	PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B4220	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	No Auth Required					
B4222	PARNTRAL NUT SPL KIT; HOM MIX-DAY	PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	No Auth Required					
B4224	PARNTRAL NUTRITION ADMIN KIT-DAY	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B5000	PARNTRAL NUT; AMINO ACID&CARBS RENL	PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
B5100	PARENTERL NUT SOL AMINO ACID & CARB	PARENTERAL NUT SOL AMINO ACID AND CARBOHYDRATES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B5200	PARNTRL NUT AMINO ACID & CARS STRSS	PARNTRAL NUT SOL AMINO ACID&CARB STRSS-BR CHAIN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE	ENTERAL NUTRITION INFUSION PUMP ANY TYPE	No Auth Required					
B9004	PARNTRAL NUTRIT INFUS PUMP PRTBLE	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	No Auth Required					
B9006	PARNTRAL NUTRIT INFUS PUMP STATION	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	No Auth Required					
B9998	NOC FOR ENTERAL SUPPLIES	NOC FOR ENTERAL SUPPLIES	No Auth Required					
B9999	NOC FOR PARENTERAL SUPPLIES	NOC FOR PARENTERAL SUPPLIES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
C1713	ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN	No Auth Required					
C1714	CATH TRNSLUM ATHERECT DIRECTIONAL	CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL	No Auth Required					
C1715	BRACHYTHERAPY NEEDLE	BRACHYTHERAPY NEEDLE	No Auth Required					
C1716	BRACHYTX NONSTRAND GOLD-198 PER SRC	BRACHYTHERAPY NONSTRANDED GOLD-198 PER SOURCE	No Auth Required					
C1717	BRACHYTX NONSTRAND HD IRIDIUM-192	BRACHYTX NONSTRANDED HI DOSE IRIDIUM-192 PER SRC	No Auth Required					
C1719	BRACHYTX NONSTRND NONHD IRIDIUM-192	BRACHYTX NONSTRANDED NON-HD IRIDIUM-192 PER SRC	No Auth Required					
C1721	CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER	No Auth Required					
C1722	CARDIOVERT-DEFIB SINGLE CHAMB	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER	No Auth Required					
C1724	CATH TRNSLUM ATHERECT ROTATIONAL	CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL	No Auth Required					
C1725	CATHETER TRNSLUM ANGPLSTY NON-LASER	CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER	No Auth Required					

C1726	CATHETER BALLOON DILAT NON-VASCULAR	CATHETER BALLOON DILATATION NON-VASCULAR	No Auth Required					
C1727	CATH BALLN TISS DISSECTOR NON-VASC	CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR	No Auth Required					
C1728	CATHETER BRACHYTHERAPY SEED ADMIN	CATHETER BRACHYTHERAPY SEED ADMINISTRATION	No Auth Required					
C1729	CATHETER DRAINAGE	CATHETER DRAINAGE	No Auth Required					
C1730	CATH EP DX OTH THAN 3D MAP 19/<	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19/<	No Auth Required					
C1731	CATH EP DX OTH THAN 3D MAP 20/>	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20/>	No Auth Required					
C1732	CATH EP DX/ABLAT 3D/VECTOR MAP	CATH ELECTROPHYSIOLOGY DX/ABLAT 3D/VECTOR MAP	No Auth Required					
C1733	CATH EP DX/ABLAT NOT MAP/COOL-TIP	CATH EP DX/ABLAT NOT 3D/VECTOR MAP NOT COOL-TIP	No Auth Required					
C1734	ORTHO/DEVC/DX MX OPP BTB/SFT T-TO B	ORTHOPEDIC/DEVC/DX MATRIX OPP BTB/SFT TISS-TO BN	No Auth Required					
C1749	ENDO RETRO IMAG/ILLUM COLONOSCOPE	ENDO RETRO IMAG/ILLUMINATION COLONOSCOPE DEVICE	No Auth Required					
C1750	CATH HEMODIAL/PERITON LONG-TERM	CATHETER HEMODIAL/PERITONEAL LONG-TERM	No Auth Required					
C1751	CATH INFUS INSRT PERIPH CNTRL/MIDLN	CATHETER INFUS INSRT PERIPHERALLY CNTRLLY/MIDLN	No Auth Required					
C1752	CATHETER HEMODIALYSIS SHORT-TERM	CATHETER HEMODIALYSIS SHORT-TERM	No Auth Required					
C1753	CATHETER INTRAVASCULAR ULTRASOUND	CATHETER INTRAVASCULAR ULTRASOUND	No Auth Required					
C1754	CATHETER INTRADISCAL	CATHETER INTRADISCAL	No Auth Required					
C1755	CATHETER INTRASPINAL	CATHETER INTRASPINAL	No Auth Required					
C1756	CATHETER PACING TRANSESOPHAGEAL	CATHETER PACING TRANSESOPHAGEAL	No Auth Required					
C1757	CATHETER THROMBECTOMY/EMBOLECTOMY	CATHETER THROMBECTOMY/EMBOLECTOMY	No Auth Required					
C1758	CATHETER URETERAL	CATHETER URETERAL	No Auth Required					
C1759	CATHETER INTRACARD ECHOCARDIOGRAPHY	CATHETER INTRACARDIAC ECHOCARDIOGRAPHY	No Auth Required					
C1760	CLOSURE DEVICE VASCULAR	CLOSURE DEVICE VASCULAR	No Auth Required					
C1762	CONNECTIVE TISSUE HUMAN	CONNECTIVE TISSUE HUMAN	No Auth Required					
C1763	CONNECTIVE TISSUE NON-HUMAN	CONNECTIVE TISSUE NON-HUMAN	No Auth Required					
C1764	EVENT RECORDER CARDIAC	EVENT RECORDER CARDIAC	No Auth Required					
C1765	ADHESION BARRIER	ADHESION BARRIER	No Auth Required					
C1766	INTRDUCR/SHEATH EP NOT PEEL-AWAY	INTRDUCR/SHEATH GUID INTRACARD EP NOT PEEL-AWAY	No Auth Required					
C1767	GENERATOR NEUROSTIM NONRECHARGEABLE	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE	No Auth Required					
C1768	GRAFT VASCULAR	GRAFT VASCULAR	No Auth Required					
C1769	GUIDE WIRE	GUIDE WIRE	No Auth Required					
C1770	IMAGING COIL MAGNETIC RESONANCE	IMAGING COIL MAGNETIC RESONANCE	No Auth Required					
C1771	REPR DEVICE URIN INCONT W/SLING GFT	REPAIR DEVICE URINARY INCONTINENCE W/SLING GRAFT	No Auth Required					
C1772	INFUSION PUMP PROGRAMMABLE	INFUSION PUMP PROGRAMMABLE	No Auth Required					
C1773	RETRIEVAL DEVICE INSERTABLE	RETRIEVAL DEVICE INSERTABLE	No Auth Required					
C1776	JOINT DEVICE	JOINT DEVICE	Authorization Required	Joint		Level 2 Review (Full Clinical Review)		
C1777	LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL	LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL	No Auth Required					
C1778	LEAD NEUROSTIMULATOR	LEAD NEUROSTIMULATOR	No Auth Required					
C1779	LEAD PACEMKR TRNS VDD SINGLE PASS	LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS	No Auth Required					
C1780	LENS INTRAOCULAR	LENS INTRAOCULAR	No Auth Required					
C1781	MESH	MESH	No Auth Required					
C1782	MORCELLATOR	MORCELLATOR	No Auth Required					
C1783	OCULAR IMPL AQUEOUS DRAIN ASST DEVC	OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE	No Auth Required					
C1784	OCULR DEVC INTRAOP DETACHED RETINA	OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA	No Auth Required					
C1785	PACEMKR DUAL CHAMB RATE-RESPONSIVE	PACEMAKER DUAL CHAMBER RATE-RESPONSIVE	No Auth Required					
C1786	PACEMKR 1 CHAMB RATE-RESPONSIVE	PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE	No Auth Required					
C1787	PATIENT PROGRAMMER NEUROSTIMULATOR	PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR	No Auth Required					
C1788	PORT INDWELLING	PORT INDWELLING	No Auth Required					
C1789	PROSTHESIS BREAST	PROSTHESIS BREAST	No Auth Required					
C1813	PROSTHESIS PENILE INFLATABLE	PROSTHESIS PENILE INFLATABLE	No Auth Required					
C1814	RETINAL TAMPONADE DEVICE SILCON OIL	RETINAL TAMPONADE DEVICE SILICONE OIL	No Auth Required					
C1815	PROSTHESIS URINARY SPHINCTER	PROSTHESIS URINARY SPHINCTER	No Auth Required					
C1816	RECV &OR TRANSMITTER NEUROSTIM	RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR	No Auth Required					
C1817	SEPTAL DEFEC IMPL SYSTEM INTRACARD	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC	No Auth Required					
C1818	INTEGRATED KERATOPROSTHESIS	INTEGRATED KERATOPROSTHESIS	No Auth Required					
C1819	SURG TISSUE LOC & EXC DEVICE	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE	No Auth Required					
C1820	GEN NEUROSTIM RECHRG BATT&CHARG SYS	GEN NEUROSTIM W/RECHRG BATTERY & CHARGING SYSTEM	No Auth Required					
C1821	INTERSPINOUS PRC DISTRACT DEVC IMPL	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
C1822	GEN NEUROSTIM HI FREQ RECHARG BATT	GEN NEUROSTIM HIGH FREQ RECHARG BATT & CHARG SYS	No Auth Required					
C1823	GEN NEUROSTM NON-RECHRG TV S&STM LD	GENERATR NEUROSTIM NON-RECHRGABL TV S&STIM LEADS	No Auth Required					
C1824	GENERATOR CARDIAC CONTRACTILITY MOD	GENERATOR CARDIAC CONTRACTILITY MODULATION	No Auth Required					
C1830	POWERED BONE MARROW BIOPSY NEEDLE	POWERED BONE MARROW BIOPSY NEEDLE	No Auth Required					
C1839	IRIS PROSTHESIS	IRIS PROSTHESIS	No Auth Required					
C1840	LENS INTRAOCULAR TELESCOPIC	LENS INTRAOCULAR TELESCOPIC	No Auth Required					
C1841	RETINAL PROSTH INCL INTRL&EXT CMPNT	RETINAL PROSTH INCL ALL INTRL & EXTERNL CMPNT	No Auth Required					
C1874	STENT COATED/COVR W/DELIVERY SYSTEM	STENT COATED/COVERED WITH DELIVERY SYSTEM	No Auth Required					
C1875	STENT COATED/COVR W/O DELIV SYSTEM	STENT COATED/COVERED WITHOUT DELIVERY SYSTEM	No Auth Required					
C1876	STNT NON-COATED/NON-COVR DELIV SYS	STENT NON-COATED/NON-COVERED W/DELIVERY SYSTEM	No Auth Required					
C1877	STNT NON-COAT/NON-COVR W/O DEL SYS	STENT NON-COATED/NON-COVR WITHOUT DELIV SYSTEM	No Auth Required					
C1878	MATL VOCAL CORD MEDIZATION SYNTH	MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC	No Auth Required					
C1880	VENA CAVA FILTER	VENA CAVA FILTER	No Auth Required					
C1881	DIALYSIS ACCESS SYSTEM	DIALYSIS ACCESS SYSTEM	No Auth Required					
C1882	CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB	CARDIOVERT-DEFIB OTH THAN SINGLE/DUAL CHAMB	No Auth Required					
C1883	ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD	ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD	No Auth Required					
C1884	EMBOLIZATION PROTECTIVE SYSTEM	EMBOLIZATION PROTECTIVE SYSTEM	No Auth Required					
C1885	CATHETER TRNSLUM ANGPLSTY LASER	CATHETER TRANSLUMINAL ANGIOPLASTY LASER	No Auth Required					
C1886	CATH EXTRAVASCULAR TISS ABLAT MODAL	CATH EXTRAVASCULAR TISSUE ABLAT MODAL INSERTABLE	No Auth Required					
C1887	CATHETER GUIDING	CATHETER GUIDING	No Auth Required					
C1888	CATH ABLATION NON-CARDIAC ENDOVASC	CATHETER ABLATION NON-CARDIAC ENDOVASCULAR	No Auth Required					
C1889	IMPLANTABLE/INSERTABLE DEVICE NOC	IMPLANTABLE/INSERTABLE DEVICE NOT OTRW CLASS	No Auth Required					
C1890	NO IMPL/INSRT DEVC U DEVC-INT PROC	NO IMPLANT/INSERTABLE DEVC USED W/DEVC-INT PROC	No Auth Required					
C1891	INFUS PUMP NON-PROGMMABLE PERMANENT	INFUSION PUMP NON-PROGRAMMABLE PERMANENT	No Auth Required					
C1892	INTRDUCR/SHEATH EP CURVE PEEL-AWAY	INTRDUCR/SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY	No Auth Required					

C1893	INTRDUCR/SHEATH EP CURVE NOT PEEL	INTRDUCR/SHEATH INTRCARD EP CURVE NOT PEEL-AWAY	No Auth Required					
C1894	INTRDUCR/SHEATH NOT GUID NON-LASR	INTRDUCR/SHEATH NOT GUID INTRACARD EP NON-LASR	No Auth Required					
C1895	LEAD CARDIOVRT-DFIB ENDOCARD DUL	LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL	No Auth Required					
C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARD	LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL 1/DUL COIL	No Auth Required					
C1897	LEAD NEUROSTIMULATOR TEST KIT	LEAD NEUROSTIMULATOR TEST KIT	No Auth Required					
C1898	LEAD PACEMKR NOT TRNS VDD 1 PASS	LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS	No Auth Required					
C1899	LEAD PACEMKR/CARDIOVERT-DEFIB COMB	LEAD PACEMAKER/CARDIOVERT-DEFIB COMBINATION	No Auth Required					
C1900	LEAD LT VENTRICULAR CORON VENUS SYS	LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM	No Auth Required					
C1982	CATH PRES GEN O/W VALV INTRMIT OCCL	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL	No Auth Required					
C2596	PROBE IMAG GUID ROBOTC WATERJET ABL	PROBE IMAGE GUIDED ROBOTIC WATERJET ABLATION	No Auth Required					
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYST	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	No Auth Required					
C2614	PROBE PERCUT LUMBAR DISCECTOMY	PROBE PERCUTANEOUS LUMBAR DISCECTOMY	No Auth Required					
C2615	SEALANT PULMONARY LIQUID	SEALANT PULMONARY LIQUID	No Auth Required					
C2616	BRACHYTX NONSTRAND YTTRIUM-90 SRC	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	No Auth Required					
C2617	STENT NON-COR TEMP W/O DELIV SYSTEM	STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM	No Auth Required					
C2618	PROBE/NEEDLE CRYOABLATION	PROBE/NEEDLE CRYOABLATION	No Auth Required					
C2619	PACEMKR DUL CHAMB NON RATE-RESPONS	PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE	No Auth Required					
C2620	PACEMKR 1 CHAMB NON RATE-RESPONSIVE	PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE	No Auth Required					
C2621	PACEMKR OTH THAN SINGLE/DUAL CHAMB	PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER	No Auth Required					
C2622	PROSTHESIS PENILE NON-INFLATABLE	PROSTHESIS PENILE NON-INFLATABLE	No Auth Required					
C2623	CATHETER TA DRUG-COATED NON-LASER	CATHETER TRNSLUM ANGPLASTY DRUG-COATED NON-LASER	No Auth Required					
C2624	IMPL WL PULM ART PRSS SNSR DEL CATH	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	No Auth Required					
C2625	STENT NON-COR TEMP W/DELIV SYSTEM	STENT NON-CORONARY TEMPORARY W/DELIVERY SYSTEM	No Auth Required					
C2626	INFUS PUMP NON-PROGMMABLE TEMPORARY	INFUSION PUMP NON-PROGRAMMABLE TEMPORARY	No Auth Required					
C2627	CATHETER SUPRAPUBIC/CYSTOSCOPIC	CATHETER SUPRAPUBIC/CYSTOSCOPIC	No Auth Required					
C2628	CATHETER OCCLUSION	CATHETER OCCLUSION	No Auth Required					
C2629	INTRDCR/SHTH NOT GUID NO IC EEG LSR	INTRDUCR/SHTH OTH THAN GUID OTH THAN IC EEG LASR	No Auth Required					
C2630	CATH EP DX/ABLAT NOT MAP COOL-TIP	CATH EP DX/ABLAT NOT 3D/VECTOR MAP COOL-TIP	No Auth Required					
C2631	REPR DEVC URIN INCONT W/O SLING GFT	REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT	No Auth Required					
C2634	BRACHYTX NONSTRAND I-125 >1.01 MCI	BRACHYTX NONSTRAND IODINE-125 >1.01 MCI PER SRC	No Auth Required					
C2635	BRACHYTX NONSTRAND PD-103 >2.2 MCI	BRACHYTX NONSTRND PALLADIUM-103 >2.2 MCI PER SRC	No Auth Required					
C2636	BRACHYTX LIN NONSTRAND PD-103 1 MM	BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM	No Auth Required					
C2637	BRACHYTX NONSTRAND YTTERBIUM-169	BRACHYTX NONSTRANDED YTTERBIUM-169 PER SOURCE	No Auth Required					
C2638	BRACHYTX STRANDED IODINE-125 SOURCE	BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE	No Auth Required					
C2639	BRACHYTX NONSTRAND IODINE-125 SRC	BRACHYTHERAPY NONSTRANDED IODINE-125 PER SOURCE	No Auth Required					
C2640	BRACHYTX STRANDED PALLADIUM-103 SRC	BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE	No Auth Required					
C2641	BRACHYTX NONSTRND PALLADIUM-103 SRC	BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC	No Auth Required					
C2642	BRACHYTX STRANDED CESIUM-131 SRC	BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE	No Auth Required					
C2643	BRACHYTX NONSTRANDED CESIUM-131 SRC	BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE	No Auth Required					
C2644	BT SRC CESIUM-131 CHLOR SOL PER MCI	BRACHYTHERAPY SRC CESIUM-131 CHLORID SOL PER MCI	No Auth Required					
C2645	BRT PLANAR SOURCE PD-103 PER SQ ML	BRACHYTHERAPY PLANAR SRC PALLADIUM-103 PER SQ ML	No Auth Required					
C2698	BRACHYTX STRANDED NOS PER SOURCE	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	No Auth Required					
C2699	BRACHYTX NONSTRANDED NOS PER SOURCE	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	No Auth Required					
C5271	APPL SG T- A- L 100 CM;1ST 25 CM/<	APPL SKN GRFT TRUNK ARM LEG 100 CM; 1ST 25 CM/<	No Auth Required					
C5272	APPL SG T-A-L A 100 CM;EA ADD 25 CM	APPL SG TRNK ARMS LEGS AREA 100 CM; EA ADD 25 CM	No Auth Required					
C5273	APPL SG T-A- L>/=100 CM;1ST 100 CM	APPL SG TRUNK ARM LEG AREA >/=100 CM;1ST 100 CM	No Auth Required					
C5274	APP SG T-A-L>/=100 CM;EA ADD 100 CM	APPL SG TRNK ARM LEG AREA>/=100 CM;EA ADD 100 CM	No Auth Required					
C5275	APP SG F-N-HF-G 100 CM;1ST 25 CM/<	APPL SG F-S-N-H-F-G-M-D A TO 100 CM; 1ST 25 CM/<	No Auth Required					
C5276	APP SG F-S-N-HF-G 100 CM;EA A 25 CM	APPL SG F-S-N-H-F-G-M-D A TO 100 CM;EA ADD 25 CM	No Auth Required					
C5277	APP SG F/N/HF/G>/=100;1ST 100/1% CH	APP SG F/N/HF/G A >/=100 CM;1ST 100 CM/1% A CHLD	No Auth Required					
C5278	APP SG F/N/HF/G>/=100;ADD 100/1% CH	APP SG F/N/HF/G A >/=100 CM;EA ADD 100 CM/1% CHL	No Auth Required					
C8900	MR ANGIOGRAPHY W/CONTRAST ABDOMEN	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8901	MR ANGIOGRAPHY WITHOUT CONTRST ABD	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8902	MR ANGIO W/O CONTRST W/CONTRST ABD	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
C8903	MR IMAGING W/CONTRAST BREAST; UNI	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8905	MR NO CONTRST FLW W/CNTRST BRST;UNI	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8906	MR IMAGING W/CONTRST BREAST; BIL	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8908	MR NO CONTRST FLW CNTRST BRST; BIL	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	MR ANGIOGRAPHY WITH CONTRAST CHEST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8910	MR ANGIO WITHOUT CONTRST CHEST	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8911	MR ANGIO NO CONTRST FLW CNTRST CHST	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8912	MR ANGIO W/CONTRST LOWER EXTREMITY	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8913	MR ANGIO WITHOUT CONTRST LOW EXTREM	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8914	MR ANGIO NO CNTRST FLW CON LW EXTRM	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8919	MRA WITHOUT CONTRAST PELVIS	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8920	MRA NO CONTRST FLWED W/CONTRST PELV	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8921	TTE CONG CARDIAC ANOMAL; COMPLETE	TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE	No Auth Required					

C8922	TTE CONG CARDIAC ANOMAL; LIMITED	TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD	No Auth Required					
C8923	TTE R-T DOC 2D INCL M-MODE REC CMPL	TTE FLW W/CNTRST R-T DOC 2D INCL M-MODE REC CMPL	No Auth Required					
C8924	TTE R-T 2D INCL M-MODE REC FU/LTD	TTE FLW W/CNTRST R-T 2D INCL M-MODE REC FU/LTD	No Auth Required					
C8925	TEE REAL TIME 2D; PROBE PLCMT I&R	TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R	No Auth Required					
C8926	TEE CONG CARDIAC ANOMAL; PROBE I&R	TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R	No Auth Required					
C8927	TEE MON ASSESS CARDIAC PUMP FUNCT	TEE ASSESS CARD PUMP FUNCT&TX MSR IMMED TM BASIS	No Auth Required					
C8928	TTE M-MODE REC REST & CV ST W/I&R	TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R	No Auth Required					
C8929	TTE CMPL SPC & COLR FLOW DPPLR ECHO	TTE CMPL SPEC DOPPLER & COLOR FLOW DOPPLER ECHO	No Auth Required					
C8930	TTE CMPL DUR REST&CVST I&R PHYS SUP	TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP	No Auth Required					
C8931	MRA W/CONTRST SPINAL CANAL CONTENTS	MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8932	MRA W/O CONTRST SP CANAL CONTENTS	MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8933	MRA NO CONTRST CONTRST SP CANAL CNT	MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8934	MRA WITH CONTRAST UPPER EXTREMITY	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8935	MRA WITHOUT CONTRST UPPER EXTREMITY	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8936	MRA NO CONTRST FLW W/CONTRST UP EXT	MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
C8937	CAD INCL CMP ALG ANALYS BRST MRI ID	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
C8957	IV INFUS TX/DX;INIT PROLNG RQR PUMP	IV INFUS TX/DX; INIT PROLNG RQR PORT/IMPL PUMP	No Auth Required					
C9035	INJECT ARIPIPRAZOLE LAUROXIL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	No Auth Required					
C9036	INJECTION PATISIRAN 0.1 MG	INJECTION PATISIRAN 0.1 MG	No Auth Required					
C9037	INJECTION RISPERIDONE 0.5 MG	INJECTION RISPERIDONE 0.5 MG	No Auth Required					
C9038	INJECTION MOGAMULIZUMAB-KPKC 1 MG	INJECTION MOGAMULIZUMAB-KPKC 1 MG	No Auth Required					
C9039	INJECTION PLAZOMICIN 5 MG	INJECTION PLAZOMICIN 5 MG	No Auth Required					
C9040	INJECTION FREMANEZUMAB-VFRM 1 MG	INJECTION FREMANEZUMAB-VFRM 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9041	INJ COAG FACTR XA INACTIVATED 10 MG	INJECTION COAGULATION FACTR XA INACTIVATED 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9042	INJECTION BENDAMUSTINE HCL 1 MG	INJECTION BENDAMUSTINE HCL 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9043	INJECTION LEVOLEUCOVORIN 1 MG	INJECTION LEVOLEUCOVORIN 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9044	INJECTION CEMIPLIMAB-RWLC 1 MG	INJECTION CEMIPLIMAB-RWLC 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9045	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9046	COCAINE HCI NASAL SOL TOP ADMN 1 MG	COCAINE HYDROCHLORIDE NASAL SOL TOP ADMN 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	INJECTION CAPLACIZUMAB-YHDP 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9048	DEXAMETHASONE LAC OPHTH INSR 0.1 MG	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9049	INJECTION TAGRAXOFUSP-ERZS 10 MCG	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9050	INJECTION EMAPALUMAB-LZSG 1 MG	INJECTION EMAPALUMAB-LZSG 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9051	INJECTION OMADACYCLINE 1 MG	INJECTION OMADACYCLINE 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9052	INJECTION RAVULIZUMAB-CWVZ 10 MG	INJECTION RAVULIZUMAB-CWVZ 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9054	INJECTION LEFAMULIN XENLETA 1 MG	INJECTION LEFAMULIN XENLETA 1 MG	No Auth Required					
C9055	INJECTION BREXANOLONE 1 MG	INJECTION BREXANOLONE 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9113	INJECTION PANTOPRAZOLE SODIUM-VIAL	INJECTION PANTOPRAZOLE SODIUM PER VIAL	No Auth Required					
C9132	PRT CC KCENTRA PER I.U. FCT IX ACTV	PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV	No Auth Required					
C9141	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Authorization Required			Level 2 Review (Full Clinical Review)		
C9248	INJECTION CLEVIDIPINE BUTYRATE 1 MG	INJECTION CLEVIDIPINE BUTYRATE 1 MG	No Auth Required					
C9250	HUMAN PLASMA FIBRIN SEALANT 2ML	HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SD 2ML	No Auth Required					
C9254	INJECTION LACOSAMIDE 1 MG	INJECTION LACOSAMIDE 1 MG	No Auth Required					
C9257	INJECTION BEVACIZUMAB 0.25 MG	INJECTION BEVACIZUMAB 0.25 MG	No Auth Required					
C9285	LIDO 70 MG/TETRACAINE 70 MG PATCH	LIDOCAINE 70 MG/TETRACAINE 70 MG PER PATCH	No Auth Required					
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	INJECTION BUPIVACAINE LIPOSOME 1 MG	No Auth Required					
C9293	INJECTION GLUCARPIDASE 10 UNITS	INJECTION GLUCARPIDASE 10 UNITS	No Auth Required					
C9352	MICROPOROUS COLL IMPLANTBLE TUBE CM	MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN	No Auth Required					
C9353	MICROPOROUS COLL IMPL SLIT TUBE CM	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM	No Auth Required					
C9354	ACCELLULR PERICARDIAL TISS NH SQ CM	ACELLULAR PERICARDIAL TISS MATRIX NONHUMAN SQ CM	No Auth Required					
C9355	COLLAGEN NERVE CUFF 0.5 CM LENGTH	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH	No Auth Required					
C9356	TENDON MATRIX COLLAGEN & GAG SQ CM	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM	No Auth Required					
C9358	DERM SUB NATV FET BOV PER 0.5 SQ CM	DERM SUBST NAT NONDNTR COL FET BOV PER 0.5 SQ CM	No Auth Required					
C9359	POROUS COLL BN FILLER PUTTY 0.5 CC	POROUS COLL MATRIX BONE FILLER PUTTY PER 0.5 CC	No Auth Required					
C9360	DERM SUBST NEONAT BOV ORIG 0.5 CM	DERM SUBST NAT NONDNTRD COL NEO BOV ORIG 0.5 CM	No Auth Required					
C9361	COLL MATRIX NRV WRAP PER 0.5 CM LEN	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	No Auth Required					
C9362	POROUS COLL BN FILLER STRIP 0.5 CC	POROUS COLL MATRIX BONE FILLER STRIP PER 0.5 CC	No Auth Required					
C9363	SKIN SUB INTEGRA BILAYER PER SQ CM	SKIN SUBST INTEGRA MESH BILAYER MATRIX PER SQ CM	No Auth Required					
C9364	PORCINE IMPLANT PERMACOL PER SQ CM	PORCINE IMPLANT PERMACOL PER SQUARE CM	No Auth Required					
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	UNCLASSIFIED DRUGS OR BIOLOGICALS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
C9407	IODINE I-131 IOBENGUANE DIAGN 1 MCI	IODINE I-131 IOBENGUANE DIAGNOSTIC 1 MCI	No Auth Required					
C9408	IODINE I-131 IOBENGUANE TX 1 MCI	IODINE I-131 IOBENGUANE THERAPEUTIC 1 MCI	No Auth Required					
C9447	INJ PHENYLEPHRINE & KET 4 ML VIAL	INJECTION PHENYLEPHRINE AND KETOROLAC 4 ML VIAL	No Auth Required					
C9460	INJECTION CANGRELOR 1 MG	INJECTION CANGRELOR 1 MG	No Auth Required					
C9462	INJECTION DELAFLOXACIN 1 MG	INJECTION DELAFLOXACIN 1 MG	No Auth Required					
C9482	INJECTION SOTALOL HYDROCHLORID 1 MG	INJECTION SOTALOL HYDROCHLORIDE 1 MG	No Auth Required					
C9488	INJ CONIVAPTAN HYDROCHLORIDE 1 MG	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
C9600	PERQ TRANSCATH PLCMT; 1 MAJ CA/BR	PC TRNSCTH PLCMT RX ELUT IC STENTS; 1 MAJ CA/BR	No Auth Required					
C9601	PC TRNSCATH PLCMT; EA ADD BR MAJ CA	PC TRNSCTH PLCMT RX-ELUT IC STNT;EA ADD BR MCA	No Auth Required					
C9602	PERQ TL CORONARY ATHERECT; 1 MCA/BR	PC TL COR ATHERECT W/RX ELUT IC STENT; 1 MCA/BR	No Auth Required					
C9603	PERQ TL COR ATHERECT;EA ADD BR MCA	PERQ TL COR ATHERECT; EA ADD BR MAJ CORONARY ART	No Auth Required					
C9604	PERQ TL REVISION OF/THRU CABG;1 VES	PC TL REV OF/THRU CABG COMB DE IC STNT; 1 VES	No Auth Required					
C9605	PERQ TL REV OF/THRU CABG;EA ADD BR	PC TL REV OF/THRU CABG; EA ADD BR SUBTEND BP GFT	No Auth Required					
C9606	PC TL REV AC TOT/SUBTOT OCCL 1 VES	PERQ TL REV AC TOTAL/SUBTOTAL OCCLUSION 1 VES	No Auth Required					
C9607	PERQ TL REV CHRN TOT OCCL; 1 VESSEL	PC TL REV CHRN TOT OCCL CA CA BR/CABG; 1 VES	No Auth Required					
C9608	PC TL REV CHRN TOT OCCL; EA ADD BR	PC TL REV CHRN TOT OCCL; EA ADD CA CA BR/BP GFT	No Auth Required					
C9725	PLCMT ENDORECTAL APPLIC BRACHYTX	PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX	No Auth Required					

C9726	PLCMT&REMV AA BR IORT ADD-ON BR PRO	PLCMT & REMV AA INTO BRST IORT ADD-ON BRST PROC	No Auth Required					
C9727	INSRT IMPL SOFT PALATE; MIN 3 IMPL	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL	Authorization Required	Surgery of respiratory system		Level 2 Review (Full Clinical Review)		
C9728	PLCMT INTERSTIT DEV NOT ABD PROS RP	PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR	No Auth Required					
C9733	NONOPHTHALMIC FLUOR VASCULAR ANGIO	NONOPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	No Auth Required					
C9734	FOCUSED U/S ABL/TX INT OTH THAN UL	FOCUSED U/S ABL/TX INT OTH THAN UT LEIOMYOMATA	Authorization Required	Surgery of female genital system		Level 2 Review (Full Clinical Review)		
C9739	CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	No Auth Required					
C9740	CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4/> IMPL	No Auth Required					
C9745	NASAL ENDO SURG; BALLN DILAT EUST T	NASAL ENDO SURG; BALLOON DILAT EUSTACHIAN TUBE	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9746	TRNSPRNL IMPL PRM ADJ BALLN CNT DVC	TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9747	ABLATION PROS TR HIFU INCL I GUID	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9749	REPAIR NAS VEST LAT WALL STEN IMPL	REPAIR NASAL VEST LATERAL WALL STEN W/IMPLANT	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9751	BRONCH RIGID/FLEX TRANSBRON ABL LES	BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9752	DESTRC IO BASIVA N 1ST 2 VERT B L/S	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB/SAC	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9753	DSTRC IO BASIVA N EA ADD VA BDY L/S	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L/S	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9754	CREATION AV FIST PERQ; DIR ANY SITE	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9755	CREATION OF ARTERIOVENOUS FISR PERQ	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9756	IO NIR FLUOR LM OF LYM W/ADMIN ICG	INTRAOPERATIVE NIR FLUOR LM OF LYM W/ADMIN ICG	Authorization Required			Level 2 Review (Full Clinical Review)		
C9757	LAMINOTOMY DECOMP NRV RT;1 ISP LUMB	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Authorization Required	0		Level 2 Review (Full Clinical Review)		
C9758	BI PRC NYHA 3/4 HF;TRNSCTH I IAS/PC	BI PROC NYHA CL III/IV HF;TRNSCATH IMPL IAS/PC	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
C9898	RADIOLABELED PROD PROV HOS IP STAY	RADIOLABELED PROD PROV DURING A HOSPITAL IP STAY	No Auth Required					
C9899	IMPL PROS DEVC PAYBL IP NO IP COV	IMPL PROS DEVC PAYBLE IP WHO DO NOT HAVE IP COV	No Auth Required					
E0100	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	CANE INCL CANES ALL MATERIAL ADJUSTBLE/FIX W/TIP	No Auth Required					
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	CANE QUAD/3-PRONG ALL MATL ADJUSTBL/FIX W/TIPS	No Auth Required					
E0110	CRTCHES FORARM VARIOUS MATL PAIR	CRTCHS FORARM VARIOUS MATL PAIR W/TIPS&HNDGRIPS	No Auth Required					
E0111	CRTCH FORARM VARIOUS MATL EA	CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP	No Auth Required					
E0112	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	CRTCHES UNDARM WOOD PAIR W/PADS TIPS&HNDGRIPS	No Auth Required					
E0113	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	CRTCH UNDARM WOOD EA ADJSTBL/FIX PAD TIP&HNDGRIP	No Auth Required					
E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP	No Auth Required					
E0116	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP	No Auth Required					
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EA	No Auth Required					
E0118	CRUTCH SUBSTITUTE LW LEG PLATFORM	CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA	No Auth Required					
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	WALKER RIGID ADJUSTABLE OR FIXED HEIGHT	No Auth Required					
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT	No Auth Required					
E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT	WALKER W/TRUNK SUPPORT ADJUSTBLE/FIX HT ANY TYPE	No Auth Required					
E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT	No Auth Required					
E0143	WALKER FOLD WHEELED ADJUSTBL/FIX HT	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT	No Auth Required					
E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT	WALKER ENCLOSED 4 SIDED FRAME WHEELD W/POST SEAT	No Auth Required					
E0147	WALKR HEVY DUTY MX BRAKE VARIBL WHL	WALKER HEAVY DUTY MX BRAKE SYS VARIBLE WHL RSIST	No Auth Required					
E0148	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	WALK HEAVY DUTY W/O WHLS RIGID/FOLD ANY TYPE EA	No Auth Required					
E0149	WALKER HEVY DUTY WHEELD ANY TYPE EA	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA	No Auth Required					
E0153	PLATFORM ATTCH FOREARM CRUTCH EA	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	No Auth Required					
E0154	PLATFORM ATTACHMENT WALKER EACH	PLATFORM ATTACHMENT WALKER EACH	No Auth Required					
E0155	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	WHL ATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK	No Auth Required					
E0156	SEAT ATTACHMENT WALKER	SEAT ATTACHMENT WALKER	No Auth Required					
E0157	CRUTCH ATTACHMENT WALKER EACH	CRUTCH ATTACHMENT WALKER EACH	No Auth Required					
E0158	LEG EXTENSIONS WALKER PER SET FOUR	LEG EXTENSIONS FOR WALKER PER SET OF FOUR	No Auth Required					
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA	BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH	No Auth Required					
E0160	SITZ BATH/EQP PRTBLE W/WO COMMODE	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE	No Auth Required					
E0161	SITZ BATH/EQP PRTBLE USED W/FAUCET	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS	No Auth Required					
E0162	SITZ BATH CHAIR	SITZ BATH CHAIR	No Auth Required					
E0163	COMMODE CHAIR WITH FIXED ARMS	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS	No Auth Required					
E0165	COMMODE CHAIR WITH DETACHABLE ARMS	COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS	No Auth Required					
E0167	PAIL/PAN USE W/COMMODE CHAIR REPL	PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY	No Auth Required					
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL	No Auth Required					
E0170	COMMODE CHAIR SEAT LIFT MECH ELEC	COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE	No Auth Required					
E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC	COMMODE CHAIR INTGR SEAT LIFT MECH NONELEC ANY	No Auth Required					
E0175	FOOT REST USE W/COMMODE CHAIR EACH	FOOT REST FOR USE WITH COMMODE CHAIR EACH	No Auth Required					
E0181	PWR PRESS RED MATTRESS PAD W/PUMP	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP	No Auth Required					
E0182	PUMP ALTERNATING PRESSURE PAD REPL	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY	No Auth Required					
E0184	DRY PRESSURE MATTRESS	DRY PRESSURE MATTRESS	No Auth Required					
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	GEL/GEL-LIKE PRSS PAD MATTRSS STD LEN&WDTH	No Auth Required					
E0186	AIR PRESSURE MATTRESS	AIR PRESSURE MATTRESS	No Auth Required					
E0187	WATER PRESSURE MATTRESS	WATER PRESSURE MATTRESS	No Auth Required					
E0188	SYNTHETIC SHEEPSKIN PAD	SYNTHETIC SHEEPSKIN PAD	No Auth Required					
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	No Auth Required					
E0190	PSTN CUSH/PILLOW/EDGE ALL COMPONENT	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT	No Auth Required					
E0191	HEEL OR ELBOW PROTECTOR EACH	HEEL OR ELBOW PROTECTOR EACH	No Auth Required					
E0193	POWERED AIR FLOTATION BED	POWERED AIR FLOTATION BED	No Auth Required					
E0194	AIR FLUIDIZED BED	AIR FLUIDIZED BED	No Auth Required					
E0196	GEL PRESSURE MATTRESS	GEL PRESSURE MATTRESS	No Auth Required					
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	AIR PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH	No Auth Required					
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	WATER PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH	No Auth Required					

E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH	No Auth Required					
E0200	HEAT LAMP W/O STAND W/INFRARD ELEM	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT	No Auth Required					
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER	PHOTOTHERAPY LIGHT WITH PHOTOMETER	No Auth Required					
E0205	HEAT LAMP W/STAND W/INFRARD ELEM	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT	No Auth Required					
E0210	ELECTRIC HEAT PAD STANDARD	ELECTRIC HEAT PAD STANDARD	No Auth Required					
E0215	ELECTRIC HEAT PAD MOIST	ELECTRIC HEAT PAD MOIST	No Auth Required					
E0217	WATER CIRCULATING HEAT PAD W/PUMP	WATER CIRCULATING HEAT PAD WITH PUMP	No Auth Required					
E0218	FLUID CIRC COLD PAD W/PUMP ANY TYPE	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE	No Auth Required					
E0221	INFRARED HEATING PAD SYSTEM	INFRARED HEATING PAD SYSTEM	No Auth Required					
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	HYDROCOLLATOR UNIT INCLUDES PADS	No Auth Required					
E0235	PARAFFIN BATH UNIT PORTABLE	PARAFFIN BATH UNIT PORTABLE	No Auth Required					
E0236	PUMP FOR WATER CIRCULATING PAD	PUMP FOR WATER CIRCULATING PAD	No Auth Required					
E0239	HYDROCOLLATOR UNIT PORTABLE	HYDROCOLLATOR UNIT PORTABLE	No Auth Required					
E0246	TRANSFER TUB RAIL ATTACHMENT	TRANSFER TUB RAIL ATTACHMENT	No Auth Required					
E0247	TRNSF BENCH TUB/TOILET W/WO COMMODE	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPENING	No Auth Required					
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP	No Auth Required					
E0249	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	PAD WATER CIRCULATING HEAT UNIT REPLACEMENT ONLY	No Auth Required					
E0250	HOS BED FIX HT W/RAIL W/MATTRSS	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS	No Auth Required					
E0251	HOS BED FIX HT W/RAIL W/O MATTRSS	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS	No Auth Required					
E0255	HOS BED VARIBL HT W/RAIL W/MATTRSS	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS	No Auth Required					
E0256	HOS BED VARIBL HT W/RAIL NO MATTRSS	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS	No Auth Required					
E0260	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0261	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0271	MATTRESS INNER SPRING	MATTRESS INNER SPRING	No Auth Required					
E0272	MATTRESS FOAM RUBBER	MATTRESS FOAM RUBBER	No Auth Required					
E0275	BED PAN STANDARD METAL OR PLASTIC	BED PAN STANDARD METAL OR PLASTIC	No Auth Required					
E0276	BED PAN FRACTURE METAL OR PLASTIC	BED PAN FRACTURE METAL OR PLASTIC	No Auth Required					
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	POWERED PRESSURE-REDUCING AIR MATTRESS	No Auth Required					
E0280	BED CRADLE ANY TYPE	BED CRADLE ANY TYPE	No Auth Required					
E0290	HOS BED FIX HT W/O RAIL W/MATTRSS	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS	No Auth Required					
E0291	HOS BED FIX HT W/O RAIL W/O MATTRSS	HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS	No Auth Required					
E0292	HOS BED VARIBL HT NO RAIL W/MATTRSS	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS	No Auth Required					
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS	No Auth Required					
E0294	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0300	PED CRIB HOS GRADE ENC W/WO TOP ENC	PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0301	HOS BED HEVY DUTY W/WT CAP >350 PDS	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0302	HOS BED WT CAP>600 W/O MATTRESS	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0303	HOS BED HEVY DUTY WT CAP >350<=600	HOS BED HEVY DUTY W/WT CAP >350 PDS</=TO 600 PDS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0304	HOS BED XTRA HD WT CAP>600 MTTRSS	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0305	BEDSIDE RAILS HALF-LENGTH	BEDSIDE RAILS HALF-LENGTH	No Auth Required					
E0310	BEDSIDE RAILS FULL-LENGTH	BEDSIDE RAILS FULL-LENGTH	No Auth Required					
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	No Auth Required					
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL	URINAL; MALE JUG-TYPE ANY MATERIAL	No Auth Required					
E0326	URINAL; FE JUG-TYPE ANY MATERIAL	URINAL; FEMALE JUG-TYPE ANY MATERIAL	No Auth Required					
E0328	HOSP BED PED MANUAL INCL MATTRESS	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	CONTROL UNIT ELEC BOWEL IRRIGATION/EVAC SYSTEM	No Auth Required					
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	DISPBL PACK USE W/THE ELEC BOWEL IRRIG/EVAC SYS	No Auth Required					
E0370	AIR PRESSURE ELEVATOR FOR HEEL	AIR PRESSURE ELEVATOR FOR HEEL	No Auth Required					
E0371	NONPWR PRSS RDUC OVRLAY MATTRSS STD	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN&WDTH	No Auth Required					
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH&WIDTH	No Auth Required					
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	No Auth Required					
E0424	STATION COMPRS GASOUS O2 SYS RENT;	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	No Auth Required					
E0425	STATION COMPRS GAS SYS PURCHASE;	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	No Auth Required					
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0434	PRTBLE LIQUID O2 SYS RENTAL;	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR	No Auth Required					
E0439	STATION LIQUID O2 SYS RENTAL;	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	No Auth Required					
E0440	STATION LIQUID O2 SYS PURCHASE;	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	No Auth Required					
E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U	STATIONARY O2 CONTENTS GAS 1 MO SUPPLY=1 UNIT	No Auth Required					
E0442	STATIONARY 02 CONT LQD 1 MO SPL=1 U	STATIONARY O2 CONTENTS LQD 1 MO SUPPLY = 1 UNIT	No Auth Required					
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY=1 UNIT	No Auth Required					
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY =1 UNIT	No Auth Required					
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV	No Auth Required					
E0446	TOPICAL OXYGEN DELIVERY SYSTEM NOS	TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES	Authorization Required			Level 2 Review (Full Clinical Review)		
E0447	P O C L 1M SPL=1U PRSC R/N XCD 4LPM	PRTB O C LQD 1 MO SPL=1 U PRSC AMT R/N EXCD 4LPM	No Auth Required					
E0455	O2 TENT EXCLD CROUP/PEDIATRIC TENTS	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS	No Auth Required					
E0462	ROCKING BED W/WO SIDE RAILS	ROCKING BED WITH OR WITHOUT SIDE RAILS	No Auth Required					
E0465	HOME VENT ANY TYPE USED INVASV INTF	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0466	HOME VENT TYPE USED NON-INVASV INTF	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0467	HOME VENTILATOR MULTI-FUNC RESP DVC	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	No Auth Required					

E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	No Auth Required					
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	No Auth Required					
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	No Auth Required					
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	No Auth Required					
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	COUGH STIM DEVICE ALTRNAT POS&NEG ARWAY PRESS	No Auth Required					
E0483	HIGH FREQ CHEST WALL OSC SYS EACH	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	OSCILLATORY POS EXPIRATORY PRSS DEVC NON-ELEC EA	No Auth Required					
E0485	ORL DEVC/APPL RDUC UA COLLAPS PRFAB	ORL DEVC/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0486	ORL DEVC/APPL RDUC UA COLLAPS CSTM	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0487	SPIROMETER ELECTRONIC INCL ACCESS	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES	No Auth Required					
E0500	IPPB MACH BUILT-IN NEBULZ;VALVS;PWR	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR	No Auth Required					
E0550	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL	No Auth Required					
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	No Auth Required					
E0560	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX/O2 DEL	No Auth Required					
E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY	HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC	No Auth Required					
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE	No Auth Required					
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	COMPRS AIR PWR EQP NOT SLF-CONTAIND/CYL DRIVN	No Auth Required					
E0570	NEBULIZER WITH COMPRESSOR	NEBULIZER WITH COMPRESSOR	No Auth Required					
E0572	AROSL COMPRS ADJSTBL PRSS INTERMIT	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE	No Auth Required					
E0574	US/ELEC AROSL GEN W/SM VOLUME NEB	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB	No Auth Required					
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	NEBULIZER ULTRASONIC LARGE VOLUME	No Auth Required					
E0580	NEBULIZR GLASS/AUTOCLVBL PLST BOTTL	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	No Auth Required					
E0585	NEBULIZER W/COMPRESSOR AND HEATER	NEBULIZER WITH COMPRESSOR AND HEATER	No Auth Required					
E0600	RESP SUCTN PUMP HOME MODEL ELEC	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC	No Auth Required					
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	No Auth Required					
E0602	BREAST PUMP MANUAL ANY TYPE	BREAST PUMP MANUAL ANY TYPE	No Auth Required					
E0603	BREAST PUMP ELECTRIC ANY TYPE	BREAST PUMP ELECTRIC ANY TYPE	No Auth Required					
E0604	BREAST PUMP HEVY DUTY HOSP GRADE	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP	No Auth Required					
E0605	VAPORIZER ROOM TYPE	VAPORIZER ROOM TYPE	No Auth Required					
E0606	POSTURAL DRAINAGE BOARD	POSTURAL DRAINAGE BOARD	No Auth Required					
E0607	HOME BLOOD GLUCOSE MONITOR	HOME BLOOD GLUCOSE MONITOR	No Auth Required					
E0610	PACEMKR MON CHCK BATTRY AUDBL&VISBL	PACEMKR MON CHECKS BATTRY DEPLET W/AUDIBL&VISIBL	No Auth Required					
E0615	PACEMKR MON CHCK BATTRY DIGTL/VISBL	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	IMPL CARD EVENT RECORDR W/MEM ACTIVATOR&PROGMMER	No Auth Required					
E0617	EXT DEFIB W/INTEGRATED ECG ANALY	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	No Auth Required					
E0618	APNEA MONITOR W/O RECORDING FEATURE	APNEA MONITOR WITHOUT RECORDING FEATURE	No Auth Required					
E0619	APNEA MONITOR W/RECORDING FEATURE	APNEA MONITOR WITH RECORDING FEATURE	No Auth Required					
E0620	SKN PIERC DEVC CLCT CAPLRY BLD LASR	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA	No Auth Required					
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	No Auth Required					
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	SEAT LIFT MECHANISM ELECTRIC ANY TYPE	No Auth Required					
E0629	SEAT LIFT MECH NON-ELECTRIC ANY TYP	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	No Auth Required					
E0630	PATIENT LIFT HYRAULIC/MECH	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0636	MX PSTN PT SUPP SYS LIFT PT CNTRL	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL	No Auth Required					
E0640	PT LIFT FIX SYS ALL CMPNTS/ACCESS	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	No Auth Required					
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0655	NONSEG PNEUMAT APPLINC HALF ARM	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF ARM	No Auth Required					
E0656	SEG PNEUMAT APPLINC W/COMPRS TRUNK	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK	No Auth Required					
E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST	No Auth Required					
E0660	NONSEG PNEUMAT APPLINC FULL LEG	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	No Auth Required					
E0665	NONSEG PNEUMAT APPLINC FULL ARM	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM	No Auth Required					
E0666	NONSEG PNEUMAT APPLINC HALF LEG	NONSEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG	No Auth Required					
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	No Auth Required					
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM	No Auth Required					
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS HALF LEG	No Auth Required					
E0670	SEG PNEU APPL P C INT 2 F LEG TRNK	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0671	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	No Auth Required					
E0672	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM	No Auth Required					
E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	No Auth Required					
E0675	PNEUMAT COMPRS DEVC HI PRESS RAPID	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL	No Auth Required					
E0676	INTERMITT LIMB COMPRESSION DEVC NOS	INTERMITTENT LIMB COMPRESSION DEVICE NOS	No Auth Required					
E0691	UV LIGHT TX BULB/LAMP; TX 2 SQ FT/<	UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0692	UV LT TX SYS PANL W/LAMP 4 FT PANEL	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0693	UV LT TX SYS PANL W/LAMP 6 FT PANEL	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0694	UV MX DIR LT TX SYS 6 FT CABINET	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

E0700	SAFETY EQP DEVICE/ACCESSRY ANY TYPE	SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE	No Auth Required					
E0705	TRANSFER DEVICE ANY TYPE EACH	TRANSER DEVICE ANY TYPE EACH	No Auth Required					
E0710	RESTRAINT ANY TYPE	RESTRAINT ANY TYPE	No Auth Required					
E0720	TENS DEVICE 2 LEAD LOCALIZED STIM	TENS DEVICE TWO LEAD LOCALIZED STIMULATION	No Auth Required					
E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION	No Auth Required					
E0731	FORM FIT CONDUCT GARM TENS/NMES	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	No Auth Required					
E0740	N-IMPL PELV FLR ELEC STIM CMPL SYS	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	No Auth Required					
E0744	NEUROMUSCULAR STIMULATOR SCOLIOSIS	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	No Auth Required					
E0745	NEUROMUSC STIM ELEC SHOCK UNIT	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	No Auth Required					
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	No Auth Required					
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
E0748	OSTOGNS STIM NONINVASV SP APPLIC	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
E0749	OSTOGNS STIM ELEC SURGICALLY IMPL	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
E0755	ELEC SALIVARY REFLEX STIMULATOR	ELECTRONIC SALIVARY REFLEX STIMULATOR	No Auth Required					
E0760	OSTOGNS STIM LW INTENS US NONINVASV	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
E0761	NON-THRML PULS RADIOWAVE ELECMAGNET	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	No Auth Required					
E0764	FUNC NEUROMUSC STIM CMPT SC INJ	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0765	FDA APPRVD NRV STIM TX NAUSA&VOMIT	FDA APPRVD NRV STIM W/REPL BATTRY TX NAUSA&VOMIT	No Auth Required					
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	No Auth Required					
E0769	ESTIM/ELECMAGNET WOUND TX DEVC NOC	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0770	FES TRANSQ STIM NERV&/MUSC CMPL NOS	FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS	No Auth Required					
E0776	IV POLE	IV POLE	No Auth Required					
E0779	AMB INFUS PUMP MECH INFUS 8 HR/>	AMB INFUS PUMP MECH REUSABLE INFUS 8 HOURS/GT	No Auth Required					
E0780	AMB INFUS PUMP MECH INFUS < 8 HR	AMB INFUS PUMP MECH REUSABLE INFUS < 8 HOURS	No Auth Required					
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT	No Auth Required					
E0782	INFUS PUMP IMPL NON-PROGMMABLE	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0783	INFUS PUMP SYSTEM IMPL PROGMMABLE	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Authorization Required	DME		Level 1 Review (Network Validation)		Removed Authorization Requirement
E0785	IMPLANT INTRASPINL CATH PUMP-REPL	IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0786	IMPLNT PROGRAM INFUSION PUMP-REPL	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0787	EXT AMB INFUS PUMP INSULIN D R ADJ	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Authorization Required	DME		Level 1 Review (Network Validation)		Removed Authorization Requirement
E0791	PAR INFUS PUMP STAT SINGLE/MXCHANEL	PARNTRAL INFUS PUMP STATIONRY SINGLE/MULTICHANEL	No Auth Required					
E0830	AMB TRACTION DEVICE ALL TYPES EACH	AMBULATORY TRACTION DEVICE ALL TYPES EACH	No Auth Required					
E0840	TRACTION FRAME HEADBOARD CERV TRACT	TRACTION FRAME ATTCH TO HEADBOARD CERV TRACTION	No Auth Required					
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	TRACTION EQP CERV FREESTAND STAND/FRME PNEUMATIC	No Auth Required					
E0850	TRACT STAND FREESTAND CERV TRACT	TRACTION STAND FREESTANDING CERVICAL TRACTION	No Auth Required					
E0855	CERV TRACT EQUIP NOT RQR ADD STAND	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME	No Auth Required					
E0856	CERVICAL TRAC DEVC INFL AIR BLADDER	CERVICAL TRACTION DEVICE INFLATABLE AIR BLADDER	No Auth Required					
E0860	TRACTION EQUIPMENT OVERDOOR CERV	TRACTION EQUIPMENT OVERDOOR CERVICAL	No Auth Required					
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT	TRACTION FRAME ATTCH TO FOOTBOARD EXTREM TRACTN	No Auth Required					
E0880	TRACT STAND FREESTAND EXTREM TRACT	TRACTION STAND FREESTANDING EXTREMITY TRACTION	No Auth Required					
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC	TRACTION FRAME ATTCH FOOTBOARD PELVIC TRACTION	No Auth Required					
E0900	TRACT STAND FREESTAND PELV TRACT	TRACTION STAND FREESTANDING PELVIC TRACTION	No Auth Required					
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR	No Auth Required					
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	TRAPEZ BAR HEVY DUTY PT WT >250 LBS BED GRAB BAR	No Auth Required					
E0912	TRAPEZ BAR PT WT >250 LBS FREE STND	TRAPEZ BAR HEVY DUTY PT WT > 250 LBS FREE STAND	No Auth Required					
E0920	FX FRAME ATTCH BED INCL WEIGHTS	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	No Auth Required					
E0930	FX FRAME FREESTANDING INCL WEIGHTS	FRACTURE FRAME FREESTANDING INCLUDES WEIGHTS	No Auth Required					
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY	No Auth Required					
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR	No Auth Required					
E0941	GRAVITY ASSTD TRAC DEVICE ANY TYPE	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	No Auth Required					
E0942	CERVICAL HEAD HARNESS/HALTER	CERVICAL HEAD HARNESS/HALTER	No Auth Required					
E0944	PELVIC BELT/HARNESS/BOOT	PELVIC BELT/HARNESS/BOOT	No Auth Required					
E0945	EXTREMITY BELT/HARNESS	EXTREMITY BELT/HARNESS	No Auth Required					
E0946	FX FRAM DUAL CROSS BARS ATTACH BED	FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED	No Auth Required					
E0947	FX FRAME ATTCH CMPLX PELV TRAC	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0948	FX FRAME ATTCH CMPLX CERV TRAC	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	WHEELCHAIR ACCESSORY TRAY EACH	No Auth Required					
E0951	HEEL LOOP/HOLDER ANY TYPE EACH	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH	No Auth Required					
E0952	TOE LOOP/HOLDER ANY TYPE EACH	TOE LOOP/HOLDER ANY TYPE EACH	No Auth Required					
E0953	WC AC LAT THIGH/KNEE SUPP ANY TY EA	WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
E0954	WHEELCHAIR AC FOOT BOX ANY TY EA FT	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
E0955	WC ACSS HEADREST CUSHND HARDWARE EA	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA	No Auth Required					
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA	No Auth Required					
E0957	WC ACSS MED THI SUPP HARDWARE EA	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA	No Auth Required					
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	MANUAL WHLCHAIR ACCESS 1-ARM DRIVE ATTACHMENT EA	No Auth Required					

E0959	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	MANUAL WHEELCHAIR ACCESS ADAPTER FOR AMPUTEE EA	No Auth Required					
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU	No Auth Required					
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA	No Auth Required					
E0966	MNL WC ACCESS HEADREST EXTENSION EA	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA	No Auth Required					
E0967	MNL WC AC HND RIM PROJ REPL ONL EA	MNL WHLCHR AC HND RIM PROJ ANY TYP REPL ONLY EA	No Auth Required					
E0968	COMMODE SEAT WHEELCHAIR	COMMODE SEAT WHEELCHAIR	No Auth Required					
E0969	NARROWING DEVICE WHEELCHAIR	NARROWING DEVICE WHEELCHAIR	No Auth Required					
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH	No Auth Required					
E0973	WC ACCSS ADJ HT DTACH ARMRST EA	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA	No Auth Required					
E0974	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA	No Auth Required					
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA	No Auth Required					
E0980	SAFETY VEST WHEELCHAIR	SAFETY VEST WHEELCHAIR	No Auth Required					
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA	No Auth Required					
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA	No Auth Required					
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	No Auth Required					
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	No Auth Required					
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM	No Auth Required					
E0986	MNL WC ACSS PSH-RM ACT PWR ASST SYS	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	No Auth Required					
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA	No Auth Required					
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT	No Auth Required					
E0994	ARMREST EACH	ARMREST EACH	No Auth Required					
E0995	WC AC CALF REST/PAD REPL ONLY EA	WHEELCHAIR ACCESSORY CALF REST/PAD REPL ONLY EA	No Auth Required					
E1002	WC ACSS PWR SEATING SYS TILT ONLY	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	No Auth Required					
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC	No Auth Required					
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC	No Auth Required					
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1009	WC ACCSS MECH LINKD LEG ELEV EA	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA	No Auth Required					
E1010	WC ACCSS PWR LEG ELEV SYS PAIR	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	No Auth Required					
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE	No Auth Required					
E1012	WC ACCESS PWR SEAT SYS CNTR MNT EA	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	No Auth Required					
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH	No Auth Required					
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH	No Auth Required					
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA	No Auth Required					
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA	No Auth Required					
E1020	RES LIMB SUP SYS WHEELCHAIR ANY TYP	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	No Auth Required					
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN	No Auth Required					
E1029	WHEELCHAIR ACCESS VENT TRAY FIX	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	No Auth Required					
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	No Auth Required					
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT	No Auth Required					
E1035	MX-PSTN PT TRNSF SYS PT </= 300 LBS	MULTI-PSTN PT TRNSF SYS W/SEAT PT WT </= 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	TRANSPORT CHAIR PEDIATRIC SIZE	No Auth Required					
E1038	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS	No Auth Required					
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	TRNSPRT CHAIR ADLT SZ HEVY DUTY PT WT CAP>300 LB	No Auth Required					
E1050	FULL RECLINE WC FIX ARM DETACH LEGS	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1060	FULL RECLN WHLCHAR;DTACH ARM LEGRST	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1070	FULL RECLN WHLCHR;DTACH ARM FOOTRST	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1083	HEMI-W/C; FIXED ARM DETACH LEGREST	HEMI-W/C; FIXED FULL-LEN ARMS DETACHBLE LEGREST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1087	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1088	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1092	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1093	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1100	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1110	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1150	WHLCHAIR; DTACHBLE ARMS LEGRESTS	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1160	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1170	AMP WHLCHAIR; FIX ARM DTACH LEGREST	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1171	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1172	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1180	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

E1190	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1195	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1200	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	WHEELCHAIR WITH FIXED ARM FOOTRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1222	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1223	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1224	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1225	WC ACCESS MNL SEMIRECLINING BACK EA	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	No Auth Required					
E1226	WC ACCESS MNL FULL RECLIN BACK EA	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	No Auth Required					
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	No Auth Required					
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	No Auth Required					
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	WHEELCHAIR PEDIATRIC SIZE NOS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/O SEAT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM	No Auth Required					
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1240	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1270	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1280	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1295	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1310	WHIRLPOOL NONPORTABLE	WHIRLPOOL NONPORTABLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E1352	OXYGEN ACC FLW REG CPBL POS INSP PR	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	No Auth Required					
E1353	REGULATOR	REGULATOR	No Auth Required					
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	No Auth Required					
E1355	STAND/RACK	STAND/RACK	No Auth Required					
E1356	O2 ACCESS BTTRY PACK/CRTRDGE REPL	O2 ACCESS BTTRY PACK/CRTRDGE PRTBLE CONC REPL EA	No Auth Required					
E1357	O2 ACCESS BATTRY CHARGER REPL EA	O2 ACCESS BATTRY CHARGER PRTBLE CONC REPL EA	No Auth Required					
E1358	O2 ACCESS DC POWER ADAPTER REPL EA	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	No Auth Required					
E1372	IMMERSION EXTERNAL HEATER NEBULIZER	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No Auth Required					
E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE	No Auth Required					
E1391	02 CONC 2 DEL 85%/>02 CONC FLW RATE	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA	No Auth Required					
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	PORTABLE OXYGEN CONCENTRATOR RENTAL	No Auth Required					
E1399	DME MISCELLANEOUS	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
E1405	O2&WATR VAPR ENRICH SYS W/HEAT DEL	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV	No Auth Required					
E1406	O2&WATR VAPR ENRCH SYS NO HEAT DEL	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV	No Auth Required					
E1500	CENTRIFUGE FOR DIALYSIS	CENTRIFUGE FOR DIALYSIS	No Auth Required					
E1510	KIDNEY DIALYSAT DEL SYS KIDNEY MACH	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC	No Auth Required					
E1520	HEPARIN INFUSION PUMP HEMODIALYSIS	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	No Auth Required					
E1530	AIR BUBBLE DETECTR HEMODIAL EA REPL	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT	No Auth Required					
E1540	PRESSURE ALARM HEMODIAL EA REPL	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT	No Auth Required					
E1550	BATH CONDUCTIVITY METER HEMODIAL EA	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH	No Auth Required					
E1560	BLD LEAK DETECTOR HEMODIAL EA REPL	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT	No Auth Required					
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	ADJUSTABLE CHAIR FOR ESRD PATIENTS	No Auth Required					
E1575	TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10	No Auth Required					
E1580	UNIPUNCTURE CONTROL SYSTEM HEMODIAL	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	No Auth Required					
E1590	HEMODIALYSIS MACHINE	HEMODIALYSIS MACHINE	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1592	AUTO INTERMIT PERITON DIALYSIS SYS	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1594	CYCLR DIALYSIS MACH PERITON DIALYS	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1600	DEL &OR INSTL CHARGES HEMODIAL EQP	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT	No Auth Required					
E1610	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL	No Auth Required					
E1615	DEIONIZER H2O PURIF SYS HEMODIAL	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS	No Auth Required					
E1620	BLOOD PUMP HEMODIALYSIS REPLACEMENT	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT	No Auth Required					
E1625	WATER SOFTENING SYSTEM HEMODIALYSIS	WATER SOFTENING SYSTEM FOR HEMODIALYSIS	No Auth Required					
E1630	RECIPROCAT PERITON DIALYSIS SYSTEM	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	WEARABLE ARTIFICIAL KIDNEY EACH	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1634	PERITONEAL DIALYSIS CLAMPS EACH	PERITONEAL DIALYSIS CLAMPS EACH	No Auth Required					
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	COMPACT TRAVEL HEMODIALYZER SYSTEM	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		Level 1 Review (Network Validation)		Removed Authorization Requirement
E1636	SORBENT CARTRIDGES HEMODIAL PER 10	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10	No Auth Required					
E1637	HEMOSTATS EACH	HEMOSTATS EACH	No Auth Required					
E1639	SCALE EACH	SCALE EACH	No Auth Required					

E1699	DIALYSIS EQUIPMENT NOS	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	No Auth Required					
E1700	JAW MOTION REHABILITATION SYSTEM	JAW MOTION REHABILITATION SYSTEM	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
E1701	REPL CUSHNS JAW MOT REHAB SYS PKG 6	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
E1702	REPL MSR SCLS JAW MOT REHAB SYS 200	REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200	Authorization Required	Temporomandibular Joint Dysfunction treatment		Level 2 Review (Full Clinical Review)		
E1800	DYN ADJUSTABLE ELB EXT/FLX DEVC	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL	No Auth Required					
E1801	STATIC PROGRESSV STRETCH ELBOW DEVC	STATIC PROGRESSIVE STRETCH ELBOW DEVICE	No Auth Required					
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	DYN ADJUSTBL FORARM PRON/SUPIN DEVC INTRFCE MATL	No Auth Required					
E1805	DYN ADJUSTABLE WRIST EXT/FLX DEVC	DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL	No Auth Required					
E1806	STATIC PROGRESSV STRETCH WRIST DEVC	STATIC PROGRESSIVE STRETCH WRIST DEVICE	No Auth Required					
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL	No Auth Required					
E1811	STATIC PROGRESSV STRETCH KNEE DEVC	STATIC PROGRESSIVE STRETCH KNEE DEVICE	No Auth Required					
E1812	DYN KNEE EXT/FLEX DEVC RESIST CNTRL	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL	No Auth Required					
E1815	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL	No Auth Required					
E1816	STATIC PROGRESSV STRETCH ANKLE DEVC	STATIC PROGRESSIVE STRETCH ANKLE DEVICE	No Auth Required					
E1818	STATIC PROGRSV STRETCH FOREARM DEVC	STATIC PROGRESSIVE STRETCH FOREARM DEVICE	No Auth Required					
E1820	REPL SFT INTERFCE MATL DYN EXT/FLX	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC	No Auth Required					
E1821	REPL SFT INTERFCE MATL/CUFF BI-DIR	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC	No Auth Required					
E1825	DYN ADJUSTABLE FINGER EXT/FLX DEVC	DYN ADJUSTBL FNGR EXT/FLX DEVC W/SFT INTRFCE MAT	No Auth Required					
E1830	DYN ADJUSTABLE TOE EXT/FLX DEVC	DYN ADJUSTBL TOE EXT/FLX DEVC W/SFT INTRFCE MATL	No Auth Required					
E1831	STATIC PROGRESSIVE STRETCH TOE DEVC	STATIC PROGRESSIVE STRETCH TOE DEVICE	No Auth Required					
E1840	DYN ADJUST SHLDR FLX/ABDUCT/ROT DVC	DYN ADJUSTBL SHLDR FLX/ABDCT/ROT DEVC SFT MATL	No Auth Required					
E1841	STATIC PROGRS STRETCH SHOULDER DEVC	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	CMNCT BD NON-ELEC AUG/ALTERNATV CMNCT DEVICE	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2000	GASTR SUCTN PUMP HOME MODEL ELEC	GASTR SUCTION PUMP HOM MODEL PRTBLE/STATION ELEC	No Auth Required					
E2100	BLD GLU MON INTEGRT VOICE SYNTHESZR	BLD GLU MONITOR W/INTEGRATED VOICE SYNTHESIZER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE	No Auth Required					
E2120	PULSE GEN SYS TYMPANIC TX INNR EAR	PULSE GEN SYS TYMPANIC TX INNR EAR ENDOLYMPH FL	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
E2201	MNL WC ACSS SEAT WDTH >/=20 IN &<24	MNL WC ACSS NONSTD SEAT WDTH >/= 20 IN & < 24 IN	No Auth Required					
E2202	MNL WC ACSS SEAT WIDTH 24-27 IN	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	No Auth Required					
E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 < 22 IN	No Auth Required					
E2204	MNL WC ACSS SEAT DEPTH 22-25 IN	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2205	MNL WC HANDRIM W/O PROJ REPL EACH	MANUAL WC ACCESS HANDRIM W/O PROJ REPL ONLY EACH	No Auth Required					
E2206	MANL WC AC WL ASM CMPL REPL ONLY EA	MANUAL WHEELCHAIR AC WL ASM CMPL REPL ONLY EA	No Auth Required					
E2207	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH	No Auth Required					
E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH	No Auth Required					
E2209	ARM TROUGH W/WO HAND SUPPORT EACH	ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH	No Auth Required					
E2210	WC ACESS BEARINGS ANY TYPE REPL EA	WHEELCHAIR ACCESS BEARINGS ANY TYPE REPL ONLY EA	No Auth Required					
E2211	MNL WC ACESS PNEUMAT PROPULSN TIRE	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ	No Auth Required					
E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	MNL WC ACESS TUBE PNEUMAT PROPULSION TIRE ANY SZ	No Auth Required					
E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SZ	No Auth Required					
E2214	MNL WC ACCESS PNEUMAT CASTER TIRE	MNL WHLCHAIR ACCESS PNEUMAT CASTER TIRE ANY SIZE	No Auth Required					
E2215	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	MNL WHLCHAIR ACSS TUBE PNEUMAT CASTR TIRE ANY SZ	No Auth Required					
E2216	MNL WC ACSS FOAM FILL PROPULSN TIRE	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ	No Auth Required					
E2217	MNL WC ACCSS FOAM FILL CASTER TIRE	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE	No Auth Required					
E2218	MNL WC ACCSS FOAM PROPULSION TIRE	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	No Auth Required					
E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE EA	No Auth Required					
E2220	MNL WC AC SLD PROP T SZ RPL ONLY EA	MNL WC ACSS SOLD PROPULSION TIRE SZ REPL ONLY EA	No Auth Required					
E2221	MNL WC AC SLD C TIR SZ REPL ONLY EA	MNL WC AC SOLID CASTER TIRE ANY SZ REPL ONLY EA	No Auth Required					
E2222	MNL WC AC SLD C TIRE I WHL SZ RPL E	MNL WC AC SLD C TIRE I WHL SZ RPL E	No Auth Required					
E2224	MNL WC AC P WHL EXCL T SZ RPL ONL E	MNL WC ACSS PROP WHL EXCLD TIRE SZ REPL ONLY EA	No Auth Required					
E2225	MNL WC CASTR WHL EXCLD TIRE REPL	MNL WC CASTER WHL EXCLD TIRE ANY SZ REPL ONLY EA	No Auth Required					
E2226	MNL WC ACSS CASTR FORK REPL ONLY	MNL WHLCHAIR ACSS CASTR FORK ANY SZ REPL ONLY EA	No Auth Required					
E2227	MNL WC GEAR RED DRIVE WHEEL EACH	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	No Auth Required					
E2228	MNL WC WHL BRAKE SYS&LOCK COMPL EA	MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA	No Auth Required					
E2230	MNL WHEELCHAIR ACCESS MNL STAND SYS	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS	No Auth Required					
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE	No Auth Required					
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	No Auth Required					
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	No Auth Required					
E2293	BACK CONTRD PED WC ATTCH HARDWARE	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2295	MNL WC ACCESS PED SIZE WC SEAT FRME	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	No Auth Required					
E2300	WC ACC PWR SEAT ELEV SYS ANY TYPE	WHEELCHAIR ACC PWR SEAT ELEVATION SYS ANY TYPE	No Auth Required					
E2301	WHEELCHAIR ACC PWR STND SYS ANY TYP	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	No Auth Required					
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR	No Auth Required					
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE	No Auth Required					

E2312	POWER WC HAND/CHIN CONTRL INTERFACE	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	No Auth Required					
E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	No Auth Required					
E2321	PWR WC ACSS HND CNTRL NO PRPRTNL	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	No Auth Required					
E2322	PWR WC ACSS MX MECH SWTCH NOPRPRTNL	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	No Auth Required					
E2323	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB	No Auth Required					
E2324	PWR WC ACSS CHIN CUP CHIN CNTRL INT	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE	No Auth Required					
E2325	PWR WC ACSS SIP&PUFF NONPRPRTNAL	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL	No Auth Required					
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUF	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE	No Auth Required					
E2327	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	No Auth Required					
E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL	No Auth Required					
E2329	PWR WC ACSS CNTC SWTCH NOPRPRTNL	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	No Auth Required					
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	No Auth Required					
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL	PWR WC ACSS ATTENDANT CONTROL PROPROTIONAL	No Auth Required					
E2340	POWER WC NONSTAND SEAT WD 20-23 IN	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	No Auth Required					
E2341	PWR WC ACSS NONSTD SEAT W 24-27 IN	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN	No Auth Required					
E2343	PWR WC NONSTD SEAT DEPTH 22-25 IN	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2358	PWR WC GRP 34 NONSEALED LA BATT EA	PWR WC ACCESS GRP 34 NONSEALED LEAD ACID BATT EA	No Auth Required					
E2359	PWR WC GRP 34 SEALED LA BATT EA	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	No Auth Required					
E2360	PWR WC ACSS 22 NF NON-SEALED BATTRY	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTRY EA	No Auth Required					
E2361	PWR WC ACSS 22NF SEALED LEAD BATTRY	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	No Auth Required					
E2362	PWR WC ACSS GRP 24 NON-SEALED BATT	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	No Auth Required					
E2363	PWR WC ACSS GRP 24 SEALED BATTRY	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTRY EA	No Auth Required					
E2364	PWR WC ACSS U-1 NON-SEALED BATTRY	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTRY EA	No Auth Required					
E2365	PWR WC ACSS U-1 SEALED BATTRY	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTRY EA	No Auth Required					
E2366	PWR WC ACSS BATTRY CHARGER 1 MODE	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY	No Auth Required					
E2367	PWR WC ACSS BATTRY CHARGER DUL MODE	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA	No Auth Required					
E2368	PWR WC CMPNT DR WHEEL MTR REPL ONLY	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	No Auth Required					
E2369	PWR WC CMPNNT DR WHL GR BX RPL ONLY	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	No Auth Required					
E2370	P WC CMP INT DR WHL MTR&GB CMB RPL	PWR WC COMP INT DR WHL MTR&GR BOX COMB REPL ONLY	No Auth Required					
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA	No Auth Required					
E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTRY EA	No Auth Required					
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	No Auth Required					
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	No Auth Required					
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	No Auth Required					
E2376	PWR WC EXPANDABLE CONTROLLER REPL	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	No Auth Required					
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	No Auth Required					
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	No Auth Required					
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH	No Auth Required					
E2382	PWR WC TUBE WHEEL TIRE REPL EA	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH	No Auth Required					
E2383	PWR WC INSERT WHEEL TIRE REPL EA	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA	No Auth Required					
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH	No Auth Required					
E2385	PWR WC TUBE CASTER TIRE REPL EA	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH	No Auth Required					
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA	No Auth Required					
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH	No Auth Required					
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH	No Auth Required					
E2389	PWR WC FORM CASTER TIRE REPL EACH	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH	No Auth Required					
E2390	PWR WC SOLID WHEEL TIRE REPL EACH	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH	No Auth Required					
E2391	PWR WC SOLID CASTER TIRE REPL EACH	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH	No Auth Required					
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	PWR WC SOLID CASTER TIRE INTEGRTED WHEEL REPL EA	No Auth Required					
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH	No Auth Required					
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH	No Auth Required					
E2396	PWR WC CASTER FORK REPL ONLY EACH	PWR WC CASTER FORK REPLACEMENT ONLY EACH	No Auth Required					
E2397	POWER WC LITHIUM BASED BATTERY EACH	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	No Auth Required					
E2398	WHEELCHAIR AC DYN POS HARDWARE BACK	WHEELCHAIR ACCESSORY DYNAMIC POS HARDWARE BACK	No Auth Required					
E2402	NEG PRSS WND TX PUMP STATN/PRTBL	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E2500	SPEECH GEN DEV DIGTIZD</=8 MINS REC	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	SPCH GEN DEVC DIGTIZD>8 MINS <= 20 MINS REC TIME	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2504	SPCH GEN DEVC DGTZD>20</=40 MIN REC	SPCH GEN DEVC DIGTIZD>20 MINS</=40 MINS REC TIME	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	SPEECH GEN DEVICE DIGITIZED >40 MINS REC TIME	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL & CNTCT	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	SPCH GEN DEVC SYNTHESIZD MX METH MESS&DEVC ACCSS	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2511	SPEECH GENERATING SOFTWARE PROGRAM	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		

E2599	ACCESS SPEECH GENERATING DEVICE NOC	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	No Auth Required					
E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	No Auth Required					
E2603	SKN PROTCT WC SEAT WDTH<22IN DPTH	SKN PROTECTION WC SEAT CUSHN WIDTH < 22 IN DEPTH	No Auth Required					
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT	SKN PROTECTION WC SEAT CUSHN WDTH 22 IN/GT DEPTH	No Auth Required					
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	PSTN WHEELCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH	No Auth Required					
E2606	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH	No Auth Required					
E2607	SKN PROTCT&PSTN WC SEAT WDTH <22IN	SKN PROTECT&PSTN WC SEAT CUSHN WDTH <22 IN DEPTH	No Auth Required					
E2608	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	SKN PROTCT&PSTN WC SEAT CUSHN WDTH 22 IN/GT DPTH	No Auth Required					
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	No Auth Required					
E2610	WHEELCHAIR SEAT CUSHION POWERED	WHEELCHAIR SEAT CUSHION POWERED	No Auth Required					
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE	No Auth Required					
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	GEN WC BACK CUSHN WDTH 22 IN/GT HT MOUNT HARDWRE	No Auth Required					
E2613	PSTN WC BACK CUSHN POST WDTH <22 IN	PSTN WC BACK CUSHN POST WIDTH < 22 IN ANY HEIGHT	No Auth Required					
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	PSTN WC BACK CUSHN POST WIDTH 22 IN/> ANY HEIGHT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	PSTN WC BACK CUSHN POSTLAT WIDTH < 22 IN ANY HT	No Auth Required					
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN/> ANY HT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	No Auth Required					
E2619	REPL COVER WC SEAT/BACK CUSHN EA	REPL COVER WHEELCHAIR SEAT CUSHN/BACK CUSHN EA	No Auth Required					
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH <22 IN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	SKIN PROTECT WC SEAT CUSH WIDTH <22 IN ANY DEPTH	No Auth Required					
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN/> ANY DEPTH	No Auth Required					
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	SKIN PROTECT & POSITIONING WC CUSH WIDTH < 22 IN	No Auth Required					
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	SKIN PROTECT & POSITIONING WC CUSH WIDTH 22 IN/>	No Auth Required					
E2626	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
E2631	WC ADD MOBIL ARM SUPP ELEV PROX ARM	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	No Auth Required					
E2632	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	WC ACCESS ADD MOBIL ARM SUPP OFFSET/LAT RCKR ARM	No Auth Required					
E2633	WC ACSS ADD MOBIL ARM SUPP SUPINATR	WC ACCESS ADD MOBILE ARM SUPPORT SUPINATOR	No Auth Required					
G0008	ADMINISTRATION INFLUENZA VIRUS VACC	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	No Auth Required					
G0009	ADMINISTRATION PNEUMOCOCCAL VACC	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	No Auth Required					
G0010	ADMINISTRATION HEPATITIS B VACCINE	ADMINISTRATION OF HEPATITIS B VACCINE	No Auth Required					
G0068	PS ADM ANTI-INF PM ADM CD H E 15M	PROF SRVC ADM ANTI-INFEC PM ADM CD IND HM E 15 M	No Auth Required					
G0069	PROF SRVC ADM SQ IMT ADM CD H E 15M	PROF SRVC ADM SUBQ IMT ADM CAL DA IND HM EA 15 M	No Auth Required					
G0070	PROF SRVC ADM CHEMO ADM CD H E 15 M	PROF SRVC ADM CHEMO ADM CAL DA IND HOME EA 15 M	No Auth Required					
G0071	PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY	PMT CMNCT TECH-BASED SERVICES; RHC OR FQHC ONLY	No Auth Required					
G0076	BRIEF CARE MGMT HOME VISIT NEW PT	BRIEF CARE MANAGEMENT HOME VISIT NEW PATIENT	No Auth Required					
G0077	LIMITED CARE MGM HOME VISIT NEW PT	LIMITED CARE MANAGEMENT HOME VISIT NEW PATIENT	No Auth Required					
G0078	MODERATE CARE MGMT HOME VST NEW PT	MODERATE CARE MANAGEMENT HOME VISIT FOR NEW PT	No Auth Required					
G0079	COMP CARE MGMT HOME VISIT NEW PT	COMPREHENSIVE CARE MGMT HOME VISIT NEW PATIENT	No Auth Required					
G0080	EXTENSIVE CARE MGMT HOME VST NEW PT	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR NEW PT	No Auth Required					
G0081	BRIEF CARE MGM HOME VISIT EXIST PT	BRIEF CARE MANAGEMENT HOME VISIT FOR EXISTING PT	No Auth Required					
G0082	LIMITED CARE MGMT HOME VST EXIST PT	LIMITED CARE MANAGEMENT HOME VISIT FOR EXIST PT	No Auth Required					
G0083	MODERATE CARE MGMT HOME VST EXST PT	MODERATE CARE MANAGEMENT HOME VISIT FOR EXIST PT	No Auth Required					
G0084	COMP CARE MGMT HOME VISIT EXIST PT	COMPREHENSIVE CARE MGMT HOME VISIT FOR XST PT	No Auth Required					
G0085	EXTENSIVE CARE MGM HOME VST EXST PT	EXTENSIVE CARE MANAGEMENT HOME VISIT FOR EXST PT	No Auth Required					
G0086	LMTD CARE MGMT HOME CARE PLAN OVER	LIMITED CARE MANAGEMENT HOME CARE PLAN OVERSIGHT	No Auth Required					
G0087	COMP CARE MGMT HOME CARE PLAN OVER	COMPREHENSIVE CARE MGMT HOME CARE PLAN OVERSIGHT	No Auth Required					
G0101	CERV/VAG CANCR SCR;PELV&CLN BRST EX	CERV/VAGINAL CANCER SCR; PELV&CLIN BREAST EXAM	No Auth Required					
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION	No Auth Required					
G0103	PROSTATE CANCER SCREENING; PSA TEST	PROSTATE CANCER SCREENING; PSA TEST	No Auth Required					
G0104	COLOREC CANCER SCREENING; FLEXSIG	COLORECTAL CANCER SCREENING; FLEXSIG	No Auth Required					
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK	No Auth Required					
G0106	COLOREC CANCR SCR; SIGMOIDSCOPY	COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA	No Auth Required					
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN	No Auth Required					
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN	No Auth Required					
G0117	GLAUC SCR HI RISK BY OPT/OPHTHLGIST	GLAUC SCR HI RISK BY OPTOMETRST/OPHTHALMOLOGIST	No Auth Required					
G0118	GLAUC SCR HI RISK UND DIR SUP DR	GLAUC SCR HI RSK UND DIR SUP OPTMTRST/OPHTHLGIST	No Auth Required					
G0120	COLOREC CANCR SCR;COLNSCPY BA ENEMA	COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA	No Auth Required					
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK	No Auth Required					
G0123	SCR CERV/VAG THIN LAY W/PHYS SUP	SCR CYTOPATH CERV/VAG SCR CYTOTECH UND PHYS SUPV	No Auth Required					
G0124	SCR CERV/VAG THIN LAY PHYS INTERP	SCR CYTOPATH CERV/VAG THIN LAY PREP INTEPR PHYS	No Auth Required					

G0127	TRIM DYSTROPHIC NAILS ANY NUMBER	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER	No Auth Required					
G0128	DIR SKLED SERV RN OP REHAB EA 10MIN	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5	No Auth Required					
G0129	OCCUP TX REQ QUAL TRPST PER SESSION	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PER SESSION	No Auth Required					
G0130	SEXA BN DNSITY STDY 1/>; APPNDICULR	SEXA BN DNSITY STDY 1/> SITE; APPNDICULR SKEL	No Auth Required					
G0141	SCR CERV/VAG MNL RSCR PHYS INTERP	SCR CYTOPATH SMER CERV/VAG MNL RSCR INTEPR PHYS	No Auth Required					
G0143	SCR CERV/VAG MNL SCR/RSCR UND PHYS	SCR CYTOPATH CERV/VAG MNL SCR&RSCR UND PHYS	No Auth Required					
G0144	SCR CERV/VAG SCR AUTO UND PHYS	SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS	No Auth Required					
G0145	SCR CERV/VAG AUTO&MNL RSCR PHYS	SCR CYTOPATH CERV/VAG SCR AUTO&MNL RSCR PHYS	No Auth Required					
G0147	SCR SMEARS CERV/VAG AUTO UND PHYS	SCR CYTOPATH SMERS CERV/VAG AUTO UND PHYS SUPV	No Auth Required					
G0148	SCR SMEARS CERV/VAG MNL RESCR	SCR CYTOPATH SMERS CERV/VAG AUTO SYS W/MNL RESCR	No Auth Required					
G0151	SRVC PT HOM HLTH/HOSPICE EA 15 MIN	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0153	SRVC SPCH&LANG PATH HH/HOSPIC EA 15	SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0155	SRVC CLINICAL SW HH/HOSPICE EA 15	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0157	SRVC PT ASSIST HH/HOSPICE EA 15 MIN	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0158	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0159	SRVC PT HH EST/DEL PT MP EA 15 MINS	SERVICES PT HOME HEALTH EST/DEL PT MP EA 15 MINS	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0160	SRVC OT HH EST/DEL OT MP EA 15 MIN	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0161	SRVC SLP HH EST/DEL SLP TX MP 15 MN	SERVICE SLP HH EST/DEL SPCH-LANG PATH MP EA 15 M	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0162	SKILLED SRVC RN M&E POC; EA 15 MINS	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0166	EXT COUNTERPULSATION-TX SESSION	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION	No Auth Required					
G0168	WOUND CLOS UTIL TISSUE ADHES ONLY	WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY	No Auth Required					
G0175	SCHED INTRDISCIPLN TEAM CONF PT PRS	SCHED INTERDISCIPLINARY TEAM CONF W/PT PRESENT	No Auth Required					
G0176	ACTV TX PTS DISABL MENTL HLTH-SESS	ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS	No Auth Required					
G0177	TRN&ED PTS DISABL MENTL HLTH-SESS	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS	No Auth Required					
G0179	PHYS RE-CERT MCR-COVR HOM HLTH SRVC	PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD	No Auth Required					
G0180	PHYS CERT MCR-COVR HOM HLTH SRVC	PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD	No Auth Required					
G0181	PHYS SUPV PT RECV MCR-COVR HOM HLTH	PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY	No Auth Required					
G0182	PHYS SUPV PT UND MCR-APPRVD HOSPICE	PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR	DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH	No Auth Required					
G0237	MUSCLES FACE FACE 1 ON 1 EA 15 MIN	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES	No Auth Required					
G0238	TX PROC IMPRV RESP NOT G0237 15 MIN	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN	No Auth Required					
G0239	TX PROC IMPRV RESP FUNCT 2/> IND	TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2/> IND	No Auth Required					
G0245	INIT PHYS E&M DIABETIC PT W/LOPS	INITIAL PHYS E&M DIABETIC NEUROPATHY W/LOPS	No Auth Required					
G0246	F/U EVAL DIABETIC PT W/LOPS	FOLLOWUP EVAL DIABETIC PT NEUROPATHY W/LOPS	No Auth Required					
G0247	ROUTINE FT CARE PHYS DIAB PT W/LOPS	ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W/LOPS	No Auth Required					
G0248	DEMONSTRATION HOME INR MONITOR	DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE	No Auth Required					
G0249	PRVS TST MATL&EQUIP HM INR MON;Q WK	PRVS TEST MATL & EQUIP HOME INR MON; ONCE A WEEK	No Auth Required					
G0250	PHYS REV INTEPR HOME INR MON; Q WK	PHYS REV INTEPR & PT MGMT HOME INR MON; 1 A WEEK	No Auth Required					
G0257	UNSCHD/EMRG DIALYS HOS OP NOT CERT	UNSCHD/EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT	No Auth Required					
G0259	INJECTION PROC SI JNT; ARTHROGRAPY	INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY	No Auth Required					
G0260	INJ SI JNT; ANES &/TX AGT &ARTHROG	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH	No Auth Required					
G0268	REMV IMP CERUMN SAME DATE FUNCT TST	REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST	No Auth Required					
G0269	PLCMT OCCL DEVC POST SURG/INTRVNAL	PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC	No Auth Required					
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN	No Auth Required					
G0271	MED NUT TX REASSESS GRP EA 30 MIN	MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN	No Auth Required					
G0276	PILD/PLACEBO CONTROL CLIN TR	PILD/PLACEBO CONTROL CLIN TR	No Auth Required					
G0277	HPO UND PRSS FULL B CHMBR PER 30 MN	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Authorization Required	Hyperbaric Oxygen		Level 2 Review (Full Clinical Review)		
G0278	ILIAC&/FEM ART ANGIO TIME CARD CATH	ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	No Auth Required					
G0279	DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL	No Auth Required					
G0281	E-STIM 1/> CHRN STAGE III&IV ULCRS	E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN	No Auth Required					
G0288	RECON CT ANGIO AORTA PLAN VASC SURG	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	No Auth Required					
G0289	SCPE KNEE REMV FB TM SURG DIFF COMP	SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT	No Auth Required					
G0293	NONCOVR SURG SEDAT ANES-MCR QUAL	NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
G0294	NONCOVR PROC NO ANES/LOC-MCR QUAL	NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
G0296	CNSL VST DISCUSS LDCT LW DS CT SCAN	CNSL VISIT DISCUSS LDCT USING LOW DOSE CT SCAN	No Auth Required					
G0297	LOW DOSE CT SCAN FOR LUNG CANCR SCR	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Authorization Required	Radiology - diagnostic radiology		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0300	DIR SNS LPN HH/HOSPCE SET EA 15 MIN	DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN	Authorization Required	Home Health Services		Level 2 Review (Full Clinical Review)		
G0302	PRE-OP PULM SURG SRVC PREP LVRS CMP	PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC	No Auth Required					
G0303	PRE-OP PULM SURG PREP LVRS 10-15 DA	PRE-OP PULM SURG SRVC PREP LVRS 10-15 DA SRVC	No Auth Required					
G0304	PRE-OP PULM SURG PREP LVRS 1-9 DA	PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC	No Auth Required					
G0305	POST-D/C PULM SURG SRVC AFTER LVRS	POST-D/C PULM SURG AFTER LVRS MINI 6 DAYS SRVC	No Auth Required					

G0306	CMPL CBC AUTO&AUTO WBC DIFF COUNT	COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT	No Auth Required					
G0307	COMPLETE CBC AUTOMATED	COMPLETE CBC AUTOMATED	No Auth Required					
G0328	COLOREC CA SCR; FOB TST IMMUNO 1-3	COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS	No Auth Required					
G0329	EM TX ULCERS NOT HEALING 30 DA CARE	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
G0333	PHRM DISPN FEE INHL RX;1ST 30-DAY	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	No Auth Required					
G0337	HOSPICE EVAL&CNSL SRVC PREELECTION	HOSPICE EVALUATION & CNSL SERVICES PREELECTION	No Auth Required					
G0339	IMAGE GUID ROBOT ACCL SRS TX 1 SESS	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
G0340	IMAGE GUID ROB SRS FRAC TX 2-5 SESS	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Authorization Required	Surgery		Level 2 Review (Full Clinical Review)		
G0341	PERQ ISLET CELL TPLNT PV CATH&INFUS	PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
G0342	LAP ISLET CELL TPLNT PV CATH&INFUS	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
G0343	LAPROT ISLET CELL TPLNT PV CATH&INF	LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Level 2 Review (Full Clinical Review)		
G0365	VESSEL MAPPING HEMODIALYSIS ACSS	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACESS	No Auth Required					
G0372	PHYS EST & DOC NEED PWR MOBIL DEVC	PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC	No Auth Required					
G0378	HOSPITAL OBSERVATN SERVICE PER HOUR	HOSPITAL OBSERVATION SERVICE PER HOUR	No Auth Required					Removed Authorization Requirement
G0379	DIRECT ADMISSION PT HOSP OBS CARE	DIRECT ADMISSION PATIENT HOSPITAL OBSERV CARE	No Auth Required					
G0380	LEVEL 1 HOSP ED VISIT TYPE B ED;	LEVEL 1 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No Auth Required					
G0381	LEVEL 2 HOSP ED VISIT TYPE B ED;	LEVEL 2 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No Auth Required					
G0382	LEVEL 3 HOSP ED VISIT TYPE B ED;	LEVEL 3 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No Auth Required					
G0383	LEVEL 4 HOSP ED VISIT TYPE B ED;	LEVEL 4 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No Auth Required					
G0384	LEVEL 5 HOSP ED VISIT TYPE B ED;	LEVEL 5 HOSPITAL EMERGENCY DEPT VISIT TYPE B ED;	No Auth Required					
G0390	TRAUMA RESPONSE TEAM W/HOSP CC SERV	TRAUMA RESPONSE TEAM ASSOC W/HOSP CC SERVICE	No Auth Required					
G0396	ALC &/ SUBSTNC ABUSE ASSESS 15-30 M	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT 15-30 MIN	No Auth Required					
G0397	ALC &/ SUBSTNC ABUSE ASSESS >30 MIN	ALCOHOL &/SUBSTANCE ABUSE ASSESSMENT >30 MIN	No Auth Required					
G0398	HST W/TYPE II PRTBLE MON MIN 7 CH	HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
G0399	HST TYPE III PRTBLE MON MIN 4 CH	HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
G0400	HST TYPE IV PRTBLE MON MIN 3 CH	HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH	Authorization Required	Sleep Studies		Level 2 Review (Full Clinical Review)		
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	INIT PREV PE LTD NEW BENEF DUR 1ST 12 MOS MCR	No Auth Required					
G0403	ECG RTN ECG 12 LEADS 1ST PREV PE	ECG RTN ECG W/12 LEADS SCR INIT PREVNTV PE W/I&R	No Auth Required					
G0404	ECG RTN ECG W/12 LEADS TRACING ONLY	ECG RTN ECG W/12 LEADS TRACING ONLY W/O I&R	No Auth Required					
G0405	ECG RTN ECG W/12 LEADS I&R ONLY	ECG RTN ECG W/12 LEADS INTERPR & REPORT ONLY	No Auth Required					
G0406	FU IP CNSLT LTD 15 MIN VIA TELEHLTH	F/U IP CNSLT LTD PHYS 15 MIN W/PT VIA TELEHEALTH	No Auth Required					
G0407	FU IP CNSLT INTRMD 25 MIN TELEHLTH	F/U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH	No Auth Required					
G0408	FU IP CNSLT CMPLX 35 MIN/>TELEHLTH	F/U IP CNSLT CMPLX PHYS 35 MIN/>PT VIA TELEHLTH	No Auth Required					
G0409	SW & PSYCH SRVC EA 15 MIN F/F IND	SOCL WRK & PSYCH SRVC EA 15 MIN FACE-TO-FACE IND	No Auth Required					
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN	No Auth Required					
G0411	INTRACTV GRP PSYCH PAR HOS 45-50 MN	INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN	No Auth Required					
G0412	OPN TX ILIAC SPINE/ILIAC WING FX	OPN TX ILIAC SPINE TUBEROSITY AVUL/ILIAC WING FX	No Auth Required					
G0413	PERQ SKEL FIX POST PELV BONE FX	PERQ SKEL FIX POST PELV BONE FX&/DISLOC UNI/BIL	No Auth Required					
G0414	OPN TX ANT PELV BONE FX &/ DISLOC	OPN TX ANT PELV BONE FX &/ DISLOC UNI/BIL	No Auth Required					
G0415	OPN TX POST PELV BONE FX &/ DISLOC	OPN TX POST PELV BONE FX &/ DISLOC UNI/BIL	No Auth Required					
G0416	SURG PATH PROS NEEDLE BX ANY METHOD	SURGICAL PATH PROSTATE NEEDLE BIOPSY ANY METHOD	No Auth Required					
G0420	F/F EDU SRVC CKD; IND PER SESS 1 HR	FACE TO FACE EDU SRVC OF CKD; IND PER SESS 1 HR	No Auth Required					
G0421	F/F EDU SRVC CKD; GRP PER SESS 1 HR	FACE TO FACE EDU SRVC OF CKD; GRP PER SESS 1 HR	No Auth Required					
G0422	INTENS CARD REHAB; W/WO ECG W/EXER	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER	No Auth Required					
G0423	INTENS CARD REHAB; W/WO ECG W/O EX	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER	No Auth Required					
G0424	PULM REHAB EXER 1 HR SESS 2 PER DAY	PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY	No Auth Required					
G0425	TELEHEALTH CONSULT ED/IP 30 MIN PT	TELEHEALTH CONSULT ED/IP 30 MIN W/PT TELEHLTH	No Auth Required					
G0426	TELEHEALTH CONSULT ED/IP 50 MIN PT	TELEHEALTH CONSULT ED/IP 50 MIN W/PT TELEHLTH	No Auth Required					
G0427	TELEHEALTH CONSULT ED/IP 70 MIN/>PT	TELEHEALTH CONSULT ED/IP 70 MIN/> PT TELEHELTH	No Auth Required					
G0429	DERMAL FILLER INJ TREATMENT LDS	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	No Auth Required					
G0432	INF AB EIA TECH HIV-1 &/OR HIV-2	INF AGT AB DETECT EIA TECH HIV-1&/HIV-2 SCR	No Auth Required					
G0433	INF AB ELISA TECH HIV-1 &/OR HIV-2	INF ANTIBODY ELISA TECH HIV-1 &/OR HIV-2 SCREEN	No Auth Required					
G0435	INF AGT ANTIG DETECT RPD AB TST OMT	INF AGT ANTIG DETECT RPD AB TST OMT HIV-1/-2 SCR	No Auth Required					
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	ANNUAL WELLNESS VISIT; PERSONALIZ PPS INIT VISIT	No Auth Required					
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	ANNUAL WELLNESS VST; PERSONALIZED PPS SUBSQT VST	No Auth Required					
G0442	ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	ANNUAL ALCOHOL MISUSE SCREENING 15 MINUTES	No Auth Required					
G0443	BRF F/F BHVR CNSL ALC MISUSE 15 MIN	BRIEF FACE-FACE BEHAV CNSL ALCOHL MISUSE 15 MIN	No Auth Required					
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	ANNUAL DEPRESSION SCREENING 15 MINUTES	No Auth Required					
G0445	HI INTNS BHV CNSL PREV STI; IND ED;	HIGH INTENS BHV CNSL PREV STI; IND ED SEX BHV;	No Auth Required					
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN	No Auth Required					
G0447	FCE-FCE BEHAVRL CNSL OBESITY 15 MIN	FACE--FACE BEHAVIORAL COUNSELING OBESITY 15 MIN	No Auth Required					
G0448	INS/RPL PRM CV-DFIB TV LEADS PACE E	INS/RPL PRM CV-DFIB TV LEADS INSRT PACE ELCTRODE	No Auth Required					
G0451	DVLPMNT TEST I&R STANDRD INSTR FORM	DEVELPMNT TESTING I&R STANDARDIZD INSTRUMNT FORM	No Auth Required					

G0452	MOLECULAR PATH PROC;PHYS INTEPR REP	MOLECLR PATH PROCEDURE; PHYSICIAN INTEPR REPORT	No Auth Required					
G0453	C IO NEUROPHYS MON OUTSD OR EA 15 M	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	Authorization Required	Surgery		Level 1 Review (Network Validation)		Removed Authorization Requirement
G0454	PHYS DOC F2F DME DET PRF NP PA/CNS	PHYS DOC FACE--FACE VST DME DETRM PERF NP PA/CNS	No Auth Required					
G0455	PREP IT FEC MICROBIOTA ASMT D SPEC	PREP IT FEC MICROBIOTA ANY METH ASMT DONOR SPEC	No Auth Required					
G0458	LDR PROSTATE BT SERVICE COMPOS RATE	LOW DOSE RATE PROSTATE BRACHYTX SRVC COMPOS RATE	No Auth Required					
G0459	INPATIENT TELEHEALTH PHARMACOL MGMT	INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT	No Auth Required					
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	AUTOLOGOUS PLATELET-RICH PLASMA	No Auth Required					
G0463	HOS OP CLIN VISIT ASSESS & MGMT PT	HOSPITAL OUTPATIENT CLIN VISIT ASSESS & MGMT PT	No Auth Required					
G0466	FQHC VISIT NEW PATIENT;	FEDERALLY QUALIFIED HEALTH CENTER VISIT NEW PT;	No Auth Required					
G0467	FQHC VISIT ESTABLISHED PATIENT	FEDERALLY QUALIFIED HEALTH CENTER VISIT ESTAB PT	No Auth Required					
G0468	FQHC VISIT IPPE OR AWV;	FEDERALLY QUALIFIED HEALTH CENTER VST IPPE/AWV;	No Auth Required					
G0469	FQHC VISIT MENTAL HEALTH NEW PT;	FEDERALLY QUALIFIED HEALTH CENTER VST MH NEW PT;	No Auth Required					
G0470	FQHC VISIT MENTAL HEATH ESTAB PT;	FEDERALLY QUALIFIED HEALTH CNTR VST MH ESTAB PT;	No Auth Required					
G0471	COLL V BLD VP/URN SMP CATH IND SNF	COLL V BLD VP/URN SMP CATH IND SNF/LAB BHALF HHA	No Auth Required					
G0472	HEP C ABO SC IND HI RSK&OTH COV IND	HEPATITIS C ABO SC IND HIGH RISK&OTH CVRD INDIC	No Auth Required					
G0473	FTF BEHAV CNSL OBESITY GRP 30 MIN	FACE-TO-FACE BEHAV COUNSELING OBESITY GRP 30 MIN	No Auth Required					
G0475	HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	HIV ANTIGEN/ANTIBODY COMBINATION ASSAY SCREENING	No Auth Required					
G0476	INF AGT DTCT DNA/RNA; HPV ADD PAP T	INF AGT DETECT DNA/RNA; HPV PERF ADD TO PAP TEST	No Auth Required					
G0480	DR TST DEFIN DR ID M P D 1-7 DR CL	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	No Auth Required					
G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	No Auth Required					
G0482	DR TST DEFN DR ID M P D 15-21 DR CL	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	No Auth Required					
G0483	DR TST DEFIN DR ID M P D 22/M DR CL	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	No Auth Required					
G0490	FTF HHN VST RHC/FQHC AREA SHTG HHA	FACE-TO-FACE HH NSG VST RHC/FQHC AREA SHTG HHA	No Auth Required					
G0491	DIALYSIS MC ESRD AC KID INJ NO ESRD	DIALYSIS MCARE CERT ESRD FAC AC KID INJ W/O ESRD	No Auth Required					
G0492	DIALY 1 EVL PHYS AC KID INJ NO ESRD	DIALYSIS 1 EVAL PHYSICIAN AC KID INJ W/O ESRD	No Auth Required					
G0493	SKD SRVC RN OBV&ASMT PT C EA 15 MIN	SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN	No Auth Required					
G0494	SKD SRVC LPN OBS&ASMT PT C E 15 MIN	SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN	No Auth Required					
G0495	SKD SRVC RN T&/E PT/F HH/HSPC E 15M	SKD SRVC RN TRAIN&/EDU PT/FAM HH/HOSPC EA 15 MIN	No Auth Required					
G0496	SKD SVC LPN T&/E PT/F HH/HSPC E 15M	SKD SRVC LPN TRAIN&/EDU PT/FAM HH/HOSPC E 15 MIN	No Auth Required					
G0498	CTX IV INF T; INI INF OFC/CLIN SET	CHEMOTX ADM IV INF TECH; INI INF OFFICE/CLIN SET	No Auth Required					
G0499	HEP B SCR IN NON-PREG HIGH RISK IND	HEPATITIS B SCREENING IN NON-PREG HIGH RISK IND	No Auth Required					
G0500	MOD SED SVC PRV SM PHYS PER GI ENDO	MODERATE SEDAT SRVC PROV SAME PHYS PERF GI ENDO	No Auth Required					
G0501	RES-INT SVC PT SPZ M-ASST TECH MN	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	No Auth Required					
G0506	CMP ASMT & C PLN PT RQR CC MGMT SVC	COMP ASMT OF & CARE PLNG PT RQR CC MGMT SRVC	No Auth Required					
G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	TH CONSULT CC INIT PHYS 60 MIN CMNCT PT & PROV	No Auth Required					
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	TH CNSLT CC SUBSQT PHYS 50 MIN CMNCT PT & PROV	No Auth Required					
G0511	RHC/FQHC G C MGMT 20 M/>C T-CAL MO	RHC/FQHC ONLY GEN CARE MGMT 20 M/>CLIN TM-CAL MO	No Auth Required					
G0512	RHC/FQHC PS COCM 60 M/>C TM-CAL MO	RHC/FQHC ONLY PSYCHIATRIC COCM 60 M/>C TM-CAL MO	No Auth Required					
G0513	PRLNG PREV SVC OFC/OTH O/P;1ST 30 M	PRLNG PREV SRVC OFC/OTH O/P RQR DIR CTC;1ST 30 M	No Auth Required					
G0514	PRLNG PRV SVC OFC/O O/P;EA ADD 30 M	PRLNG PREV SRVC OFC/OTH O/P DIR CTC;EA ADD 30 M	No Auth Required					
G0515	DVLP CS IMP AT M PROB SLV EA 15 MN	DVLP CS IMPRV ATTN MEM PROB SOLV PT CTC EA 15 MN	No Auth Required					
G0516	INSRT NON-BIODEGRAD RX DEL IMPL 4/>	INSERTION NON-BIODEGRADABLE RX DELIVERY IMPL 4/>	No Auth Required					
G0517	REMV NON-BIODEGRAD RX DEL IMPL 4/>	REMOVAL NON-BIODEGRADABLE DRUG DEL IMPLANTS 4/>	No Auth Required					
G0518	REMV REINS NON-BIODEG RX D IMPL 4/>	REMV REINS NON-BIODEGRADABLE DRUG DEL IMPL 4/>	No Auth Required					
G0659	DRUG TST DEFIN DR ID M ANY # DR CLS	DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
G0913	IMPRV VF ACHV IN 90 DA FLW CAT SURG	IMPROV VISUAL FUNCT ACHV W/I 90 DAY FLW CAT SURG	No Auth Required					
G0914	PT CARE SURVEY WAS NOT COMPLETED PT	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT	No Auth Required					
G0915	IMPRV VF NOT IN 90 DA FLW CAT SURG	IMPROV VISUAL FUNCT NOT ACHV 90 DAY FLW CAT SURG	No Auth Required					
G0916	SATISFACTN CARE IN 90 D FLW CAT SRG	SATISFACTION W/CARE ACHV W/I 90 DAY FLW CAT SURG	No Auth Required					
G0917	PT SATISFACTION SURVEY NOT CMPL PT	PATIENT SATISFACTION SURVEY NOT COMPLETE PATIENT	No Auth Required					
G0918	SATISFCTN CARE NOT 90 D FLW CAT SRG	SATISFACTION W/CARE NOT ACHV 90 DAY FLW CAT SURG	No Auth Required					
G1000	CDS MECH APPL P/W DEFINED MCR AUC	CDS MECH APPL P/W DFND MCR APPROP USE CRITERIA	No Auth Required					
G1001	CDS MECH EVICORE DFIND MCR AUC PROG	CLIN DEC SUPP MECH EVICORE DEFIND MCR AUC PROG	No Auth Required					
G1002	CDSM MEDCURRENT DFIND MCR AUC PROG	CLIN DEC SUPP MECH MEDCURRENT DFIND MCR AUC PROG	No Auth Required					
G1003	CDSM MEDICALIS DEFINED MCR AUC PROG	CLIN DEC SUPP MECH MEDICALIS DEFIND MCR AUC PROG	No Auth Required					
G1004	CDSM NDSC DEFINED MEDICARE AUC PROG	CLINICAL DEC SUPP MECH NDSC DEFINED MCR AUC PROG	No Auth Required					
G1005	CDSM NIA DEFINED MCR AUC PROG	CLINICAL DEC SUPP MECH NIA DEFINED MCR AUC PROG	No Auth Required					
G1006	CDSM TEST APPROP DEFINED MCR AUC	CLINICAL DEC SUPP MECH TEST APPROP DFIND MCR AUC	No Auth Required					
G1007	CDSM AIM DEFINED MEDICARE AUC PROG	CLINICAL DEC SUPP MECH AIM DEFINED MCR AUC PROG	No Auth Required					
G1008	CDSM CRANBERRY PEAK DEFINED MCR AUC	CLIN DEC SUPP MECH CRANBERRY PEAK DEFIND MCR AUC	No Auth Required					
G1009	CDSM SAGE HMS DEFINED MCR AUC PROG	CLIN DEC SUPP MECH SAGE HMS DEFINED MCR AUC PROG	No Auth Required					
G1010	CDSM STANSON DEFINED MCR AUC PROG	CLIN DEC SUPP MECH STANSON DEFINED MCR AUC PROG	No Auth Required					
G1011	CDSM QUAL TOOL NOS DEFINED MCR AUC	CLIN DEC SUPP MECH QUAL TOOL NOS DFIND MCR AUC	No Auth Required					
G2000	BLINDED ADMN OF CONVULSIVE TX PROC	BLINDED ADMINISTRATION OF CONVULSIVE TX PROC	No Auth Required					
G2001	BRF 20 MINS IH VST NEW PT PST-D/C.	BRIEF 20 MINUTES IN-HOME VISIT NEW PT POST-D/C.	No Auth Required					

G2002	LTD 30 MINS IH VISIT NEW PT PST-D/C	LIMITED 30 MINUTES IN-HOME VISIT NEW PT POST-D/C	No Auth Required					
G2003	MOD 45 MINS IH VISIT NEW PT PST-D/C	MODERATE 45 MINS IN-HOME VISIT NEW PT POST-D/C	No Auth Required					
G2004	COMP 60 MINS IH VST NEW PT POST-D/C	COMP 60 MINUTES IN-HOME VISIT NEW PT POST-D/C	No Auth Required					
G2005	EXTSV 75 MINS IH VST NEW PT PST-D/C	EXTENSIVE 75 MINS IN-HOME VISIT NEW PT POST-D/C	No Auth Required					
G2006	BRIEF 20 MINS IH VST XST PT PST-D/C	BRIEF 20 MINUTES IN-HOME VISIT EXIST PT POST-D/C	No Auth Required					
G2007	LTD 30 MINS IH VISIT XST PT PST-D/C	LIMITED 30 MINS IN-HOME VISIT EXIST PT POST-D/C	No Auth Required					
G2008	MOD 45 MINS IH VISIT XST PT PST-D/C	MODERATE 45 MINS IN-HOME VISIT EXIST PT POST-D/C	No Auth Required					
G2009	COMP 60 MINS IH VST XST PT POST-D/C	COMP 60 MINS IN-HOME VISIT EXIST PT POST-D/C	No Auth Required					
G2010	RMT EVAL REC VIDEO &/ IMG SB EST PT	REMOTE EVAL RECORDED VIDEO &/ IMAGES SB ESTAB PT	No Auth Required					
G2011	ALC&/SA STRCT ASMT & BRF INT 5-14 M	ALC&/SA STRCT ASSESS & BRIEF INTERVENT 5-14 MIN	No Auth Required					
G2012	BRIEF COM TBS; 5-10 MIN MED DISCUSS	BRIEF COMMUNICATION TBS; 5-10 MIN MED DISCUSSION	No Auth Required					
G2013	EXTSV 75 MINS IH VST XST PT PST-D/C	EXTSV 75 MINS IN-HOME VISIT EXIST PT POST-D/C	No Auth Required					
G2014	LIMITED 30 MINS CARE PLAN OVERSIGHT	LIMITED 30 MINUTES CARE PLAN OVERSIGHT	No Auth Required					
G2015	COMP 60 MINS HOME CARE PLAN OVRSGHT	COMPREHENSIVE 60 MINS HOME CARE PLAN OVERSIGHT	No Auth Required					
G2021	HEALTH CARE PRACTITION RENDRING TIP	HEALTH CARE PRACTITIONERS RENDERING TIP	No Auth Required					
G2022	MDL PRTCP BNEF RFS SRVC CVR UND MDL	MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL	No Auth Required					
G2058	CCM SRVC EA A 20 M CS TM DIR CA MO	CCM SRVC EA ADD 20 MIN CLIN STF TM DIR HCP CA MO	No Auth Required					
G2061	Q NP HCP ONL E PT 7D CT DR 7D;5-10M	Q NP HCP ONL ASNT EST PT 7D CUM TM DUR 7D;5-10 M	No Auth Required					
G2062	Q NP HCP OL E PT 7D CT DR 7D;11-20M	Q NP HCP ONL ASMT EST PT 7D CUM T DUR 7D;11-20 M	No Auth Required					
G2063	Q NP HCP ONL E PT 7D CT DR 7D;21/>M	Q NOMD HCP ONL AST EST PT 7D CUM TM DUR 7D;21/>M	No Auth Required					
G2064	CCM 1 HR DZ AL 30 M PHYS T CA MO	CCM SRVC 1 HR DZ AL 30 M PHYS/HCP TIME CA MO	No Auth Required					
G2065	CCM 1 HOUR DZ SRVC PCM AL 30 MIN CM	CCM 1 HOUR DZ SRVC PCM AT LEAST 30 MIN CAL MONTH	No Auth Required					
G2066	INTG DVC E R 30 D;REC TRANS & TR	INTG DVC EVAL RMT TO 30 D;RCPT TRANS & TECH RVW	No Auth Required					
G2067	MED ASST TX METHADONE;WEEKLY BUNDLE	MEDICATION ASSISSTED TX METHADONE; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2068	MAT BUPRENORPHINE ORAL; WKLY BUNDLE	MED ASST TX BUPRENORPHINE ORAL; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2069	MAT BUPRENORPHINE INJ;WEEKLY BUNDLE	MED ASST TX BUPRENORPHINE INJ; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2070	MAT BUPRENORPHNE IMPL INSRT;WKLY BD	MAT BUPRENORPHINE IMPLANT INSRT; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2071	MAT BUPRENORPHINE IMPL REMV;WKLY BD	MAT BUPRENORPHINE IMPL REMOVAL; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2072	MAT BUPRENORPHINE IMPL I&R;WKLY BD	MAT BUPRENORPHINE IMPLANT I & R; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2073	MED ASST TX NALTREXONE;WKLY BUNDLE	MEDICATION ASSIST TX NALTREXONE; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2074	MED ASST WKLY BUNDLE NOT INCL DRUG	MEDICATION ASSIST WEEKLY BUNDLE NOT INCL DRUG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2075	MAT MEDICATION NOS; WEEKLY BUNDLE	MEDICATION ASST TX MEDICATION NOS; WEEKLY BUNDLE	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
G2076	INTK ACT MED EX CMPL DOC P EVL&ASMT	INTK ACT INCL INT MED EX CMPL DOC P EVL&INT ASMT	No Auth Required					
G2077	PA;PRD Q PERS DET APPR COMB SRVC&TX	PA;ASSESS PRD Q PERS DET MOST APPR COMB SRVC&TX	No Auth Required					
G2078	TH SUP METHADONE;TO 7 ADD D SUP;	TAKE HOME SUP METHADONE; UP TO 7 ADD DAY SUP;	No Auth Required					
G2079	TH SUP BPN ORAL;TO 7 ADD D SUP;	TAKE HOME SUP BUPRENORPHINE ORAL;TO 7 ADD D SUP;	No Auth Required					
G2080	EA ADD 30 MIN CNSL WK MED ASST TX;	EA ADD 30 MIN CNSL WK MED ASSISTED TREATMENT;	No Auth Required					
G2082	OFF/OT OP E&M E PT 56MG ESKTMN N SA	OFF/OTH OP E&M EST PT PROV 56 MG ESKETAMINE N SA	No Auth Required					
G2083	OFF/OT OP E&M E PT>56MG ESKTMN N SA	OFF/OTH OP E&M EST PT PROV>56 MG ESKETAMINE N SA	No Auth Required					
G2086	OFF-BASED TX ODU;AL 70 M 1ST CA MO	OFF-BASED TX OPIOID USE D/O; AL 70 MIN 1ST CA MO	No Auth Required					
G2087	OFF-BSD TX OUD;AL 60 M SUBSEQ CA MO	OFF-BASED TX OUD; AL 60 MIN SUBSEQ CALENDAR MO	No Auth Required					
G2088	OFF-B TX OUD;EA ADD 30M BYD 1ST120M	OFF-BASED TX OUD;EA ADD 30 MIN BYD 1ST 120 MIN	No Auth Required					
G2089	MOST RECENT HBA1C LVL 7.0% TO 9.0%	MOST RECENT HEMOGLOBIN A1C LEVEL 7.0% TO 9.0%	No Auth Required					
G2090	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED DMNT MP/YR PRI MP	No Auth Required					
G2091	PT 66&>CLM FRLTY&1 AC IP ADV ILL MP	PT 66&>CLM FRLTY & 1 AC IP ADV ILL MP/YR PR MP	No Auth Required					
G2092	ACE I/ARB/ARNI TH PRSC/CUR BNG TKN	ACE INHIB/ARB/ARNI TH PRSC/CURRENTLY BEING TAKEN	No Auth Required					
G2093	DC MD RSN N PRSC ACE INHB/ARB/ARNIX	DOC MED REASN NO PRSC ACE INHIB/ARB/ARNI TH	No Auth Required					
G2094	DOC PT RSN N PRSC ACE INHB/ARB/ARNI	DOC PT REASON NO PRSC ACE INHIB/ARB/ARNI THERAPY	No Auth Required					
G2095	DC SYS RSN N PRSC ACE INHB/ARB/ARNI	DOC SYS RSN NOT PRSC ACE INHIB/ARB/ARNI THERAPY	No Auth Required					
G2096	ACE INHB/ARB/ARNI TH NO PRSC NO RSN	ACE INHIB/ARB/ARNI TH WAS NOT PRSC RSN NOT GIVEN	No Auth Required					
G2097	CHILD COMP UR INF W/I 3 DAYS DX PHY	CHILD COMP DX UR INF W/I 3 DAYS DX PHARYNGITIS	No Auth Required					
G2098	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED DMNT MP/YR PRI MP	No Auth Required					
G2099	PT 66&>1 CLM FRLTY & DUR/YR PRI MSR	PT 66&>1 CLM FRLTY DUR MSR & DUR/YR PRI MSR PRD	No Auth Required					
G2100	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED DMNT MP/YR PRI MP	No Auth Required					
G2101	PT 66&>1 CLM FRLTY&1 AC IP ADV ILL	PT 66&>1 CLM FRLTY&1 AC IP ADV ILL DR/YR PRI MSR	No Auth Required					
G2102	DIL RET EYE EX OPH/OPTOM DOC & REV	DILAT RET EYE EXAM INTERPR OPH/OPTOM DOC & REV	No Auth Required					
G2103	7 STD FLD STREO PH OPH/OPTM DOC&REV	7 STD FIELD STEREO PH INTERPR OPH/OPTM DOC & REV	No Auth Required					
G2104	EYE IMG V 7SD FLD STEREO P RSL D&R	EYE IMG VAL DX 7 SD FLD STEREO PHOTOS RSLT DOC&R	No Auth Required					
G2105	PT 66/>INST SNP/RSD LTC>90 D DR MSR	PT AGE 66/> INST SNP/RESID LTC >90 D DUR MSR PRD	No Auth Required					
G2106	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRAILTY & D MED DMNT MP/YR PRI MP	No Auth Required					
G2107	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	PT 66 &>CLM FRLTY & 1 AC IP ADV ILL MP/YR PRI MP	No Auth Required					
G2108	PT 66/> INST SNP/RES LTC >90 D MSR	PT 66/OLDER INST SNP/RES LTC >90 D DUR MSR PRD	No Auth Required					
G2109	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	PT 66 &>CLM FRLTY &1 AC IP ADV ILL MP/YR PRI MP	No Auth Required					
G2110	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	PT 66 &>1 CLM FRLTY&1 AC IP ADV ILL MP/YR PRI MP	No Auth Required					
G2112	PT RCV<=5 MG D PR/RA AC WRS/GC<6 MO	PT RECV <=5 MG DA PDN/RA ACT WORSE/GCC <6 MO	No Auth Required					

G2113	PT RCV>5MG D PR>6MO&IMP/NO CHG D AC	PT RECV >5 MG DA PRD>6 MO & IMP/NO CHNGE DZ ACT	No Auth Required					
G2114	PT 66-80 1 CL FRLTY&DIS MED DMNT MP	PT 66-80 1 CLAIM FRAILTY & DIS MED DEMENTIA DUR	No Auth Required					
G2115	PT 66 &>1 CLM FRLTY&D MED DMNT MP	PT 66 &>1 CLM FRLTY & DISP MED DEMENT MP/YR MP	No Auth Required					
G2116	PT 66&>CLM FRLTY&1 IP ADV IL DUR MP	PT 66&>1 CLM FRLTY & 1 IP ADV ILL DUR/YR PRI MP	No Auth Required					
G2117	PT 66-80 CLM FRLTY&1 AC IP AD IL MP	PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC ADV ILL MP	No Auth Required					
G2118	PT 81 YR & > EVID FRAILTY DUR MSR	PT 81 YEARS & > EVID FRAILTY DUR MSR PERIOD	No Auth Required					
G2119	W/ PST 2 Y CA &/ VITD OPT ORD/PERF	W/I PAST 2 YR CALCIUM &/ VITD OPT ORDERED/PERF	No Auth Required					
G2120	W/I PST 2 Y CA&/VITD OPT NO ORD/PER	W/I PAST 2 YR CALCIUM &/ VIT D OPT NOT ORD/PERF	No Auth Required					
G2121	PSY DEPR ANXIETY APTHY & ICD ASSESS	PSYCHOSIS DEPRESSION ANXIETY APATHY & ICD ASSESS	No Auth Required					
G2122	PSY DEPR ANXTY APATHY&ICD NO ASSESS	PSYCHOSIS DEPR ANXIETY APATHY & ICD NOT ASSESSED	No Auth Required					
G2123	PT 66-80 YR/&AL 1 CLM FRLTY DUR MSR	PT 66-80 YR /& AL 1 CLAIM FRAILTY DUR MSR PERIOD	No Auth Required					
G2124	PT 66-80 & 1 CL FRLTY MP&D DMNT MED	PT 66-80 Y&AL 1 CLM FRAILTY MP & DIS DEMENT MED	No Auth Required					
G2125	PT 81 YR&OLDR EVID FRAILTY MSR PRD	PT 81 YR AGE & OLDR EVIDENCE FRAILTY DUR MSR PRD	No Auth Required					
G2126	PT 66 YR/OLDR&AL 1 CLM FRAILTY MSR	PT 66 YR AGE/OLDR & AL 1 CLM FRAILTY DUR MSR PRD	No Auth Required					
G2127	PT 66/>&CLM FRLTY DUR MP&D DMNT MED	PT 66/> & 1 CLAIM FRAILTY DUR MP & DIS DMNT MED	No Auth Required					
G2128	DOC MED RSN NOT ON DAILY ASP/OTH AP	DOC MED RSN NOT ON DAILY ASP/OTH ANTIPLATELET	No Auth Required					
G2129	PROC REL BP'S NOT TAKEN DUR OP VST	PROC RELATED BP'S NOT TAKEN DURING AN OP VISIT	No Auth Required					
G2130	PT 66/> INST SNP/RES LTC >90 DA MSR	PT 66/OLDR INST SNP/RESID LT CARE >90 DAYS MSR	No Auth Required					
G2131	PATIENTS 81 YEARS & OLDR DX FRAILTY	PATIENTS 81 YEARS AND OLDER WITH A DX FRAILTY	No Auth Required					
G2132	PT 66-80 CLM FRLTY&DIS MED DMNT MP	PT 66-80 1 CLM FRAILTY & DIS MED DEMENTIA DUR MP	No Auth Required					
G2133	PT 66-80 CLM FRLTY&1 AC IP ADV I MP	PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC ADV ILL MP	No Auth Required					
G2134	PT 66< W/1+ FRAILTY MED DEMENTIA YR	PT 66< W/1+ FRAILTY DISP MED DEMENTIA DUR/YR PRI	No Auth Required					
G2135	PT 66< W/1+ ENC FRAILTY ADV ILNS YR	PT 66< W/1+ FRAILTY 1+ ENCNT ADV ILLNS DUR/YR PR	No Auth Required					
G2136	BCK PAIN VAS 3 MON PO<=3.0 IMPRV5/<	BACK PAIN MEAS VAS 3 MON PO<=3.0 IMPRV 5.0 PNT/<	No Auth Required					
G2137	BACK PAIN VAS 3 MNTH PO>3.0 CHG<5	BACK PAIN MEAS VAS 3 MON PO>3.0 CHG IMPV 5 PNT/<	No Auth Required					
G2138	BCK PN MEAS VAS 1 YR PO>3.0 CHG 5/>	BACK PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG 5 PNT/>	No Auth Required					
G2139	BACK PN MEAS VAS 1 YR PO>3.0 CHG <5	BACK PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG <5 PNTS	No Auth Required					
G2140	LEG PN MEAS VAS 3 MO PO<=3.0 CHG 5>	LEG PAIN MEAS VAS 3 MNT PO<=3.0 DEM CHNG 5 PNT/>	No Auth Required					
G2141	LEG PAIN MEAS VAS 3MO PO>3.0 CHG <5	LEG PAIN MEAS VAS 3 MNT PO>3.0 DEMS CHNG <5 PNTS	No Auth Required					
G2142	ODI 1YR PO<=22 ODI 3 MN PREO PO 30>	FUNC ST ODI 1YR PO<=22 ODI 3 MN PREO 1YR PO 30>	No Auth Required					
G2143	ODI 1YR PO >22 ODI 3 MN PREO PO 30>	FUNC ST ODI 1YR PO >=22 ODI 3 MN PREO 1YR PO 30>	No Auth Required					
G2144	ODI 3MO PO<=22 ODI 3 MN PREO PO 30>	FUNC ST ODI 3MO PO <=22 ODI 3 MN PREO 1YR PO 30>	No Auth Required					
G2145	ODI 3MO PO >22 ODI 3 MN PREO PO 30>	FUNC ST ODI 3MO PO >=22 ODI 3 MN PREO 1YR PO 30>	No Auth Required					
G2146	LEG PN MEAS VAS 1 YR PO>=3.0 CHG 5>	LEG PAIN MEAS VAS 1 YR PO>=3.0 DEM CHANG 5 PNT/>	No Auth Required					
G2147	LEG PN MEAS VAS 1 YR PO >3.0 CHG <5	LEG PAIN MEAS VAS 1 YR PO>3.0 DEMS CHNG <5 PNTS	No Auth Required					
G2148	PERFORM MET MULTIMODL PAIN MGT USED	PERFORMANCE MET MULTIMODAL PAIN MGMNT WAS USED	No Auth Required					
G2149	DOCUM MED REASON NOT USE MU	DOCUMENT MEDICAL REASON NOT USNG MULTIMODAL PAIN	No Auth Required					
G2150	PERFRM MET MULTIMDL PN MGT NOT USED	PERFORM MET MULTIMODAL PAIN MGMNT WAS NOT USED	No Auth Required					
G2151	PT W DX DEGEN NEURO ANY TIME B4 EPI	PT W DX DEGEN NEURO COND ANY TIME B4/DURING EPIS	No Auth Required					
G2152	PERF MET RESIDUAL CHNG = TO OR > 0	PERFORMANCE MET RESIDUAL CHNG SCORE = TO OR > 0	No Auth Required					
G2153	IN HOSPICE/USNG HOSPICE DUR MSR PER	IN HOSPICE/ USING HOSPICE DURING MEASUREMENT PER	No Auth Required					
G2154	PT REC 1TD VAC OR/1TDAP BTW 9YR MEA	PT REC1 TD VAC OR/1 TDAP BTW 9YR PRI START MEASR	No Auth Required					
G2155	PT HX 1+ CNTR ANAPH TDAP ANAP TD EN	PT HX 1+ CONTR ANAPH TDAP VAC ANAP TD ENCPH TDAP	No Auth Required					
G2156	PT NOT REC 1TD VAC OR/1TDAP BTW 9YR	PT NOT RECD 1 TD VAC OR/1 TDAP BTW 9YR PRI START	No Auth Required					
G2157	PT REC 13-VAL PNEUM CONJ& 23-VAL>60	PT REC 13-VALENT PNEUM CONJ& 23-VAL POLYS12 M>60	No Auth Required					
G2158	PT PRIOR PNEUM VAC ADV REAC B4 MEAS	PT PRIOR PNEUM VAC ADV REAC ANY TIME DUR/B4 MEAS	No Auth Required					
G2159	PT NOT REC 13-VAL CONJ & 23-VAL >60	PT NOT REC 13-VALENT PNEUM CONJ& 23-VAL12 MNT>60	No Auth Required					
G2160	PT LST 1DS HRP ZOST LIV OR 2DS =>50	PT REC AT LEAST 1DS HERP ZOST LIV OR 2DS RCM=>50	No Auth Required					
G2161	PT PRIOR ADVS REACT ZOSTER ANY TIME	PT PRIOR ADV REAC ZOSTER VA ANY TIME DUR/B4 MEAS	No Auth Required					
G2162	PT NOT REC 1DS HRP ZOST OR 2DS =>50	PT NOT REC AT LEAST 1DS HERP ZOST OR 2DS RCM=>50	No Auth Required					
G2163	PT RC INFLUENZA ON/BTW JUL1 YR JN30	PT REC INFLUENZA VAC ON/BTW JULY1 YR PRI &JUN30	No Auth Required					
G2164	PT PRIOR INFLU ADVS REACT ANY TIME	PT HAD PRIOR INFLUENZA ADVS REACT ANY TIME	No Auth Required					
G2165	PT NOT RECV IV 7/1 YR PRI&6/30 MSR;	PT NOT RECV FLU VAC 7/1 YR PRI MSR&6/30 MSR;	No Auth Required					
G2166	PT REFUSED PARTICIPATE ADM &/ D/C;	PATIENT REFUSED PARTICIPATE ADMISSION &/ D/C;	No Auth Required					
G2167	PERF NOT MET:RESIDUAL CHG SCORE < 0	PERFORMANCE NOT MET: RESIDUAL CHANGE SCORE < 0	No Auth Required					
G6001	U/S GUID PLCMT RADIATION TX FIELDS	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	No Auth Required					
G6002	STEREO X-R GUID LOC TRG VOL DEL RT	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	No Auth Required					
G6003	RT D 2 TX AR PT/PL OPP PT:TO 5 MEV	RAD TX DEL 2 TX AREA PORT/PL OPP PORTS:TO 5 MEV	No Auth Required					
G6004	RT D 1 TX AR PT/PL OPP PT: 6-10 MEV	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 6-10 MEV	No Auth Required					
G6005	RT D 1 TX AR PT/PL OPP PT:11-19 MEV	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 11-19 ME	No Auth Required					
G6006	RT D 1 TX AR PT/PL OPP PT:20 MEV/>	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 20 ME/>	No Auth Required					
G6007	RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:TO 5 MEV	No Auth Required					
G6008	RT DEL 2 SEP AR 3/>PT 1 AR:6-10 MEV	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:6-10 MEV	No Auth Required					
G6009	RT DEL 2 S AR 3/>PT 1 AR:11-19 MEV	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:11-19 MEV	No Auth Required					
G6010	RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:20 MEV/>	No Auth Required					

G6011	RT D 3/> S TX AR CSTM BLK;TO 5 MEV	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; TO 5 MEV	No Auth Required					
G6012	RT D 3/> S TX AR CSTM BLK;6-10 MEV	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; 6-10 MEV	No Auth Required					
G6013	RT D 3/> S TX AR CSTM BLK;11-19 MEV	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;11-19 MEV	No Auth Required					
G6014	RT D 3/> S TX AR CSTM BLK;20 MEV/>	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;20 MEV/>	No Auth Required					
G6015	INTENS MOD TX DEL 1/MX FLDS TX SESS	INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS	No Auth Required					
G6016	CMP-B BM MD TX DEL I PLND TX P TX S	COMP-BASED BEAM MOD TX DEL I PLND TX 3 > HR SESS	No Auth Required					
G6017	INTRA-F LOC&TRCK TRGT/PT M EA F TX	INTRA-FRAC LOC & TRACKING TARGET/PT M EA FRAC TX	No Auth Required					
G8395	LVEF >=40% OR NORMAL/MILD DEPR LVS	LVEF >=40% OR DOC NORMAL/MILD DEPRESSED LVS FUNC	No Auth Required					
G8396	LVEF NOT PERFORMED OR DOCUMENTED	LEFT VENTRICULAR EJECT FRACTION NOT PERFORM/DOC	No Auth Required					
G8397	DILATED MACULAR/FUNDUS EXAM PERFORM	DILATED MACULAR OR FUNDUS EXAM PERFORMED	No Auth Required					
G8398	DILAT MACULAR/FUNDUS EXAM NOT PRFRM	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED	No Auth Required					
G8399	PT DOC RSLT CENTRAL DXA EVER PERF	PATIENT W/DOC RESULTS CENTRL DXA EVER BEING PERF	No Auth Required					
G8400	PT W/CNTRL DXA RSLTS NOT DOCUMENTED	PATIENT W/CENTRAL DXA RESULTS NOT DOCUMENTED	No Auth Required					
G8404	LOWER EXTREM NEURO EXAM PERFORM&DOC	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED&DOC	No Auth Required					
G8405	LOWER EXTREM NEURO EXAM NOT PRFRM	LOWER EXTREM NEUROLOGICAL EXAM NOT PERFORMED	No Auth Required					
G8410	FOOTWEAR EVAL PERFORMED AND DOC	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	No Auth Required					
G8415	FOOTWEAR EVAL WAS NOT PERFORMED	FOOTWEAR EVALUATION WAS NOT PERFORMED	No Auth Required					
G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVAL	CLIN DOC PT NOT ELIG FOOTWEAR EVALUATION MEASURE	No Auth Required					
G8417	BMI DOC ABV NML PARAM & F/U PLN DOC	BMI DOC ABOVE NORMAL PARAM & F/U PLAN DOCUMENTED	No Auth Required					
G8418	BMI DOC BLW NML PARAM & F/U PLN DOC	BMI DOC BLW NML PARAM & A F/U PLAN IS DOCUMENTED	No Auth Required					
G8419	BMI DOC OUT NL PARM NO F/U DOC NO R	BMI DOC OUT NML PARAM NO F/U PLN DOC NO RSN GVN	No Auth Required					
G8420	BMI DOC NML PARAM & NO F/U PLAN RQR	BMI DOC W/I NORMAL PARAM & NO F/U PLAN REQUIRED	No Auth Required					
G8421	BMI NOT DOCUMENTED & NO REASON GVN	BMI NOT DOCUMENTED AND NO REASON IS GIVEN	No Auth Required					
G8422	BMI NOT DOC DOC PT NOT ELG BMI CALC	BMI NOT DOC DOC PT NOT ELIGIBLE BMI CALCULATION	No Auth Required					
G8427	ELIG CLIN DOC M UPDTD REC PT MEDS	ELIG CLIN ATTSTS DOC M REC OBTD UPD/REV PT MEDS	No Auth Required					
G8428	CUR MEDS NO DOC ELG CLN RSN NOT GVN	CUR MEDS NO DOC OBDT UPD/REV ELIG CLIN RSN N GVN	No Auth Required					
G8430	ELIG CLIN DOC PT NOT ELIG MEDS REV	ELIG CLIN DOC MR PT NOT ELIG CUR MEDS UPDATE/REV	No Auth Required					
G8431	SCR CLIN DEPR DOC POS & F/U PLN DOC	SCR CLIN DEPR DOC POS & F/U PLAN IS DOCUMENTED	No Auth Required					
G8432	DEPRESSION SCR NOT DOC RSN NOT GVN	DEPRESSION SCR NOT DOCUMENTED REASON NOT GIVEN	No Auth Required					
G8433	SCR DEPR NOT COMPL DOCUMENTED RSN	SCREENING FOR DEPR NOT COMPL DOCUMENTED REASON	No Auth Required					
G8442	PA NO DOC PRF DOC PT NOT ELG PA ENC	PA NOT DOC PERF DOC PT NOT ELIG PA TIME OF ENC	No Auth Required					
G8450	BETA-BLOCKER THERAPY PRESCRIBED	BETA-BLOCKER THERAPY PRESCRIBED	No Auth Required					
G8451	BB TX LVEF<40% NOT PRSC RSN DOC CLN	BETA-BLOCKER TX LVEF <40% NOT PRSCR RSN DOC CLIN	No Auth Required					
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED	BETA-BLOCKER THERAPY NOT PRESCRIBED	No Auth Required					
G8465	HIGH/VERY HIGH RISK RECURR PROS CA	HIGH/VERY HIGH RISK RECURRENCE PROSTATE CANCER	No Auth Required					
G8473	ACE INHIBITOR/ARB THERAPY PRESCRIBD	ACE INHIBITOR/ARB THERAPY PRESCRIBED	No Auth Required					
G8474	ACE I/ARB TX NOT PRSC RSNS DOC CLIN	ACE INHIBITOR/ARB TX NOT PRSC RSNS DOC BY CLIN	No Auth Required					
G8475	ACE INH/ARB TX NOT PRSC RSN NOT GVN	ACE INHIBITOR/ARB TX NOT PRESCRIBED RSN NOT GVN	No Auth Required					
G8476	MOST RECENT BP SYST <140 & DIAS <90	MOST RECENT BP SYST <140 MM HG & DIAS <90 MM HG	No Auth Required					
G8477	MOST RECNT BP SYST>=140 &/ DIAS>=90	MOST RECENT BP SYST>=140 MM HG &/ DIAS>=90 MM HG	No Auth Required					
G8478	BP MSR NOT PERF/DOC RSN NOT GIVEN	BLOOD PRESSURE MSR NOT PERF/DOC REASON NOT GIVEN	No Auth Required					
G8482	INFLUENZA IMMUN ADMIN/PREV RECV	INFLUENZA IMMUNIZATION ADMIN/PREVIOUSLY RECEIVED	No Auth Required					
G8483	FLU IMMUN NOT ADMIN RSN DOC CLIN	INFLUENZA IMMUNIZATION NOT ADMIN RSN DOC CLIN	No Auth Required					
G8484	FLU IMMUN NOT ADM REASON NOT GIVEN	INFLUENZA IMMUN NOT ADMINISTERED RSN NOT GIVEN	No Auth Required					
G8506	PATIENT RECV ACE INHIBITOR/ARB TX	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY	No Auth Required					
G8509	PN ASMT DOC POS F/U PLN NO DOC NO R	PN ASMT DOC STD TOOL POS F/U PLN NOT DOC NO RSN	No Auth Required					
G8510	SCR DEPR DOC NEG A F/U PLAN NOT RQR	SCREENING DEPRESSION DOC NEG A F/U PLAN NOT RQR	No Auth Required					
G8511	SCR DEP DOC POS F/U PLN NO DOC NO R	SCREEN DEPR DOC POS F/U PLN NOT DOC RSN NOT GVN	No Auth Required					
G8535	EM SCR NO D;D PT NOT ELG EM SCR ENC	EM SCR NOT DOC;DOC PT NOT ELIG EM SCR TIME ENC	No Auth Required					
G8536	NO DOC ELDER MALTX SCR RSN NOT GIVN	NO DOC ELDER MALTREATMNT SCREEN REASON NOT GIVEN	No Auth Required					
G8539	FNC OUTCM ASMT DOC POS CARE PLN DOC	FNC OUTCOME ASSESSMENT DOC POS CARE PLAN IS DOC	Authorization Required	General Medicine - other services and procedures		Level 2 Review (Full Clinical Review)		
G8540	FNC OC ASMT NO D P D PT NOT ELG ENC	FUNC O/C ASMT NOT DOC PRF DOC PT NOT ELIG TM ENC	No Auth Required					
G8541	FUNC OUTCOME ASSESS NOT DOC NO RSN	FCN OUTCOME ASMT STD TOOL NOT DOC RSN NOT GIVEN	No Auth Required					
G8542	FCN OC ASMT; NO DEFICT PLN NOT RQR	FCN OUTCOME ASMT DOC; NO DEFICT ID PLAN NOT RQR	No Auth Required					
G8543	DOC P FCN ASMT STD;PLN NOT DOC NO R	DOC POS FCN ASMT STD T;PLN NOT DOC RSN NOT GVN	No Auth Required					
G8559	PT REF TO PHYS FOR OTOLOGIC EVAL	PATIENT REFERRED TO PHYSICIAN FOR OTOLOGIC EVAL	No Auth Required					
G8560	PT HX ACTIVE DRAIN EAR PREV 90 DAYS	PT HISTORY ACTIVE DRAINAGE FROM EAR PREV 90 DAYS	No Auth Required					
G8561	PT NOT ELIG REF OTO EVAL HX DRAIN	PT NOT ELIG REF OTOLOGIC EVAL HX ACTV DRAIN MSR	No Auth Required					
G8562	PT NO HX DRAINGE EAR PREV 90 DAYS	PT NO HISTORY ACTIVE DRAINAGE EAR PREV 90 DAYS	No Auth Required					
G8563	PT NOT REF PHYS OTO EVAL RSN NOT GV	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	No Auth Required					
G8564	PT REF OTO EVAL REASON NOT SPEC	PT REFERRED PHYS OTOLOGIC EVAL REASON NOT SPEC	No Auth Required					
G8565	VEIFICATION & DOC SUDDEN HEAR LOSS	VERIFICATION & DOC SUDDEN/RAPIDLY PROG HEAR LOSS	No Auth Required					
G8566	PT NOT ELIG REF OTO HEAR LOSS MSR	PT NOT ELIG REF OTO EVAL SUDDEN HEARING LOSS MSR	No Auth Required					
G8567	PT NO VERIFICATION SUDDEN HEAR LOSS	PT NO VERIFICATION & DOC SUDDEN HEARING LOSS	No Auth Required					
G8568	PT WAS NOT REF PHYS OTO EVAL NO RSN	PATIENT NOT REF PHYS OTOLOGIC EVAL RSN NOT GIVEN	No Auth Required					

G8569	PROLONGED POSTOP INTUBATION RQR	PROLONGED POSTOPERATIVE INTUBATION REQUIRED	No Auth Required					
G8570	PROLONGED POSTOP INTUBATION NOT RQR	PROLONGED POSTOPERATIVE INTUBATION NOT REQUIRED	No Auth Required					
G8571	DVLP DP STRNL WND I/MDSTNT 30 D PO	DVLP DP STRNL WND INF/MEDIASTINIT W/I 30 DA P/O	No Auth Required					
G8572	NO DEEP STRNL WND INF/MEDIASTINITIS	NO DEEP STERNAL WOUND INFECTION/MEDIASTINITIS	No Auth Required					
G8573	STROKE FLW ISOLATED CABG SURGERY	STROKE FOLLOWING ISOLATED CABG SURGERY	No Auth Required					
G8574	NO STROKE FLW ISOLATED CABG SURGERY	NO STROKE FOLLOWING ISOLATED CABG SURGERY	No Auth Required					
G8575	DEV POSTOP RENAL FAIL/REQ DIALYSIS	DEVELOPED POSTOP RENAL FAILURE/REQ DIALYSIS	No Auth Required					
G8576	NO PO RENAL FAIL/DIALYSIS NOT REQ	NO POSTOP RENAL FAILURE/DIALYSIS NOT REQUIRED	No Auth Required					
G8577	REOP MDST BLD GFT OCCL VLV FUNC/OTH	REOP MEDIAST BLEED GFT OCCL VALV DYSFUNC/OTH RSN	No Auth Required					
G8578	REOP NOT REQ MEDST BLD GFT OCCL/OTH	REOP NOT REQ MEDIAST BLEED GFT OCCL/OTH REASN	No Auth Required					
G8598	ASPIRIN/ANOTHER ANTIPLATELT TX USED	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	No Auth Required					
G8599	ASP/OTH ANTITHROMB NOT USED NO RSN	ASPIRIN/OTH ANTITHROMBOTIC NOT USED RSN NOT GVN	No Auth Required					
G8600	IV T-PA INIT W/IN 3 HRS LAST WELL	IV T-PA INITIATED W/IN 3 HRS TIME LAST KNWN WELL	No Auth Required					
G8601	IV T-PA NOT INIT 3 HRS WELL RSN DOC	IV T-PA NOT INIT IN 3 HRS LAST WELL RSN DOC CLIN	No Auth Required					
G8602	IV TPA NOT IN 3 HRS TME KNWN NO RSN	IV TPA NOT INIT W/I 3 HRS TIME KNOWN RSN NOT GVN	No Auth Required					
G8627	SURG PROC 30 DAY FLW CAT SURG COMP	SURG PROC W/IN 30 DA FLW CATARACT SURG MAJ COMP	No Auth Required					
G8628	SURG PROC NOT IN 30 DA FLW CAT SURG	SURG PROC NOT W/IN 30 DAY FLW CAT SURG MAJ COMP	No Auth Required					
G8633	PHARM TX FOR OSTEOPOROSIS PRESCRIB	PHARMACOLOGIC THERAP FOR OSTEOPOROSIS PRESCRIBED	No Auth Required					
G8635	PHARM TX OP NOT PRSC REASON NOT GVN	PHARM TX OSTEOPOROSIS NOT PRSC REASON NOT GIVEN	No Auth Required					
G8647	RISK-ADJ FUNC STS KNEE IMPAIR =/>0	RISK-ADJ FUNC STATUS KNEE IMPAIRMENT SCORE=/>0	No Auth Required					
G8648	RISK-ADJ FUNC STATUS KNEE IMPAIR <0	ISK-ADJ FUNC STATUS KNEE IMPAIRMENT SCORE <0	No Auth Required					
G8649	RISK-ADJ FUNC STS K IMPR PT NOT APP	RISK-ADJ FUNC STS CHG SC KNEE IMPAIR PT NOT APP	No Auth Required					
G8650	RSK-AD FCN ST K IMPR NO MSR NO RSN	RISK-ADJ FUNCT STATUS KNEE NOT MEAS RSN NOT GVN	No Auth Required					
G8651	RISK-ADJ FCN STS HIP IMPAIR SC=0/>0	RISK-ADJ FUNCT STATUS HIP IMPAIRMENT SCORE =0/>0	No Auth Required					
G8652	RISK-ADJ FUNCT STS HIP IMPAIR SC <0	RISK-ADJ FUNCT STATUS HIP IMPAIRMENT SCORE < 0	No Auth Required					
G8653	RSK-ADJ F STS SC HIP IMPR PT N APP	RSK-ADJ FNC STS CHG RSD SCS HIP IMPR PT NOT APP	No Auth Required					
G8654	RISK-ADJ FNC STS HIP NOT MRS NO RSN	RISK-ADJ FUNCT STATUS HIP NOT MEAS RSN NOT GIVEN	No Auth Required					
G8655	RSK-AD FCN ST LW LEG FT ANK SC=0/>0	RISK-ADJ FUNCT STAT LOW LEG FT ANK SCORE =0 / >0	No Auth Required					
G8656	RISK-ADJ F STS CH SC FT/ANK IMPR <0	RISK-ADJ FXN STAT CH RSD SC FT/ANK IMPAIR SC <0	No Auth Required					
G8657	RSK-ADJ F STS FT/ANK IMPR PT N APP	RSK-ADJ FXN STS CH RESD SC FT/ANK IMPR PT N APP	No Auth Required					
G8658	RSK-A ST SC FT/ANK IMPR NO MSR N R	RSK-A FXN STS CH RSD SC FT/ANK IMPR NO MSR N RSN	No Auth Required					
G8659	RSK-AD F ST CH R SC LB IMPR SC=0/>0	RISK-ADJ FXN STS CH RSD SC LW BACK IMPR SC=0/>0	No Auth Required					
G8660	RSK-AD F ST CH RSD SC LB IMPR SC <0	RISK-ADJ FXN STS CH RSD SC LW BACK IMPAIR SC < 0	No Auth Required					
G8661	RSK-AD F ST CH R S LB IMPR PT N APP	RISK-ADJ F STS CH RSD SC LW BACK IMPR PT NOT APP	No Auth Required					
G8662	RSK-AD ST CH R SC LB IMPR RSN N GVN	RISK-ADJ FCN STS CH RSD SC LB IMPAIR RSN NOT GVN	No Auth Required					
G8663	RISK-ADJ FCN STS SHOULDER IMPR =/>0	RISK-ADJ FUNCT STS SHOULDER IMPAIR SCORE =0/ >0	No Auth Required					
G8664	RISK-ADJ FUNC ST SHOULDER IMPAIR <0	RISK-ADJ FUNCT STATUS SHOULDER IMPAIR SCORE < 0	No Auth Required					
G8665	RSK-A ST CH R S SHLDR IMPR PT N APP	RISK-ADJ FXN ST CHG RSD SC SHLDR IMR PT NOT APP	No Auth Required					
G8666	RSK-AD F ST SHLD IMPR NO MSR NO RSN	RISK-ADJ FCN STS SHLDR IMPR NOT MSR RSN NOT GIVN	No Auth Required					
G8667	RSK-AD FUN ST ELB HAND IMPAIR =/> 0	RISK-ADJ FUNC STS ELB WRST HND IMPAIR SC =0 / >0	No Auth Required					
G8668	RISK-AD FCN ST ELB WR H IMPR SC < 0	RISK-ADJ FUNC ST ELBOW WRIST HAND IMPAIR SC < 0	No Auth Required					
G8669	RSK-A ST CH SC E W/H IMPR PT N APP	RSK-AD F ST CHG RSD SC ELB WR/H IMPR PT NOT APP	No Auth Required					
G8670	RSK-A F ST E W H IMPR NO MSR NO RSN	RISK-ADJ FCN ST E WR HND IMPR NOT MSR RSN NOT GV	No Auth Required					
G8671	RSK-A ST CH R SC N CR M TS RBS=0/>0	RISK-ADJ F STS CHG RSD SC N CR M TS RIBS SC=0/>0	No Auth Required					
G8672	RSK-A ST CH R SC N CR M TS RIB SC<0	RISK-ADJ FXN STS CHG RSD SC N CR M TS RIBS SC<0	No Auth Required					
G8673	RSK-A ST CH R SC N CR M TS R PT NA	RSK-ADJ F ST CH RSD SC N CR M TS RIBS PT NOT APP	No Auth Required					
G8674	RSK-A ST CH R SC N CR M TS RB N RSN	RSK-A FCN ST CHG RSD SC N CR M TS RIB RSN NO GVN	No Auth Required					
G8694	LEFT VENTRICULAR EJ FRACTION < 40%	LEFT VENTRICULAR EJECTION FRACTION < 40%	No Auth Required					
G8708	PT NOT PRESCRIBED/DISPENSED ABX	PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC	No Auth Required					
G8709	PT PSCR/DIS ABX DOC M RSN WI 3D URI	PT PSCR/DIS ABX DOC M RSN WI 3 D AFT INT DX URI	No Auth Required					
G8710	PATIENT PRESCRIBED/DISPENSED ABX	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC	No Auth Required					
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC	PRESCRIBED OR DISPENSED ANTIBIOTIC	No Auth Required					
G8712	ANTIBIOTIC NOT PRESCRIBED/DISPENSED	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	No Auth Required					
G8721	PT CAT PN CAT&HIST GR DOC PATH RPRT	PT CATEGORY PN CATEGORY & HISTOL GR DOC PATH RPT	No Auth Required					
G8722	DOC MED RSN NO PT PN/HG PATH REPRT	DOC MED RSN NOT INCL PT CAT PN CAT/HG PATH REPRT	No Auth Required					
G8723	SITE IS OTH THAN ANAT LOC PRIM TUMR	SPEC SITE OTH THAN ANATOMIC LOCATION PRIM TUMOR	No Auth Required					
G8724	PT PN CAT&HG NOT DOC PATH RP NO RSN	PT CAT PN CAT&HISTOL GR NOT DOC PATH RPT NOT GVN	No Auth Required					
G8730	PAIN ASSESS POS TOOL F/U PLAN DOC	PAIN ASSESS DOC POS USING STANDARD TOOL F/U PLAN	No Auth Required					
G8731	PN ASMT TOOL DOC NEG NO F/U PLN RQR	PAIN ASMT STDIZ TOOL DOC NEG NO F/U PLAN IS RQR	No Auth Required					
G8732	NO DOC PAIN ASMT REASON NOT GIVEN	NO DOCUMENTATION PAIN ASSESSMENT REASON NOT GIVN	No Auth Required					
G8733	ELD MALTX SCR DOC POS & F/U PLN DOC	ELDER MALTX SCR DOC POSITIVE & F/U PLAN IS DOC	No Auth Required					
G8734	ELDER MALTX SCR DOC NEG NO F/U RQR	ELDER MALTREATMENT SCREENING DOC NEG NO F/U REQ	No Auth Required					
G8735	ELDER MALTX POS F/U NOT DOC NOT GVN	ELDER MALTX SCR DOC POS F/U NOT DOC RSN NOT GIVN	No Auth Required					
G8749	ABSENCE SIGNS MEL/ABSENCE SX MEL	ABSENCE SIGNS MELANOMA/ABSENCE SYMPTOMS MELANOMA	No Auth Required					
G8752	MOST RECENT SYSTOLIC BP < 140MM HG	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MM HG	No Auth Required					

G8753	MOST RECENT SYSTOLIC BP >= 140MM HG	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MM HG	No Auth Required					
G8754	MOST RECENT DIASTOLIC BP < 90MM HG	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MM HG	No Auth Required					
G8755	MOST RECENT DIASTOLIC BP >= 90MM HG	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MM HG	No Auth Required					
G8756	NO DOC BP MSR REASON NOT GIVEN	NO DOC BLOOD PRESSURE MSR REASON NOT GIVEN	No Auth Required					
G8783	NORMAL BP READING DOC F/U NOT RQR	NORMAL BLOOD PRESS READING DOC F/U NOT REQUIRED	No Auth Required					
G8785	BP READING NOT DOC REASON NOT GIVEN	BLOOD PRESSURE READING NOT DOC REASON NOT GIVEN	No Auth Required					
G8797	SPEC SITE OTH THAN ANAT LOC ESOPH	SPECIMEN SITE OTH THAN ANATOM LOCATION ESOPHAGUS	No Auth Required					
G8798	SPECIMEN SITE OTH THN ANAT LOC PROS	SPECIMEN SITE OTH THAN ANATOMC LOCATION PROSTATE	No Auth Required					
G8806	PERF TRNSABD/TRNSVAG U/S&PG LOC DOC	PERFORM TRANS-ABD/TRANS-VAG U/S & PREG LOC DOC	No Auth Required					
G8807	TRANSABD/VAG U/S NOT PRF DOC CLIN	TRANSABD/TRANSVAG U/S NOT PERF RSN DOC CLINICIAN	No Auth Required					
G8808	TRANS-ABD/VAG U/S NOT P RSN NOT GVN	TRANS-ABD/TRANS-VAG U/S NOT PRFRM RSN NOT GIVEN	No Auth Required					
G8809	RH IMMUNE GLOBULIN RHOGAM ORDERED	RH IMMUNE GLOBULIN RHOGAM ORDERED	No Auth Required					
G8810	RHOGAM NOT ORDERED REASONS DOC CLIN	RH-IMMUNOGLOBULIN NOT ORDERED REASONS DOC CLIN	No Auth Required					
G8811	DOCUMENT RHOGRAM NOT ORDERED RSN NS	DOCUMENT RH IMMUNE GLOBULIN NOT ORDERED RSN NS	No Auth Required					
G8815	DOC RSN MED REC STATIN TX NOT PRSC	DOCUMENTED REASON MED REC WHY STATIN TX NOT PRSC	No Auth Required					
G8816	STATIN MEDICATION PRESCRIBED AT D/C	STATIN MEDICATION PRESCRIBED AT DISCHARGE	No Auth Required					
G8817	STATIN TX NOT PRSC D/C RSN NOT GVN	STATIN THERAPY NOT PRESCRIBED D/C RSN NOT GIVEN	No Auth Required					
G8818	PT D/C HOME NO LATR THN POSTOP DA 7	PATIENT D/C TO HOME NO LATER THAN POSTOP DAY #7	No Auth Required					
G8825	PT NOT D/C TO HOME BY POSTOP DAY #7	PATIENT NOT DISCHARGED TO HOME BY POSTOP DAY #7	No Auth Required					
G8826	PT D/C HOM NO LATR PO DA 2 FLW EVAR	PT D/C HOME NO LATER THAN POSTOP DAY #2 FLW EVAR	No Auth Required					
G8833	PT NOT D/C HOM POSTOP D #2 FLW EVAR	PATIENT NOT D/C HOME POSTOP DAY #2 FOLLOW EVAR	No Auth Required					
G8834	PT D/C HOM NO LATR PO DA #2 FLW CEA	PT D/C HOME NO LATER POSTOP DAY #2 FOLLOW CEA	No Auth Required					
G8838	PT NOT D/C HOME BY PO DAY 2 FLW CEA	PATIENT NOT D/C TO HOME BY POSTOP DAY #2 FLW CEA	No Auth Required					
G8839	SLEEP APNEA SX ASSESS SNOR DAY SSS	SLEEP APNEA SYMP ASSESS PRES/ABS SNOR DAY SSS	No Auth Required					
G8840	DOC RSN NOT DOCUMENT ASMT SLEEP SYM	DOC REASON NOT DOCUMENTING ASMT SLEEP SYMPTOMS	No Auth Required					
G8841	SLP APNEA SX NOT ASSESS RSN NOT GVN	SLEEP APNEA SX NOT ASSESSED REASON NOT GIVEN	No Auth Required					
G8842	AHI/RDI MEASURED AT TIME INITIAL DX	AHI/RDI MEASURED AT TIME OF INITIAL DIAGNOSIS	No Auth Required					
G8843	DOC RSN NOT MSR AHI/RDI TM INIT DX	DOC REASON NOT MEASURING AHI/RDI TIME INIT DX	No Auth Required					
G8844	AHI/RDI NOT MSR TIME DX RSN NOT GVN	APNEA HYPOPNA IND/RDI NOT MSR TM DX RSN NOT GVN	No Auth Required					
G8845	PAP THERAPY PRESCRIBED	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	No Auth Required					
G8846	MOD/SEV OBSTRUCTIVE SLEEP APNEA	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA	No Auth Required					
G8849	DOC REASON NOT PRESCRIBED PAP TX	DOCUMENTATION RSN NOT PRSC POS AIRWAY PRESS TX	No Auth Required					
G8850	PAP TX NOT PRSC REASON NOT GIVEN	POSITIVE AIRWAY PRESS TX NOT PRSC RSN NOT GIVEN	No Auth Required					
G8851	OBJECTIVE MEASURE ADHER PAP TX DOC	OBJECTIVE MEASURE ADHERENCE PAP TX DOCUMENTED	No Auth Required					
G8852	PAP THERAPY PRESCRIBED	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	No Auth Required					
G8854	DOC RSN NOT OBJ MSR ADHERENCE CPAP	DOCUMENTATION REASON NOT OBJ MSR ADHERENCE CPAP	No Auth Required					
G8855	OBJ MSR ADH PAP TX NOT PERF NOT GVN	OBJ MSR ADHERENCE TO PAP TX NOT PRF RSN NOT GVN	No Auth Required					
G8856	REFER PHYS OTOLOGIC EVAL PERFORMED	REFERRAL TO PHYSICIAN OTOLOGIC EVAL PERFORMED	No Auth Required					
G8857	PT NOT ELIG REF OTOLOGIC EVAL MSR	PATIENT NOT ELIG REFERRAL FOR OTOLOGIC EVAL MSR	No Auth Required					
G8858	REF PHYS OTOLOG EVAL NOT PRF N GVN	REF TO PHYS OTOLOGIC EVAL NOT PRFRM RSN NOT GVN	No Auth Required					
G8861	PST 2 YRS DXA ORD&DOC ROS&MED HX OP	PST 2 YRS DXA ORD & DOC ROS & MED HX/PHARM TX OP	No Auth Required					
G8863	PTS NOT ASSESS RSK BL RSN NOT GVN	PATIENTS NOT ASSESSED RISK BONE LOSS RSN NOT GVN	No Auth Required					
G8864	PNEUMOCOCCL VACC ADMIN/PREV RECEIVE	PNEUMOCOCCAL VACCINE ADMIN OR PREVIOUSLY RECEIVD	No Auth Required					
G8865	DOC MED RSN NOT ADM/PREV REC PN VAC	DOC MED RSN NOT ADM/PREV RECV PNEUMOCOCCAL VAC	No Auth Required					
G8866	DOC PT RSN NOT ADM/PREV RECV PN VAC	DOC PT RSN NOT ADM/PREV RECV PNEUMOCOCCAL VAC	No Auth Required					
G8867	PCV NOT ADM/PREV RECV RSN NOT GIVEN	PNEUMOCOCCAL VAC NOT ADM/PREV RECV RSN NOT GVN	No Auth Required					
G8869	PT HAS DOC IMM HB&INIT ANTI-TNF TX	PATIENT HAS DOC IMMUN HEP B & INIT ANTI-TNF TX	No Auth Required					
G8872	EXCSD TISS EVAL IMAG IO CNF TGT LES	EXCISED TISS EVAL IMAG INTRAOP CNF INCL TGT LES	No Auth Required					
G8873	PT NDLE LOC SPEC VERFD IO INSP/PATH	PT W/NEEDLE LOC SPEC VERIFIED INTRAOP INSP/PATH	No Auth Required					
G8874	EXC TISS NOT EVAL IMAG IO TARG LES	EXCIS TISS NOT EVAL IMAG IO CONFRM INCL TARG LES	No Auth Required					
G8875	CLIN DX BR CA PREOP MIN INV BX METH	CLINICIAN DX BREAST CA PREOP MIN INVAS BX METHOD	No Auth Required					
G8876	DOC RSN NO MI BX DIAG BRST CA PREOP	DOC RSN NO MIN INVASIVE BX DIAGNOSE BR CA PREOP	No Auth Required					
G8877	CLN NOT DX BR CA PRE BX RSN NOT GVN	CLIN NOT DX BR CA PREOP MIN INVAS BX RSN NOT GVN	No Auth Required					
G8878	SENTINEL LYMPH NODE BX PROC PERFORM	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED	No Auth Required					
G8880	DOC REASON SLN BIOPSY NOT PERFORMED	DOCUMENT RSN SENTINEL LYMPH NODE BX NOT PRFRM	No Auth Required					
G8881	STAGE BREAST CA > T1N0M0/T2N0M0	STAGE BREAST CANCER GREATER THAN T1N0M0/T2N0M0	No Auth Required					
G8882	SENTINEL LN BX NOT PERF RSN NOT GVN	SENTINEL LYMPH NODE BX NOT PERF REASON NOT GIVEN	No Auth Required					
G8883	BX RSLT REV COMMUNICATED TRACKD&DOC	BIOPSY RESULTS REVIEW COMMUNICATED TRACKED & DOC	No Auth Required					
G8884	CLIN DOC RSN PT BX RESLT NOT REVIEW	CLIN DOC REASON PT BIOPSY RESULTS NOT REVIEWED	No Auth Required					
G8885	BX RESULTS NOT REVIEWED TRACKED/DOC	BIOPSY RESULTS NOT REVIEW COMMUNICATE TRACK/DOC	No Auth Required					
G8907	PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C	PT DOC NO:BURN;FALL FAC;WRG EVENT;/HOS TRANSFER	No Auth Required					
G8908	PT DOC HAVE RECEIVED BRN PRIOR D/C	PATIENT DOC HAVE RECEIVED BURN PRIOR DISCHARGE	No Auth Required					
G8909	PT DOC NOT HAVE REC BURN PRIOR D/C	PT DOC NOT HAVE RECEIVED BURN PRIOR DISCHARGE	No Auth Required					
G8910	PT DOC HAVE EXPERIENCED FALL IN ASC	PATIENT DOC HAVE EXPERIENCED FALL WITHIN ASC	No Auth Required					
G8911	PT DOC NOT EXPERIENCED FALL IN ASC	PT DOC NOT HAVE EXPER FALL IN AMB SURG CENTER	No Auth Required					

G8912	PT DOC EXP WRG SITE S PT PRO/IMPL	PT DOC HAVE EXP WRG SITE SIDE PT PRO/IMPL EVENT	No Auth Required					
G8913	PT DOC NO EXP WRG SITE S PT P/IMPL	PT DOC NO WRONG SITE SIDE PT PROC/IMPLANT EVENT	No Auth Required					
G8914	PT DOC EXP HOSP TRNSF/ADM D/C ASC	PT DOC HAVE EXPERNCD HOSP TRNSF/ADM UPON D/C ASC	No Auth Required					
G8915	PT DOC NOT EXP HOSP TRF/ADM D/C ASC	PT DOC NOT EXPERNCD HOSP TRNSF/ADM UPON D/C ASC	No Auth Required					
G8916	PT PREOP ORD IV ABP SSI ABX INIT TM	PT PREOP ORD IV ABX PROPH ABX INITIATED TIME	No Auth Required					
G8917	PT PREOP ORD IV ABP SSI NOT INIT TM	PT PREOP ORD IV ABX SSI PROPH NOT INITIATED TIME	No Auth Required					
G8918	PT NO PREOP ORD IV ABX SSI PROPH	PT WITHOUT PREOP ORDER IV ABX SSI PROPHYLAXIS	No Auth Required					
G8923	LVEF<40%/DC M/SV DPRSD L VT SYS FCN	LVEF< 40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN	No Auth Required					
G8924	SP FEV1/FVC <70% FEV <60% P&COPD SX	SP RSLT DEMST FEV1/FVC <70% FEV <60% P & COPD SX	No Auth Required					
G8925	SP TR FEV1 >= 60% FEV1/FVC >= 70%	SP RSLT FEV1 >= 60% FEV1/FVC >= 70% NO COPD SX	No Auth Required					
G8926	SPIRO TST NOT PRFRM/DOC RSN NOT GVN	SPIROMETRY TEST NOT PRFRM/DOC REASON NOT GIVEN	No Auth Required					
G8934	LVEF<40%/DOC MOD/SEV DEPRESSED LVSF	LVEF<40%/DOC MOD/SEV DPRSD LT VENT SYSTOLIC FCN	No Auth Required					
G8935	CLINICIAN PRSC ACE INHIB/ARB TX	CLIN PRSC ACE INHIB/ANGIOTENSIN REC BLOCK ARB TX	No Auth Required					
G8936	CLN DOC PT NOT ELG C ACE INH/ARB TX	CLIN DOC PT NOT ELIG CANDIDATE ACE INHIB/ARB TX	No Auth Required					
G8937	CLN NOT PRSC ACE INH/ARB RSN NOT GV	CLIN DID NOT PRSC ACE INHIB/ARB TX RSN NOT GIVEN	No Auth Required					
G8938	BMI OUTSIDE NORM NO F/U PT NOT ELIG	BMI OUTSIDE NORM LMT F/U PLN NOT DOC PT NOT ELIG	No Auth Required					
G8939	PA D P FU PL NOT D D PT NOT ELG ENC	PA DOC POS F/U PL NOT DOC DOC PT NOT ELIG TM ENC	No Auth Required					
G8941	ELD MAL SCR POS F/U NOT DOC NOT ELG	ELD MALTX SCR POS F/U NOT DOC NOT ELG F/U PLN	No Auth Required					
G8942	FNC OUTCM ASMT DOC PREV 30 D&CR PLN	FNC OUTCM ASMT TOOL DOC PREV 30 DA & CARE PLN	No Auth Required					
G8944	AJCC MELANOMA CANCER STGE 0-IIC MEL	AJCC MELANOMA CANCER STAGE 0-IIC MELANOMA	No Auth Required					
G8946	MIN INVSV BX METH ATMPT NO DX BR CA	MINIMALLY INVASV BX METH ATMPT BUT NOT DX BR CA	No Auth Required					
G8950	PREHTN/HTN BP DOC & INDICAT F/U DOC	PREHTN/HTN BP READING DOC & INDICATED F/U DOC	No Auth Required					
G8952	P-HTN/HTN BP DOC F/U NOT RSN NOT GV	PREHTN/HTN BP DOC INDCD F/U NOT DOC RSN NOT GIVN	No Auth Required					
G8955	MOST RCNT ASMT ADEQUCY VOL MGMT DOC	MOST RECENT ASMT ADEQUACY VOLUME MGMT DOC	No Auth Required					
G8956	PT RCV MAINT HEMODIAL O/P DIALY FAC	PT RECV MAINT HEMODIALYSIS IN O/P DIALYSIS FAC	No Auth Required					
G8958	ASMT ADEQ VOL M NOT DOC RSN NOT GVN	ASMT ADEQUACY VOLUME MGMT NOT DOC RSN NOT GIVEN	No Auth Required					
G8959	CLINCIAN TX MDD COM CLINCIAN TX CC	CLIN TREATING MDD COM CLIN TREATING COMORBID CON	No Auth Required					
G8960	CLN TX MDD NOT C CLN CC RSN NOT GVN	CLIN TX MDD DID NOT COM CLIN TC CC RSN NOT GIVEN	No Auth Required					
G8961	CRD SS IMAG L RSK PT PREOP 30 D SRG	CARD STRESS IMAG LW RSK PT PREOP EVAL 30 D SURG	No Auth Required					
G8962	CARD STRESS IMAG TEST PERF ANY RSN	CARDIAC STRESS IMAGING TEST PERFORMED ANY REASON	No Auth Required					
G8963	CARD STRSS IMAG MON ASX PT PCI 2 YR	CARD STRSS IMAG PRIM MON ASX PT HAD PCI W/I 2 YR	No Auth Required					
G8964	CARD SS IMAG NOT MON ASX PCI 2 YRS	CARD SS IMAG OTH RSN THN MON ASX PT PCI IN 2 YRS	No Auth Required					
G8965	CARD STRESS IMAG PRIM LW CHD RSK PT	CARD SS IMAG PRIM PER L CHD RSK PT DET RSK ASMT	No Auth Required					
G8966	CARD STRESS IMAG SX/> LW CHD RSK PT	CARD STRSS IMAG TST PER SX/HI THAN L CHD RSK PT	No Auth Required					
G8967	WARFARIN/ANR FDA APRV ORAL AC PRESC	WARFARIN/ANR FDA APRVD ORAL ANTICOAGULANT PRESC	No Auth Required					
G8968	DOC M RSN NOT RX WAR/ANR FDA-APV AC	DOC MED RSN NOT PRESC WARFARIN/ANR FDA-APPRV AC	No Auth Required					
G8969	DOC PT RSN NOT RX WAR/OTHER PREV TE	DOC PT RSN NOT PRSCR WAR/ANOTHER ORAL AC PREV TE	No Auth Required					
G8970	NO RISK FACTOR/1 MOD RISK FACTOR TE	NO RISK FACTOR/1 MOD RISK FACTOR THROMBOEMBOLISM	No Auth Required					
G8973	MOST RECENT HGB LEVEL < 10 G/DL	MOST RECENT HEMOGLOBIN LEVEL < 10 G/DL	No Auth Required					
G8974	HGB LEVEL MSR NOT DOC RSN NOT GIVEN	HGB LEVEL MEASUREMENT NOT DOC REASON NOT GIVEN	No Auth Required					
G8975	DOC MED RSN PT HGB LEVL < 10 G/DL	DOCUMENTION MEDICAL RSN PT HGB LEVEL < 10 G/DL	No Auth Required					
G8976	MOST RECENT HCB LEVEL >= 10 G/DL	MOST RECENT HEMOGLOBIN HGB LEVEL >= 10 G/DL	No Auth Required					
G8978	MOB:WALK MOV ARND FCN LIM CUR STS	MOB:WALK MOV ARND FCN LIM TX OUTSET REP INTRVL	No Auth Required					
G8979	MOB: WALK MOV AROUND FCN LIM GOAL	MOB: WALK MOV ARND FCN LIM GOAL REP INTRVL&D/C	No Auth Required					
G8980	MOB:WLK&MOV ARND FCN LIM D/C AT D/C	MOB:WALK&MOV ARND FUNC LIM D/C AT D/C TX/END REP	No Auth Required					
G8981	CHNG&MAINT BDY PSTN FCN LIM REP INT	CHNG MAINT BDY PSTN FCN LIM TX OUTSET REP INTRVL	No Auth Required					
G8982	CHNG&MAINT BDY PSTN FCN LIM PROJ GL	CHANG MAINT BDY PSTN FCN LIM PROJECTED GOAL STS	No Auth Required					
G8983	CHNG&MAINT BDY POS F LIM D/C AT D/C	CHANGING&MAINT BODY POS FUNC LIM D/C TX/END REP	No Auth Required					
G8984	CAR MOV HDLG OBJ FCN LIM REP INT	CARRY MOV HANDLNG OBJ FCN LIM CUR TX REP INTRVL	No Auth Required					
G8985	CAR MOV HDLG OBJ PROJ GOAL TX OUTST	CAR MOV HDLG OBJ PROJ GOAL TX OUTSET&REP INTRVL	No Auth Required					
G8986	CAR MOV HNLG OBJ F LIM D/C STS D/C	CARRY MOVING HAND OBJ FCN LIM D/C STS D/C TX/REP	No Auth Required					
G8987	SLF CARE FCN LIM CUR REP INTERVLS	SLF CARE FCN LIM CUR TX EPIS OUTSET REP INTERVLS	No Auth Required					
G8988	SELF CARE FCN LIMITATN GOAL AT D/C	SELF CARE FCN LIM GOAL TX OUTSET & D/C/END REP	No Auth Required					
G8989	SELF CARE FUNC LIM D/C STATUS D/C	SLF CARE FUNC LIM D/C STS D/C FROM TX/TO END REP	No Auth Required					
G8990	OTH PHYS/OCCUP PRIM FCN LIM CUR TX	OTH PHYS/OCCUP TX PRIM FCN LIM OUTSET REP INTRVL	No Auth Required					
G8991	OTH PHYS/OCCUP TX PRIM FCN LIM GOAL	OTH PHYS/OCC TX PRIM FCN LIM GOAL TX REP INT D/C	No Auth Required					
G8992	OTH PHYS/OCCUP TX PRIM FCN LIM D/C	OTH PHYS/OCCUP TX PRIM FCN LIM D/C TX/END REP	No Auth Required					
G8993	OTH PHYS/OCCUP TX SUB FCN LIM CUR	OTH PHYS/OCCUP TX SUB FCN LIM CUR TX REP INTRVL	No Auth Required					
G8994	OTH PHYS/OCCUP TX SUB FCN LIM GL TX	OTH PHYS/OCCUP TX SUB FCN LIM GOAL TX EPIS OUTST	No Auth Required					
G8995	OTH PHYS/OCC SB FCN LIM D/C STS D/C	OTH PHYS/OCCUP TX SUB FCN LMT D/C STS D/C TX/REP	No Auth Required					
G8996	SWALLOW FCN LIM CUR STATUS INIT TX	SWLLOW FCN LIM CUR STS TX&EPIS OUTSET REP INTRVL	No Auth Required					
G8997	SWLLOW FCN LIM GOAL TX EPIS&D/C TX	SWLLOW FCN LIM PROJ GOAL TX EPIS&OUTSET&D/C TX	No Auth Required					
G8998	SWALLOWING FCN LIM D/C STATUS D/C	SWALLOWING FCN LIMITATION D/C STS D/C TX/END REP	No Auth Required					
G8999	MO SPH FCN LIM CUR STS TX&RPRT INTR	MO SPH FCN LIM CUR STS TX EPIS&OUTST&REP INTRVL	No Auth Required					
G9001	COORDINATED CARE FEE INITIAL RATE	COORDINATED CARE FEE INITIAL RATE	No Auth Required					

G9002	COORDINATED CARE FEE MAINT RATE	COORDINATED CARE FEE MAINTENANCE RATE	No Auth Required					
G9003	COORD CARE FEE RISK ADJUSTD HI INIT	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	No Auth Required					
G9004	COORD CARE FEE RISK ADJUSTD LW INIT	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	No Auth Required					
G9005	COORD CARE FEE RISK ADJUSTED MAINT	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	No Auth Required					
G9006	COORD CARE FEE HOME MONITORING	COORDINATED CARE FEE HOME MONITORING	No Auth Required					
G9007	COORD CARE FEE SCHEDULE TEAM CONF	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE	No Auth Required					
G9008	COORD CARE FEE PHYS OVRSIGHT SRVC	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC	No Auth Required					
G9009	COORD CARE FEE RISK ADJ MAINT LVL 3	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL 3	No Auth Required					
G9010	COORD CARE FEE RISK ADJ MAINT LVL 4	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL4	No Auth Required					
G9011	COORD CARE FEE RISK ADJ MAINT LVL 5	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5	No Auth Required					
G9017	AMANTADINE HCI ORAL PER 100 MG	AMANTADINE HCI ORAL PER 100 MG	No Auth Required					
G9018	ZANAMIVIR INHAL POWDER INHAL-10 MG	ZANAMIVIR INHAL POWDER THRU INHAL PER 10 MG	No Auth Required					
G9019	OSELTAMIVIR PHOSPHATE ORL PER 75 MG	OSELTAMIVIR PHOSPHATE ORAL PER 75 MG	No Auth Required					
G9020	RIMANTADINE HCI ORAL PER 100 MG	RIMANTADINE HCI ORAL PER 100 MG	No Auth Required					
G9033	AMANTADINE HCI ORAL BRAN PER 100 MG	AMANTADINE HCI ORAL BRAN PER 100 MG	No Auth Required					
G9034	ZANAMIVIR INHAL POWDER BRAND-10 MG	ZANAMIVIR INHAL PWDR ADMIN INHAL BRAND PER 10 MG	No Auth Required					
G9035	OSELTAMIVIR PHOSPH ORAL BRND-75 MG	OSELTAMIVIR PHOSPHATE ORAL BRAND PER 75 MG	No Auth Required					
G9036	RIMANTADINE HCI ORAL BRAND-100 MG	RIMANTADINE HCI ORAL BRAND PER 100 MG	No Auth Required					
G9063	ONC; STATUS; NSCLC; ST I NO PROGRSN	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION	No Auth Required					
G9064	ONC; STATUS; NSCLC;ST II NO PROGRSN	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION	No Auth Required					
G9065	ONC;NSCLC; ST III A NO PROGRESSN	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN	No Auth Required					
G9066	ONC; STATUS; NSCLC; ST III B-4 MET	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR	No Auth Required					
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL	No Auth Required					
G9068	ONC; STATUS; SC&COMB;LTD NO PROGRSN	ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN	No Auth Required					
G9069	ONC; STATUS; SCLC SC&COMB; EXT MET	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET	No Auth Required					
G9070	ONC;STATUS;SCLC SC&COMB;EXTENT UNKN	ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN	No Auth Required					
G9071	ONC; BRST; ACA;ST I/II;POS; NO PROG	ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROGRESSN	No Auth Required					
G9072	ONC; BRST; ACA; ST I/II;NEG;NO PROG	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN	No Auth Required					
G9073	ONC; BRST; ACA; ST III; POS;NO PROG	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN	No Auth Required					
G9074	ONC; BRST; ACA; ST III; NEG;NO PROG	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN	No Auth Required					
G9075	ONC; STATUS; F BRST CA; ACA; M1 MET	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR	No Auth Required					
G9077	ONC;PROS CA;T1-T2C& PSA</=20NO PROG	ONC;PROS CA;T1-T2C&GLESN 27&PSA</=20 NO PROGRSSN	No Auth Required					
G9078	ONC; PROS CA; T2/T3A/PSA>20 NO METS	ONC; PROS CA; T2/T3A GLEASON 8-10/PSA>20 NO METS	No Auth Required					
G9079	ONC;PROS CA; T3B-T4 N; T N1 NO PROG	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN	No Auth Required					
G9080	ONC; PROS CA; TX RISING PSA	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE	No Auth Required					
G9083	ONC; PROS CA ACA; EXTENT UNKN	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL	No Auth Required					
G9084	ONC; COLON CA; T1-3 N0 M0 NO PROG	ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION	No Auth Required					
G9085	ONC; COLON CA; T4 N0 M0 NO PROG	ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION	No Auth Required					
G9086	ONC; COLON CA; T1-4 N1-2 M0 NO PROG	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN	No Auth Required					
G9087	ONC; COLON CA; M1 MET W/CURR DZ	ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ	No Auth Required					
G9088	ONC; COLON CA; M1 MET NO CURR DZ	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ	No Auth Required					
G9089	ONC; STATUS; COLON CA; EXTENT UNK	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL	No Auth Required					
G9090	ONC; RECTAL CA; T1-2 N0 M0 NO PROG	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN	No Auth Required					
G9091	ONC; RECTAL CA; T3 N0 M0 NO PROG	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION	No Auth Required					
G9092	ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN	No Auth Required					
G9093	ONC; RECTAL CA; T4 ANY N M0 NO PROG	ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN	No Auth Required					
G9094	ONC; STATUS; RECTAL CA; M1 MET	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR	No Auth Required					
G9095	ONC; STATUS; RECTAL CA; EXTENT UNK	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL	No Auth Required					
G9096	ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG	ONC; STATUS; ESOPH CA;T1-T3 N0-N1/NX NO PROGRSSN	No Auth Required					
G9097	ONC; ESOPH CA; T4 ANY N M0 NO PROG	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN	No Auth Required					
G9098	ONC; STATUS; ESOPH CA ; M1 METASTAT	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR	No Auth Required					
G9099	ONC; STATUS; ESOPH CA; EXTENT UNK	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL	No Auth Required					
G9100	ONC; GASTR CA; R0 RESECT NO PROG	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN	No Auth Required					
G9101	ONC; GASTR CA; R1/R2 RESECT NO PROG	ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PRGRESSN	No Auth Required					
G9102	ONC; GASTR CA; M0 UNRESECT NO PROG	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN	No Auth Required					
G9103	ONC; STATUS; GASTR CA; CLIN M1 MET	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR	No Auth Required					
G9104	ONC; STATUS; GASTR CA ; EXTENT UNK	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL	No Auth Required					
G9105	ONC; PAN CA; R0 RESECT NO PROG	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION	No Auth Required					
G9106	ONC; PAN CA; R1/R2 RESECT NO PROG	ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION	No Auth Required					
G9107	ONC; PAN CA; UNRESECTBL M1 MET	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR	No Auth Required					
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNK	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL	No Auth Required					
G9109	ONC; H&N CA; T1-T2&N0 M0 NO PROG	ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS	No Auth Required					
G9110	ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS	No Auth Required					
G9111	ONC; STATUS; H&N CA; M1 MET LOC	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR	No Auth Required					
G9112	ONC; STATUS; H&N CA; EXTENT UNKN	ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN	No Auth Required					
G9113	ONC DS STATUS OV CA ST IA-B NO PROG	ONC DS STATUS OVARIAN CA ST IA-B NO PROGRESSN	No Auth Required					

G9114	ONC; OV CA; ST IA-B; IC; II;NO PROG	ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS	No Auth Required					
G9115	ONC; OV CA; ST III-IV; NO PROG	ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN	No Auth Required					
G9116	ONC; OV CA; PROGRSSN&/PLATINM RSIST	ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST	No Auth Required					
G9117	ONC; STATUS; OV CA; EXTENT UNKN	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL	No Auth Required					
G9123	ONC; CML; CP NO HEM CYT/MOL REMISS	ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS	No Auth Required					
G9124	ONC;CML; AP NO HEMA CYT/MOL REMISS	ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS	No Auth Required					
G9125	ONC; CML BP NOT HEM CYT/MOL REMISS	ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS	No Auth Required					
G9126	ONC; CML HEM CYTOGN/MOLECULR REMISS	ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS	No Auth Required					
G9128	ONC; MX MYELOMA SYS DZ; SMOLDR ST I	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I	No Auth Required					
G9129	ONC; MX MYELOMA SYS DZ ST II/HIGHER	ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER	No Auth Required					
G9130	ONC; MX MYELOMA SYS DZ EXTENT UNKN	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL	No Auth Required					
G9131	ONC;DZ STS;F BRST CA;STG NOT LISTED	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED	No Auth Required					
G9132	ONC;DZ STS;PROS CA;CLIN METS	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS	No Auth Required					
G9133	ONC;DZ STS;PROS CA;CLIN METS/M1	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1	No Auth Required					
G9134	ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD	ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY	No Auth Required					
G9135	ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS	ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY	No Auth Required					
G9136	ONC;DZ STS;NHL TRNS 2ND CELLR CLSS	ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS	No Auth Required					
G9137	ONC;DZ STS;NHL;RELAPSED/REFRACTORY	ONC; DZ STS; NHL; RELAPSED/REFRACTORY	No Auth Required					
G9138	ONC;DZ STS;NHL;STAGE NOT DETERM	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED	No Auth Required					
G9139	ONC;DZ STS;CML;STAGE NOT LISTED	ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED	No Auth Required					
G9140	FRONTIER EXTENDED STAY CLIN DEMO;	FRONTIER EXTENDED STAY CLIN DEM0; CMS DEMO PROJ	No Auth Required					
G9143	WARFARIN RSPN TEST GEN TECH ANY #	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Authorization Required	Pathology and Lab		Level 2 Review (Full Clinical Review)		
G9148	NAT COMMITTEE QA LEVEL 1 MED HOME	NATIONAL COMMITTEE QA LEVEL 1 MEDICAL HOME	No Auth Required					
G9149	NAT COMMITTEE QA LEVEL 2 MED HOME	NATIONAL COMMITTEE QA LEVEL 2 MEDICAL HOME	No Auth Required					
G9150	NAT COMMITTEE QA LEVEL 3 MED HOME	NATIONAL COMMITTEE QA LEVEL 3 MEDICAL HOME	No Auth Required					
G9151	MAPCP DEMO STATE PROVIDED SERVICES	MAPCP DEMONSTRATION STATE PROVIDED SERVICES	No Auth Required					
G9152	MAPCP DEMO COMMUNITY HEALTH TEAMS	MAPCP DEMONSTRATION-COMMUNITY HEALTH TEAMS	No Auth Required					
G9153	MAPCP DEMO PHYSICIAN INCENTIVE POOL	MAPCP DEMONSTRATION-PHYSICIAN INCENTIVE POOL	No Auth Required					
G9156	EVAL WC REQ FACE-FACE VISIT W/PHYS	EVALUAT WHEELCHAIR REQ FACE-FACE VISIT PHYSICIAN	No Auth Required					
G9157	TRANSESOPHAGEAL DOPPLER CARDIAC MON	TRANSESOPHAGEAL DOPPLER FOR CARDIAC MONITORING	No Auth Required					
G9158	MOTR SPEECH FUNCT LIM D/C STAT D/C	MOTOR SPEECH FUNCT LIMIT D/C STATUS D/C FROM TX	No Auth Required					
G9159	SPOKN LANG COMP LIMIT CURR STAT TX	SPOKEN LANG COMP LIMIT CURR STATUS TX OUTSET	No Auth Required					
G9160	SL COMP FCN LMT GL TX D/C/END RPRT	SPKN LANG COMP FCN LMT GOAL TX EPIS D/C/END RPRT	No Auth Required					
G9161	SPOKN LANG COMP LIMIT D/C STAT D/C	SPOKEN LANG COMP LIMIT D/C STATUS AT D/C TX	No Auth Required					
G9162	SPOKN LANG EXPRS LIMIT CURR STAT TX	SPOKEN LANG EXPRESS LIMIT CURR STATUS TX OUTSET	No Auth Required					
G9163	SL EXP FCN LMT GOAL TX D/C/END RPRT	SL EXP FCN LMT GOAL STS TX EPIS D/C/END REPORT	No Auth Required					
G9164	SPOKN LANG EXPRS LIMIT D/C STAT D/C	SPOKEN LANG EXPRESS LIMIT D/C STATUS AT D/C TX	No Auth Required					
G9165	ATTN FUNCT LIMIT CURR STATUS TX	ATTN FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	No Auth Required					
G9166	ATTN FUNCT LIMIT PROJ GOAL STAT TX	ATTN FUNCT LIMIT PROJ GOAL STATUS TX EPIS OUTSET	No Auth Required					
G9167	ATTN FUNCT LIMIT D/C STATUS D/C TX	ATTN FUNCT LIMIT DISCHARGE STATUS AT D/C FROM TX	No Auth Required					
G9168	MEMORY FUNCT LIMIT CURR STATUS TX	MEMORY FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	No Auth Required					
G9169	MEMORY FUNCT LIMIT PROJ GOAL STS TX	MEMORY FUNCT LIMIT PROJ GOAL STATUS TX EPISODE	No Auth Required					
G9170	MEMORY FUNCT LIMIT D/C STATUS D/C	MEMORY FUNCT LIMIT DISCHARG STATUS D/C FROM TX	No Auth Required					
G9171	VOICE FUNCT LIMIT CURR STATUS TX	VOICE FUNCT LIMIT CURR STATUS TX EPISODE OUTSET	No Auth Required					
G9172	VOICE FUNCT LIMIT PROJ GOAL STAT TX	VOICE FUNCT LIMIT PROJ GOAL STATUS TX EPISODE	No Auth Required					
G9173	VOICE FUNCT LIMIT D/C STATUS D/C TX	VOICE FUNCT LIMIT DISCHARGE STATUS D/C FROM TX	No Auth Required					
G9174	OTH SPEECH LANG FUCNT LIMIT CURR TX	OTH SPEECH LANG FUNCT LIMIT CURR STATUS TX	No Auth Required					
G9175	OTH SPEECH LANG LIM PROJ GOAL STAT	OTH SPEECH LANG FUNCT LIMIT PROJ GOAL STATUS TX	No Auth Required					
G9176	OTH SPEECH LANG LIM D/C STS D/C TX	OTH SPEECH LANG FUNCT LIMIT D/C STATUS D/C TX	No Auth Required					
G9186	MOTR SPEECH LIM PROJ GOAL STATUS TX	MOTOR SPEECH FUNCT LIMIT PROJ GOAL STATUS AT TX	No Auth Required					
G9187	BPCI HOME VST PT ASMT QUAL HC PROF	BPCI HOME VISIT PT ASSESSMENT PRFRM QUAL HC PROF	No Auth Required					
G9188	BETA-BLCKR TX NOT PRSC RSN NOT GIVN	BETA-BLOCKER THERAPY NOT PRSC REASON NOT GIVEN	No Auth Required					
G9189	BETA-BLCKR TX PRSC/CURR BEING TAKEN	BETA-BLOCKER THERAPY PRSC/CURRENTLY BEING TAKEN	No Auth Required					
G9190	DOC MED RSN NOT PRSC BETA-BLOCKR TX	DOCUMENTATION MED RSN NOT PRSC BETA-BLOCKER TX	No Auth Required					
G9191	DOC PT RSN NOT PRSC BETA-BLOCKER TX	DOCUMENTATION PT REASON NOT PRSC BETA-BLOCKER TX	No Auth Required					
G9192	DOC SYS RSN NOT PRSC BETA-BLOCKR TX	DOCUMENTATION SYSTEM RSN NOT PRSC BETA-BLOCKR TX	No Auth Required					
G9196	DOC MED RSN NOT ORD 1/2 GEN CPH AMP	DOC MED REASON NOT ORD 1ST/2ND GEN CPH AMP	No Auth Required					
G9197	DOC ORD FOR 1ST/2ND GEN CEPH AMP	DOC ORD 1ST/2ND CEPHALOSPORIN ANTIMICROBL PROPH	No Auth Required					
G9198	ORD 1ST/2ND CEPH NOT DOC R NOT GVN	ORDER 1ST/2ND GEN CEPH AMP NOT DOC RSN NOT GIVEN	No Auth Required					
G9212	DSM-IVTM CRITERIA MDD DOC INIT EVAL	DSM-IVTM CRITERIA MDD DOC INITIAL EVALUATION	No Auth Required					
G9213	DSM-IVTM CRIT MDD NOT DOC INIT EVAL	DSM-IV-TR CRITERIA MDD NOT DOC INIT EVAL RSN NOS	No Auth Required					
G9223	PCP PRSC 3 MO CD4+ <500/CD4 % <15%	PCP P PRSC 3 MO CD4+BLW 500 CE/MM3/CD4 % BLW 15%	No Auth Required					
G9225	FOOT EXAM WAS NOT PRFRM RSN NOT GVN	FOOT EXAM WAS NOT PERFORMED REASON NOT GIVEN	No Auth Required					
G9226	FOOT EXAMINATION PERFORMED	FOOT EXAMINATION PERFORMED	No Auth Required					
G9227	FUNC O/C ASMT CP NOT DOC PT NOT ELG	FUNC O/C ASMT CARE PLN NOT DOC PT NOT ELG AT ENC	No Auth Required					

G9228	CHLAMYDIA GON SYP SCR RESULTS DOC	CHLAMYDIA GONORRHEA SYPHILIS SCREEN RESULTS DOC	No Auth Required					
G9229	CHLAMYD GON & SYP SCR RSLT NOT DOC	CHLAMYDIA GONORRHEA & SYPHILIS SCR RSLT NOT DOC	No Auth Required					
G9230	CHLAMYDIA GON SYP NOT SCR NO RSN	CHLAMYDIA GONORRHEA SYPHILIS NOT SCREEN NO RSN	No Auth Required					
G9231	DOC ESRD DIAL RNA TX/PREG MSR PR	DOC ESRD DIAL RNA TX BF/DUR MSR PR/PG DUR MSR PR	No Auth Required					
G9232	CLIN TREAT MDD NOT COM CLIN TRT CC	CLIN TREAT MDD DID NOT COMM CLIN TREAT CC PT RSN	No Auth Required					
G9239	DOC RSN PT I MNT HD CTH MO VASC ACC	DOC RSN PT INIT MNT HD CATH MODE VASCULAR ACCESS	No Auth Required					
G9240	PT VA CATH TIME MAINT HD INITIAT	PT MODE VASC ACCESS CATH TIME MAINT HD INITIATED	No Auth Required					
G9241	PT VA NOT CATH TM MAINT HD INITIAT	PT MODE VASC ACCESS NOT CATH TM MAINT HD INITIAT	No Auth Required					
G9242	DOC VL=/>200 COPIES/ML/VL NOT PRFRM	DOC VIRAL LOAD =/> 200 COPIES/ML/VL NOT PRFRM	No Auth Required					
G9243	DOC VIRAL LOAD < 200 COPIES/ML	DOCUMENTATION VIRAL LOAD LESS THAN 200 COPIES/ML	No Auth Required					
G9246	PT NOT 1 VST IN 24 MO MSR PERIOD	PT NOT 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN	No Auth Required					
G9247	PT HAD 1 VST IN 24 MO MSR PERIOD	PT HAD 1 VST IN 24 MO MSR PERIOD MIN 60 DA BTWN	No Auth Required					
G9250	DOC PAIN TO CMFRT 48 HRS INIT ASMT	DOC PT PAIN BROUGHT COMFORT LVL 48 HRS INIT ASMT	No Auth Required					
G9251	DOC PAIN NOT CMFRT 48 HR INIT ASMT	DOC PT PAIN NOT BROUGHT COMFORT 48 HR INIT ASMT	No Auth Required					
G9254	DOC D/C LATER PST-OP DAY 2 FLW CAS	DOC PT D/C HOME LATER THAN POST-OP DA 2 FLW CAS	No Auth Required					
G9255	DOC D/C NO LTR PST OP DAY 2 FLW CAS	DOC PT D/C HOME NO LTR THAN PST OP DAY 2 FLW CAS	No Auth Required					
G9256	DOC PATIENT DEATH FOLLOWING CAS	DOCUMENTATION OF PATIENT DEATH FOLLOWING CAS	No Auth Required					
G9257	DOC PATIENT STROKE FOLLOWING CAS	DOCUMENTATION OF PATIENT STROKE FOLLOWING CAS	No Auth Required					
G9258	DOC OF PATIENT STROKE FOLLOWING CEA	DOCUMENTATION OF PATIENT STROKE FOLLOWING CEA	No Auth Required					
G9259	DOC PT SURV & ABSNCE STROKE FLW CAS	DOC PT SURVIVAL & ABSENCE OF STROKE FOLLOW CAS	No Auth Required					
G9260	DOC PATIENT DEATH FOLLOWING CEA	DOCUMENTATION OF PATIENT DEATH FOLLOWING CEA	No Auth Required					
G9261	DOC PT SURV & ABSNCE STROKE FLW CEA	DOC PT SURVIVAL & ABSENCE STROKE FOLLOWING CEA	No Auth Required					
G9262	DOC PT DEATH HOSPITAL FOLLOW EVAR	DOC PT DEATH HOSPITAL FLW ENDOVASCULAR AAA REPR	No Auth Required					
G9263	DOC PT D/C ALIVE FLW EVAR AAA REPR	DOC PT D/C ALIVE FLW ENDOVASCULAR AAA REPAIR	No Auth Required					
G9264	DOC PT RCV MNT HD>/=90 D CTH DC RSN	DOC PT RECV MNT HD >/= TO 90 D CATHETER DOC RSN	No Auth Required					
G9265	PT MAINT HD >/=90 DAY CATH AS VA	PT RECV MAINT HD >/= 90 DAY CATH AS VASC ACCESS	No Auth Required					
G9266	PT MAINT HD >/=90 DAY NO CATH AS VA	PT RECV MNT HD >/= 90 DA NO CATH AS VASC ACCESS	No Auth Required					
G9267	DOC PT 1/> COMP/MORTALITY IN 30 DAY	DOC PT 1/MORE COMPLICATION/MORTALITY W/I 30 DAYS	No Auth Required					
G9268	DOC PT 1/> COMPLICATION W/I 90 DAYS	DOC PT 1/MORE COMPLICATIONS WITHIN 90 DAYS	No Auth Required					
G9269	DOC PT W/O 1/> COMP NO M W/I 30 DAY	DOC PT W/O 1/MORE COMP NO MORTALITY W/I 30 DAYS	No Auth Required					
G9270	DOC PT W/O 1/MORE COMP W/I 90 DAYS	DOC PT W/O ONE OR MORE COMPLICATIONS W/I 90 DAYS	No Auth Required					
G9273	BP SYSTOLIC < 140 DIASTOLIC < 90	BP HAS SYSTOLIC VALUE < 140 DIASTOLIC VALUE < 90	No Auth Required					
G9274	BP S=140 D=90/S<140 D=90/S=140 D<90	BP SYS=140 DIA=90/SYS<140 DIA=90/SYS=140 DIA <90	No Auth Required					
G9275	DOC PATIENT CURRNT NON-TOBACCO USER	DOCUMENTATION PATIENT CURRENT NON-TOBACCO USER	No Auth Required					
G9276	DOC PATIENT IS CURRENT TOBACCO USER	DOCUMENTATION PATIENT IS A CURRENT TOBACCO USER	No Auth Required					
G9277	DOC PT D ASP/ANTI-PLATLET/DOC CNTRA	DOC PT D ASP/ANTI-PLT/DOC CONTRAIND ASP/ANTI-PLT	No Auth Required					
G9278	DOC PT NOT ON D ASP/ANTI-PLAT REGMN	DOC PT NOT ON DAILY ASPIRIN/ANTI-PLATELET REGIMN	No Auth Required					
G9279	PNC SCRN DOC VACC RECV PRORI D/C	PNEUMOCOCCAL SCR PERFORM DOC VACC RECV PRIOR D/C	No Auth Required					
G9280	PNC V NOT ADM PRI D/C RSN NOT SPEC	PNEUMOCOCCAL VACC NOT ADM PRIOR D/C RSN NOT SPEC	No Auth Required					
G9281	SCREEN PERF VACC NOT IND/PT REFUSAL	SCREEN PERFORM DOC VACC NOT INDICATED/PT REFUSAL	No Auth Required					
G9282	DOC RSN NOT RPT HIST TYP/NSCLC-NOS	DOC MED RSN NOT RPT HIST TYP/NSCLC-NOS CLASS W/E	No Auth Required					
G9283	NSCLC BX CYT RPT DOC H TYP/NOS	NSCLC BX CYT RPRT DOC CLASS H TYP/NSCLC-NOS W/E	No Auth Required					
G9284	NSCLC BX CYT RPT NOT DOC H TYP/NOS	NSCLC BX CYT RPRT NOT DOC H TYP/NSCLC-NOS W/E	No Auth Required					
G9285	SPEC SITE OTH THAN LUNG/NOT NSCLC	SPEC SITE OTH THAN ANAT LOC LUNG/NOT CLASS NSCLC	No Auth Required					
G9286	ABX REG PRSC W/I 10 DA AFTR ONST SX	ABX REGIMEN PRSC W/I 10 DA AFTER ONSET SX	No Auth Required					
G9287	ABX NOT PRSCR 10 DA AFTR ONSET SX	ABX REGIMEN NOT PRSCR W/I 10 DA AFTR ONSET SX	No Auth Required					
G9288	DOC MED RSN NOT RPT H TYP/NSCLC-NOS	DOC MED REASON NOT REPORT H TYPE/NSCLC-NOS EXPL	No Auth Required					
G9289	NSCLC BX CY RPT DOC H TYP/NSCLC-NOS	NSCLC BX CYTOLOGY RPT DOC H TYPE/NSCLC-NOS EXPL	No Auth Required					
G9290	NSCLC BX CY RPT NOT DOC H TYP/NOS	NSCLC BX CYT RPT NOT DOC H TYPE/NSCLC-NOS EXPL	No Auth Required					
G9291	SP SITE NOT LNG NOT NSCLC/NSCLC-NOS	SPEC SITE OTH THN LUNG NOT CLASS NSCLC/NSCLC-NOS	No Auth Required					
G9292	DOC RSN NOT RPT PT CAT ULCER PT1 MR	DOC MED RSN NOT RPT PT CAT THICK ULCER PT1 MR	No Auth Required					
G9293	PATH RPT NOT PT CAT ULCER PT1 MR	PATH RPT NOT INCL PT CAT THICKNESS ULCER PT1 MR	No Auth Required					
G9294	PATH RPT W/PT CAT THICK ULCR PT1 MR	PATH RPT W/PT CAT THICKNESS ULCERATION PT1 MR	No Auth Required					
G9295	SPEC SITE OTH THAN ANATOMIC CUT LOC	SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC	No Auth Required					
G9296	PT DOC SDM CONSERV TX PRIOR PROC	PT DOC SHARE DECISION CONSERVATIVE TX PRIOR PROC	No Auth Required					
G9297	SDM CONSERV TX PRIOR PROC NOT DOC	SHARE DECISION CONSERVATIV TX PRIOR PROC NOT DOC	No Auth Required					
G9298	PT EVAL VTE CV RSK 30 DA PRIOR PROC	PT EVAL VTE CV RISK FACTOR W/I 30 DAY PRIOR PROC	No Auth Required					
G9299	PT NOT EVAL VTE CV RSK 30 D PRI PRC	PT NOT EVAL VTE CV RISK W/I 30 DAY PRIOR PROC	No Auth Required					
G9300	DOC RSN NOT INFUS P ABX PRI PROX TQ	DOC RSN NOT CMPL INFUS P ABX PRIOR INFLA PROX TQ	No Auth Required					
G9301	PT HAD P ABX INFUS PRIOR INFLAT TQ	PT HAD PROPH ABX INFUSED PRIOR INFLATION PROX TQ	No Auth Required					
G9302	P ABX NOT CMPL PRIOR TQ RSN NOT GVN	P ABX NOT CMPL INFUS PRIOR INFLAT TQ RSN NOT GVN	No Auth Required					
G9303	OP RPT NOT ID PROS SPEC RSN NOT GVN	OP RPT DOES NOT ID PROS IMPL SPEC RSN NOT GIVEN	No Auth Required					
G9304	OP RPT IDS PROSTHETIC IMPLANT SPEC	OP REPORT IDENTIFIES PROSTHETIC IMPLANT SPEC	No Auth Required					
G9305	INT LEAK ENDOLUM CNT ANASTM NOT REQ	INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM NOT REQ	No Auth Required					
G9306	INT LEAK ENDOLUM CNT ANASTM REQ	INTRVENTION LEAK ENDOLUMINAL CNT ANASTOM REQUIRD	No Auth Required					

G9307	NO RTN OP ROOM PROC 30 DA PRIN PROC	NO RETURN OP ROOM FOR PROC W/I 30 DAY PRIN PROC	No Auth Required					
G9308	UNPLAN RTN OP ROOM 30 DAY PRIN PROC	UNPLAN RTN OP ROOM FOR PROC W/I 30 DAY PRIN PROC	No Auth Required					
G9309	NO UNPLAN HOSP RDM 30 DAY PRIN PROC	NO UNPLANNED HOSP RDM W/I 30 DAY PRINCIPAL PROC	No Auth Required					
G9310	UNPLANNED HOSP RDM 30 DAY PRIN PROC	UNPLANNED HOSP READMISSION W/I 30 DAY PRIN PROC	No Auth Required					
G9311	NO SURGICAL SITE INFECTION	NO SURGICAL SITE INFECTION	No Auth Required					
G9312	SURGICAL SITE INFECTION	SURGICAL SITE INFECTION	No Auth Required					
G9313	AMC NOT RX 1ST LN ABX TM DX DOC RSN	AMC NOT PRESC 1ST LINE ANTIBIOTIC TM DX DOC RSN	No Auth Required					
G9314	AMOX NOT 1ST LINE TM DX RSN NOT GVN	AMOXICILLIN NOT 1ST LINE ABX TM DX RSN NOT GIVEN	No Auth Required					
G9315	DOC AMOX PRESC 1ST LINE ABX TIME DX	DOC AMOXICILLIN PRESCRIBED 1ST LINE ABX TIME DX	No Auth Required					
G9316	DOC PT RSK ASSESS RSK CALC W/PT/FAM	DOC PT RISK ASSESSMENT RISK CALCULATOR W/PT/FAM	No Auth Required					
G9317	DOC PT RSK ASMT CALC PT/FM NOT CMPL	DOC PT RISK ASSESS RISK CALC W/PT/FAM NOT COMPL	No Auth Required					
G9318	IMAGING STUDY NAMED STANDARD NOMEN	IMAGING STUDY NAMED ACCORD STANDARD NOMENCLATURE	No Auth Required					
G9319	IMAG STDY NOT NOMEN RSN NOT GVN	IMAG STUDY NOT NAMED STANDARD NOMEN RSN NOT GVN	No Auth Required					
G9321	COUNT PREV CT CRD NM DOC 12-MO PRI	COUNT PREV CT CARD NM STUDY DOC 12-MO PRIOR CURR	No Auth Required					
G9322	CNT CT CRD NM NOT DOC 12-MO NO RSN	COUNT PREV CT CARD NM NOT DOC 12-MO RSN NOT GVN	No Auth Required					
G9326	CT NOT RPT RD INDX REG RSN NOT GVN	CT PERF NOT RPT RAD DOSE INDX REG RSN NOT GVN	No Auth Required					
G9327	CT RPT RD INDX REG ALL DATA ELEMENT	CT PERF RPT RAD DOSE INDX REG ALL DATA ELEMENTS	No Auth Required					
G9329	DICOM AVAIL 12-MO NOT DOC NO RSN	DICOM DATA AVAIL PT AU 12-MO NOT DOC RSN NOT GVN	No Auth Required					
G9340	FINAL RPT DOC DICOM DATA 12-MO AFTR	FINAL RPT DICOM IMAG DATA AVAIL PT AU 12-MO AFTR	No Auth Required					
G9341	SEARCH PRIOR CT EXT ENTITIES 12-MO	SEARCH PRIOR CT EXT HC FAC/ENT 12-MO PRI TO IMAG	No Auth Required					
G9342	SRC NOT CD PRI I S PT CT S CPL NO R	SRCH NOT CD PRI IMAG S PEF PT CT S CMPL NO RSN	No Auth Required					
G9344	SRCH PRIOR DICOM NOT CMPL SYS RSN	SEARCH PRIOR CMPL DICOM IMAGES NOT CMPL SYS RSN	No Auth Required					
G9345	F/U REC DOC INCIDENT DETECTED PNS	F/U REC DOC INCIDENTALLY DETECTED PULM NODULES	No Auth Required					
G9347	F/U REC NOT DOC GLS PNS RSN NOT GVN	F/U REC NOT DOC ACC REC GLS PNS RSN NOT GVN	No Auth Required					
G9348	CT SCAN PNS ORDERED TIME DX DOC RSN	CT SCAN PARANASAL SINUSES ORDERD TIME DX DOC RSN	No Auth Required					
G9349	CT SCAN PARANSL SIN ORD DX/RCV 28 D	CT SCAN PARANASAL SINUS ORD TM DX/RECV 28 DA DX	No Auth Required					
G9350	CT PARANSL SINUS NOT ORD DX/IN 28 D	CT PARANASAL SINUS NOT ORD TM DX/IN 28 DA AFTR	No Auth Required					
G9351	MORE 1 CT PARNSL SINUS 90 D AFTR DX	MORE 1 CT PARANASAL SINUS ORD/REC 90 DAY AFTR DX	No Auth Required					
G9352	MORE 1 CT PARNSL SS 90 D DX NO RSN	MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX NO RSN	No Auth Required					
G9353	MORE 1 CT PARNSL SS 90 D DX DOC RSN	MORE 1 CT PARANASAL SINUS 90 DAY AFTR DX DOC RSN	No Auth Required					
G9354	1/NO CT PARNSL SS NOT ORD 90 D DX	1 CT SCAN/NO CT SCAN PARNSL SS ORD 90 D AFTR DOD	No Auth Required					
G9355	EARLY ELECT DEL/EARLY IND NOT PERF	EARLY ELECTIVE DELIVERY/EARLY INDUCTION NOT PERF	No Auth Required					
G9356	EARLY ELECTIVE DEL/EARLY IND PERF	EARLY ELECTIVE DELIVERY/EARLY INDUCTION PERFORMD	No Auth Required					
G9357	POST-PARTUM SCREEN EVAL EDU PERFORM	POST-PARTUM SCREENINGS EVAL EDUCATION PERFORMED	No Auth Required					
G9358	POST-PART SCREEN EVAL EDU NOT PERF	POST-PARTUM SCREEN EVAL EDUCATION NOT PERFORMED	No Auth Required					
G9359	DOC NG/MN P TB SCR E TB NOT AC 1Y V	DOC NEG/MAN P TB SCR E TB NOT AC W/I 1 Y PT VST	No Auth Required					
G9360	NO DOC NEG/MANAGED POS TB SCREEN	NO DOC NEGATIVE/MANAGED POSITIVE TB SCREEN	No Auth Required					
G9361	MEDICAL INDICATION FOR INDUCTION	MEDICAL INDICATION FOR INDUCTION	No Auth Required					
G9364	SINUSITIS CAUS/PRES CAUS BACT INF	SINUSITIS CAUSED BY/PRES CAUSED BY BACTERIAL INF	No Auth Required					
G9365	ONE HIGH-RISK MEDICATION ORDERED	ONE HIGH-RISK MEDICATION ORDERED	No Auth Required					
G9366	ONE HIGH-RISK MEDICATION NOT ORDERD	ONE HIGH-RISK MEDICATION NOT ORDERED	No Auth Required					
G9367	AT LEAST 2 ORD SAME HIGH-RISK MED	AT LEAST 2 ORD FOR SAME HIGH-RISK MED	No Auth Required					
G9368	AT LEAST 2 ORD SAME HR MEDS NOT ORD	AT LEAST 2 ORDERS SAME HIGH-RISK MEDS NOT ORD	No Auth Required					
G9380	PT OFFRD ASST ROF ISSUE DUR MSR PRD	PATIENT OFFERED ASSIST ROF ISSUES DUR MSR PRD	No Auth Required					
G9382	PT NOT OFFRD ASST EOL ISSUE MSR PRD	PT NOT OFFRD ASST END OF LIFE ISSUES DUR MSR PRD	No Auth Required					
G9383	PT RECV SCR HCV INF W/I 12 MO PRD	PATIENT RECV SCREENING HCV INF W/I 12 MO PERIOD	No Auth Required					
G9384	DOC MED RSN NOT RECV AN SCR HCV INF	DOC MED RSN NOT RECV ANNUAL SCREENING HCV INF	No Auth Required					
G9385	DOC PT RSN NOT RECV AN SCR HCV INF	DOC PT REASON NOT RECEIVING ANNUAL SCR HCV INF	No Auth Required					
G9386	SCR HCV NOT REC 12 M P RSN NOT GVN	SCR HCV INF NOT RECV W/I 12 MO PR RSN NOT GIVEN	No Auth Required					
G9389	UNPLN RUPT PC RQR VITRCT DUR CC SUR	UNPLANNED RUPT POST CAP RQR VITRECT DUR CAT SURG	No Auth Required					
G9390	NO UNPLN RUP PC RQR VITRECT CC SURG	NO UNPLAN RUP POST CAP RQR VITRECT DUR CC SURG	No Auth Required					
G9393	PT I PHQ-9 SC>9 RM 12 MO PHQ-9 SC<5	PT INIT PHQ-9 SC>9 RM 12 MO D 12 MO PHQ-9 SC <5	No Auth Required					
G9394	PT BPD/PD NH/HOSPCE/PALL DUR ASSESS	PT BPD/PD PERM NH/HOSPICE/PALL CARE DUR ASSESS	No Auth Required					
G9395	PT INIT PHQ-9 SC >9 NO RM AT 12 MO	PT INIT PHQ-9 SC >9 DID NOT ACHV REMISSION 12 MO	No Auth Required					
G9396	PT I PHQ-9 SC >9 NO ASSESS RM 12 MO	PT INIT PHQ-9 SC >9 NOT ASSESSED RM AT 12 MO	No Auth Required					
G9399	DOC PT RCRD DISC BTW PHYS/CLIN & PT	DOC PT RECORD DISCUSSION BETWEEN PHYS/CLIN & PT	No Auth Required					
G9400	DOC MED/PT RSN NOT DISC TX OPTIONS;	DOC MED/PT RSN FOR NOT DISC TREATMENT OPTIONS;	No Auth Required					
G9401	NO DOC PT RCRD DISC BTW PHYS & PT	NO DOC DISC PT RCRD DISC BTW PHYS/Q HC PROF & PT	No Auth Required					
G9402	PT RCV F/U D D/C/WI/30 DA AFTR D/C	PATIENT RECV F/U ON DATE D/C/WI 30 DAYS AFTR D/C	No Auth Required					
G9403	CLN DOC RSN PT NO 30 D F/U INPT D/C	CLIN DOC RSN PT NOT CMPL 30 DA F/U AC INPT D/C	No Auth Required					
G9404	PT NOT RCV F/U DT D/C/WI 30 DA D/C	PT DID NOT RCV F/U DATE D/C/WI 30 DAYS AFTER D/C	No Auth Required					
G9405	PT RECV F/U WITHIN 7 DAYS AFTER D/C	PATIENT RECEIVED F/U WITHIN 7 DAYS AFTER D/C	No Auth Required					
G9406	CLN DOC RSN PT NO 7 DA F/U INPT D/C	CLIN DOC RSN PT NOT CMPL 7 DAY F/U AC INPT D/C	No Auth Required					
G9407	PT NOT RECV F/U ON/WI 7 DA AFTR D/C	PATIENT DID NOT RECV F/U ON/WI 7 DAYS AFTER D/C	No Auth Required					
G9408	PT CT &/PERICARDIOCENTESIS WI 30 DA	PATIENTS W/CT &/PERICARDIOCENTESIS OCR WI 30 DA	No Auth Required					
G9409	PT WO CT &/PERICARDIOCENT WI 30 DA	PATIENTS WO CT &/PERICARDIOCENTESIS OCR WI 30 DA	No Auth Required					
G9410	PT ADM WI 180 DAYS POST CIED W/INF	PT ADM WI 180 DAYS POST CIED W/INF RQR DEVC REMV	No Auth Required					

G9411	PT NOT ADM WI 180 D PST CIED W/INF	PT NOT ADM WI 180 D PST CIED W/INF RQR DVC RMV	No Auth Required					
G9412	PT ADM WI 180 D P CIED INF DVC RMV	PT ADM WI 180 D PST CIED W/INF DVC RMV/SURG REV	No Auth Required					
G9413	PT NOT ADM WI 180 D POST CIED W/INF	PT NOT ADM WI 180 DAYS POST CIED W/INF DEVC REMV	No Auth Required					
G9414	PT 1 D MC VAC ON/BETWN PT 11&13 BD	PT HAD 1 DOSE MC VAC ON/BETWN PT 11TH & 13TH BD	No Auth Required					
G9415	PT NO 1 DOS MC V ON/BTW PT 11&13 BD	PT NO 1 DOSE MC VAC ON/BTW PT 11TH & 13TH BDAY	No Auth Required					
G9416	PT 1 TET DT TDAP ON/BTW 10 & 13 BD	PATIENT HAD 1 TET DT & TDAP ON/BTW PT 10 & 13 BD	No Auth Required					
G9417	PT NO 1 TET DT TDAP ON/BTW 10&13 BD	PATIENT NO 1 TET DT & TDAP ON/BTW PT 10 & 13 BD	No Auth Required					
G9418	P NSCLC BX&CY SPEC DOC CL NSCLC-NOS	PRIM NSCLC BX&CY SPEC DOC CLASS NSCLC-NOS EXPLAN	No Auth Required					
G9419	DOC M RSN NO H T/NSCLC-NOS CL EXPLN	DOC MED RSN NOT INCL HIS T/NSCLC-NOS CLASS EXPLN	No Auth Required					
G9420	SPEC S NOT LOC LUNG/NOT PRIM NSCLC	SPEC SITE OTH THAN LOC LUNG/NOT CLASS PRIM NSCLC	No Auth Required					
G9421	P NSCLC BX&CY S NO DOC CL NSCLC-NOS	PRIM NSCLC BX&CY S NO DOC CLASS NSCLC-NOS EXPLAN	No Auth Required					
G9422	NSCLC BX & CYTOLOGY SPEC RPRT	NON-SMALL CELL LUNG CANCER BX & CYT SPEC RPRT	No Auth Required					
G9423	DOC MED RSN NO RPRT H TYP/NSCLC-NOS	DOC MED RSN NOT RPRT H TYP/NSCLC-NOS CLASS EXPLN	No Auth Required					
G9424	SPEC SITE OTH THAN LOC L NOT NSCLC	SPEC SITE OTH THAN ANAT LOC LUNG NOT NSCLC/NOS	No Auth Required					
G9425	NSCLC BX & CY SPC NOT DOC NSCLC-NOS	NSCLC BX & CY SPC NOT DOC CLASS NSCLC-NOS EXPLAN	No Auth Required					
G9426	IMP MED TM ED AR-INIT P MED PRF ADM	IMP MED TM ED AR-INIT ED PN MED ADMIN PRF ADM PT	No Auth Required					
G9427	IMP MN TM ED AR-I P MED NOT PRF ADM	IMP MED TM ED AR-INIT PAIN MED ADMIN NOT PRF ADM	No Auth Required					
G9428	PA RPRT PT CAT & STM THK ULCER & MR	PATH RPRT PT CAT & STM THK ULCER & MITOTIC RATE	No Auth Required					
G9429	DOC MED RSN NO PT CAT&STM THK U&MR	DOC MED RSN NOT INCL PT CAT & STM THK ULCER & MR	No Auth Required					
G9430	SPECIMEN SITE OTH THAN ANAT CUT LOC	SPECIMEN SITE OTH THAN ANATOMIC CUTANEOUS LOC	No Auth Required					
G9431	PTH RPRT NO PT & STM THK ULCR & MR	PATH RPRT NO PT CAT & STM THK ULCER & MITOTIC RA	No Auth Required					
G9432	ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC	ASTHMA WELL-CNTRL ACT C-ACT ACQ/ATAQ SC RSLT DOC	No Auth Required					
G9434	ASA NOT WC CTR TL NOT U RSN NOT GVN	ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN	No Auth Required					
G9448	PT WHO WERE BORN IN YEARS 1945-1965	PATIENTS WHO WERE BORN IN THE YEARS 1945-1965	No Auth Required					
G9449	HX RECV BLOOD TRANSFUSIONS PRI 1992	HISTORY OF RECEIVING BLOOD TRANSFUSIONS PRI 1992	No Auth Required					
G9450	HISTORY OF INJECTION DRUG USE	HISTORY OF INJECTION DRUG USE	No Auth Required					
G9451	PATIENT RECV ONE-TIME SCR HCV INF	PATIENT RECEIVED ONE-TIME SCR FOR HCV INFECTION	No Auth Required					
G9452	DOC MED RSN NOT RECV 1-TIME SCR HCV	DOC MED RSN NOT RECV 1-TIME SCR HCV INFECTION	No Auth Required					
G9453	DOC PT RSN NOT RECV 1-T SCR HCV INF	DOC PT RSN FOR NOT RECV 1-TIME SCR FOR HCV INF	No Auth Required					
G9454	1-T SCR HCV NOT RECV 12 MO NO RSN	1-TIME SCR HCV INF NOT RECV WI 12 MO RSN NOT GVN	No Auth Required					
G9455	PT ABD IMAG U/S CE CT/C MRI HCC	PT UNDRWNT ABD IMAG U/S CE CT/CONT MRI FOR HCC	No Auth Required					
G9456	DOC MED/PT RSN NO ORDR/PERF SCR HCC	DOC MED/PT RSN FOR NOT ORDERING/PRFRM SCR HCC	No Auth Required					
G9457	PT NO A I&NO DOC RSN NO A I SBMS P	PT NO ABD IMAG & NOT DOC RSN NO ABD IMAG SBMS P	No Auth Required					
G9458	PT DOC TOB USER & RECV TOB CESS INT	PT DOC TOBACCO USER & RECV TOBACCO CESSATION INT	No Auth Required					
G9459	CURRENTLY A TOBACCO NON-USER	CURRENTLY A TOBACCO NON-USER	No Auth Required					
G9460	TOB ASMT/CESS INT NOT PRFR NO RSN	TOBACCO ASMT/CESS INTERVEN NOT PRFR RSN NOT GVN	No Auth Required					
G9468	PT NOT REC CS>/=10 MG/D PRD EQ 60 D	PT NOT REC CS >/= TO 10 MG/D PRD EQ 60/GT CONS D	No Auth Required					
G9469	PT RECV CS>/=10 MG/D PDN EQ 90/> D	PT RECV/RCVNG CS >/= 10 MG/D PDN EQ 90/GT CONS D	No Auth Required					
G9470	PT NO CS >/= 10 MG/D PDN EQ 60/> D	PT NOT RECV CS >/= 10 MG/D PDN EQ 60/GT CONS D	No Auth Required					
G9471	WI PAST 2 YRS CTR DXA NOT ORDR/DOC	WITHIN PAST 2 YEARS CENTRAL DXA NOT ORDERED/DOC	No Auth Required					
G9472	WI PAST 2 YRS CNTRL DXA NOT ORD&DOC	WITHIN PAST 2 YEARS CENTRAL DXA NOT ORDERD & DOC	No Auth Required					
G9473	SRVC PERF CHAPLN HOSPICE EA 15 MIN	SERVICES PERF BY CHAPLAIN HOSPICE SET EA 15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9474	SRVC PRF DIET CNSLR HOSPICE EA 15 M	SRVC PERF DIETARY COUNSELOR HOSPICE EA 15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9475	SRVC PERF OTH COUNS HSPCE EA 15 MIN	SERVICES PERF OTH COUNSELOR HOSPICE SET EA15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9476	SRVC PRF VOLUNTEER HOSPICE EA15 MIN	SERVICES PERF VOLUNTEER HOSPICE SETTING EA15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9477	SRVC PRF CARE COORD HOSPICE EA 15 M	SRVC PERF CARE COORDINATOR HOSPICE SET EA 15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9478	SRVC PRF OTH QUAL TH HOSPCE EA 15 M	SRVC PERF OTH QUAL THERAPIST HOSPICE EA 15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9479	SRVC PRF QUAL PHARM HOSPICE EA 15 M	SRVC PERF QUAL PHARMACIST HOSPICE SET EA 15 MIN	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
G9480	ADMISSION TO MCCM PROGRAM	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM	No Auth Required					
G9481	RMT IH VST FOR E/M NEW PT;TYP 10 MN	REMOTE IN-HOME VST FOR E/M OF NEW PT;TYP 10 MIN	No Auth Required					
G9482	RMT IH VST FOR E/M NEW PT:TYP 20 MN	REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 20 MN	No Auth Required					
G9483	RMT IH VST FOR E/M NEW PT;TYP 30 MN	REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 30 MN	No Auth Required					
G9484	RMT IH VST FOR E/M NEW PT;TYP 45 MN	REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 45 MN	No Auth Required					
G9485	RMT IH VST FOR E/M NEW PT;TYP 60 MN	REMOTE IN-HOME VISIT FOR E/M OF NEW PT;TYP 60 MN	No Auth Required					
G9486	RMT IH VST FOR E/M EST PT;TYP 10 MN	REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 10 MN	No Auth Required					
G9487	RMT IH VST FOR E/M EST PT;TYP 15 MN	REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 15 MN	No Auth Required					
G9488	RMT IH VST FOR E/M EST PT;TYP 25 MN	REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 25 MN	No Auth Required					
G9489	RMT IH VST FOR E/M EST PT;TYP 40 MN	REMOTE IN-HOME VST FOR E/M OF ESTAB PT;TYP 40 MN	No Auth Required					
G9490	CMS IC MDL HV PA CLN;NOT BLL 30-D P	CMS IC MDL HV PT ASMT CLIN;NOT BILL 30-DAY PER	No Auth Required					
G9497	RECV INSTR ANES/PRXY ABSTN SM DA SX	RECEIVED INSTR ANES/PROXY ABSTAIN SMOKING DAY SX	No Auth Required					
G9498	ANTIBIOTIC REGIMEN PRESCRIBED	ANTIBIOTIC REGIMEN PRESCRIBED	No Auth Required					
G9500	RADIATION EXPOSURE INDICES DOC	RAD EXP INDICES/EXP TM & NUMB FLUORO IMAGES DOC	No Auth Required					
G9501	RE INDCS/EXP TM&NO FL I N DOC N RSN	RAD EXP INDCS/EXP TM & NO FLUORO IMG N DOC N RSN	No Auth Required					
G9502	DOC MED RSN FOR NOT PERF FOOT EXAM	DOCUMENTATION MEDICAL RSN FOR NOT PERF FOOT EXAM	No Auth Required					
G9503	PT TAKING TAMSULOSIN HYDROCHLORIDE	PATIENT TAKING TAMSULOSIN HYDROCHLORIDE	No Auth Required					
G9504	DOC NOT ASSESS HBV PRI ANTI-TNF TX	DOC RSN NOT ASSESS HBV STS PRI INIT ANTI-TNF TX	No Auth Required					

G9505	ABX PRSC 10 D AFT ON SX DOC MED RSN	ABX REG PRSC W/I 10 DA AFTR ONSET SX DOC MED RSN	No Auth Required					
G9506	BIOLOGIC IMMUNE RESPONSE MOD PRSC	BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED	No Auth Required					
G9507	DOC PT ON STATN MED/DOC VALID CNTRA	DOC PT ON STATIN MED/DOC VALID CONTRAINDICATION	No Auth Required					
G9508	DOC PT IS NOT ON STATIN MEDICATION	DOCUMENTATION PT IS NOT ON A STATIN MEDICATION	No Auth Required					
G9509	ADULT 18 YR/O MD/DYSTHYMIA R 12 MO	ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO	No Auth Required					
G9510	ADLT 18/>MD NO REM 12M PHQ-9 <5	ADLT PT 18/>MD NO REM 12 MO DEM 12 MO PHQ-9 <5	No Auth Required					
G9511	PHQ-9/9M SC>9 DOC DUR 12 M DNM ID P	IDX PHQ-9/PHQ-9M SC>9 DOC DUR 12 MO DNOMN ID PRD	No Auth Required					
G9512	INDIVIDUAL HAD A PDC OF 0.8/GREATER	INDIVIDUAL HAD A PDC OF 0.8 OR GREATER	No Auth Required					
G9513	INDIV DID NOT HAVE A PDC OF 0.8/>	INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER	No Auth Required					
G9514	PT RQR RTN TO OR W/I 90 D OF SURG	PT RQR A RETURN TO THE OR W/I 90 DAYS OF SURG	No Auth Required					
G9515	PT DID NOT RQR RTN OR W/I 90 D SURG	PT DID NOT RQR RTN TO THE OR W/I 90 DAYS OF SURG	No Auth Required					
G9516	PT ACHVD IMPRV VA PREOP LVL 90 D SX	PT ACHIEVED IMPRV IN VA FROM PREOP LVL 90 D SURG	No Auth Required					
G9517	PT NO IMPRV VA PREOP LVL 90D S NO R	PT NOT ACHV IMPRV VA PRE LVL 90 D SUR NO RSN	No Auth Required					
G9518	DOCUMENTATION OF ACTIVE INJ DRUG US	DOCUMENTATION OF ACTIVE INJECTION DRUG USE	No Auth Required					
G9519	PT FINL RFR +/- 1.0 D RFR 90 D SURG	PT FINAL REFR +/- 1.0 D REFR W/I 90 DAYS SURG	No Auth Required					
G9520	PT NO FINAL REFR+/-1.0 DIO 90 D SRG	PT NO F REFR +/- 1.0 DIO REFR W/I 90 D SURG	No Auth Required					
G9521	TOT # ED VSTS & IP HOSP>2 PAST 12 M	TOTAL NUMBER ED VISITS & IP HOSP < 2 PAST 12 M	No Auth Required					
G9522	TOT #ED VST&IP=/>2 12 M/NO SCR NO R	TOT #ED VISITS & IP=/>2 PAST 12 MO/NO SCR NO R	No Auth Required					
G9523	PT DXD HEMODIAL/PERITONEAL DIALYSIS	PT DISCONTINUED HEMODIALYSIS/PERITONEAL DIALYSIS	No Auth Required					
G9524	PATIENT WAS REF TO HOSPICE CARE	PATIENT WAS REFERRED TO HOSPICE CARE	No Auth Required					
G9525	DOC PT RSN FOR NOT REF HOSPICE CARE	DOC PATIENT RSN FOR NOT REFERRING HOSPICE CARE	No Auth Required					
G9526	PT NOT REF HOSPICE CARE RSN NOT GVN	PT WAS NOT REFERRED HOSPICE CARE RSN NOT GIVEN	No Auth Required					
G9529	PT MIN BLNT HD TRMA APPROP INDCT CT	PT MIN BLUNT HEAD TRAUMA APPROP INDICAT HEAD CT	No Auth Required					
G9530	PT W/MIN BLUNT HD TRMA CT ORD ECP	PT PRESNT W/MIN BLUNT HEAD TRAUMA CT ORD BY ECP	No Auth Required					
G9531	PT DOC VENT SHNT MXSYS TR TAK AP RX	PT DOC VENT SHUNT MXSYS TR/CURR TAKING AP MED	No Auth Required					
G9532	DOC SYS RSN FOR OBTG IMAG OF HEAD	DOCUMENTATION OF SYS RSN FOR OBTG IMAG OF HEAD	No Auth Required					
G9533	PT MIN BLNT HD TRMA NO INDCAT HD CT	PT MIN BLUNT HEAD TRMA NO APPROP INDICAT HEAD CT	No Auth Required					
G9537	DOC SYS RSN OBT HEAD CT MRI STUDY	DOC SYS RSN ORD ADVANCE HEAD CT MRI	No Auth Required					
G9539	INTENT FOR PTNTL REMV TIME OF PLCMT	INTENT FOR POTENTIAL REMOVAL TIME OF PLACEMENT	No Auth Required					
G9540	PATIENT ALIVE 3 MOS POST PROCEDURE	PATIENT ALIVE 3 MONTHS POST PROCEDURE	No Auth Required					
G9541	FILTER REMOVED W/I 3 MO OF PLACEMNT	FILTER REMOVED WITHIN 3 MONTHS OF PLACEMENT	No Auth Required					
G9542	DOC RE-ASSESS APPROP FILTR RMVL 3 M	DOC RE-ASSESS APPROP OF FILTER REMOVAL W/I 3 M	No Auth Required					
G9543	DOC AT LEAST TWO ATTEMPTS REACH PT	DOCUMENTATION AT LEAST TWO ATTEMPTS TO REACH PT	No Auth Required					
G9544	PT THAT DO NOT HAVE THE FILTER RMVD	PATIENTS THAT DO NOT HAVE THE FILTER REMOVED	No Auth Required					
G9547	R LS </=1.0 CM/>1.0 CM BUT</=4.0 CM	CYST RNL LES/AD LES</=1.0 CM/>1.0 CM BUT</=4.0CM	No Auth Required					
G9548	F RPT IMG STDY STAT NO F/U IMG RECM	FINAL REPORTS IMAG STDY STAT NO F/U IMAG RECOM	No Auth Required					
G9549	DOC MED RSN F/U IMAGING INDICATED	DOC MEDICAL REASON THAT F/U IMAGING IS INDICATED	No Auth Required					
G9550	FINAL RPT IMAG STDY F/U IMAG RECOM	FINAL REPORTS IMAG STUDIES F/U IMAGING RECOM	No Auth Required					
G9551	F RPT IMAG STDY W/O INCDNTL LES NTD	FINAL RPT IMAG STDY W/O INCIDENTAL FND LES NOTED	No Auth Required					
G9552	INCIDNTL THYRD NODUL <1.0 CM IN RPT	INCIDENTAL THYROID NODULE < 1.0 CM NOTED REPORT	No Auth Required					
G9553	PRIOR THYROID DISEASE DIAGNOSIS	PRIOR THYROID DISEASE DIAGNOSIS	No Auth Required					
G9554	FR CT CTA MRI/MRA CH/N N F/U I REC	FINAL RPT CT CTA MRI/MRA CH/N/U/S N F/U IMAG REC	No Auth Required					
G9555	DOC MED RSN RECOMMEND F/U IMAGING	DOCUMENTATION MED RSN RECOMMENDING F/U IMAGING	No Auth Required					
G9556	F RPT CT CT MRI/MRA CH/N FU I N RCM	F RPT CT CT MRI/MRA CH/N/U/S N F/U IMAG NOT RCM	No Auth Required					
G9557	F RP CT/MRI CH/NCK NO THR NOD<1.0CM	FINAL RPT CT/MRI CHEST/NCK/U/S NO THR NOD<1.0 CM	No Auth Required					
G9558	PT TX W/BETA-LACTAM ABX DEFINITV TX	PT TREATED W/BETA-LACTAM ABX AS DEFINITIVE TX	No Auth Required					
G9559	DOC MED RSN NOT PRSC BETA-LACTM ABX	DOC MED RSN FOR NOT PRESCRIBING BETA-LACTAM ABX	No Auth Required					
G9560	PT NOT TX BETA-LCTM ABX RSN NOT GVN	PT NOT TX BETA-LACTM ABX DEFINITV TX RSN NOT GVN	No Auth Required					
G9561	PT PRSC OPIATES FOR LNGR THAN 6 WKS	PATIENTS PRSC OPIATES FOR LONGER THAN 6 WEEKS	No Auth Required					
G9562	PT F/U EVAL EV 3 MOS DUR OPIOID TX	PT F/U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX	No Auth Required					
G9563	PT NO F/U EVL EV 3 MOS DR OPIOID TX	PT NO F/U EVAL AT LEAST EVRY 3 MOS DUR OPIOID TX	No Auth Required					
G9573	AD >18 YR MD/DYSTHYM REMISS 6 M PHQ	ADULT >18 YR MD/DYSTHYMIA REMISS AT 6 MO PHQ-9>5	No Auth Required					
G9574	18/OLDR MD/DYSTH NO REMS 6M PHQ NO	18 YR/OLDER MD/DYSTHYMIA NO REMISS 6 MO PHQ-9>5	No Auth Required					
G9577	PT PRSC OPIATES FOR LNGR THAN 6 WKS	PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS	No Auth Required					
G9578	DOC SGND OPIOID TX AGRMNT 1 DUR TX	DOC SIGNED OPIOID TX AGRMNT AT LEAST ONCE DUR TX	No Auth Required					
G9579	NO DOC SGND OPIOID TX AGRMNT DUR TX	NO DOC SIGNED OPIOID TX AGRMNT LST ONCE DUR TX	No Auth Required					
G9580	DOOR TO PUNCTURE TIME OF < 2 HOURS	DOOR TO PUNCTURE TIME OF LESS THAN 2 HOURS	No Auth Required					
G9582	DOOR TO PUNCT TIME>2 HRS NO RSN GVN	DOOR TO PUNCTURE TIME OF >2 HRS NO REASON GIVEN	No Auth Required					
G9583	PT PRSC OPIATES FOR LNGR THAN 6 WKS	PATIENTS PRESCRIBED OPIATES FOR LNGR THAN 6 WKS	No Auth Required					
G9584	PT EVAL RISK MISUSE OPI VAL INSTRM	PT EVAL RSK MISUSE OPIATES USING BRF VAL INSTRUM	No Auth Required					
G9585	PT NOT EVL RSK MSUSE OPI VAL INSTRM	PT NOT EVAL RISK MISUSE OPIATES BRF VAL INSTRUM	No Auth Required					
G9593	PED PT M BLNT HD TRMA LW RSK PECARN	PED PT MIN BLUNT HEAD TRMA LW RISK PECARN RULES	No Auth Required					
G9594	PT MINOR BLUNT HT & HEAD CT TR ECP	PT PRES MIN BLUNT HEAD TR & HEAD CT ORDER TR ECP	No Auth Required					
G9595	PT HAS DOC VT SHUNT BT/COAGULOPATHY	PT HAS DOC VENTRICULAR SHUNT BT/COAGULOPATHY	No Auth Required					
G9596	PEDIAC HD CT TR ORD OTH ECP OTH RSN	PED PT HEAD CT TRAUMA ORD OTH ECP OR REAS OTH TR	No Auth Required					

G9597	PED PT MI HD TRMA NOT LW RSK PECARN	PEDIATRIC PT MI BLNT HEAD TRMA NOT LW RSK PECARN	No Auth Required					
G9598	AA 5.5-5.9 CM MX D CL CT/MI D AX CT	AA 5.5 - 5.9 CM MAX DIA CL FRMT CT/MIN DIA AX CT	No Auth Required					
G9599	AA 6.0 CM/>MX DIA CL CT/M DIA AX CT	AA 6.0 CM/>MAX DIA CL FRMT CT/MIN DIA AX FRMT CT	No Auth Required					
G9600	SYM AAAS THAT RQR URG/EMERGENT REPR	SYMPTOMATIC AAAS THAT RQR URGENT/EMERGENT REPAIR	No Auth Required					
G9601	PT D/C HOME NO LTR THN POST-OP D #7	PATIENT D/C HOME NO LATER THAN POST-OP DAY #7	No Auth Required					
G9602	PT NOT D/C HOME BY POST-OP DAY #7	PATIENT NOT D/C HOME BY POST-OPERATIVE DAY #7	No Auth Required					
G9603	PT SURV SCRE IMPRV FROM BASE FLW TX	PATIENT SURVEY SCORE IMPRV FROM BASELINE FLW TX	No Auth Required					
G9604	PATIENT SURVEY RSLT NOT AVAILABLE	PATIENT SURVEY RESULTS NOT AVAILABLE	No Auth Required					
G9605	PT SURV SCRE NO IMPRV BASE FLW TX	PATIENT SURV SCRE DID NOT IMPRV FROM BASE FLW TX	No Auth Required					
G9606	IORT CYSTSCPY PERF EVAL LW TRCT INJ	IORT CYSTOSCOPY PERF TO EVAL FOR LWR TRACT INJ	No Auth Required					
G9607	D M RSN NOT PRF IO CYSTO/CASE PT D	DOC MED RSN NOT PERF IO CYSTO/IN CASE PT DEATH	No Auth Required					
G9608	IORT CYSTSCPY NOT P EVL LW TRCT INJ	IORT CYSTOSCOPY NOT PERF EVAL LWR TRACT INJURY	No Auth Required					
G9609	DOC ORDER FOR ANTIPLATELET AGENTS	DOCUMENTATION OF ORDER FOR ANTIPLATELET AGENTS	No Auth Required					
G9610	DOC MED RSN PT REC NOT ORD AP AGT	DOC MEDICAL RSN PT REC NOT ORD ANTIPLATELET AGT	No Auth Required					
G9611	ORD AP AG NOT DOC PT R RSN NOT GVN	ORDR ANTIPLATELET AGT NOT DOC PT REC RSN NOT GVN	No Auth Required					
G9612	PHDOC 2/MORE CECAL LDMK EST CMPL EX	PHOTODOCUM 2/MORE CECAL LANDMARK EST COMPL EXAM	No Auth Required					
G9613	DOCUMENTATION OF POST-SURG ANATOMY	DOCUMENTATION OF POST-SURGICAL ANATOMY	No Auth Required					
G9614	PHOTODOC <2 CECAL LSMK EST COMP EXM	PHOTODOCUMENTATION <2 CECAL LSMK EST COMPLETE EX	No Auth Required					
G9615	PREOPERATIVE ASSESSMENT DOCUMENTED	PREOPERATIVE ASSESSMENT DOCUMENTED	No Auth Required					
G9616	DOC RSN NOT DOC A PREOP ASSESSMENT	DOCUMENTATION RSN NOT DOCUMENTING A PREOP ASSESS	No Auth Required					
G9617	PREOP ASSESS NOT DOC RSN NOT GVN	PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN	No Auth Required					
G9618	DOC SCR UTEN MALIG/US&/ENDOMET SAMP	DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP	No Auth Required					
G9620	PT NOT SCR UTERN MALG/NO U/S NO RSN	PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN	No Auth Required					
G9621	PT ID UNHLTHY ALC USR SCR&BRF COUNS	PATIENT ID UNHLTHY ALCOHOL USER SCR & BRF COUNS	No Auth Required					
G9622	PT NOT ID UNHLTHY ALC USR SCR ALC U	PT NOT ID UNHLTHY ALC USER SCR UNHLTHY ALC USE	No Auth Required					
G9623	DOC MED RSN NO SCR UNHLTHY AL USE	DOCUMENTATION MED RSN NO SCR UNHLTHY ALCOHL USE	No Auth Required					
G9624	PT NOT SCR UHLTY AU USING SYS SCR M	PT NOT SCR UHLTY ALCOHOL USE USING SYS SCR METH	No Auth Required					
G9625	PT SUST BLAD INJ SRG/DSCV SUBSQ >30	PT SUSTAIN BLAD INJ SRG/DSCV SUBSQ UP 30 DAY P S	No Auth Required					
G9626	DOC MED RSN NOT REPORT BLADDER INJ	DOCUMENTED MED RSN NOT REPORTING BLADDER INJURY	No Auth Required					
G9627	DIDNT SUST BLAD INJ SRG/NOR 30D P S	DID NOT SUST BLAD INJ SRG/NOR DSCV SUBSQ UP 30PS	No Auth Required					
G9628	PT BOWEL INJ SURG/DISC SUBS 30D PST	PT SUSTN BOWEL INJ SURG/DISC SUBSEQ 30D PST SRG	No Auth Required					
G9629	DOC MED RSN NOT REPORT BOWEL INJ	DOCUMENTED MED RSN NOT REPORTING BOWEL INJURY	No Auth Required					
G9630	PT DID NOT SUSTAIN BOWL INJ AT SURG	PT NOT SUSTN BOWL INJ SRG/DISC TO 30 D POST SURG	No Auth Required					
G9631	PT URETR INJ SRG/DISC 30 D POSTSURG	PT SUSTAIN URETER INJ SURG/DISC 30 DAY POST SURG	No Auth Required					
G9632	PT NOT ELG E.G. GYN/OTH PLV MAL DOC	PATIENT IS NOT ELIG E.G. GYN/OTH PELV MALIG DOC	No Auth Required					
G9633	PT DID NOT SUSTN URETER INJ 30D PS	PT NOT SUSTN URETER INJ SX/DISC 30D POST SRG	No Auth Required					
G9634	H-REL QOL ASSESS 2 VST&QOL SME/IMPR	HEALTH-REL QOL ASSESS 2 VST&QOL SCORE SAME/IMPR	No Auth Required					
G9635	HLTH-REL QOL NOT ASSESS TL DOC RSN	HEALTH-REL QUAL OF LIFE NOT ASSESS TOOL DOC RSN	No Auth Required					
G9636	H-REL QOL NOT ASSES 2 VST/QOL DCLND	HEALTH-RELATED QOL NOT ASSESS 2 VST/QOL DECLINED	No Auth Required					
G9637	FINAL RPT DOC 1/MORE DOSE RED TECH	FINAL REPORT W/DOC 1/MORE DOSE REDUCTION TECH	No Auth Required					
G9638	FINAL RPT W/O DOC 1/> DOS RDUC TECH	FINAL REPORTS W/O DOC 1/MORE DOSE REDUCTION TECH	No Auth Required					
G9639	MAJOR AMP/OPEN SURG BYPS NOT RQR	MAJOR AMPUTATION/OPEN SURGICAL BYPASS NOT RQR	No Auth Required					
G9640	DOC OF PLANNED HYBRID/STAGED PROC	DOCUMENTATION OF PLANNED HYBRID/STAGED PROCEDURE	No Auth Required					
G9641	MAJOR AMPUTATION/OPEN SURG BYPS RQR	MAJOR AMPUTATION/OPEN SURGICAL BYPASS REQUIRED	No Auth Required					
G9642	CURRENT CIGARETTE SMOKERS	CURRENT CIGARETTE SMOKERS	No Auth Required					
G9643	ELECTIVE SURGERY	ELECTIVE SURGERY	No Auth Required					
G9644	PT ABST FROM SMOK PRI ANES D SX/PCR	PT ABST FROM SMOK PRI TO ANES DAY OF SURG/PROC	No Auth Required					
G9645	PT NOT F ABST SMK PRI ANES D SX/PCR	PT DID NOT ABST FROM SMOKING PRI ANES DAY SX/PCR	No Auth Required					
G9646	PATIENTS W/90 DA MRS SCORE 0 TO 2	PATIENTS WITH 90 DAY MRS SCORE OF 0 TO 2	No Auth Required					
G9647	PT MRS SCORE NOT OBTAINED 90 DA F/U	PATIENTS MRS SCORE NOT OBTAINED 90 DAY FOLLOW-UP	No Auth Required					
G9648	PATIENTS WITH 90 DAY MRS SCORE >2	PATIENTS WITH 90 DAY MRS SCORE GREATER THAN 2	No Auth Required					
G9649	PSORIASIS DOC ANY 1 BNCHMK BSA SEV	PSORIASIS ASSESS TOOL DOC ANY 1 BNCHMK BSA SEV	No Auth Required					
G9651	PSO TL DOC NOT ANY 1 SPEC BENCHMK	PSO ASSESS TOOL DOC NOT MTG ANY 1 SPEC BNCHMRK	No Auth Required					
G9654	MONITORED ANESTHESIA CARE	MONITORED ANESTHESIA CARE	No Auth Required					
G9655	A TRAN OF CARE PROT/H/O TL/CHCKLIST	A TRANSFER OF CARE PROTOCOL/H/O TOOL/CHECKLIST	No Auth Required					
G9656	PT TR D F AA LOC TO PACE/OTH N-ICU	PT TRANS DIRECT F ANES LOC TO PACE/OTH N-ICU LOC	No Auth Required					
G9658	A TRAN CARE PROT/HO TOOL/CHECKLIST	A TRANSFER OF CARE PROT/HANDOFF TOOL/CHECKLIST	No Auth Required					
G9659	PT>85 YRS NO HX CC/MED RSN COLO	PT>85 YRS NO HX COLORECTAL CA/MED RSN COLONOSCOP	No Auth Required					
G9660	DOC MED RSN COLONOSCOPY PT>85 YRS	DOCUMENTATION MED RSN COLONOSCOPY PERF PT>85 YRS	No Auth Required					
G9661	PT>85 YRS RECV ROUTINE COLONOSCOPY	PT >85 YEARS OF AGE WHO RECV ROUTINE COLONOSCOPY	No Auth Required					
G9662	PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	PREVIOUSLY DIAGNOSED/HAVE ACTIVE DX CLIN ASCVD	No Auth Required					
G9663	ANY F/DIR LDL-C LT RSLT<=190 MG/DL	ANY FASTING/DIR LDL-C LAB TEST RSLT <= 190 MG/DL	No Auth Required					
G9664	PT CUR STATIN USR/RCVD ORD STATN TX	PT CURRENT STATIN TX USER/RCVD ORDER STATIN TX	No Auth Required					
G9665	PT NO CUR STATN USR/NO ORD STATN TX	PT NOT CURR STATIN TX USERS/NO ORDER STATIN TX	No Auth Required					
G9666	HI F/DIR LDL-C LB RSLT 70/189 MG/DL	THE HI FAST/DIR LDL-C LAB TEST RSLT 70/189 MG/DL	No Auth Required					
G9674	PATIENTS W/CLINICAL ASCVD DIAGNOSIS	PATIENTS WITH CLINICAL ASCVD DIAGNOSIS	No Auth Required					

G9675	PT HAD F/DR LB RSLT LDL-C=190 MG/DL	PT WHO HAVE HAD F/DIR LAB RSLT LDL-C=190 MG/DL	No Auth Required					
G9676	PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	PT AGED 40-75 YRS BEG MSR PRD TYPE 1/TYPE 2 DIAB	No Auth Required					
G9678	OCM MEOS PMT ENHNCD CARE MGMT SRVC	ONCOL CARE MODEL MEOS PMT ENHNCD CARE MGMT SRVC	No Auth Required					
G9679	ONSITE AC T N FAC RES PNE BILL SID	ONSITE AC C TX NSG FAC RES W/PNE BILLD SID-BENEF	No Auth Required					
G9680	ONSITE AC TX NF RES W/CHF BILL SID	ONSITE AC C TX NSG FAC RES W/CHF BILLD SID-BENEF	No Auth Required					
G9681	ONSITE AC T NF RES COPD/AS BILL SID	ONSITE AC C TX NSG FAC RES COPD/AS BILL SID-BNEF	No Auth Required					
G9682	ONSITE AC T NF RES SKN INF BILL SID	ONSITE AC TX NSG FAC RES W/SKN INF BILL SID-BNEF	No Auth Required					
G9683	FAC AC TX NSG FL/ELCT DO BILL SID	FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID	No Auth Required					
G9684	ONSITE AC TX NF RES UTI BILL SID	ONSITE AC C TX NSG FAC RES UTI BILL SID-BENEF	No Auth Required					
G9685	PHYS OTH PROF E&M BENEF CHG COND NF	PHYS OTH PROF E&M BENEFIC CHG COND NSG FACILITY	No Auth Required					
G9687	HOSPC SVC PROV PT ANY TM DUR MSR PR	HOSPICE SRVC PROV TO PT ANY TIME DUR MSR PR	No Auth Required					
G9688	PT HOSPICE SRVC ANY TIME DUR MSR PR	PATIENTS USING HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9689	PT ADM PRFRM ELECT CAROTID INTERVNT	PATIENT ADM PERFORMED ELECTIVE CAROTID INTERVENT	No Auth Required					
G9690	PT RECV HSPC SRVC ANY TM DUR MSR PR	PATIENT RECV HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9691	PT HAD HOSPC SRVC ANY TM DUR MSR PR	PT HAD HOSPICE SERVICES ANY TIME DUR MSR PERIOD	No Auth Required					
G9692	HSPC SRVC RECV PT ANY TM DUR MSR PR	HOSPICE SERVICES RECEIVED PT ANY TIME DUR MSR PR	No Auth Required					
G9693	PT HOSPICE SRVC ANY TIME DUR MSR PR	PATIENT USE OF HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9694	HOSPC SRVC U PT ANY TIME DUR MSR PR	HOSPICE SRVC UTILIZED BY PT ANY TIME DUR MSR PR	No Auth Required					
G9695	LONG-ACTING INHALED BD PRESCRIBED	LONG-ACTING INHALED BRONCHODILATOR PRESCRIBED	No Auth Required					
G9696	DOC MED RSN NOT PRSC LA INHALED BD	DOC MED RSN NOT PRSC LA INHALED BRONCHODILATOR	No Auth Required					
G9697	DOC PT RSN NOT PRSC LA INHALED BD	DOC OF PT RSN NOT PRSC LA INHALED BRONCHODILATOR	No Auth Required					
G9698	DOC SYS RSN NOT PRSC LA INHALED BD	DOC SYS RSN NOT PRSC LA INHALED BRONCHODILATOR	No Auth Required					
G9699	LONG-ACT INHAL BD NOT PRSC RSN NOS	LONG-ACTING INHAL BRONCHODILATR NOT PRSC RSN NOS	No Auth Required					
G9700	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	No Auth Required					
G9701	CHLDN TAKNG ABX 30 DA PRI DATE ENC	CHILDREN TAKNG ABX 30 DAYS PRI TO DATE OF ENCNTR	No Auth Required					
G9702	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	No Auth Required					
G9703	CHLDN TAKNG ABX 30 DA PRI TO DX PHY	CHILDREN TAKING ABX 30 DA PRI TO DX PHARYNGITIS	No Auth Required					
G9704	AJCC BRST CA STAGE I T1 MIC/T1A DOC	AJCC BREAST CANCER STAGE I T1 MIC OR T1A DOC	No Auth Required					
G9705	AJCC BREAST CANCER STAGE I T1B DOC	AJCC BREAST CANCER STAGE I T1B DOCUMENTED	No Auth Required					
G9706	LOW RISK RECURRENCE PROSTATE CANCER	LOW RISK OF RECURRENCE PROSTATE CANCER	No Auth Required					
G9707	PT RCV HOSPC SRVC ANY TM DUR MSR PR	PATIENT RCV HOSPICE SRVC ANY TIME DUR MSR PERIOD	No Auth Required					
G9708	WOMEN WHO HAD BIL MAST/HX BIL MAST	WOMEN WHO HAD BIL MASTECTOMY/HX BIL MASTECTOMY	No Auth Required					
G9709	HOSPICE SRVC PT ANY TIME DUR MSR PR	HOSPICE SRVC PATIENT ANY TIME DUR MEASUREMENT PR	No Auth Required					
G9710	PT PROV HSPC SRVC ANY TM DUR MSR PR	PATIENT WAS PROV HOSPICE SRVC ANY TM DUR MSR PR	No Auth Required					
G9711	PT W/DX PAST HX TOTAL COLECTOMY/CRC	PATIENTS WITH DX PAST HX TOTAL COLECTOMY/CRC	No Auth Required					
G9712	DOC MED RSN FOR PRESCRIB/DISP ABX	DOCUMENTATION MED RSN FOR PRESCRIB/DISPENS ABX	No Auth Required					
G9713	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	No Auth Required					
G9714	PT IS USING HOSPC ANY TM DUR MSR PR	PATIENT USING HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9715	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	No Auth Required					
G9716	BMI DOC ONL FU PLN NOT CMPL DOC RSN	BMI DOC OUTSD NORM LMT F/U PLAN NOT CMPL DOC RSN	No Auth Required					
G9717	DOC PT HAS ACTIV DX DEPR/BIPOLR D/O	DOCUMENTATION PT HAS ACTIVE DX DEPRESSION/BD	No Auth Required					
G9718	HSPC SRVC PT PROV ANY TM DUR MSR PR	HOSPICE SERVICES PATIENT PROV ANY TM DUR MSR PR	No Auth Required					
G9719	PATIENT IS NOT AMBULATORY BED RIDDN	PT IS NOT AMBUL BED RIDDN IM CONF TO CHR WC BND	No Auth Required					
G9720	HSPC SRVC PT OCRD ANY TM DUR MSR PR	HOSPICE SRVC PATIENT OCCURRED ANY TM DUR MSR PR	No Auth Required					
G9721	PATIENT NOT AMBULATORY BED RIDDEN	PATIENT NOT AMBUL BED RIDDN IM CONF CHR WC BND	No Auth Required					
G9722	DOC HX RNA FAIL/BSE S-CR=4.0 MG/DL;	DOC HX RENAL FAILURE/BASELINE S-CR=4.0 MG/DL;	No Auth Required					
G9723	HSPC SRVC PT RECV ANY TM DUR MSR PR	HOSPICE SRVC PATIENT RECEIVD ANY TIME DUR MSR PR	No Auth Required					
G9724	PATIENTS DOC AC MED OVERLAP MSR YR	PATIENTS DOC ANTICOAGULANT MED OVERLAP MSR YEAR	No Auth Required					
G9725	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPCE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9726	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9727	PT UN CMPL KN FS PROM INIT EVL&/D/C	PATIENT UNABLE COMPL KNEE FS PROM INIT EVAL&/D/C	No Auth Required					
G9728	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9729	PT UN CMPL HIP FS PROM INT EVAL&D/C	PATIENT UN TO COMPL HIP FS PROM INIT EVAL & D/C	No Auth Required					
G9730	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9731	PT UN CMPL ANK/FT FS PROM I EV&/D/C	PT UNABLE COMPL ANK/FT FS PROM INIT EVAL &/ D/C	No Auth Required					
G9732	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9733	PT UN CMPL LB FS PROM INT EVL&/D/C	PT UNABLE COMPL LW BACK FS PROM INIT EVAL &/ D/C	No Auth Required					
G9734	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9735	PT UN CMP SHLD FS PROM INT EVL&/D/C	PT UNABL COMPL SHOULDER FS PROM INIT EVAL &/ D/C	No Auth Required					
G9736	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9737	PT UN CMPL E/W/H FS PROM I EVL&/D/C	PT UN COMPL ELBO/WRST/H FS PROM INIT EVAL &/ D/C	No Auth Required					
G9738	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required					
G9739	PT UN CMPL G ORTH FS PROM I EVL&/DC	PT UNABL CMPL GEN ORTHO FS PROM INIT EVAL &/ D/C	No Auth Required					
G9740	HOSPC SRVC GVN PT ANY TM DUR MSR PR	HOSPICE SRVC GIVEN TO PT ANY TIME DUR MSR PR	No Auth Required					
G9741	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPICE SRVC ANY TM DUR MSR PR	No Auth Required					
G9742	PSYCHIATRIC SYMPTOMS ASSESSED	PSYCHIATRIC SYMPTOMS ASSESSED	No Auth Required					
G9743	PSYCHIATRIC SX NOT ASSESSED RSN NOS	PSYCHIATRIC SYMPTOMS NOT ASSESSED REASON NOS	No Auth Required					
G9744	PATIENT NOT ELIG D/T ACTIVE DX HTN	PATIENT NOT ELIGIBLE D/T ACTIVE DX HYPERTENSION	No Auth Required					
G9745	DOC RSN FOR NOT SCREEN/REC F/U HBP	DOCUMENTED REASON FOR NOT SCREENING/REC F/U HBP	No Auth Required					

G9746	PT HAS MS/PROS HV/PT TSNT/R CAUS AF	PT HAS MS/PROS HEART VLV/PT TSNT/R CAUSE OF AF	No Auth Required					
G9747	PT IS UNDRGO PALLIAT DIALYSIS CATH	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W/CATH	No Auth Required					
G9748	PT APV QUAL TP PROG & SCH LD KID TP	PT APPRVD QUAL TPLNT PROG & SCHED LD KID TPLNT	No Auth Required					
G9749	PT IS UNDRGO PALLIAT DIALYSIS CATH	PATIENT IS UNDERGOING PALLIATIVE DIALYSIS W/CATH	No Auth Required					
G9750	PT APV QUAL TP PROG & SCH LD KID TP	PT APPRVD QUAL TPLNT PROG & SCHED LD KID TPLNT	No Auth Required					
G9751	PT DIED ANY TIME DUR 24-MO MSR PRD	PATIENT DIED ANY TIME DUR 24-MONTH MSR PERIOD	No Auth Required					
G9752	EMERGENCY SURGERY	EMERGENCY SURGERY	No Auth Required					
G9753	DC MED RSN NOT S DICOM I W/I P 12 M	DOC MED RSN NOT C SRCH DICOM F IMAG W/I P 12 MO	No Auth Required					
G9754	A FINDING OF INCIDENTAL PULM NODULE	A FINDING OF AN INCIDENTAL PULMONARY NODULE	No Auth Required					
G9755	DOC RES NOT INC INTVL MOD FU OR NO	DOC MED RES NOT INC INTVL MOD FU OR NO FU RECOM	No Auth Required					
G9756	SURGICAL PROC INCL USE SILICONE OIL	SURGICAL PROCEDURES INCL USE OF SILICONE OIL	No Auth Required					
G9757	SURGICAL PROC INCL USE SILICONE OIL	SURGICAL PROCEDURES THAT INCL USE SILICONE OIL	No Auth Required					
G9758	PT IN HOSPICE ANY TIME DUR MSR PER	PT IN HOSPICE ANY TIME DURING MEASUREMENT PERIOD	No Auth Required					
G9759	HISTORY PREOP POS CAPSULE RUPTURE	HISTORY PREOPERATIVE POSTERIOR CAPSULE RUPTURE	No Auth Required					
G9760	PT USE HSPC SVC ANY TIME DUR MSR PR	PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR	No Auth Required					
G9761	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPC SRVC ANY TIME DUR MSR PR	No Auth Required					
G9762	PT HAD 2/3 HPV VACC ON/BTWN 9&13 BD	PT HAD 2 HPV/3 HPV VACC ON/BTWN PT 9TH &13TH BD	No Auth Required					
G9763	PT DID NOT HAVE 2/3 HPV VACC ON/BTW	PT DID NOT HAVE 2/3 HPV VACC ON/BTW 9 & 13 BD	No Auth Required					
G9764	PT TREATED W SYSTEMIC MED PSORIASIS	PT TREATED W SYSTEMIC MEDICATION PSORIASIS VULG	No Auth Required					
G9765	DOC PT DECLIN CHG MED/ALT TX UNAVBL	DOC PT DECLINED CHG MED/ALT THERAPIES UNAVBL	No Auth Required					
G9766	PT TRNS FRM 1 INST TO ANR DX CVA	PT TRNS FRM 1 INST TO ANR KN DX CVA EVAR STR TX	No Auth Required					
G9767	HOS PT NEWLY DX CVA EVAR STRK TX	HOSPITALIZED PT NEWLY DX CVA CNSDR EVAR STRK TX	No Auth Required					
G9768	PT UTILZ HSPC SVC ANY TM DUR MSR PR	PATIENTS WHO UTILZ HOSPICE SVC ANY TM DUR MSR PR	No Auth Required					
G9769	PT BMDT P 2 YR/RCV OPO M/T P 12 MO	PATIENT HAD BMDT P 2 YR/RECV OPO MED/TX P 12 MO	No Auth Required					
G9770	PERIPHERAL NERVE BLOCK	PERIPHERAL NERVE BLOCK	No Auth Required					
G9771	AT LEAST 1 BDY TMP MSR=/>35.5 DEG C	AT LEAST 1 BODY TEMPERATURE MSR =/>35.5 DEG CELS	No Auth Required					
G9772	DC MD RSN NO ACHV 1 BT MSR=TO/>35.5	DOC MED RSN NOT ACHV AL 1 BT MSR =TO/> 35.5 DEG	No Auth Required					
G9773	AL 1 BT MSR =/>35.5 C NO ACHV AA ET	AT LEAST 1 BT MSR =/>35.5 DEGC NOT ACHV ANES ET	No Auth Required					
G9774	PATIENTS WHO HAVE HAD HYSTERECTOMY	PATIENTS WHO HAVE HAD A HYSTERECTOMY	No Auth Required					
G9775	PT RCV 2 PRO PHRM ANTI-EMTC DIF CLS	PT RECV AL 2 PRO PHARMACOL ANTI-EMTC AGT DIF CLS	No Auth Required					
G9776	DOC M R NO 2 PRO P ANTI-EMTC DF CL	DOC M RSN NO RCV AL 2 PRO PHRM ANTI-EMTC DIF CLS	No Auth Required					
G9777	PT NO 2 PRO PHRM ANTI-EMTC AG DF CL	PT NOT RCV AL 2 PRO PHARM ANTI-EMETIC AGT DF CLS	No Auth Required					
G9778	PATIENTS WHO HAVE A DX OF PREGNANCY	PATIENTS WHO HAVE A DIAGNOSIS OF PREGNANCY	No Auth Required					
G9779	PATIENTS WHO ARE BREASTFEEDING	PATIENTS WHO ARE BREASTFEEDING	No Auth Required					
G9780	PT WHO HAVE A DX RHABDOMYOLYSIS	PATIENTS WHO HAVE A DIAGNOSIS OF RHABDOMYOLYSIS	No Auth Required					
G9781	DOC MED RSN NO CUR USER/RCV STATIN	DOC MED RSN NO CUR USER/RCV AN ORDER STATIN TX	No Auth Required					
G9782	HX OF/ACTV DX FAMILIAL/PURE HCL	HISTORY OF/ACTV DX FAM/PURE HYPERCHOLESTEROLEMIA	No Auth Required					
G9783	DOC P DIA LDL-C R<70 MG/DL&NO STATN	DOC PT DIA F/DCT LDL- C R< 70 MG/DL & NO STATIN	No Auth Required					
G9784	PATH/DERMATOPATH PRVDG 2ND OP ON BX	PATHOLOGISTS/DERMATOPATH PRVDG 2ND OPINION ON BX	No Auth Required					
G9785	PR CUT BCC/SCC RVW IN 7 D RECV PATH	PATH RPRT CUT BCC SCC/MM RVW W/I 7 D RECV PATH	No Auth Required					
G9786	PR CBC/CSC NOT SNT PA BX C R IN 7 D	PA RPRT CBC CSC NOT SNT PTH BX CLIN RVW W/I 7 D	No Auth Required					
G9787	PT ALIVE AS OF LAST DAY OF MSR YEAR	PATIENT ALIVE AS OF THE LAST DAY OF THE MSR YEAR	No Auth Required					
G9788	MOST RECENT BP </= TO 140/90 MM HG	MOST RECENT BP LESS THAN/EQUAL TO 140/90 MM HG	No Auth Required					
G9789	BP RCD DUR IP S ER V UC V&PT SR BP	BLD PRESS RCD DUR INPT S ER V UC V & PT SR BP	No Auth Required					
G9790	MST RE BP >140/90 MM HG/BR NOT DOC	MOST RECNT BP IS >140/90 MM HG/BR NOT DOCUMENTED	No Auth Required					
G9791	MOST RECNT TOBACCO STS TOBACCO FREE	MOST RECENT TOBACCO STATUS IS TOBACCO FREE	No Auth Required					
G9792	MOST RCNT TOBACCO STS NOT TOB FREE	MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE	No Auth Required					
G9793	PT CUR ON DAILY ASP/OTH ANTIPLATELT	PATIENT IS CUR ON DAILY ASPIRIN/OTH ANTIPLATELET	No Auth Required					
G9794	DOC MED RSN NOT ON DAILY ASP/OTH AP	DOC MED RSN FOR NOT ON A DAILY ASPIRIN/OTH AP	No Auth Required					
G9795	PATIENT IS NOT ON DAILY ASP/OTH AP	PATIENT IS NOT CUR ON A DAILY ASPIRIN/OTH AP	No Auth Required					
G9796	PATIENT IS CURRENTLY ON A STATIN TX	PATIENT IS CURRENTLY ON A STATIN THERAPY	No Auth Required					
G9797	PATIENT IS NOT ON A STATIN THERAPY	PATIENT IS NOT ON A STATIN THERAPY	No Auth Required					
G9798	D/C AMI BTW 7/1 YR PRI MSR-6/30 MSR	D/C AMI BTW JULY 1 YEAR PRI MSR TO JUNE 30 MSR	No Auth Required					
G9799	PT MED DISPENS EVNT INDIC HX ASTHMA	PATIENTS MED DISPENSING EVENT INDICATR HX ASTHMA	No Auth Required					
G9800	PTS ID HAV INTOLERNCE/ALLERGY BB TX	PATIENTS WHO ARE ID HAV INTOLERNCE/ALLERGY BB TX	No Auth Required					
G9801	HOS PT TRANS DIR TO NON-ACF ANY DX	HOS PT TRANS DIR TO A NON-AC CARE FAC FOR ANY DX	No Auth Required					
G9802	PT USE HOSPC SVC ANY TM DUR MSR PR	PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9803	PT PRSC 180-D MSR BB PST D/C AMI	PT PRES 135 DA TX180-DA MSRMT BB PST D/C AMI	No Auth Required					
G9804	NO PRS LST 135 180-D BB PST DC AMI	PT NOT PRSC LST 135DA 180-DA MSR BB POST DX AMI	No Auth Required					
G9805	PT USE HSPC SVC ANY TIME DUR MSR PR	PATIENTS WHO USE HOSPIC SRVC ANY TIME DUR MSR PR	No Auth Required					
G9806	PT WHO RECV CERV CYTOLOGY/HPV TEST	PATIENTS WHO RECEIVED CERVICAL CYTOLOGY/HPV TEST	No Auth Required					
G9807	PT DID NOT RECV CERV CYTOL/HPV TEST	PATIENTS WHO DID NOT RECV CERV CYTOLOGY/HPV TEST	No Auth Required					
G9808	ANY PT NO AS CTR MED DISP DUR MSR Y	ANY PT HAD NO ASTHMA CONTR MED DISP DUR MSR YR	No Auth Required					
G9809	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS USE HOSPICE SRVC ANY TIME DUR MSR PR	No Auth Required					
G9810	PT ACHV PDC AL 75% ASTHMA CONTR MED	PATIENT ACHIEVED PDC AL 75% FOR ASTHMA CONTR MED	No Auth Required					
G9811	PT NO ACHV PDC 75% ASTHMA CNTRL MED	PATIENT NOT ACHV PDC AL 75% ASTHMA CONTROL MED	No Auth Required					
G9812	PT DIED INC ALL D DUR HOS OP PER	PATIENT DIED INCL ALL DEATHS OCC DUR HOS OP PER	No Auth Required					

G9813	PT NOT DIE W/I 30 DA PROC/DUR I HSP	PT DID NOT DIE W/I 30 DA OF PROC/DUR INDEX HOSP	No Auth Required					
G9814	DEATH OCR DUR INDEX ACUTE CARE HOSP	DEATH OCR DUR INDEX ACUTE CARE HOSP	No Auth Required					
G9815	D DID NOT OCR DUR IDX AC CARE HOSP	DEATH DID NOT OCCUR DURING INDEX ACUTE CARE HOSP	No Auth Required					
G9816	D OCR AFT D/C HOSP W/I 30 D P PCR	DEATH OCR AFTR D/C HOSP BUT W/I 30 D POST PROC	No Auth Required					
G9817	D NOT OCR AFT DC HOS W/I 30 D P PCR	DEATH NOT OCR AFT D/C HOS W/I 30 DAYS POST PROC	No Auth Required					
G9818	DOCUMENTATION OF SEXUAL ACTIVITY	DOCUMENTATION OF SEXUAL ACTIVITY	No Auth Required					
G9819	PT USE HOSPC SVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPICE SVC ANY TIME DUR MSR PR	No Auth Required					
G9820	DOC CHLAMYDIA SCR TEST PROPER F/U	DOCUMENTATION CHLAMYDIA SCREENING TST PROPER F/U	No Auth Required					
G9821	NO DOC CHLAMYDIA SCR TST PROPER F/U	NO DOCUMENTATION CHLAMYDIA SCR TEST PROPER F/U	No Auth Required					
G9822	WOMEN HAD EA DUR YR PRI TO IDX DATE	WOMEN WHO HAD EA DUR YEAR PRI TO INDEX DATE	No Auth Required					
G9823	ENDOMTRL SMP/HYSTROSCPY BX&RSLT DOC	ENDOMETRIAL SAMPLE/HYSTEROSCOPY BX & RSLT DOC	No Auth Required					
G9824	ENDOMETRL SMP/HSC BX & RSLT NOT DOC	ENDOMETRIAL SMP/HYSTEROSCOPY BX & RSLT NOT DOC	No Auth Required					
G9825	HER2/NEU NEG OR UNDOCUMENTD/UNKNOWN	HER2/NEU NEGATIVE OR UNDOCUMENTED/UNKNOWN	No Auth Required					
G9826	PT TRANS TO PRACTICE AFT INIT CHEMO	PATIENT TRANS TO PRACTICE AFTER INITIATION CHEMO	No Auth Required					
G9827	HER2-TRG THER NOT ADM DUR INIT TX	HER2-TARGETED THERAPIES NOT ADM DUR INIT CRS TX	No Auth Required					
G9828	HER2-TRG THER ADM DUR INIT CRS TX	HER2-TARGETED THERAPIES ADM DUR INITIAL CRS TX	No Auth Required					
G9829	BREAST ADJUVANT CHEMOTHERAPY ADM	BREAST ADJUVANT CHEMOTHERAPY ADMINISTERED	No Auth Required					
G9830	HER2/NEU POSITIVE	HER2/NEU POSITIVE	No Auth Required					
G9831	AJCC STG BREAST CANCR DX = II / III	AJCC STAGE AT BREAST CANCER DIAGNOSIS = II / III	No Auth Required					
G9832	AJCC STG BC DX=I&T-ST NO=T1 T1A T1B	AJCC STG BC DX = I & T-STG DOES NOT = T1 T1A T1B	No Auth Required					
G9833	PATIENT TRAN TO PRAC AFT INI CHEMO	PATIENT TRANSFER TO PRACTICE AFTER INI CHEMO	No Auth Required					
G9834	PATIENT HAS METASTATIC DZ AT DX	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	No Auth Required					
G9835	TRASTUZUMAB ADM W/I 12 MO OF DX	TRASTUZUMAB ADMINISTERED W/I 12 MO OF DIAGNOSIS	No Auth Required					
G9836	REASON FOR NOT ADM TRASTUZUMAB DOC	REASON FOR NOT ADMINISTERING TRASTUZUMAB DOC	No Auth Required					
G9837	TRASTUZUMAB NOT ADM W/I 12 MO OF DX	TRASTUZUMAB NOT ADMINISTERED W/I 12 MONTHS OF DX	No Auth Required					
G9838	PATIENT HAS METASTATC DISEASE AT DX	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	No Auth Required					
G9839	ANTI-EGFR MONOCLONAL ANTIBODY TX	ANTI-EGFR MONOCLONAL ANTIBODY THERAPY	No Auth Required					
G9840	RAS G MUT T P B4 INT ANTI-EGFR MOAB	RAS GENE MUT TEST PRFRM BEF INT ANTI-EGFR MOAB	No Auth Required					
G9841	RAS GENE MUT T NOT PRF B4 ANTI-EGFR	RAS GENE MUT TST NOT PRF BEF INIT ANTI-EGFR MOAB	No Auth Required					
G9842	PATIENT HAS METASTATIC DZ AT DX	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	No Auth Required					
G9843	RAS GENE MUTATION	RAS GENE MUTATION	No Auth Required					
G9844	PT DID NOT RECV ANTI-EGFR MAB TX	PATIENT DID NOT RECV ANTI-EGFR MONOCLONAL ABO TX	No Auth Required					
G9845	PATIENT RCVD ANTI-EGFR MAB TX	PATIENT RECEIVD ANTI-EGFR MONOCLONAL ANTIBODY TX	No Auth Required					
G9846	PATIENTS WHO DIED FROM CANCER	PATIENTS WHO DIED FROM CANCER	No Auth Required					
G9847	PT RECVD CHEMO LAST 14 DAYS OF LIFE	PATIENT RECVD CHEMOTHERAPY LAST 14 DAYS OF LIFE	No Auth Required					
G9848	PT DID NOT RECV CHMO LST 14 DA LIFE	PATIENT DID NOT RECV CHEMO LAST 14 DAYS OF LIFE	No Auth Required					
G9849	PATIENTS WHO DIED FROM CANCER	PATIENTS WHO DIED FROM CANCER	No Auth Required					
G9850	PT HAD >1 ED VST LST 30 DA OF LIFE	PATIENT HAD >1 ED VST IN THE LST 30 DAYS OF LIFE	No Auth Required					
G9851	PT HAD 1/< ED VST LAST 30 DA LIFE	PATIENT HAD 1/< ED VST IN THE LAST 30 DA OF LIFE	No Auth Required					
G9852	PATIENTS WHO DIED FROM CANCER	PATIENTS WHO DIED FROM CANCER	No Auth Required					
G9853	PTT ADM TO ICU IN LST 30 DA OF LIFE	PATIENT ADM TO ICU IN THE LAST 30 DAYS OF LIFE	No Auth Required					
G9854	PT NOT ADM TO ICU IN LST 30 DA LIFE	PATIENT WAS NOT ADM TO ICU IN LAST 30 DA OF LIFE	No Auth Required					
G9855	PATIENTS WHO DIED FROM CANCER	PATIENTS WHO DIED FROM CANCER	No Auth Required					
G9856	PATIENT WAS NOT ADMITTED TO HOSPICE	PATIENT WAS NOT ADMITTED TO HOSPICE	No Auth Required					
G9857	PATIENT ADMITTED TO HOSPICE	PATIENT ADMITTED TO HOSPICE	No Auth Required					
G9858	PATIENT ENROLLED IN HOSPICE	PATIENT ENROLLED IN HOSPICE	No Auth Required					
G9859	PATIENTS WHO DIED FROM CANCER	PATIENTS WHO DIED FROM CANCER	No Auth Required					
G9860	PT SPENT < 3 DAYS IN HOSPICE CARE	PATIENT SPENT LESS THAN 3 DAYS IN HOSPICE CARE	No Auth Required					
G9861	PT SPENT >/=3 DAYS IN HOSPICE CARE	PATIENT SPENT >/ EQUAL TO 3 DAYS IN HOSPICE CARE	No Auth Required					
G9862	DOC MED RSN NOT RCM AL 10 Y F/U INT	DOC MED RSN FOR NOT RECOMMEND AL 10 YR F/U INTVL	No Auth Required					
G9868	RCPT & ANLYS REMT ASYNC IMG<10 MINS	RECEIPT & ANALYSIS REMT ASYNC IMAGES <10 MINS	No Auth Required					
G9869	RCPT & ANLYS RMT ASYNC IMG 10-20 MN	RECEIPT & ANALYSIS REMOTE ASYNC IMAGES 10-20 MIN	No Auth Required					
G9870	RCPT & ANLYS RMT ASYNC IMG 20/>MINS	RECEIPT & ANALYSIS REMOTE ASYNC IMAGES 20/> MINS	No Auth Required					
G9873	1ST MDPP COR SESS ATD MDPP B UND EM	1ST MDPP C SESS ATD MDPP BENEFICIARY UND MDPP EM	No Auth Required					
G9874	4 T MDPP COR SESS ATD MDPP B UND EM	4 TOTAL MDPP CORE SES ATD MDPP BENEF UND MDPP EM	No Auth Required					
G9875	9 T MDPP COR SESS ATD MDPP B UND EM	9 TOTAL MDPP C SESS ATD MDPP BENEF UND MDPP EM	No Auth Required					
G9876	2 MDPP COR MS ATD BNF MO 7-9 UND EM	2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM	No Auth Required					
G9877	2 MDPP C MS ATD BNF MO 10-12 UND EM	2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM	No Auth Required					
G9878	2 MDPP COR MS ATD BNF MO 7-9 UND EM	2 MDPP C MS ATD MDPP BENEF IN MO 7-9 UND MDPP EM	No Auth Required					
G9879	2 MDPP C MS ATD BNF MO 10-12 UND EM	2 MDPP C MS ATD MDPP BENEF MO 10-12 UND MDPP EM	No Auth Required					
G9880	MDPP BNF ACHV AL 5% WL MO 1-12 U EM	MDPP BNF ACHV AL 5% WL BW MO 1-12 MDPP SP UND EM	No Auth Required					
G9881	MDPP BNF ACHV AL 9% WL MO 1-24 U EM	MDPP BNF ACHV AL 9% WL B WT MO 1-24 UND MDPP EM	No Auth Required					
G9882	2 MDPP O MS ATD BNF MO 13-15 U EM	2 MDPP ONGOING MS ATD BNF MO 13-15 UND MDPP EM	No Auth Required					
G9883	2 MDPP OM S ATD BNF MO 16-18 U EM	2 MDPP ONGO MS ATD MDPP BNF MO 16-18 UND MDPP EM	No Auth Required					
G9884	2 MDPP OM S ATD BNF MO 19-21 U EM	2 MDPP ONGO MS ATD MDPP BNF MO 19-21 UND MDPP EM	No Auth Required					
G9885	2 MDPP OM S ATD BNF MO 22-24 U EM	2 MDPP ONGO MS ATD MDPP BNF MO 22-24 UND MDPP EM	No Auth Required					
G9890	BRDG PMT:1ST MDPP SPL BNF M 1-24 EM	BRDG PMT:1ST MDPP CS C/OM S SPL BNF MO 1-24 EM	No Auth Required					
G9891	MDPP S RPT LN-I CLM PAYABL MDPP EM	MDPP SESS RPT AS LN-I ON CLM FOR PAYABL MDPP EM	No Auth Required					
G9892	DOC PT RSN NOT PERF DIL MACULAR EX	DOC PT REASON NOT PERFORMED DILATED MACULAR EXAM	No Auth Required					
G9893	DILATED MACULAR EX NOT PERF RSN NOS	DILATED MACULAR EX WAS NOT PERFORMED REASON NOS	No Auth Required					

G9894	AD TX RX/ADMN COMB EXT BEAM RT PROS	ANDROGEN DEP TX RX/ADMN COMB EXT BEAM RT TO PROS	Authorization Required	Radiation Therapy		Level 2 Review (Full Clinical Review)		
G9895	D M R NOT RX/ADM AD TX COM EBRT PR	DOC M RSN NOT RX/ADM AD TX COMB EXT BEAM RT PROS	Authorization Required	Radiation Therapy		Level 2 Review (Full Clinical Review)		
G9896	D PT R NO RX/ADMN AD TX COM EBRT PR	DOCUMENT PT RSN NOT RX/ADMN AD TX COM EBRT PROS	Authorization Required	Radiation Therapy		Level 2 Review (Full Clinical Review)		
G9897	PT NO RX/ADM AD TX COM EBRT PR NO R	PTS NOT RX/ADM AD TX COM EBRT PROS RSN NOT GVN	No Auth Required					
G9898	PT 65/> INST SNP/RSD LTC >90 DA MSR	PT 65/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR	No Auth Required					
G9899	SCR DX F DGTL/DBT MAMMO RSLT D&REV	SCR DX FILM DIGITAL/DBT MAMMO RESULTS DOC & REV	No Auth Required					
G9900	SCR DX MAMMO RESULT NOT DOC RSN NOS	SCR DX F DGTL/DBT MAMMO RSLT NOT DOC&REV RSN NOS	No Auth Required					
G9901	PT 65/> INST SNP/RSD LTC >90 DA MSR	PT 65/> INSTITUTIONAL SNP/RESID LTC >90 DAYS MSR	No Auth Required					
G9902	PT SCR TOB USE & ID AS TOB USER	PATIENT SCR TOBACCO USE & ID AS TOBACCO USER	No Auth Required					
G9903	PT SCR TOB USE & ID AS TOB NON-USER	PATIENT SCR TOBACCO USE & ID AS TOB NON-USER	No Auth Required					
G9904	DOC MED RSN FOR NOT SCR TOBACCO USE	DOCUMENTATION MED RSN FOR NOT SCR TOBACCO USE	No Auth Required					
G9905	PATIENT NOT SCR TOB USE RSN NOT GVN	PATIENT NOT SCREENED FOR TOBACCO USE RSN NOT GVN	No Auth Required					
G9906	PT ID TOB USER RECV TOB CESS INT	PT ID TOB USER RECV TOB CESSATION INTERVENTION	No Auth Required					
G9907	DOC MED RSN NOT PROV TOB CESS INT	DOC MED RSN NOT PROV TOBACCO CESS INTERVENTION	No Auth Required					
G9908	PT ID T U NOT RECV T CESS INT NO R	PT ID TOB USER NOT RECV TOB CESS INT RSN NOT GVN	No Auth Required					
G9909	D M R NOT PROV T CESS INT IF ID T U	DOC MED RSN NOT PROV TOB CESS INT IDENT TOB USER	No Auth Required					
G9910	PTS 66/> INST SNP/RSD LTC >90 D MSR	PTS 66/> INSTITUTIONAL SNP/RESID LTC >90 DA MSR	No Auth Required					
G9911	CLIN NODE NEG IBC BEF/AFT NA SYS TX	CLINIC NODE NEG IBC BEF/AFT NEOADJUVANT SYS TX	No Auth Required					
G9912	HBV ASSESS INTRP PRI ANTI-TNF TX	HBV STS ASSESS & RSLT INTERP PRIOR ANTI-TNF TX	No Auth Required					
G9913	HBV ASSESS INTRP PR ANTI-TNF NO RSN	HBV STS ASSESS INTRP PRI ANTI-TNF TX RSN NOT GVN	No Auth Required					
G9914	PATIENT RECEIVING AN ANTI-TNF AGENT	PATIENT RECEIVING AN ANTI-TNF AGENT	No Auth Required					
G9915	NO RECORD OF HBV RESULTS DOCUMENTED	NO RECORD OF HBV RESULTS DOCUMENTED	No Auth Required					
G9916	FUNC STS PERF ONCE IN LAST 12 MOS	FUNC STATUS PERFORMED ONCE IN THE LAST 12 MONTHS	No Auth Required					
G9917	DOC ADV STAGE DEMENT & CG KNWL LTD	DOC ADV STAGE DEMENTIA & CAREGIVER KNWL LIMITED	No Auth Required					
G9918	FUNCTIONAL STATUS NOT PERF RSN NOS	FUNCTIONAL STATUS NOT PERFORMED REASON NOS	No Auth Required					
G9919	SCREENING PERF & POS & PROV REC	SCREENING PERF & POS & PROVISION RECOMMENDATIONS	No Auth Required					
G9920	SCREENING PERFORMED AND NEGATIVE	SCREENING PERFORMED AND NEGATIVE	No Auth Required					
G9921	NO SCR P PR SCR P/POS NO REC&RSN	NO SCR PRFRM PR SCR PRFRM/POS SCR NO REC&RSN	No Auth Required					
G9922	SAF CNCRNS SCR PRV&IF POS DOC MIT R	SAFETY CNCRNS SCR PROV & IF POS THEN DOC MIT REC	No Auth Required					
G9923	SAFETY CONCERNS SCR PROVIDED & NEG	SAFETY CONCERNS SCREEN PROVIDED AND NEGATIVE	No Auth Required					
G9924	DOC MED NO R SAF CNCRN/REC POS SCR	DOC MED RSN NOT PROV SAF CNCRN/REC/REF POS SCR	No Auth Required					
G9925	SAFETY CONCRNS SCR NOT PROV RSN NOS	SAFETY CONCERNS SCREENING NOT PROVIDED RSN NOS	No Auth Required					
G9926	SAF CNCRN SCR POS SCR NO PROV MIT R	SAFETY CONCERNS SCR POS SCR W/O PROV MIT REC	No Auth Required					
G9927	DOC SY RSN NO RX WF/ANR FDA-APV AC	DOC SY RSN NOT RX WF/ANR FDA-APV AC D/T PT IN CT	No Auth Required					
G9928	WF/ANR FDA-APV AC NO PRSC R NOT GVN	WARFARIN/ANR FDA-APV AC NOT PRSC REASON NOT GVN	No Auth Required					
G9929	PT TRANSIENT/REVERSIBLE CAUSE OF AF	PATIENT WITH TRANSIENT OR REVERSIBLE CAUSE OF AF	No Auth Required					
G9930	PTS WHO ARE RECV COMFORT CARE ONLY	PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY	No Auth Required					
G9931	DOC OF CHA2DS2-VASC RISK SCORE 0/1	DOCUMENTATION OF CHA2DS2-VASC RISK SCORE OF 0/1	No Auth Required					
G9932	DOC PT RSN NO REC N/MNG POS TB SCR	DOC PT RSN NOT HAVING REC NEG/MANAGED POS TB SCR	No Auth Required					
G9933	ADENOMA/CRC DETECTED DUR SCR COLO	ADENOMA/COLORECTAL CANCER DETECTED DUR SCR COLO	No Auth Required					
G9934	DOC NEO D ONLY DX TD SA SS PLYP/SSA	DO NEO D ONLY DX TRAD SERRATED AD SS POLYP/SSA	No Auth Required					
G9935	ADENOMA/CRC NOT DETECTED DUR SCR CO	ADENOMA/CRC NOT DETECTED DURING SCR COLONOSCOPY	No Auth Required					
G9936	SRV CC-PH CLNC PLYP CC/O MN R RSJ&A	SURV COLO-PH CLNC PLYPS CC/OTH MAL NEO R RSJ & A	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
G9937	DIAGNOSTIC COLONOSCOPY	DIAGNOSTIC COLONOSCOPY	Authorization Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group	Level 1 Review (Network Validation)		Removed Authorization Requirement
G9938	PT 66/> INST SNP/RSD LTC >90 D MSR	PT 66/> INST SNP/RESID LTC >90 DAYS DUR MSR PRD	No Auth Required					
G9939	PATH/DERMATOPATH SAME CLIN PRFRM BX	PATHOLOGISTS/DERMATOPATH SAME CLINICIAN PRFRM BX	No Auth Required					
G9940	DOC MEDICAL RSN FOR NOT ON A STATIN	DOCUMENTATION MEDICAL REASON FOR NOT ON A STATIN	No Auth Required					
G9941	BP MSR VAS W/I 3 MO PRE&AT 3 MO P/O	BACK PAIN MSR BY VAS W/I 3 MO PRE & AT 3 MO P/O	No Auth Required					
G9942	PT ADD SP PROC SD LUMB DISCECT/LAM	PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI	Authorization Required	Spine Care relating to neck and back conditions, including:		Level 2 Review (Full Clinical Review)		
G9943	BP NOT MSR VAS WI 3 M PRE&AT 3 M PO	BP NOT MSR BY VAS W/I 3 MOS PRE & AT 3 MOS P/O	No Auth Required					
G9944	BP MSR VAS W/I 3 MO PRE&AT 1 YR P/O	BACK PAIN MSR BY VAS W/I 3 MO PRE & AT 1 YR P/O	No Auth Required					
G9945	PT CA FX/INF REL LUMB SP/PT IDIO/CS	PT CANCER FX/INF REL TO LUMB SP/PT HAD IDIO/CS	No Auth Required					
G9946	BP NOT MSR VAS WI 3 M PRE&AT 1 Y PO	BP NOT MSR BY VAS W/I 3 MOS PREOP & AT 1 YR P/O	No Auth Required					
G9947	LEG PN MSR VAS WI 3 M PRE&AT 3 M PO	LEG PAIN MSR BY VAS W/I 3 MOS PRE & AT 3 MOS P/O	No Auth Required					
G9948	PT ADD SP PROC SD LUMB DISCECT/LAM	PT ADD SPINE PROC SAME DT LUMB DISCECTOMY/LAMI	No Auth Required					
G9949	LEG PAIN NOT MSR VAS AT 3 MO POSTOP	LEG PAIN NOT MEASURED BY THE VAS AT 3 MO POSTOP	No Auth Required					
G9954	PT EXH 2/> RISK FAC P/O VOMITING	PATIENT EXHIBITS 2/> RISK FAC POST-OP VOMITING	No Auth Required					
G9955	CASES WHICH INO ANES U ONLY FOR IND	CASES WHICH AN INHALATION ANES USED ONLY FOR IND	No Auth Required					
G9956	PATIENT RECEIVED COMBINATION TX	PATIENT RECEIVED COMBINATION THERAPY	No Auth Required					
G9957	DOC MEDICAL REASON NOT RECV COMB TX	DOCUMENTATION MEDICAL REASON NOT RECV COMB TX	No Auth Required					
G9958	PATIENT DID NOT RECV COMBINATION TX	PATIENT DID NOT RECEIVE COMBINATION THERAPY	No Auth Required					
G9959	SYSTEMIC ANTIMICROBIALS NOT PRSCR	SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED	No Auth Required					
G9960	DOC MED RSN PRSCR SYS ANTIMICROBLS	DOC MED RSN PRESCRIBING SYSTEMIC ANTIMICROBIALS	No Auth Required					
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED	SYSTEMIC ANTIMICROBIALS PRESCRIBED	No Auth Required					
G9962	EMB EPT D SEP EA EMBO VES&OA AG/EMB	EMBO EPT DOC SEP EA EMBO VESSEL & OA ANGIO/EMBO	No Auth Required					

G9963	EMB EPT NOT DOC SEP VESS NOT PERF	EMB EPT NOT DOC SEP EMB VESS/OA AG/EMB NOT PERF	No Auth Required					
G9964	PT RCV AT LEAST 1 WCV PCP DUR PRF P	PT RECV AT LEAST 1 WCV W/PCP DUR PRFRM PERIOD	No Auth Required					
G9965	PT NOT RECV AT LEAST 1 WCV DUR PER	PT DID NOT RECV AT LEAST 1 WCV PCP DUR PRFRM PER	No Auth Required					
G9966	CHLDRN SCR RISK DVLP BEHA & SOC DLA	CHLDRN WHO WERE SCR RISK DVLP BEHAV & SOC DLA	No Auth Required					
G9967	CHDRN NOT SCR RSK DVLP BEHA&SOC DLA	CHDRN NOT SCR FOR RISK DVLP BEHAV & SOC DLA	No Auth Required					
G9968	PT REF ANR PROV/SPEC DUR PRFRM PER	PT REFERRED ANR PROV/SPEC DUR PRFRM PER	No Auth Required					
G9969	PRV REF PT PROV RCV RPRT PRV PT REF	PROV REF PT ANR PROV RECV REPORT FRM PROV PT REF	No Auth Required					
G9970	PROV REF PT PROV NO RPRT PRV PT REF	PROV REF PT ANR PROV NOT RECV RPRT PROV PT REF	No Auth Required					
G9974	DILATED MACULAR EXAM PERFORMED	DILATED MACULAR EXAM PERFORMED	No Auth Required					
G9975	DOC MED RSN NOT PERF DIL MACULAR EX	DOC MED RSN FOR NOT PRFRM A DILATED MACULAR EXAM	No Auth Required					
G9976	DOC PT RSN NOT PRFRM DIL MACULAR EX	DOC PT RSN FOR NOT PRFRM A DILATED MACULAR EXAM	No Auth Required					
G9977	DILATED MACULAR EX NOT PERF RSN NOS	DILATED MACULAR EXAM WAS NOT PRFRM REASON NOS	No Auth Required					
G9978	RMT IH VST E/M NP MCR BPCI ADV 10 M	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 10 M	No Auth Required					
G9979	RMT IH VST E/M NP MCR BPCI ADV 20 M	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 20 M	No Auth Required					
G9980	RMT IH VST E/M NP MCR BPCI ADV 30 M	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 30 M	No Auth Required					
G9981	RMT IH VST E/M NP MCR BPCI ADV 45 M	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 45 M	No Auth Required					
G9982	RMT IH VST E/M NP MCR BPCI ADV 60 M	RMT IH VST E/M NP MCR-APVD BPCI ADV EOC TYP 60 M	No Auth Required					
G9983	R IH V E/M EP MC-APVD BPCI ADV 10 M	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 10 M	No Auth Required					
G9984	R IH V E/M EP MC-APVD BPCI ADV 15 M	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 15 M	No Auth Required					
G9985	R IH V E/M EP MC-APVD BPCI ADV 25 M	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 25 M	No Auth Required					
G9986	R IH V E/M EP MC-APVD BPCI ADV 40 M	RMT IH VST E/M EST PT MCR-APVD BPCI ADV TYP 40 M	No Auth Required					
G9987	BPCI ADV H V PT ASMT PER CLIN STAFF	BPCI ADV MOD HOME VISIT PT ASMT PERF CLIN STAFF	No Auth Required					
H0046	MENTAL HEALTH SERVICES NOS	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Authorization Required			Level 2 Review (Full Clinical Review)		
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	Authorization Required			Level 2 Review (Full Clinical Review)		
J0120	INJECTION TETRACYCLINE UP TO 250 MG	INJECTION TETRACYCLINE UP TO 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0121	INJECTION OMADACYCLINE 1 MG	INJECTION OMADACYCLINE 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J0122	INJECTION ERAVACYCLINE 1 MG	INJECTION ERAVACYCLINE 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0130	INJECTION ABCIXIMAB 10 MG	INJECTION ABCIXIMAB 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0131	INJECTION ACETAMINOPHEN 10 MG	INJECTION ACETAMINOPHEN 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0132	INJECTION ACETYLCYSTEINE 100 MG	INJECTION ACETYLCYSTEINE 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0133	INJECTION ACYCLOVIR 5 MG	INJECTION ACYCLOVIR 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0135	INJECTION ADALIMUMAB 20 MG	INJECTION ADALIMUMAB 20 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J0153	INJECTION ADENOSINE 1 MG	INJECTION ADENOSINE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0171	INJ ADRENALIN EPINEPHRINE 0.1 MG	INJECTION ADRENALIN EPINEPHRINE 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0178	INJECTION AFLIBERCEPT 1 MG	INJECTION AFLIBERCEPT 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG	INJECTION BROLUCIZUMAB-DBLL 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J0180	INJECTION AGALSIDASE BETA 1 MG	INJECTION AGALSIDASE BETA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0185	INJECTION APREPITANT 1 MG	INJECTION APREPITANT 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0190	INJECTION BIPERIDEN LACTAT PER 5 MG	INJECTION BIPERIDEN LACTATE PER 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	INJECTION ALATROFLOXACIN MESYLATE 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0202	INJECTION ALEMTUZUMAB 1 MG	INJECTION ALEMTUZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0205	INJECTION ALGLUCERASE PER 10 UNITS	INJECTION ALGLUCERASE PER 10 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0207	INJECTION AMIFOSTINE 500 MG	INJECTION AMIFOSTINE 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0210	INJ METHYLDOPATE HCL TO 250 MG	INJECTION METHYLDOPATE HCL UP TO 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0215	INJECTION ALEFACEPT 0.5 MG	INJECTION ALEFACEPT 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0220	INJ ALGLUCOSIDASE ALFA 10 MG NOS	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0221	INJ ALGLUCOSIDASE ALFA 10 MG	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0222	INJECTION PATISIRAN 0.1 MG	INJECTION PATISIRAN 0.1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J0256	INJ ALPHA 1-PROTASE INHIB NOS 10 MG	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0257	INJ ALPHA 1 PROTEINASE INH 10 MG	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0270	INJECTION ALPROSTADIL 1.25 MCG	INJECTION ALPROSTADIL 1.25 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	ALPROSTADIL URETHRAL SUPPOSITORY	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J0278	INJECTION AMIKACIN SULFATE 100 MG	INJECTION AMIKACIN SULFATE 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	INJECTION AMINOPHYLLIN UP TO 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0282	INJ AMIODARONE HYDROCHLORIDE 30 MG	INJECTION AMIODARONE HYDROCHLORIDE 30 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0285	INJECTION AMPHOTERICIN B 50 MG	INJECTION AMPHOTERICIN B 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0287	INJ AMPHOTERICN B LIPID CMPLX 10 MG	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0288	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	INJ AMPHOTERICIN B CHOLESTRYL SULFAT CMPLX 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0290	INJECTION AMPICILLIN SODIUM 500 MG	INJECTION AMPICILLIN SODIUM 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0291	INJECTION PLAZOMICIN 5 MG	INJECTION PLAZOMICIN 5 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J0295	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	INJECTION AMPCLLN SODIUM/SULBACTAM SODIUM-1.5 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0300	INJECTION AMOBARBITAL UP TO 125 MG	INJECTION AMOBARBITAL UP TO 125 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0330	INJ SUCCINYLCHOLINE CHLORID UP 20MG	INJECTION SUCCINYLCHOLINE CHLORIDE UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0348	INJECTION ANIDULAFUNGIN 1 MG	INJECTION ANIDULAFUNGIN 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0350	INJECTION ANISTREPLASE PER 30 UNITS	INJECTION ANISTREPLASE PER 30 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0360	INJECTION HYDRALAZINE HCL UP 20 MG	INJECTION HYDRALAZINE HCL UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0364	INJ APOMORPH HYDROCHLORID 1 MG	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement

J0365	INJECTION APROTININ 10000 KIU	INJECTION APROTININ 10000 KIU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0380	INJ METARAMINOL BITARTRATE 10 MG	INJECTION METARAMINOL BITARTRATE PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0390	INJECTION CHLOROQUINE HCL UP 250 MG	INJECTION CHLOROQUINE HCL UP TO 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0395	INJECTION ARBUTAMINE HCL 1 MG	INJECTION ARBUTAMINE HCL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0400	INJ ARIPIPRAZOLE IM 0.25 MG	INJECTION ARIPIPRAZOLE INTRAMUSCULAR 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0401	INJ ARIPIPRAZOLE EXT RELEASE 1 MG	INJECTION ARIPIPRAZOLE EXTENDED RELEASE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0456	INJECTION AZITHROMYCIN 500 MG	INJECTION AZITHROMYCIN 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0461	INJECTION ATROPINE SULFATE 0.01 MG	INJECTION ATROPINE SULFATE 0.01 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0470	INJECTION DIMERCAPROL PER 100 MG	INJECTION DIMERCAPROL PER 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0475	INJECTION BACLOFEN 10 MG	INJECTION BACLOFEN 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0476	INJ BACLOFEN 50 MCG INTRATHEC TRIAL	INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0480	INJECTION BASILIXIMAB 20 MG	INJECTION BASILIXIMAB 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0485	INJECTION BELATACEPT 1 MG	INJECTION BELATACEPT 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0490	INJECTION BELIMUMAB 10 MG	INJECTION BELIMUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0500	INJECTION DICYCLOMINE HCL UP 20 MG	INJECTION DICYCLOMINE HCL UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0515	INJ BENZTROPINE MESYLATE PER 1 MG	INJECTION BENZTROPINE MESYLATE PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0517	INJECTION BENRALIZUMAB 1 MG	INJECTION BENRALIZUMAB 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0520	INJ BETHANECHOL CHLORIDE UP TO 5 MG	INJ BETHANECHOL CHLORIDE UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0558	INJ PCN G BENZ & PROCAINE 100000 U	INJECTION PCN G BENZ PCN G PROCAINE 100000 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0561	INJECTION PCN G BENZ 100000 UNITS	INJECTION PENICILLIN G BENZATHINE 100000 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0565	INJECTION BEZLOTOXUMAB 10 MG	INJECTION BEZLOTOXUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0567	INJECTION CERLIPONASE ALFA 1 MG	INJECTION CERLIPONASE ALFA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0570	BUPRENORPHINE IMPLANT 74.2 MG	BUPRENORPHINE IMPLANT 74.2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0571	BUPRENORPHINE ORAL 1 MG	BUPRENORPHINE ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0572	BPN/NALOXONE ORAL </=TO 3 MG BPN	BUPRENORPHINE/NALOXONE ORAL </=TO 3 MG BPN	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0573	BPN/NLX ORAL >3 MG BUT </=6 MG BPN	BUPRENORPHNE/NALOXONE ORAL >3 MG BUT </=6 MG BPN	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0574	BPN/NLX O >6 MG BUT </=TO 10 MG BPN	BUPRENORPHINE/NLX ORAL >6 MG BUT </=TO 10 MG BPN	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0575	BPN/NALOXONE ORAL >10 MG BPN	BUPRENORPHINE/NALOXONE ORAL >10 MG BUPRENORPHINE	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0583	INJECTION BIVALIRUDIN 1 MG	INJECTION BIVALIRUDIN 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0584	INJECTION BUROSUMAB-TWZA 1 MG	INJECTION BUROSUMAB-TWZA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0585	BOTULINUM TOXIN TYPE A PER UNIT	BOTULINUM TOXIN TYPE A PER UNIT	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0593	INJECTION LANADELUMAB-FLYO 1 MG	INJECTION LANADELUMAB-FLYO 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J0594	INJECTION BUSULFAN 1 MG	INJECTION BUSULFAN 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0595	INJECTION BUTORPHANOL TARTRATE 1 MG	INJECTION BUTORPHANOL TARTRATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0600	INJ EDETATE CALCM DISODIM TO 1000MG	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0604	CINACALCET ORAL 1 MG	CINACALCET ORAL 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0606	INJECTION ETELCALCETIDE 0.1 MG	INJECTION ETELCALCETIDE 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0610	INJECTION CALCM GLUCONATE PER 10 ML	INJECTION CALCIUM GLUCONATE PER 10 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0620	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	INJ CALCM GLYCEROPHOSPHATE&CALCM LACTAT-10 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0630	INJ CALCITONIN SALMON TO 400 UNITS	INJECTION CALCITONIN-SALMON UP TO 400 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J0636	INJECTION CALCITRIOL 0.1 MCG	INJECTION CALCITRIOL 0.1 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	INJECTION CASPOFUNGIN ACETATE 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0638	INJECTION CANAKINUMAB 1 MG	INJECTION CANAKINUMAB 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	INJECTION LEUCOVORIN CALCIUM PER 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J0642	INJECTION LEVOLEUCOVORIN 0.5 MG	INJECTION LEVOLEUCOVORIN 0.5 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J0670	INJECTION MEPIVACAINE HCL PER 10 ML	INJECTION MEPIVACAINE HCL PER 10 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0690	INJECTION CEFAZOLIN SODIUM 500 MG	INJECTION CEFAZOLIN SODIUM 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0692	INJ CEFEPIME HYDROCHLORID 500 MG	INJECTION CEFEPIME HYDROCHLORIDE 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0694	INJ CEFOXITIN SODIUM 1 GM	INJECTION CEFOXITIN SODIUM 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0695	INJ CEFTOLOZANE 50 MG & TAZ 25 MG	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	INJECTION CEFTRIAXONE SODIUM PER 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0697	INJ STERL CEFUROXIME SODIUM 750 MG	INJECTION STERILE CEFUROXIME SODIUM PER 750 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0698	INJECTION CEFOTAXIME SODIUM PER G	INJECTION CEFOTAXIME SODIUM PER G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0702	INJ BETAMETHASONE AC & PHOS 3 MG	INJ BETAMETHASONE ACETATE & PHOSPHATE 3 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0706	INJECTION CAFFEINE CITRATE 5MG	INJECTION CAFFEINE CITRATE 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0710	INJ CEPHAPIRIN SODIUM TO 1 GM	INJECTION CEPHAPIRIN SODIUM UP TO 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	INJECTION CEFTAROLINE FOSAMIL 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0713	INJECTION CEFTAZIDIME PER 500 MG	INJECTION CEFTAZIDIME PER 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0714	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	INJECTION CEFTAZIDIME & AVIBACTAM 0.5 G/0.125 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0715	INJ CEFTIZOXIME SODIUM PER 500 MG	INJECTION CEFTIZOXIME SODIUM PER 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement

J0716	INJ CENTRUROIDS IMM FAB2 TO 120 MCI	INJECTION CENTRUROIDES IMMUNE FAB2 UP TO 120 MCI	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	INJECTION CERTOLIZUMAB PEGOL 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0720	INJ CHLORMPHNICL SODIM SUCCNT TO 1G	INJECTION CHLORAMPHENICOL SODIUM SUCCNAT TO 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0725	INJ CHORIONIC GONADOTROPIN-1000 USP	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0735	INJ CLONIDINE HYDROCHLORID 1 MG	INJECTION CLONIDINE HYDROCHLORIDE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0740	INJECTION CIDOFOVIR 375 MG	INJECTION CIDOFOVIR 375 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0743	INJ CILASTATIN SODIM IMIPENEM-250MG	INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0744	INJ CIPROFLOXACIN IV INFUS 200 MG	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0745	INJ CODEINE PHOSPHATE PER 30 MG	INJECTION CODEINE PHOSPHATE PER 30 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0770	INJ COLISTIMETHATE SODIUM TO 150 MG	INJECTION COLISTIMETHATE SODIUM UP TO 150 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0775	INJ COLLAGENASE CHC 0.01 MG	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0780	INJ PROCHLORPERAZINE TO 10 MG	INJ PROCHLORPERAZINE TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0795	INJ CORTICORELN OVINE TRIFLUT 1 MCG	INJ CORTICORELIN OVINE TRIFLUTATE 1 MICROGM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0800	INJECTION CORTICOTROPIN UP 40 UNITS	INJECTION CORTICOTROPIN UP TO 40 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J0834	INJECTION COSYNTROPIN 0.25 MG	INJECTION COSYNTROPIN 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0840	INJ CROTALIDAE POLYV IMM FAB UP 1 G	INJ CROTALIDAE POLYVALENT IMMUNE FAB UP TO 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0841	INJECTION CROTALIDAE IMMUNE F120 MG	INJECTION CROTALIDAE IMMUNE F120 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0850	INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0875	INJECTION DALBAVANCIN 5MG	INJECTION DALBAVANCIN 5MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0878	INJECTION DAPTOMYCIN 1 MG	INJECTION DAPTOMYCIN 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0883	INJ ARGATROBAN 1 MG NON-ESRD USE	INJECTION ARGATROBAN 1 MG NON-ESRD USE	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0884	INJ ARGATROBN 1 MG ESRD ON DIALYSIS	INJECTION ARGATROBAN 1 MG ESRD ON DIALYSIS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0885	INJ EPOETIN ALFA NON-ESRD 1000 UNIT	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
J0887	INJECTION EPOETIN BETA 1 MICROGRAM	INJECTION EPOETIN BETA 1 MICROGRAM	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	INJECTION EPOETIN BETA 1 MICROGRAM	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0890	INJECTION PEGINESATIDE 0.1 MG	INJECTION PEGINESATIDE 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0894	INJECTION DECITABINE 1 MG	INJECTION DECITABINE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0895	INJ DEFEROXAMINE MESYLATE 500 MG	INJECTION DEFEROXAMINE MESYLATE 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J0897	INJECTION DENOSUMAB 1 MG	INJECTION DENOSUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J0945	INJ BROMPHENIRAMINE MALEATE-10 MG	INJECTION BROMPHENIRAMINE MALEATE PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1000	INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1020	INJ METHYLPRDNISOLONE ACTAT 20 MG	INJECTION METHYLPREDNISOLONE ACETATE 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1030	INJ METHYLPRDNISOLONE ACTAT 40 MG	INJECTION METHYLPREDNISOLONE ACETATE 40 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1040	INJ METHYLPRDNISOLONE ACTAT 80 MG	INJECTION METHYLPREDNISOLONE ACETATE 80 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1050	INJ MEDROXYPROGESTERNE ACETATE 1 MG	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1071	INJ TESTOSTERONE CYPIONATE 1 MG	INJECTION TESTOSTERONE CYPIONATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1094	INJECTION DEXAMETHASONE ACTAT 1 MG	INJECTION DEXAMETHASONE ACETATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1095	INJ DEXAMETHASONE 9% IN= IOL 1 MCG	INJECTION DEXAMETHASONE 9% INTRAOCULAR 1 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1096	DXAMETHASONE LAC OPHTH INSRT 0.1 MG	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J1097	PHN 10.6&KET 2.88 MG/ML OPH IRR 1ML	PHEN 10.16 & KET 2.88 MG/ML OPHT IRR SOL 1 ML	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1110	INJ DIHYDROERGOTAMINE MESYLATE 1 MG	INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1120	INJ ACETAZOLAMIDE SODIUM TO 500 MG	INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1130	INJECTION DICLOFENAC SODIUM .5 MG	INJECTION DICLOFENAC SODIUM .5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1160	INJECTION DIGOXIN UP TO 0.5 MG	INJECTION DIGOXIN UP TO 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1162	INJ DIGOXIN IMMUNE FAB OVINE VIAL	INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1165	INJ PHENYTOIN SODIUM PER 50 MG	INJECTION PHENYTOIN SODIUM PER 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1170	INJECTION HYDROMORPHONE UP TO 4 MG	INJECTION HYDROMORPHONE UP TO 4 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1180	INJECTION DYPHYLLINE UP TO 500 MG	INJECTION DYPHYLLINE UP TO 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1190	INJ DEXRAZOXANE HCL PER 250 MG	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1200	INJ DIPHENHYDRAMINE HCL TO 50 MG	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1205	INJ CHLOROTHIAZIDE SODIUM 500 MG	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1212	INJ DMSO DIMETHYL SULFOXID 50% 50ML	INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1230	INJECTION METHADONE HCL UP TO 10 MG	INJECTION METHADONE HCL UP TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1240	INJECTION DIMENHYDRINATE TO 50 MG	INJECTION DIMENHYDRINATE UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	INJECTION DIPYRIDAMOLE PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1250	INJECTION DOBUTAMINE HCI PER 250 MG	INJECTION DOBUTAMINE HCI PER 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1260	INJECTION DOLASETRON MESYLATE 10 MG	INJECTION DOLASETRON MESYLATE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1265	INJECTION DOPAMINE HCL 40 MG	INJECTION DOPAMINE HCL 40 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1267	INJECTION DORIPENEM 10 MG	INJECTION DORIPENEM 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1270	INJECTION DOXERCALCIFEROL 1 MCG	INJECTION DOXERCALCIFEROL 1 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1290	INJECTION ECALLANTIDE 1 MG	INJECTION ECALLANTIDE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1300	INJECTION ECULIZUMAB 10 MG	INJECTION ECULIZUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1301	INJECTION EDARAVONE 1 MG	INJECTION EDARAVONE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	INJECTION RAVULIZUMAB-CWVZ 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J1320	INJ AMITRIPTYLINE HCL TO 20 MG	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1322	INJECTION ELOSULFASE ALFA 1 MG	INJECTION ELOSULFASE ALFA 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement

J1324	INJECTION ENFUVIRTIDE 1 MG	INJECTION ENFUVIRTIDE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1325	INJECTION EPOPROSTENOL 0.5 MG	INJECTION EPOPROSTENOL 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1327	INJECTION EPTIFIBATIDE 5 MG	INJECTION EPTIFIBATIDE 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1330	INJ ERGONOVINE MALEATE UP TO 0.2 MG	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1335	INJECTION ERTAPENEM SODIUM 500 MG	INJECTION ERTAPENEM SODIUM 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1364	INJECTION ERYTH LACTOBIONATE 500 MG	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1380	INJ ESTRADIOL VALERATE TO 10 MG	INJECTION ESTRADIOL VALERATE UP TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1410	INJECTION ESTROGEN CONJUGATED 25 MG	INJECTION ESTROGEN CONJUGATED PER 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1428	INJECTION ETEPLIRSEN 10 MG	INJECTION ETEPLIRSEN 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1430	INJ ETHANOLAMINE OLEATE 100 MG	INJECTION ETHANOLAMINE OLEATE 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1435	INJECTION ESTRONE PER 1 MG	INJECTION ESTRONE PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1436	INJ ETIDRONATE DISODIUM PER 300 MG	INJECTION ETIDRONATE DISODIUM PER 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1438	INJECTION ETANERCEPT 25 MG	INJECTION ETANERCEPT 25 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1439	INJ FERRIC CARBOXYMALTOSE 1 MG	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1442	INJ FILGRASTIM EXCL BIOSIMILRS 1 MIC	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	INJ FERRIC PRPP CITRATE SOL 0.1 MG OF IRON	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1444	INJECTION FPC POWDER 0.1 MG IRON	INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1450	INJECTION FLUCONAZOLE 200 MG	INJECTION FLUCONAZOLE 200 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1451	INJECTION FOMEPIZOLE 15 MG	INJECTION FOMEPIZOLE 15 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1452	INJ FOMIVIRSEN SODIUM IO 1.65 MG	INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1453	INJECTION FOSAPREPITANT 1 MG	INJECTION FOSAPREPITANT 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1454	INJ FOSNETPT 235 MG & PLNST 0.25 MG	INJ FOSNETUPITANT 235 MG & PALONOSETRON 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1455	INJECTION FOSCARNET SODIUM 1000 MG	INJECTION FOSCARNET SODIUM PER 1000 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1457	INJECTION GALLIUM NITRATE 1 MG	INJECTION GALLIUM NITRATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1458	INJECTION GALSULFASE 1 MG	INJECTION GALSULFASE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1459	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1460	INJECTION GAMMA GLOB IM 1 CC	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1555	INJECTION IMMUNE GLOBULIN 100 MG	INJECTION IMMUNE GLOBULIN 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1556	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1557	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1559	INJECTION IG HIZENTRA 100 MG	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1560	INJECTION GAMMA GLOB IM OVER 10 CC	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1561	INJ IG NONLYOPHILIZED 500 MG	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1562	INJECTION IG VIVAGLOBIN 100 MG	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1566	INJ IG IV LYPHILIZED NOS 500 MG	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1568	INJ IG OCTOGAM IV NONLYO 500MG	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	INJECTION GANCICLOVIR SODIUM 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1571	INJ HEP B IG HEPAGAM B IM 0.5 ML	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1572	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1573	INJ HEP B IG HEPAGAM B IV 0.5 ML	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1575	INJ IG/HYALURONIDASE 100 MG IG	INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1580	INJ GARAMYCIN GENTAMICIN UP 80 MG	INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1595	INJECTION GLATIRAMER ACETATE 20 MG	INJECTION GLATIRAMER ACETATE 20 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1600	INJ GOLD SODIUM THIOMALATE TO 50 MG	INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1610	INJ GLUCAGON HYDROCHLORIDE PER 1 MG	INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1620	INJ GONADORELN HYDROCHLORID 100 MCG	INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1626	INJ GRANISETRN HYDROCHLORID 100 MCG	INJECTION GRANISETRON HYDROCHLORIDE 100 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1627	INJ GRANISETRON EXT-RLSE 0.1 MG	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1628	INJECTION GUSELKUMAB 1 MG	INJECTION GUSELKUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1630	INJECTION HALOPERIDOL UP TO 5 MG	INJECTION HALOPERIDOL UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1631	INJ HALOPERIDOL DECANOATE PER 50 MG	INJECTION HALOPERIDOL DECANOATE PER 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1640	INJECTION HEMIN 1 MG	INJECTION HEMIN 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1642	INJECTION HEPARIN SODIUM 10 UNITS	INJECTION HEPARIN SODIUM PER 10 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1644	INJ HEPARIN SODIUM PER 1000 UNITS	INJECTION HEPARIN SODIUM PER 1000 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1645	INJ DALTEPARIN SODIUM PER 2500 IU	INJECTION DALTEPARIN SODIUM PER 2500 IU	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1650	INJECTION ENOXAPARIN SODIUM 10 MG	INJECTION ENOXAPARIN SODIUM 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1652	INJ FONDAPARINUX SODIUM 0.5 MG	INJECTION FONDAPARINUX SODIUM 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1655	INJECTION TINZAPARIN SODIUM 1000 IU	INJECTION TINZAPARIN SODIUM 1000 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1670	INJ TETNS IMMUN GLOB HUMN TO 250 U	INJECTION TETANUS IMMUNE GLOB HUMAN TO 250 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1675	INJ HISTRELIN ACTAT 10 MICROGMS	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1700	INJ HYDROCORTISONE ACTAT TO 25 MG	INJECTION HYDROCORTISONE ACETATE UP TO 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1710	INJ HYDROCORTISON SOD PHOS TO 50 MG	INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1720	INJ HYDROCORTSON SOD SUCC TO 100 MG	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1726	INJECTION HPC 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1729	INJECTION HPC NOS 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J1730	INJECTION DIAZOXIDE UP TO 300 MG	INJECTION DIAZOXIDE UP TO 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1740	INJECTION IBANDRONATE SODIUM 1 MG	INJECTION IBANDRONATE SODIUM 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1741	INJECTION IBUPROFEN 100 MG	INJECTION IBUPROFEN 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1742	INJ IBUTILIDE FUMARATE 1 MG	INJ IBUTILIDE FUMARATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1743	INJECTION IDURSULFASE 1 MG	INJECTION IDURSULFASE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1744	INJECTION ICATIBANT 1 MG	INJECTION ICATIBANT 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	INJECTION IBALIZUMAB-UIYK 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1750	INJECTION IRON DEXTRAN 50 MG	INJECTION IRON DEXTRAN 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1756	INJECTION IRON SUCROSE 1 MG	INJECTION IRON SUCROSE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1786	INJECTION IMIGLUCERASE 10 UNITS	INJECTION IMIGLUCERASE 10 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1790	INJECTION DROPERIDOL UP TO 5 MG	INJECTION DROPERIDOL UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1800	INJECTION PROPRANOLOL HCL TO 1 MG	INJECTION PROPRANOLOL HCL UP TO 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1810	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	INJ DROPERIDOL&FENTANYL CITRATE UP TO 2 ML AMP	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1815	INJECTION INSULIN PER 5 UNITS	INJECTION INSULIN PER 5 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1817	INSULIN ADMIN THRU DME PER 50 UNITS	INSULIN ADMINISTRATION THROUGH DME PER 50 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1826	INJECTION INTERFERON BETA-1A 30 MCG	INJECTION INTERFERON BETA-1A 30 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1830	INJ INTERFERON BETA-1B 0.25 MG	INJECTION INTERFERON BETA-1B 0.25 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J1833	INJECTION ISAVUCONAZONIUM 1 MG	INJECTION ISAVUCONAZONIUM 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1835	INJECTION ITRACONAZOLE 50 MG	INJECTION ITRACONAZOLE 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1840	INJ KANAMYCIN SULFATE TO 500 MG	INJECTION KANAMYCIN SULFATE UP TO 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1850	INJ KANAMYCIN SULFATE TO 75 MG	INJECTION KANAMYCIN SULFATE UP TO 75 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1885	INJ KETOROLAC TROMETHAMINE 15 MG	INJECTION KETOROLAC TROMETHAMINE PER 15 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1890	INJ CEPHALOTHIN SODIUM TO 1 GM	INJECTION CEPHALOTHIN SODIUM UP TO 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1930	INJECTION LANREOTIDE 1 MG	INJECTION LANREOTIDE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1931	INJECTION LARONIDASE 0.1 MG	INJECTION LARONIDASE 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J1940	INJECTION FUROSEMIDE UP TO 20 MG	INJECTION FUROSEMIDE UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1942	INJECTION ARIPIPRAZOLE LAUROXL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1943	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J1944	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J1945	INJECTION LEPIRUDIN 50 MG	INJECTION LEPIRUDIN 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1953	INJECTION LEVETIRACETAM 10 MG	INJECTION LEVETIRACETAM 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1955	INJECTION LEVOCARNITINE PER 1 G	INJECTION LEVOCARNITINE PER 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1956	INJECTION LEVOFLOXACIN 250 MG	INJECTION LEVOFLOXACIN 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	INJECTION LEVORPHANOL TARTRATE UP TO 2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1980	INJ HYOSCYAMINE SULFATE TO 0.25 MG	INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2001	INJECTION LIDO HCL IV INFUS 10 MG	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2010	INJECTION LINCOMYCIN HCL TO 300 MG	INJECTION LINCOMYCIN HCL UP TO 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2020	INJECTION LINEZOLID 200 MG	INJECTION LINEZOLID 200 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2060	INJECTION LORAZEPAM 2 MG	INJECTION LORAZEPAM 2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2062	LOXAPINE FOR INHALATION 1 MG	LOXAPINE FOR INHALATION 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2150	INJECTION MANNITOL 25% IN 50 ML	INJECTION MANNITOL 25% IN 50 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2170	INJECTION MECASERMIN 1 MG	INJECTION MECASERMIN 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2175	INJECTION MEPERIDINE HCL PER 100 MG	INJECTION MEPERIDINE HCL PER 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2180	INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	INJECTION MEPERIDINE&PROMETHAZINE HCL TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2182	INJECTION MEPOLIZUMAB 1 MG	INJECTION MEPOLIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2185	INJECTION MEROPENEM 100 MG	INJECTION MEROPENEM 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2186	INJ MEM VABORBACTAM 10 MG/10 MG	INJECTION MEROPENEM VABORBACTAM 10 MG/10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2210	INJ METHYLRGONOVIN MALATE TO 0.2 MG	INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2212	INJECTION METHYLNALTREXONE 0.1 MG	INJECTION METHYLNALTREXONE 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	INJECTION MICAFUNGIN SODIUM 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2250	INJECTION MIDAZOLAM HCL PER 1 MG	INJECTION MIDAZOLAM HCL PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2260	INJECTION MILRINONE LACTATE 5 MG	INJECTION MILRINONE LACTATE 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2265	INJECTION MINOCYCLINE HCL 1 MG	INJECTION MINOCYCLINE HCL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2270	INJ MORPHINE SULFATE UP TO 10 MG	INJECTION MORPHINE SULFATE UP TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2274	INJ MS PRS-FREE EPID/INTH USE 10 MG	INJECTION MS PRES-FREE EPID/INTRATHECL USE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2278	INJECTION ZICONOTIDE 1 MICROGRAM	INJECTION ZICONOTIDE 1 MICROGRAM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2280	INJECTION MOXIFLOXACIN 100 MG	INJECTION MOXIFLOXACIN 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2300	INJECTION NALBUPHINE HCL PER 10 MG	INJECTION NALBUPHINE HCL PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2310	INJECTION NALOXONE HCL PER 1 MG	INJECTION NALOXONE HCL PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2315	INJ NALTREXONE DEPOT FORM 1 MG	INJECTION NALTREXONE DEPOT FORM 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2320	INJ NANDROLONE DECANOATE TO 50 MG	INJECTION NANDROLONE DECANOATE UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2323	INJECTION NATALIZUMAB 1 MG	INJECTION NATALIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2325	INJECTION NESIRITIDE 0.1 MG	INJECTION NESIRITIDE 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2326	INJECTION NUSINERSEN 0.1 MG	INJECTION NUSINERSEN 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2350	INJECTION OCRELIZUMAB 1 MG	INJECTION OCRELIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2354	INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2355	INJECTION OPRELVEKIN 5 MG	INJECTION OPRELVEKIN 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2357	INJECTION OMALIZUMAB 5 MG	INJECTION OMALIZUMAB 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J2358	INJ OLANZAPINE LONG-ACTING 1 MG	INJECTION OLANZAPINE LONG-ACTING 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2360	INJ ORPHENADRINE CITRATE TO 60 MG	INJECTION ORPHENADRINE CITRATE UP TO 60 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2370	INJECTION PHENYLEPHRINE HCL TO 1 ML	INJECTION PHENYLEPHRINE HCL UP TO 1 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2400	INJ CHLOROPROCAINE HCL PER 30 ML	INJECTION CHLOROPROCAINE HCL PER 30 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2405	INJECTION ONDANSETRON HCL PER 1 MG	INJECTION ONDANSETRON HCL PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2407	INJECTION ORITAVANCIN 10 MG	INJECTION ORITAVANCIN 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2410	INJECTION OXYMORPHONE HCL TO 1 MG	INJECTION OXYMORPHONE HCL UP TO 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	INJECTION PALIFERMIN 50 MICROGRAMS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2426	INJ PALIPERIDONE PALM EXT RLSE 1 MG	INJECTION PALIPERIDONE PALMITATE EXT RLSE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2430	INJ PAMIDRONATE DISODIUM PER 30 MG	INJECTION PAMIDRONATE DISODIUM PER 30 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2440	INJECTION PAPAVERINE HCL TO 60 MG	INJECTION PAPAVERINE HCL UP TO 60 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	INJECTION OXYTETRACYCLINE HCL UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2469	INJECTION PALONOSETRON HCL 25 MCG	INJECTION PALONOSETRON HCL 25 MCG	No Auth Required	Drug Administration				Removed Authorization Requirement
J2501	INJECTION PARICALCITOL 1 MCG	INJECTION PARICALCITOL 1 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2502	INJ PASIREOTIDE LONG ACTING 1 MG	INJECTION PASIREOTIDE LONG ACTING 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	INJECTION PEGAPTANIB SODIUM 0.3 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2504	INJECTION PEGADEMASE BOVINE 25 IU	INJECTION PEGADEMASE BOVINE 25 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2505	INJECTION PEGFILGRASTIM 6 MG	INJECTION PEGFILGRASTIM 6 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2507	INJECTION PEGLOTICASE 1 MG	INJECTION PEGLOTICASE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2510	INJ PCN G PROCAINE AQUEOUS 600000 U	INJECTION PCN G PROCAINE AQUEOUS TO 600000 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2513	INJ PENTASTARCH 10% SOL 100 ML	INJECTION PENTASTARCH 10% SOLUTION 100 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2515	INJ PENTOBARBITAL SODIUM PER 50 MG	INJECTION PENTOBARBITAL SODIUM PER 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2540	INJECTION PCN G K+ TO 600000 UNITS	INJECTION PENICILLIN G POTASSIUM TO 600000 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2543	INJ PIP SOD/TZ SOD 1 G/0.125 G	INJ PIPERACILLIN SOD/TAZOBACTAM SOD 1 G/0.125 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2545	PENTAMIDINE ISETHIONAT I SOL 300 MG	PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2547	INJECTION PERAMIVIR 1 MG	INJECTION PERAMIVIR 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2550	INJECTION PROMETHAZINE HCL TO 50 MG	INJECTION PROMETHAZINE HCL UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2560	INJ PHENOBARBITAL SODIUM TO 120 MG	INJECTION PHENOBARBITAL SODIUM UP TO 120 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2562	INJECTION PLERIXAFOR 1 MG	INJECTION PLERIXAFOR 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2590	INJECTION OXYTOCIN UP TO 10 UNITS	INJECTION OXYTOCIN UP TO 10 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2597	INJ DESMOPRESSIN ACETATE PER 1 MCG	INJECTION DESMOPRESSIN ACETATE PER 1 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2650	INJ PREDNISOLONE ACETATE TO 1 ML	INJECTION PREDNISOLONE ACETATE UP TO 1 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2670	INJECTION TOLAZOLINE HCL TO 25 MG	INJECTION TOLAZOLINE HCL UP TO 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2675	INJECTION PROGESTERONE PER 50 MG	INJECTION PROGESTERONE PER 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2680	INJ FLUPHENAZINE DECANOATE TO 25 MG	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2690	INJ PROCAINAMIDE HCL TO 1 GM	INJECTION PROCAINAMIDE HCL UP TO 1 GM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2700	INJ OXACILLIN SODIUM TO 250 MG	INJECTION OXACILLIN SODIUM UP TO 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2704	INJECTION PROPOFOL 10 MG	INJECTION PROPOFOL 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2710	INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	INJECTION NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2720	INJ PROTAMINE SULFATE PER 10 MG	INJECTION PROTAMINE SULFATE PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2724	INJ PROTEN C CONC IV HUMAN 10 IU	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2725	INJECTION PROTIRELIN PER 250 MCG	INJECTION PROTIRELIN PER 250 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2730	INJ PRALIDOXIME CHLORIDE TO 1 GM	INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	INJECTION METOCLOPRAMIDE HCL UP TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2770	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	INJECTION QUINUPRISTIN/DALFOPRISTIN 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2778	INJECTION RANIBIZUMAB 0.1 MG	INJECTION RANIBIZUMAB 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2780	INJ RANITIDINE HYDROCHLORIDE 25 MG	INJECTION RANITIDINE HYDROCHLORIDE 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2783	INJECTION RASBURICASE 0.5 MG	INJECTION RASBURICASE 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2785	INJECTION REGADENOSON 0.1 MG	INJECTION REGADENOSON 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2786	INJECTION RESLIZUMAB 1 MG	INJECTION RESLIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2787	RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2788	INJ RHO D IG HUMAN MINIDOSE 50 MCG	INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2790	INJ RHO D IG HUMN FULL DOSE 300 MCG	INJECTION RHO D IG HUMAN FULL DOSE 300 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2791	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	INJ RHO D IG HUMAN RHOPHYLAC IM/IV 100 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2792	INJ RHO D IMMUE GLOB IV HUMN 100 IU	INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2793	INJECTION RILONACEPT 1 MG	INJECTION RILONACEPT 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2794	INJECTION RISPERIDONE 0.5 MG	INJECTION RISPERIDONE 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2795	INJ ROPIVACAINE HYDROCHLORID 1 MG	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2796	INJECTION ROMIPLOSTIM 10 MCG	INJECTION ROMIPLOSTIM 10 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2797	INJECTION ROLAPITANT 0.5 MG	INJECTION ROLAPITANT 0.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2798	INJECTION RISPERIDONE 0.5 MG	INJECTION RISPERIDONE 0.5 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J2800	INJECTION METHOCARBAMOL UP TO 10 ML	INJECTION METHOCARBAMOL UP TO 10 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2805	INJECTION SINCALIDE 5 MICROGRAMS	INJECTION SINCALIDE 5 MICROGRAMS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2810	INJECTION THEOPHYLLINE PER 40 MG	INJECTION THEOPHYLLINE PER 40 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2820	INJECTION SARGRAMOSTIM 50 MCG	INJECTION SARGRAMOSTIM 50 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2840	INJECTION SEBELIPASE ALFA 1 MG	INJECTION SEBELIPASE ALFA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J2850	INJ SECRETIN SYNTH HUMN 1 MICROGM	INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2860	INJECTION SILTUXIMAB 10 MG	INJECTION SILTUXIMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J2910	INJECTION AUROTHIOGLUCOSE TO 50 MG	INJECTION AUROTHIOGLUCOSE UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 40 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2940	INJECTION SOMATREM 1 MG	INJECTION SOMATREM 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2941	INJECTION SOMATROPIN 1 MG	INJECTION SOMATROPIN 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J2950	INJECTION PROMAZINE HCL UP TO 25 MG	INJECTION PROMAZINE HCL UP TO 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2993	INJECTION RETEPLASE 18.1 MG	INJECTION RETEPLASE 18.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2995	INJ STREPTOKINASE PER 250000 IU	INJECTION STREPTOKINASE PER 250000 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	INJECTION ALTEPLASE RECOMBINANT 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3000	INJECTION STREPTOMYCIN UP TO 1 G	INJECTION STREPTOMYCIN UP TO 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3010	INJECTION FENTANYL CITRATE 0.1 MG	INJECTION FENTANYL CITRATE 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3030	INJECTION SUMATRIPTAN SUCCNAT 6 MG	INJECTION SUMATRIPTAN SUCCINATE 6 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	INJECTION FREMANEZUMAB-VFRM 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J3060	INJECTION TALIGLUCERASE ALFA 10 U	INJECTION TALIGLUCERASE ALFA 10 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3070	INJECTION PENTAZOCINE 30 MG	INJECTION PENTAZOCINE 30 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	INJECTION TEDIZOLID PHOSPHATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3095	INJECTION TELAVANCIN 10 MG	INJECTION TELAVANCIN 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3101	INJECTION TENECTEPLASE 1 MG	INJECTION TENECTEPLASE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3105	INJ TERBUTALINE SULFATE TO 1 MG	INJECTION TERBUTALINE SULFATE UP TO 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3110	INJECTION TERIPARATIDE 10 MCG	INJECTION TERIPARATIDE 10 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	INJECTION ROMOSOZUMAB-AQQG 1 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J3121	INJ TESTOSTERONE ENANTHATE 1 MG	INJECTION TESTOSTERONE ENANTHATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3145	INJ TESTOSTERONE UNDECANOATE 1 MG	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3230	INJ CHLORPROMAZINE HCL TO 50 MG	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3243	INJECTION TIGECYCLINE 1 MG	INJECTION TIGECYCLINE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3245	INJECTION TILDRAKIZUMAB 1 MG	INJECTION TILDRAKIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3246	INJECTION TIROFIBAN HCl 0.25 MG	INJECTION TIROFIBAN HCl 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3250	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	INJECTION TOBRAMYCIN SULFATE UP TO 80 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3262	INJECTION TOCILIZUMAB 1 MG	INJECTION TOCILIZUMAB 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3265	INJECTION TORSEMIDE 10 MG/ML	INJECTION TORSEMIDE 10 MG/ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3280	INJ THIETHYLPRAZINE MALEAT TO 10 MG	INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3285	INJECTION TREPROSTINIL 1 MG	INJECTION TREPROSTINIL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3300	INJ TRIAMCINOLONE ACETONIDE PF 1 MG	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3301	INJ TRIAMCINOLON ACETONID NOS 10 MG	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3302	INJ TRIAMCINOLONE DIACTAT 5 MG	INJECTION TRIAMCINOLONE DIACETATE PER 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3303	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3304	INJ TAA PF ER MS FORMULATION 1 MG	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3305	INJ TRIMETREXATE GLUCORONATE 25 MG	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3310	INJECTION PERPHENAZINE UP TO 5 MG	INJECTION PERPHENAZINE UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3316	INJECTION TRIPTORELIN ER 3.75 MG	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3320	INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3350	INJECTION UREA UP TO 40 G	INJECTION UREA UP TO 40 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3355	INJECTION UROFOLLITROPIN 75 IU	INJECTION UROFOLLITROPIN 75 IU	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3360	INJECTION DIAZEPAM UP TO 5 MG	INJECTION DIAZEPAM UP TO 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3364	INJECTION UROKINASE 5000 IU VIAL	INJECTION UROKINASE 5000 IU VIAL	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3365	INJ IV UROKINASE 250000 IU VIAL	INJECTION IV UROKINASE 250000 IU VIAL	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3370	INJECTION VANCOMYCIN HCL 500 MG	INJECTION VANCOMYCIN HCL 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3380	INJECTION VEDOLIZUMAB 1 MG	INJECTION VEDOLIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3385	INJ VELAGLUCERASE ALFA 100 UNITS	INJECTION VELAGLUCERASE ALFA 100 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J3396	INJECTION VERTEPORFIN 0.1 MG	INJECTION VERTEPORFIN 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3397	INJECT VESTRONIDASE ALFA-VJBK 1 MG	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3398	INJ VORETGN NEPARVVC-RZYL 1 B VEC G	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3410	INJECTION HYDROXYZINE HCL TO 25 MG	INJECTION HYDROXYZINE HCL UP TO 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3411	INJECTION THIAMINE HCL 100 MG	INJECTION THIAMINE HCL 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3415	INJECTION PYRIDOXINE HCL 100 MG	INJECTION PYRIDOXINE HCL 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3420	INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	INJECTION VIT B-12 CYANOCOBALAMIN TO 1000 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3430	INJECTION PHYTONADIONE PER 1 MG	INJECTION PHYTONADIONE PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3465	INJECTION VORICONAZOLE 10 MG	INJECTION VORICONAZOLE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3470	INJ HYALURONIDASE TO 150 UNITS	INJECTION HYALURONIDASE UP TO 150 UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3471	INE HYALURONIDASE OVINE 1 USP U	INE HYALURONIDASE OVINE PRES FREE 1 USP UNIT	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3472	INJ HYALURONIDASE OVINE 1000 USP U	INJ HYALURONIDASE OVINE PRES FREE-1000 USP UNITS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement

J3473	INJ HYALURONIDASE RECOMB 1 USP UNIT	INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3475	INJ MAGNESIUM SULFATE PER 500 MG	INJECTION MAGNESIUM SULPHATE PER 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3480	INJ POTASSIUM CHLORIDE PER 2 MEQ	INJECTION POTASSIUM CHLORIDE PER 2 MEQ	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3485	INJECTION ZIDOVUDINE 10 MG	INJECTION ZIDOVUDINE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3486	INJ ZIPRASIDONE MESYLATE 10 MG	INJECTION ZIPRASIDONE MESYLATE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3489	INJECTION ZOLEDRONIC ACID 1 MG	INJECTION ZOLEDRONIC ACID 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J3490	UNCLASSIFIED DRUGS	UNCLASSIFIED DRUGS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
J3530	NASAL VACCINE INHALATION	NASAL VACCINE INHALATION	No Auth Required					
J3590	UNCLASSIFIED BIOLOGICS	UNCLASSIFIED BIOLOGICS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
J3591	UNCLASS RX/BIO FOR ESRD ON DIALYSIS	UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7030	INFUS NORMAL SALINE SOL 1000 CC	INFUSION NORMAL SALINE SOLUTION 1000 CC	No Auth Required					
J7040	INFUS NORMAL SALINE SOL STERILE	INFUSION NORMAL SALINE SOLUTION STERILE	No Auth Required					
J7042	5% DEXTROSE/NORMAL SALINE	5% DEXTROSE/NORMAL SALINE	No Auth Required					
J7050	INFUS NORMAL SALINE SOLUTION 250 CC	INFUSION NORMAL SALINE SOLUTION 250 CC	No Auth Required					
J7060	5% DEXTROSE/WATER	5% DEXTROSE/WATER	No Auth Required					
J7070	INFUSION D-5-W 1000 CC	INFUSION D-5-W 1000 CC	No Auth Required					
J7100	INFUSION DEXTRAN 40 500 ML	INFUSION DEXTRAN 40500 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7110	INFUSION DEXTRAN 75 500 ML	INFUSION DEXTRAN 75500 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7120	RINGERS LACTATE INFUSION TO 1000 CC	RINGERS LACTATE INFUSION UP TO 1000 CC	No Auth Required					
J7121	5% DEXTROSE LR INFUSION TO 1000 CC	5% DEXTROSE LACTATED RINGERS INFUSION TO 1000 CC	No Auth Required					
J7131	HYPERTONIC SALINE SOLUTION 1 ML	HYPERTONIC SALINE SOLUTION 1 ML	No Auth Required					
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	INJECTION EMICIZUMAB-KXWH 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7175	INJECTION FACTOR X 1 I.U.	INJECTION FACTOR X 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7177	INJ HUMAN FIBRINOGEN CONCENTR 1 MG	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7178	INJ HUMAN FIBRINOGEN CONC NOS 1 MG	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7179	INJECTION VWF 1 I.U. VWF:RCO	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7180	INJECTION FACTOR XIII 1 I.U.	INJECTION FACTOR XIII 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7181	INJ FACTOR XIII A-SUBUNIT PER IU	INJECTION FACTOR XIII A-SUBUNIT PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7182	INJECTION FACTOR VIII PER IU	INJECTION FACTOR VIII PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7185	INJECTION FACTOR VIII PER IU	INJECTION FACTOR VIII PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7186	INJ AHF/ VWF CMPLX-FACTOR VIII IU	INJ AHF/ VWF CMPLX PER FACTOR VIII IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7187	INJ VONWILLBRND FCT CMPLX HUMN IU	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7188	INJECTION FACTOR VIII PER I.U.	INJECTION FACTOR VIII PER I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7189	FACTOR VIIA 1 MICROGRAM	FACTOR VIIA 1 MICROGRAM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7190	FACTOR VIII AHF HUMAN PER IU	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7191	FACTOR VIII AHF PROCINE PER IU	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7192	FACTOR VIII PER IU NOS	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7193	FACTOR IX AHF PURIFIED NON-RECMB-IU	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7194	FACTOR IX COMPLEX PER IU	FACTOR IX COMPLEX PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7195	INJECTION FACTOR IX PER IU NOS	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7196	INJ ANTITHROMBIN RECOMB 50 I.U.	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7197	ANTITHROMBIN III PER IU	ANTITHROMBIN III PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7198	ANTI-INHIBITOR PER IU	ANTI-INHIBITOR PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7199	HEMOPHILIA CLOTTING FACTOR NOC	HEMOPHILIA CLOTTING FACTOR NOC	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7200	INJECTION FACTOR IX RIXUBIS PER IU	INJECTION FACTOR IX RIXUBIS PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7202	INJ FAC IX AB FUS PRT IDELVN 1 I.U.	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7203	INJ FACTOR IX GLYCOPEGYLATED 1 IU	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7205	INJ FACTOR VIII FC FUS PROTEIN IU	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7208	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J7209	INJECTION FACTOR VIII 1 I.U.	INJECTION FACTOR VIII 1 I.U.	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7210	INJ FACTOR VIII AFSTYLA 1 I.U.	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7296	LNG-RELEASING IU COC SYS 19.5 MG	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	No Auth Required					
J7301	LNG-RLS INTRAUTERNE COC SYS 13.5 MG	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	No Auth Required					
J7308	AMINOLEVULINIC ACID HCL TOP 20% 1 U	AMINOLEVULINIC ACID HCL TOP ADMN 20% 1 U DOSE	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7309	METHYL AMINOLEVULINATE TOP 16.8% 1G	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8% 1 G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7310	GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7311	INJ FA INTRAVTRL IMPL RTSRT 0.01 MG	INJECTION FA INTRAVITREAL IMPL RETISERT 0.01 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7312	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7313	INJ FA INTRAVTRL IMPL ILUVN 0.01 MG	INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7314	INJECT FA INTRAVITREAL IMPL 0.01 MG	INJECTION FA INTRAVITREAL IMPL 0.01 MG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J7315	MITOMYCIN OPTHALMIC 0. 2 MG	MITOMYCIN OPTHALMIC 0. 2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7316	INJECTION OCRIPLASMIN 0.125 MG	INJECTION OCRIPLASMIN 0.125 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7318	HYALN/DERIV DUROLANE IA INJ 1 MG	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	HYALURONAN/DERIVITIVE GENVISC 850 IA INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7321	HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D	HYAL/DERIV HYALGAN SUPARTZ/VISCO-3 IA INJ-DOSE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	HYALURONAN/DERIVATIVE HYMOVIS IA INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7323	HYALURONAN/DERIV EUFLEXXA IA INJ PD	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7324	HYALURONAN/DRIV ORTHOVISC IA INJ PD	HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7325	HYALURONAN/DERIV SYNVISC INJ 1 MG	HYALURONAN/DERIV SYNVISC/SYNVISC-ONE IA INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7326	HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	HYALURONAN/DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7327	HYLAN/DERV MONOVISC IA INJ PER DOSE	HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7328	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG	HYALURONAN/DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7329	HYALN/DERIV TRIVISC FOR IA INJ 1 MG	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7330	AUTOL CULTURD CHONDROCYTES IMPL	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7331	HYAL/DERIV SYNOJOYNT IA INJ 1 MG	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J7332	HYAL/DERIV TRILURON IA INJ 1 MG	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J7336	CAPSAICIN 8% PATCH PER SQ CM	CAPSAICIN 8% PATCH PER SQ CM	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7340	CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML	CARBIDPA 5 MG/LEVODPA 20 MG EN SUSP 100 ML	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7342	INSTILLATION CIPRO OTIC SUSPN 6 MG	INSTILLATION CIPROFLOXACIN OTIC SUSPENSION 6 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7345	ALA HCL TOP ADMIN 10% GEL 10 MG	AMINOLEVULINIC ACID HCL TOP ADMIN 10% GEL 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J7401	MOMETASONE FUROATE SIN IMPL 10 MCG	MOMETASONE FUROATE SINUS IMPLANT 10 MCG	Authorization Required			Level 2 Review (Full Clinical Review)		
J7500	AZATHIOPRINE ORAL 50 MG	AZATHIOPRINE ORAL 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7501	AZATHIOPRINE PARENTERAL 100 MG	AZATHIOPRINE PARENTERAL100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7502	CYCLOSPORINE ORAL 100 MG	CYCLOSPORINE ORAL 100 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7503	TACROLIMUS EXT RELEASE ORAL 0.25 MG	TACROLIMUS EXTENDED RELEASE ORAL 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7505	MUROMONAB-CD3 PARENTERAL 5 MG	MUROMONAB-CD3 PARENTERAL 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7507	TACROLIMUS IMMED RELEASE ORAL 1 MG	TACROLIMUS IMMEDIATE RELEASE ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7508	TACROLIMUS EXT RELEASE ORAL 0.1 MG	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7509	METHYLPREDNISOLONE ORAL PER 4 MG	METHYLPREDNISOLONE ORAL PER 4 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7510	PREDNISOLONE ORAL PER 5 MG	PREDNISOLONE ORAL PER 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	PREDNISONE IMMEDIATE RLSE/DELAYED RLSE ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7513	DACLIZUMAB PARENTERAL 25 MG	DACLIZUMAB PARENTERAL 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7515	CYCLOSPORINE ORAL 25 MG	CYCLOSPORINE ORAL 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7516	CYCLOSPORINE PARENTERAL 250 MG	CYCLOSPORINE PARENTERAL 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	MYCOPHENOLATE MOFETIL ORAL 250 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7518	MYCOPHENOLIC ACID ORAL 180 MG	MYCOPHENOLIC ACID ORAL 180 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7520	SIROLIMUS ORAL 1 MG	SIROLIMUS ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7525	TACROLIMUS PARENTERAL 5 MG	TACROLIMUS PARENTERAL 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7527	EVEROLIMUS ORAL 0. 25 MG	EVEROLIMUS ORAL 0. 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7599	IMMUNOSUPPRESSIVE DRUG NOC	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7604	ACETYLCYSTEINE I SOL CP PROD UD P G	ACETYLCYSTEINE INHAL SOL COMP PROD UNIT DOSE P G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7605	ARFORMOTEROL I SOL NONCOMP UD 15 MG	ARFORMOTEROL INHAL SOL NONCOMP UNIT DOSE 15 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7606	FORMOTEROL FUMARATE IHAL U D 20 MCG	FORMOTEROL FUMARATE INHAL SOL U DOSE FORM 20 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7607	LEVALBUTERAL INHAL CP DME 0.5 MG	LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7608	ACETYLCYSTEINE I SOL NONCP UD PER G	ACETYLCYSTEINE INHAL SOL NONCOMP UNIT DOSE PER G	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7609	ALBUTEROL INHAL CP THRU DME 1 MG	ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7610	ALBUTEROL INHAL ADMIN THRU DME 1MG	ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7611	ALBUTEROL INHAL NON-CP CONC 1 MG	ALBUTEROL INHAL NON-CP THRU DME CONC FORM 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7612	LEVALBUTROL INHL NON-CP CONC 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU DME CONC 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7613	ALBUTEROL INHAL NON-CP U DOSE 1 MG	ALBUTEROL INHAL NON-CP PROD THRU DME U DOSE 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7614	LEVALBUTEROL INHAL NON-CP U 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU DME U DOSE 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7615	LEVALBUTEROL INHAL DME UNIT 0.5 MG	LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7620	ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7622	BECLOMETHASONE INHAL CP UNIT PER MG	BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7624	BETAMETHASONE INHAL CP UNIT PER MG	BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7626	BUDESONIDE INHAL NON-CP U TO 0.5 MG	BUDESONIDE INHAL NON-CP UNIT DOSE UP TO 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7627	BUDESONIDE INHAL CP UNIT TO 0.5 MG	BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7628	BITOLTEROL MESYLAT INHAL CP CONC MG	BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7629	BITOLTEROL MESYLATE INHAL CP U MG	BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7631	CROMOLYN NA I SOL NONCP UD P 10 MG	CROMOLYN SODIUM INHALATION SOL NONCP UD P 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7632	CROMOLYN NA I SOL CP PROD UD 10 MG	CROMOLYN SODIUM INHAL SOL COMP PROD UD 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7633	BUDESONIDE INHAL NON-CP CNC 0.25 MG	BUDESONIDE INHAL NON-CP CONC FORM PER 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7634	BUDESONIDE INHAL CP DME 0.25 MG	BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7635	ATROPINE INHAL CP CONC FORM PER MG	ATROPINE INHAL SOL COMP PROD CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7636	ATROPINE INHAL CP UNIT DOSE PER MG	ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7637	DEXAMETHASONE INHAL CP CONC PER MG	DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7638	DEXAMETHASONE INHAL CP UNIT PER MG	DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7639	DORNASE ALFA I SOL NONCP U D-MG	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement

J7640	FORMOTEROL INHAL CP U DOSE 12 MCG	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7641	FLUNISOLIDE INHAL COMP UNIT PER MG	FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7642	GLYCOPYRROLATE INHAL CP CONC PER MG	GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7643	GLYCOPYRROLATE INHAL U DOSE PER MG	GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7644	IPRATROPIUM BROM INHAL NON-CP U MG	IPRATROPIUM BROMIDE INHAL NON-CP U DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7645	IPRATROPIUM BROMIDE INHAL U PER MG	IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7647	ISOETHARINE HCL INHAL CP DME PER MG	ISOETHARINE HCL INHAL CP PROD THRU DME PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7648	ISOETHARINE HCI INH NON-CP CONC MG	ISOETHARINE HCI INHAL NON-CP CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7649	ISOETHARINE HCI NON-CP U DOS PER MG	ISOETHARINE HCI NON-COMP UNIT DOSE FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7650	ISOETHARINE HCI INHAL U DOSE PER MG	ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7657	ISOPROTERENOL HCI INHAL CP DME MG	ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7658	ISOPROTERNOL HCI INH NON-CP CONC MG	ISOPROTERENOL HCI INHAL NON-CP CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7659	ISOPROTERENOL HCI INH NON-CP U MG	ISOPROTERENOL HCI INHAL NON-CP UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7660	ISOPROTERENOL HCI INHAL UNIT PER MG	ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7665	MANNITOL ADMIN THRU AN INHALER 5 MG	MANNITOL ADMINISTERED THROUGH AN INHALER 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7667	METAPROTERENOL SULF INHAL CP 10 MG	METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7668	METAPROTERNOL INH NON-CP CONC 10 MG	METAPROTERENOL SULF INHAL NON-CP CONC PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7669	METAPROTERNOL INH NON-CP CONC 10 MG	METAPROTERENOL SULF INHAL NON-CP UNIT DOSE 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7670	METAPROTERENOL SULFATE INHAL 10 MG	METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7674	METHACHOLINE CHLORID INHAL PER 1 MG	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7676	PENTAMIDINE ISETHIONATE I SL 300 MG	PENTAMIDINE ISETHIONATE I SOL CP PROD U D 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7677	REVEFENACIN I SOL NONCP DME 1 MCG	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Authorization Required			Level 1 Review (Network Validation)		Removed Authorization Requirement
J7680	TERBUTALINE SULFATE INH CP CONC MG	TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7681	TERBUTALINE SULF INH COMP U DOSE MG	TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7683	TRIAMCINOLONE INHAL CP CONC PER MG	TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7684	TRIAMCINOLONE INHAL CP UNIT PER MG	TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG	TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7686	TREPROSTINIL INHAL UNIT DOS 1.74 MG	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7699	NOC RX INHAL SOL ADMINED THRU DME	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7799	NOC RX NOT INHAL RX ADMNED THRU DME	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J7999	COMPOUNDED DRUG NOC	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8498	ANTIEMETIC DRUG RECTAL/SUPP NOS	ANTIEMETIC DRUG RECTAL/SUPPOSITORY NOS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8501	APREPITANT ORAL 5 MG	APREPITANT ORAL 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8510	BUSULFAN ORAL 2 MG	BUSULFAN ORAL 2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8520	CAPECITABINE ORAL 150 MG	CAPECITABINE ORAL 150 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8521	CAPECITABINE ORAL 500 MG	CAPECITABINE ORAL 500 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8530	CYCLOPHOSHAMIDE ORAL 25 MG	CYCLOPHOSPHAMIDE ORAL 25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8540	DEXAMETHASONE ORAL 0.25 MG	DEXAMETHASONE ORAL 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8560	ETOPOSIDE ORAL 50 MG	ETOPOSIDE ORAL 50 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8562	FLUDARABINE PHOSPHATE ORAL 10 MG	FLUDARABINE PHOSPHATE ORAL 10 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8597	ANTIEMETIC DRUG ORAL NOS	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8600	MELPHALAN ORAL 2 MG	MELPHALAN ORAL 2 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8610	METHOTREXATE ORAL 2.5 MG	METHOTREXATE ORAL 2.5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8650	NABILONE ORAL 1 MG	NABILONE ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8655	NETUPT 300 MG & PALONOST 0.5 MG ORL	NETUPITANT 300 MG & PALONOSETRON 0.5 MG ORAL	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8670	ROLAPITANT ORAL 1 MG	ROLAPITANT ORAL 1 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8700	TEMOZOLOMIDE ORAL 5 MG	TEMOZOLOMIDE ORAL 5 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8705	TOPOTECAN ORAL 0.25 MG	TOPOTECAN ORAL 0.25 MG	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J8999	PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Authorization Required	Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
J9000	INJECTION DOXORUBICIN HCL 10 MG	INJECTION DOXORUBICIN HCL 10 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9015	INJ ALDESLEUKIN PER SINGLE USE VIAL	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	INJECTION ARSENIC TRIOXIDE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9019	INJ ASPARAGINASE ERWINAZE 1000 IU	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9020	INJECTION ASPARAGINASE 10000 UNITS	INJECTION ASPARAGINASE 10000 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9022	INJECTION ATEZOLIZUMAB 10 MG	INJECTION ATEZOLIZUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9023	INJECTION AVELUMAB 10 MG	INJECTION AVELUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9025	INJECTION AZACITIDINE 1 MG	INJECTION AZACITIDINE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9027	INJECTION CLOFARABINE 1 MG	INJECTION CLOFARABINE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9030	BCG LIVE INTRAVESICAL INSTL 1 MG	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9031	BCG PER INSTILLATION	BCG PER INSTILLATION	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9032	INJECTION BELINOSTAT 10 MG	INJECTION BELINOSTAT 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9033	INJ BENDAMUSTINE HCL TREANDA 1 MG	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9035	INJECTION BEVACIZUMAB 10 MG	INJECTION BEVACIZUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9036	INJ BENDAMUSTINE HYDROCHLORIDE 1 MG	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	INJECTION BLINATUMOMAB 1 MICROGRAM	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9040	INJECTION BLEOMYCIN SULFATE 15 UNIT	INJECTION BLEOMYCIN SULFATE 15 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9041	INJECTION BORTEZOMIB 0.1 MG	INJECTION BORTEZOMIB 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9043	INJECTION CABAZITAXEL 1 MG	INJECTION CABAZITAXEL 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J9044	INJECTION BORTEZOMIB NOS 0.1 MG	INJECTION BORTEZOMIB NOS 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9045	INJECTION CARBOPLATIN 50 MG	INJECTION CARBOPLATIN 50 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9047	INJECTION CARFILZOMIB 1 MG	INJECTION CARFILZOMIB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9050	INJECTION CARMUSTINE 100 MG	INJECTION CARMUSTINE 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9055	INJECTION CETUXIMAB 10 MG	INJECTION CETUXIMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9057	INJECTION COPANLISIB 1 MG	INJECTION COPANLISIB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9060	INJ CISPLATIN POWDER/SOLUTION 10 MG	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9065	INJECTION CLADRIBINE PER 1 MG	INJECTION CLADRIBINE PER 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9070	CYCLOPHOSPHAMIDE 100 MG	CYCLOPHOSPHAMIDE 100 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	INJECTION CYTARABINE LIPOSOME 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9100	INJECTION CYTARABINE 100 MG	INJECTION CYTARABINE 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9118	INJECT CALASPARGASE PEGOL-MKNL 10 U	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS	Authorization Required			Level 2 Review (Full Clinical Review)		
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	INJECTION CEMIPLIMAB-RWLC 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9120	INJECTION DACTINOMYCIN 0.5 MG	INJECTION DACTINOMYCIN 0.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9130	DACARBAZINE 100 MG	DACARBAZINE 100 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9145	INJECTION DARATUMUMAB 10 MG	INJECTION DARATUMUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9150	INJECTION DAUNORUBICIN 10 MG	INJECTION DAUNORUBICIN 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9151	INJ DAUNORUBICIN CITRATE LIP 10 MG	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9153	INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA	INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9155	INJECTION DEGARELIX 1 MG	INJECTION DEGARELIX 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9160	INJ DENILEUKIN DIFTITOX 300 MCG	INJECTION DENILEUKIN DIFTITOX 300 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9165	INJ DIETHYLSTILBESTROL 250 MG	INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9171	INJECTION DOCETAXEL 1 MG	INJECTION DOCETAXEL 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9173	INJECTION DURVALUMAB 10 MG	INJECTION DURVALUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9175	INJECTION ELLIOTTS' B SOLUTION 1 ML	INJECTION ELLIOTTS B SOLUTION 1 ML	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9176	INJECTION ELOTUZUMAB 1 MG	INJECTION ELOTUZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9178	INJECTION EPIRUBICIN HCL 2 MG	INJECTION EPIRUBICIN HCL 2 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	INJECTION ERIBULIN MESYLATE 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9181	INJECTION ETOPOSIDE 10 MG	INJECTION ETOPOSIDE 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9185	INJ FLUDARABINE PHOSPHATE 50 MG	INJECTION FLUDARABINE PHOSPHATE 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9190	INJECTION FLUOROURACIL 500 MG	INJECTION FLUOROURACIL 500 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9199	INJ GEMCITABINE HCL INFUGEM 200 MG	INJECTION GEMCITABINE HCL INFUGEM 200 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9200	INJECTION FLOXURIDINE 500 MG	INJECTION FLOXURIDINE 500 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9201	INJ GEMCITABINE HCL NOS 200 MG	INJECTION GEMCITABINE HCL NOS 200 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	INJECTION IRINOTECAN LIPOSOME 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9206	INJECTION IRINOTECAN 20 MG	INJECTION IRINOTECAN 20 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9207	INJECTION IXABEPILONE 1 MG	INJECTION IXABEPILONE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9208	INJECTION IFOSFAMIDE 1 G	INJECTION IFOSFAMIDE 1 G	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9209	INJECTION MESNA 200 MG	INJECTION MESNA 200 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	INJECTION EMAPALUMAB-LZSG 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9211	INJECTION IDARUBICIN HCL 5 MG	INJECTION IDARUBICIN HCL 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9212	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	Removed Authorization Requirement
J9213	INJ INTERFERON ALFA-2A RECOM 3 M U	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J9214	INJ INTERFERON ALFA-2B RECOMB 1 M U	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9215	INJ INTERFERON ALFA-N3 250,000 IU	INJECTION INTERFERON ALFA-N3 250,000 IU	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9216	INJ INTERFERON GAMMA-1B 3 MILLION U	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
J9217	LEUPROLIDE ACETATE 7.5 MG	LEUPROLIDE ACETATE 7.5 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9218	LEUPROLIDE ACETATE PER 1 MG	LEUPROLIDE ACETATE PER 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by pharmacy	Removed Authorization Requirement
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	LEUPROLIDE ACETATE IMPLANT 65 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9225	HISTRELIN IMPLANT VANTAS 50 MG	HISTRELIN IMPLANT VANTAS 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9228	INJECTION IPILIMUMAB 1 MG	INJECTION IPILIMUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9229	INJECT INOTUZUMAB OZOGAMICIN 0.1 MG	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	INJECTION MECHLORETHAMINE HCL 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9245	INJECTION MELPHALAN HCL 50 MG	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9250	METHOTREXATE SODIUM 5 MG	METHOTREXATE SODIUM 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9260	METHOTREXATE SODIUM 50 MG	METHOTREXATE SODIUM 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9261	INJECTION NELARABINE 50 MG	INJECTION NELARABINE 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9262	INJ OMACETAXINE MEPESUCCINAT .01 MG	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9263	INJECTION OXALIPLATIN 0.5 MG	INJECTION OXALIPLATIN 0.5 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9264	INJ PACLITAXEL PROTBND PARTICL 1 MG	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9267	INJECTION PACLITAXEL 1 MG	INJECTION PACLITAXEL 1 MG	No Auth Required	Drug Administration				Removed Authorization Requirement
J9268	INJECTION PENTOSTATIN 10 MG	INJECTION PENTOSTATIN 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9270	INJECTION PLICAMYCIN 2.5 MG	INJECTION PLICAMYCIN 2.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9271	INJECTION PEMBROLIZUMAB 1 MG	INJECTION PEMBROLIZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9280	INJECTION MITOMYCIN 5 MG	INJECTION MITOMYCIN 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9285	INJECTION OLARATUMAB 10 MG	INJECTION OLARATUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	INJECTION MITOXANTRONE HCL PER 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9295	INJECTION NECITUMUMAB 1 MG	INJECTION NECITUMUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9299	INJECTION NIVOLUMAB 1 MG	INJECTION NIVOLUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9301	INJECTION OBINUTUZUMAB 10 MG	INJECTION OBINUTUZUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9302	INJECTION OFATUMUMAB 10 MG	INJECTION OFATUMUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9303	INJECTION PANITUMUMAB 10 MG	INJECTION PANITUMUMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9305	INJECTION PEMETREXED 10 MG	INJECTION PEMETREXED 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9306	INJECTION PERTUZUMAB 1 MG	INJECTION PERTUZUMAB 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9307	INJECTION PRALATREXATE 1 MG	INJECTION PRALATREXATE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9308	INJECTION RAMUCIRUMAB 5 MG	INJECTION RAMUCIRUMAB 5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9309	INJ GEMCITABINE HCL NOS 200 MG	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9312	INJECTION RITUXIMAB 10 MG	INJECTION RITUXIMAB 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9313	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
J9315	INJECTION ROMIDEPSIN 1 MG	INJECTION ROMIDEPSIN 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9320	INJECTION STREPTOZOCIN 1 G	INJECTION STREPTOZOCIN 1 G	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		

J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9328	INJECTION TEMOZOLOMIDE 1 MG	INJECTION TEMOZOLOMIDE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9330	INJECTION TEMSIROLIMUS 1 MG	INJECTION TEMSIROLIMUS 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9340	INJECTION THIOTEPA 15 MG	INJECTION THIOTEPA 15 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9351	INJECTION TOPOTECAN 0.1 MG	INJECTION TOPOTECAN 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9352	INJECTION TRABECTEDIN 0.1 MG	INJECTION TRABECTEDIN 0.1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9355	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9356	INJ TRA 10 MG & HYALURONIDASE-OYSK	INJECTION TRASTUZUMAB 10 MG & HYALURONIDASE-OYSK	Authorization Required			Level 2 Review (Full Clinical Review)		
J9357	INJ VALRUBICIN INTRAVESICAL 200 MG	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9360	INJECTION VINBLASTINE SULFATE 1 MG	INJECTION VINBLASTINE SULFATE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9370	VINCRISTINE SULFATE 1 MG	VINCRISTINE SULFATE 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9371	INJ VINCRISTINE SULF LIPOSOME 1 MG	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
J9390	INJ VINORELBINE TARTRATE 10 MG	INJECTION VINORELBINE TARTRATE 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9395	INJECTION FULVESTRANT 25 MG	INJECTION FULVESTRANT 25 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	INJECTION ZIV-AFLIBERCEPT 1 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9600	INJECTION PORFIMER SODIUM 75 MG	INJECTION PORFIMER SODIUM 75 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
J9999	NOT OTHWISE CLASS ANTINEOPLSTC DRUG	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)	Always processed by medical	
K0001	STANDARD WHEELCHAIR	STANDARD WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0002	STANDARD HEMI WHEELCHAIR	STANDARD HEMI WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0003	LIGHTWEIGHT WHEELCHAIR	LIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	ULTRALIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0006	HEAVY-DUTY WHEELCHAIR	HEAVY-DUTY WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	EXTRA HEAVY-DUTY WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	CUSTOM MANUAL WHEELCHAIR/BASE	No Auth Required					
K0009	OTHER MANUAL WHEELCHAIR/BASE	OTHER MANUAL WHEELCHAIR/BASE	No Auth Required					
K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR B	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No Auth Required					
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	OTHER MOTORIZED/POWER WHEELCHAIR BASE	No Auth Required					
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH	No Auth Required					
K0017	DTACHBLE ADJUST HT ARMREST REPL EA	DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA	No Auth Required					
K0018	DTACH ADJ HT ARMRST UP PRTN REPL EA	DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA	No Auth Required					
K0019	ARM PAD REPLACEMENT ONLY EACH	ARM PAD REPLACEMENT ONLY EACH	No Auth Required					
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	No Auth Required					
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	HIGH MOUNT FLIP-UP FOOTREST EACH	No Auth Required					
K0038	LEG STRAP EACH	LEG STRAP EACH	No Auth Required					
K0039	LEG STRAP H STYLE EACH	LEG STRAP H STYLE EACH	No Auth Required					
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	ADJUSTABLE ANGLE FOOTPLATE EACH	No Auth Required					
K0041	LARGE SIZE FOOTPLATE EACH	LARGE SIZE FOOTPLATE EACH	No Auth Required					
K0042	STANDARD SIZE FOOTPLTE REPL ONLY EA	STANDARD SIZE FOOTPLATE REPLACEMENT ONLY EACH	No Auth Required					
K0043	FOOTREST LWR EXT TUBE REPL ONLY EA	FOOTREST LOWER EXTENSION TUBE REPLACEMNT ONLY EA	No Auth Required					
K0044	FOOTREST UPR HGR BRKT REPL ONLY EA	FOOTREST UPPER HANGER BRACKET REPL ONLY EACH	No Auth Required					
K0045	FOOTREST CMPL ASSEMBLY REPL ONLY EA	FOOTREST COMPLETE ASSEMBLY REPLACEMENT ONLY EACH	No Auth Required					
K0046	ELEVAT LEGRST L EXT TUBE RPL ONLY E	ELEVATING LEGREST LWR EXTENSN TUBE REPL ONLY EA	No Auth Required					
K0047	ELEVT LEGRST UP HGR BRKT RPL ONLY E	ELEVATING LEGREST UPR HANGER BRACKT REPL ONLY EA	No Auth Required					
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY	RATCHET ASSEMBLY REPLACEMENT ONLY	No Auth Required					
K0051	CAM RLS ASSM FTRST/LGRST RPL ONLY E	CAM RLS ASSEM FOOTREST/LEGREST REPL ONLY EACH	No Auth Required					
K0052	SWNGAWAY DTACHBLE FTRSTS RPL ONLY E	SWINGAWAY DETACHABLE FOOTRESTS REPL ONLY EACH	No Auth Required					
K0053	ELEVATING FOOTRESTS ARTICULATING EA	ELEVATING FOOTRESTS ARTICULATING EACH	No Auth Required					
K0056	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	SEAT HT<17/=TO/>21 IN LTWT/ULTRALTWT WHLCHAIR	No Auth Required					
K0065	SPOKE PROTECTORS EACH	SPOKE PROTECTORS EACH	No Auth Required					
K0069	RW ASM CMPL SOLID T SPKE/MLD RPL EA	REAR WHL ASM CMPL SLD TIRE SPKE/MLD REPL ONLY EA	No Auth Required					
K0070	RW ASM CMP PN T SPKS/MLD RPL ONLY E	REAR WHL ASM COMP PNEUM TIRE SPKS/MLD RPL ONLY E	No Auth Required					
K0071	FRT C ASM COMPL PN TIRE REPL ONLY E	FRONT CASTER ASSEM COMPLETE PN TIRE REPL ONLY EA	No Auth Required					
K0072	FRT C ASM CMPL SEMIPN T RPL ONLY E	FRONT C ASSEMBLY COMPL SEMIPNEU TIRE REPL ONLY E	No Auth Required					
K0073	CASTER PIN LOCK EACH	CASTER PIN LOCK EACH	No Auth Required					
K0077	FRT C ASM CMPL SLD TIRE REPL ONLY E	FRONT CASTER ASSEMBLY COMPL SLD TIRE REPL ONLY E	No Auth Required					
K0098	DRIVE BELT FOR POWER WC REPL ONLY	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMNT ONLY	No Auth Required					
K0105	IV HANGER EACH	IV HANGER EACH	No Auth Required					
K0108	WC COMPONENT/ACCESSORY NOS	OTHER ACCESSORIES	No Auth Required					
K0195	ELEVATING LEGREST PAIR	ELEVATING LEGREST PAIR	No Auth Required					
K0455	INFUS PUMP UNINTRPT PARNTRAL MED	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED	No Auth Required					
K0462	TEMP REPL PT EQUIP REPR ANY TYPE	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE	No Auth Required					
K0552	SPL EX N-INS RX INF PMP SYR CRT S E	SPL EXT NON-INS RX INFUS PMP SYR T CART STERL EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0553	SPL ALLOW TX CGM1 MO SPL = 1 U SRVC	SUPPLY ALLOW FOR TX CGM1 MO SPL = 1 U OF SERVICE	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
K0554	RECEIVER DEDICATED TX GCM SYS	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 2 Review (Full Clinical Review)		
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	REPL BATTRY EXT INFUS PUMP SILVER OXIDE 1.5 V EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0602	REPL BATTERY SILVER OXIDE 3 V EA	REPL BATTERY EXT INFUS PUMP SILVER OXIDE 3 V EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	REPL BATTERY EXT INFUS PUMP LITHIUM 3.6 VOLT EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	REPL BATTERY EXT INFUS PUMP LITHIUM 4.5 VOLT EA	Authorization Required	Supplies for Drug Administration		Level 1 Review (Network Validation)		Removed Authorization Requirement
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0607	REPL BATTERY AUTO EXT DEFIB EA	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA	No Auth Required					

K0608	REPL GARMNT W/AUTO EXT DEFIB EA	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA	No Auth Required					
K0609	REPL ELECTRODE W/AUTO EXT DEFIB EA	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0669	WC ACCSS SEAT/BK CUSHN NO DME PDAC	WC ACCESS WC SEAT/BACK CUSHION NO DME PDAC	No Auth Required					
K0672	ADD LOW EXT ORTHOSIS REPL EACH	ADD LOW EXT ORTHOSIS REMV SOFT INTERFACE REPL EA	No Auth Required					
K0730	CNTRL DOSE INHAL RX DEL ERY SYS	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	No Auth Required					
K0733	PWR WC 12-24 AMP HR LEAD BATT EACH	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	No Auth Required					
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS	No Auth Required					
K0743	SX PUMP HOME MDL PORT FOR WOUNDS	SUCTION PUMP HOME MODEL PORTABLE FOR USE WOUNDS	No Auth Required					
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	ABSORB WD DR HOM MDL PRTBLE PAD SZ 16 SQ IN/LESS	No Auth Required					
K0745	ABS WD DR PAD>16 SQ IN</= 48 SQ IN	ABSRB WD DR HOM MDL PRT PAD>16 SQ IN</= 48 SQ IN	No Auth Required					
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	ABSORB WND DRSG HOM MDL PRTBLE PAD SZ > 48 SQ IN	No Auth Required					
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0812	POWER OPERATED VEHICLE NOC	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0815	PWR WC GRP 1 SLING PT UP TO 300	PWR WC GRP 1 STD SLING SEAT PT UP TO &= 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0820	PWR WC GRP 2 SLING SEAT PT TO 300	PWR WC GRP 2 STD PORT SLING SEAT PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0821	PWR WC GRP 2 CAPT CHAIR TO 300	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0822	PWR WC GRP 2 SLING SEAT PT TO 300	PWR WC GRP 2 STD SLING SEAT PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0824	PWR WC GRP 2 SLING SEAT PT 301-450	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0826	PWR WC GRP 2 SLING SEAT PT 451-600	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0828	PWR WC GRP 2 SLING SEAT PT 601/>	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0829	PWR WC GRP 2X HVY DUTY CHR PT 601/>	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	PWR WC GRP 2 STD SEAT ELEV SLING PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0843	PWR WC 2 MX PWR SLING PT 301-450	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0850	PWR WC GRP 3 SLING SEAT PT 301-450	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0852	PWR WC GRP 3 SLING SEAT PT 451-600	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0859	PWR WC 3 1 CAP CHAIR PT 301-450	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
K0862	PWR WC 3 MX PWR SLING PT 301-450	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0863	PWR WC 3 MX PWR SLING PT 451-600	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0870	PWR WC GRP 4 SLING SEAT PT 301-450	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0871	PWR WC GRP 4 SLING SEAT PT 451-600	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0886	PWR WC 4 MX PWR SLING PT 301-450	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0891	PWR WC 5 PED MX PWR SLING PT TO 125	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0898	POWER WHEELCHAIR NOC	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0899	PWR MOBILTY DEVC NOT CODED DME PDAC	PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
K0900	CUSTOMIZED DME OTH THAN WHEELCHAIR	CUSTOMIZED DME OTHER THAN WHEELCHAIR	No Auth Required					
K1001	ELEC POSIT OBS SLEEP APNEA TX SENS	ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS	Authorization Required			Level 2 Review (Full Clinical Review)		
K1002	CES SYS INCL ALL SPL & ACCESS ANY T	CES SYS INCL ALL SUPPLIES & ACCESSORIES ANY TYPE	Authorization Required			Level 2 Review (Full Clinical Review)		
K1003	WHIRLPOOL TUB WALK IN PORTABLE	WHIRLPOOL TUB WALK IN PORTABLE	Authorization Required			Level 2 Review (Full Clinical Review)		
K1004	LOW FREQ U/S DIA TX DVC HOME USE	LW FRQ U/S DIA TX DVC HM USE INCL CMPNT & ACCESS	Authorization Required			Level 2 Review (Full Clinical Review)		
K1005	DISP COLL & STRG BAG BM ANY SZ T EA	DISPOSABLE COLL & STRG BAG BM ANY SIZE ANY T EA	No Auth Required					
L0112	CRANIL CERV ORTHOS CONGN TORTICOLLI	CRANIL CERV ORTHOS CONGN TORTICOLLIS TYPE CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0113	CRANIL CERV ORTHOS TORTICOLLI PRFB	CRANIAL CERVL ORTHOSIS TORTICOLLIS TYPE PREFAB	No Auth Required					
L0120	CERVICAL FLEX NONADJUSTABLE PREFAB	CERVICAL FLEXIBLE NONADJUSTABLE PREFAB OFF SHELF	No Auth Required					
L0130	CERV FLXBL THRMOPLSTC COLLR MOLD PT	CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED PT	No Auth Required					
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	CERVICAL SEMI-RIGID ADJUSTABLE	No Auth Required					
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP	No Auth Required					
L0160	CERV SEMI-RIGID OCCIP/MAND PREFAB	CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB	No Auth Required					
L0170	CERV COLLAR MOLDED PATIENT MODEL	CERVICAL COLLAR MOLDED TO PATIENT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0172	CERV COLLAR SEMI-RIGID FOAM PREFAB	CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB	No Auth Required					
L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB	CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB	No Auth Required					
L0180	CERV MX POST COLLR SUPPS ADJ	CERV MX POST COLLAR OCCIP/MAND SUPPORTS ADJUSTBL	No Auth Required					
L0190	CERV MX POST COLLR ADJ CERV BARS	CERV MX POST COLLR OCCIP/MAND SUPP ADJ CERV BARS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0200	CERV COLLR ADJ CERV BARS&THOR EXT	CERV MX POST COLLR OCCIP/MAND ADJ CERV&THOR EXT	No Auth Required					
L0220	THORACIC RIB BELT CUSTOM FABRICATED	THORACIC RIB BELT CUSTOM FABRICATED	No Auth Required					
L0450	TLSO FLEX TRUNK SUPP UP THOR PREFAB	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION PREFAB	No Auth Required					
L0452	TLSO FLEX TRUNK SUPP UP THOR CUSTOM	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	No Auth Required					
L0454	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB CUSTOM FIT	No Auth Required					
L0455	TLSO FLEX SC JUNC TO T-9 PREFAB	TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB OFF SHELF	No Auth Required					
L0456	TLSO FLEX SC SCAP SPN PRFAB CUSTOM	TLSO FLEXIBLE SC JUNCT SCAP SPINE PREFAB CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0466	TLSO SAGITTAL CONTROL PREFAB CUSTOM	TLSO SAGITTAL CONTRL RIGD FRME PREFAB CUSTOM FIT	No Auth Required					
L0467	TLSO SAGITTAL CONTROL RIGD PREFAB	TLSO SAGITTAL CONTRL RIGD FRAME PREFAB OFF SHELF	No Auth Required					
L0468	TLSO SAGITTAL-CORONAL PREFAB CUSTOM	TLSO SAGITTAL-CORONAL CONTROL PREFAB CUSTOM FIT	No Auth Required					
L0469	TLSO SAGITTAL-CORONAL CONTRL PREFAB	TLSO SAGITTAL-CORONAL CONTROL RIGID FRAME PREFAB	No Auth Required					
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	TLSO TRIPLANAR POST FRME&ANT APRON W/STRAP PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	TLSO TRIPLANAR HYPREXT RIGD ANT&LAT FRME PRFAB	No Auth Required					
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	TLSO TRIPLANAR 1 PIECE W/O INTERFCE LINER CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	TLSO SAGIT-CORONAL W/OVRLAP REINFORCED ANT PRFAB	No Auth Required					
L0491	TLSO 2 RIGID PLASTIC SHELLS PREFAB	TLSO TWO RIGID PLASTIC SHELLS PREFABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0492	TLSO 3 RIGID PLASTIC SHELLS PREFAB	TLSO THREE RIGID PLASTIC SHELLS PREFABRICATED	No Auth Required					
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	SACROILIAC ORTHOSIS FLEXIBLE PREFABRICATED	No Auth Required					
L0622	SACROILIAC ORTHOSIS FLEXIBLE CUSTOM	SACROILIAC ORTHOSIS FLEXIBLE CUSTOM FABRICATED	No Auth Required					
L0623	SACROILIAC ORTHOSIS RIGID PREFAB	SACROILIAC ORTHOSIS RIGID/SEMI-RIGID PANL PREFAB	No Auth Required					
L0624	SACROILIAC ORTHOSIS RIGID CUSTOM	SACROILIAC ORTHOSIS RIGD/SEMI-RIGD PANELS CUSTOM	No Auth Required					
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFAB	LUMBAR ORTHOSIS FLEXIBLE PREFABRICATED OFF SHELF	No Auth Required					
L0626	LUMB ORTHOS RIGID POST PREFAB CUSTM	LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB	No Auth Required					
L0627	LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	LUMB ORTHOSIS SAGIT CNTRL RIGID A&P PANEL PREFAB	No Auth Required					
L0628	LSO FLEXIBLE PREFAB OFF THE SHELF	LUMBAR-SACRAL ORTHOSIS FLEXIBLE PREFAB OFF SHELF	No Auth Required					
L0629	LSO FLEXIBLE CUSTOM FABRICATED	LUMBAR-SACRAL ORTHOSIS FLEXIBLE CUSTOM FAB	No Auth Required					
L0630	LSO SAGIT CONTROL RIGID POST PREFAB	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB	No Auth Required					
L0631	LSO SAGIT CNTRL RIGID POST CUSTOM	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A&P PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement

L0632	LSO SAGIT CNTRL RIGID A&P CUSTOM	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A&P CUSTOM	No Auth Required					
L0633	LSO SAG-COR CNTRL RIGID POST PREFAB	LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST PREFAB	No Auth Required					
L0634	LSO SAG-COR CNTRL RIGID POST CUSTOM	LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST CUSTOM	No Auth Required					
L0635	LSO SAG-COR CNTRL LUMB FLEX PREFAB	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0636	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0637	LSO SAG-COR CNTRL RIGID A&P PREFAB	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0638	LSO SAG-COR CNTRL RIGID A&P CUSTOM	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0639	LSO SAG-COR CNTRL RIGD SHELL PREFAB	LUMB-SAC ORTHOS SAG-COR CNTRL RIGID SHELL PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0640	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	LSO SAGITTAL-CORONAL RIGID SHELL/PANEL CUSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0641	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	LUMB ORTHOS SAGITTAL CTRL RIGD POST PANLS PREFAB	No Auth Required					
L0642	LUMB ORTHOS SAGIT CTRL ANT POST PNL	LUMB ORTHOS SAGITTAL CTRL RIGD ANT POST PANELS	No Auth Required					
L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	LSO SAGITTAL CONTROL RIGID POST PANELS PREFAB	No Auth Required					
L0648	LSO SAGIT CNTRL RIGD ANT POST PANEL	LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0649	LSO SAGIT-CORNL CNTRL RIGD PST PANL	LSO SAGITTAL-CORONAL CONTROL RIGD POST PANELS	No Auth Required					
L0650	LSO SAGIT-CORNL CNTRL ANT PST PANL	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS/PANELS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0700	CTLSO ANT-POST-LAT CNTRL MOLD PT	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0710	CTLSO-MOLD PT-INTERFACE MATERIAL	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0810	HALO PROC CERV HALO IN JACKT VEST	HALO PROC CERV HALO INCORPORATED IN JACKET VEST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	HALO PROC CERV HALO INC IN PLASTR BDY JACKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0859	RINGS&PINS	ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L0861	ADD HALO PROC REPLCMT LINER/INTERFC	ADD HALO PROC REPLCMT LINER/INTERFCE MATERIAL	No Auth Required					
L0970	TLSO CORSET FRONT	TLSO CORSET FRONT	No Auth Required					
L0972	LSO CORSET FRONT	LSO CORSET FRONT	No Auth Required					
L0974	TLSO FULL CORSET	TLSO FULL CORSET	No Auth Required					
L0976	LSO FULL CORSET	LSO FULL CORSET	No Auth Required					
L0978	AXILLARY CRUTCH EXTENSION	AXILLARY CRUTCH EXTENSION	No Auth Required					
L0980	PERONEAL STRAPS PREFAB PAIR	PERONEAL STRAPS PREFABRICATED OFF THE SHELF PAIR	No Auth Required					
L0982	STOCKING SUPPORT GRIPS PREFAB SET 4	STOCKING SUPPORTER GRIPS PREFAB OFF SHELF SET 4	No Auth Required					
L0984	PROTECTIVE BODY SOCK PREFAB EACH	PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH	No Auth Required					
L0999	ADDITION TO SPINAL ORTHOSIS NOS	ADD TO SPINAL ORTHOSIS NOT OTHERWISE SPECFIED	No Auth Required					
L1000	CTLSO INCL FURNISH INIT ORTHOS-MDL	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1001	CTLS IMMOBILIZER INFANT SZ PREFAB	CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB	No Auth Required					
L1005	TENSION BASED SCOLIOSIS ORTHOSIS	TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PADS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1010	ADD CTLSO/SCOLIO ORTHOS AX SLING	ADDITION CTLSO/SCOLIOSIS ORTHOSIS AXILLA SLING	No Auth Required					
L1020	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	ADDITION CTLSO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD	No Auth Required					
L1025	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	ADD CTLSO/SCOLIOS ORTHOS KYPHOS PAD FLOATING	No Auth Required					
L1030	ADD CTLSO/SCOLIO ORTHOS LUMB PAD	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD	No Auth Required					
L1040	ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD	No Auth Required					
L1050	ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS STERNAL PAD	No Auth Required					
L1060	ADD CTLSO/SCOLIOS ORTHOS THOR PAD	ADDITION CTLSO/SCOLIOSIS ORTHOSIS THORACIC PAD	No Auth Required					
L1070	ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	ADD CTLSO/SCOLIOSIS ORTHOSIS TRAPEZIUS SLING	No Auth Required					
L1080	ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS OUTRIGGER	No Auth Required					
L1085	ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	ADD CTLSO/SCOLIO ORTHO OUTRIG BIL-VERTICL EXT	No Auth Required					
L1090	ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	ADDITION CTLSO/SCOLIOSIS ORTHOSIS LUMBAR SLING	No Auth Required					
L1100	ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	ADD CTLSO/SCOLIOS ORTHOS RING FLNGE PLSTC/LEATHR	No Auth Required					
L1110	ADD CTLSO/SCOLIOS RING MOLD PT MDL	ADD CTLSO/SCOLIOS RING FLNGE MOLD PT MDL	No Auth Required					
L1120	ADD CTLSO SCOLIO ORTHO COVR UPRT EA	ADDITION CTLSO SCOLIOSIS ORTHOSIS COVER UPRT EA	No Auth Required					
L1200	TLSO INCL FURNISH INIT ORTHOS ONLY	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1210	ADDITION TLSO LATERAL THORACIC EXT	ADDITION TO TLSO LATERAL THORACIC EXTENSION	No Auth Required					
L1220	ADDITION TLSO ANT THORACIC EXT	ADDITION TO TLSO ANTERIOR THORACIC EXTENSION	No Auth Required					
L1230	ADD TLSO MLWAKEE TYPE SUPERSTRCT	ADDITION TO TLSO MILWAUKEE TYPE SUPERSTRUCTURE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1240	ADDITION TLSO LUMBAR DEROTATION PAD	ADDITION TO TLSO LUMBAR DEROTATION PAD	No Auth Required					
L1250	ADDITION TO TLSO ANTERIOR ASIS PAD	ADDITION TO TLSO LOW PROFILE ANTERIOR ASIS PAD	No Auth Required					
L1260	ADD TLSO ANT THOR DEROTATION PAD	ADDITION TLSO ANTERIOR THORACIC DEROTATION PAD	No Auth Required					
L1270	ADDITION TO TLSO ABDOMINAL PAD	ADDITION TO TLSO LOW PROFILE ABDOMINAL PAD	No Auth Required					
L1280	ADDITION TO TLSO RIB GUSSET EACH	ADDITION TO TLSO LOW PROFILE RIB GUSSET EACH	No Auth Required					
L1290	ADDITION TLSO LAT TROCHANTERIC PAD	ADDITION TO TLSO LOW LATERAL TROCHANTERIC PAD	No Auth Required					
L1300	OTH SCOLIOS PROC BDY JACKT MOLD PT	OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1499	SPINAL ORTHOSIS NOS	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	No Auth Required					
L1600	HIP ORTHOS ABDUCT FLX FREJKA PREFAB	HIP ORTHOSIS ABDUCTION CONTRL FLEX FREJKA PREFAB	No Auth Required					
L1610	HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	HIP ORTHOSIS ABDUCTION CONTRL FLEXIBLE PREFAB	No Auth Required					
L1620	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	HIP ORTHOSIS ABDUCTION FLEX PAVLIK HARN PREFAB	No Auth Required					
L1630	HIP ORTHOSIS ABDUCT CONTRL/SEMI-FLX	HO ABDUCT CONTROL OF HIP JNT SEMI-FLEX CSTM FAB	No Auth Required					
L1640	HIP ORTHOSIS-PELV BAND/SPRDR BAR	HIP ORTHOSIS-PELV BAND/SPRDR BAR THI CUFFS FAB	No Auth Required					

L1650	HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ	HIP ORTHOSIS ABDUCT CNTRL STAT ADJ PRFAB-FIT&ADJ	No Auth Required					
L1652	HIP ORTHOS BIL THI CUFF ADLT PRFAB	HIP ORTHOSIS BIL THI CUFF ADLT SZ PRFAB ANY TYPE	No Auth Required					
L1660	HIP ORTHOS ABDUCT CNTRL-STATC PLSTC	HIP ORTHOS ABDUCT CNTRL STAT PLSTC PRFAB-FIT&ADJ	No Auth Required					
L1680	HIP ORTHOS DYN PELV CNTRL THI CSTM	HIP ORTHOS DYN PELV CONTROL THIGH CUFF CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1686	HIP ORTHOS POSTOP HIP ABDCT PRFAB	HIP ORTHOS ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOS	COMB BIL LUMBO-SAC HIP FEM ORTHOS PRFB W/FIT&ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1700	LEGG PERTHES ORTHOSIS TORONTO CSTM	LEGG PERTHES ORTHOSIS TORONTO CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1710	LEGG PERTHES ORTHOS NEWINGTON CSTM	LEGG PERTHES ORTHOSIS NEWINGTON CUSTOM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	LEGG PERTHES ORTHOSIS TRILAT TACHDIJAN CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE	LEGG PERTHES ORTHOSIS SCOTTISH RITE CUSTOM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1755	LEGG PERTHES ORTHOS PATTEN BOTTOM	LEGG PERTHES ORTHOSIS PATTEN BOTTOM CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1810	KNEE ORTHOSIS ELASTIC JOINTS PREFAB	KNEE ORTHOSIS ELASTIC JOINTS PREFAB CUSTOM FIT	No Auth Required					
L1812	KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFAB	No Auth Required					
L1820	KO ELAST W/CONDYLR PADS&JNT PRFAB	KO ELAST W/CONDYLR PADS&JNT PRFAB INCL FIT&ADJ	No Auth Required					
L1830	KNEE ORTHOSIS IMMOBLIZER PREFAB	KNEE ORTHOSIS IMMOBLIZER CANVAS LONGTUDNL PREFAB	No Auth Required					
L1831	KNEE ORTHS LOCK KNEE JNT PSTN ORTHT	KNEE ORTHOS LOCK KNEE JNT PSTN ORTHOS PRFAB	No Auth Required					
L1832	KNEE ORTHOS IMMOBLZR ADJUST PREFAB	KNEE ORTHOSIS IMMOBLIZER ADJUSTABLE JOINT PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1833	KNEE ORTHOSIS ADJUST JNT RIGD SUPP	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1836	KNEE ORTHOSIS RIGD W/O JOINT PREFAB	KNEE ORTHOSIS RIGID WITHOUT JOINT PREFABRICATED	No Auth Required					
L1840	KO DEROTATION MED-LAT ACL CSTM FAB	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1844	KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1845	KNEE ORTHOS DBL UPRT THI&CALF PRFAB	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1846	KNEE ORTHOS DBL UPRT THI&CALF CUSTM	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1847	KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	KNEE ORTHOSIS DOUBLE UPRIGHT AIR PREFAB CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1848	KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1850	KNEE ORTHOS SWEDISH TYPE PREFAB	KNEE ORTHOSIS SWEDISH TYPE PREFAB OFF SHELF	No Auth Required					
L1851	KNEE ORTHOS SNG UPRT THIGH & CALF	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1852	KNEE ORTHOS DBLE UPRT THIGH & CALF	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1900	AFO SPRNG WIRE DORSIFLX ASST CSTM	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	No Auth Required					
L1902	ANK ORTH ANK GAUNTLT/SIM PREFAB OTS	ANKLE ORTH ANKLE GAUNT/SIM PREFAB OFF-THE-SHELF	No Auth Required					
L1904	ANK ORTH ANK GAUNTLT/SIM CUSTOM FAB	ANKLE ORTH ANKLE GAUNTLET/SIMILAR CUSTOM FAB	No Auth Required					
L1906	AFO MX-LIGAMENT ANK SUPT PREFB OTS	ANK FT ORTHOS MX-LIG ANK SUPT PREFB OFF SHELF	No Auth Required					
L1907	ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB	No Auth Required					
L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	AFO SINGLE UPRT W/STATIC/ADJUSTBL STOP CSTM FAB	No Auth Required					
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	ANKLE FOOT ORTHOSIS PLASTIC/OTH MATL PREFAB	No Auth Required					
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1940	ANK FT ORTHOS PLSTC/OTH MATL CSTM	ANK FT ORTHOSIS PLASTIC/OTH MATERIAL CUSTOM FAB	No Auth Required					
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L1950	AFO SPIRAL PLASTIC CUSTOM FAB	ANKLE FOOT ORTHOSIS SPIRAL PLASTIC CUSTOM-FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1951	ANK FT ORTHOS SPIRAL PLSTC/OTH MATL	ANK FT ORTHOS SPIRAL PLSTC/OTH MATL PRFAB W/FIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	No Auth Required					
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L1971	ANK FT ORTHOS PLSTC/OTH MATL PREFAB	ANK FT ORTHOSIS PLSTC/OTH MATL W/ANK JNT PREFAB	No Auth Required					
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	No Auth Required					
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	No Auth Required					
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2005	KAFO ANY MATL AUTO RLS ANK JNT CSTM	KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2006	KAF DVC ANY MATERIAL ADJ CUSTOM FAB	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Authorization Required			Level 2 Review (Full Clinical Review)		
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2035	KAFO FULL PLSTC STAT PED SZ PRFAB	KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB	No Auth Required					
L2036	KAFO FULL PLSTC DBL UPRT CSTM FAB	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	HKAFO TORSION CNTRL BIL ROTAT STRAPS CSTM	No Auth Required					
L2050	HKAFO BIL TORSION CABLES CSTM FAB	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	No Auth Required					
L2060	HKAFO BIL TORSION BALL BEAR CSTM	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	HKAFO TORSION CNTRL UNI ROTAT STRAPS CSTM FAB	No Auth Required					

L2080	HKAFO UNI TORSION CABLE CSTM FAB	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	No Auth Required					
L2090	HKAFO UNI TORSN CABL BALL BEAR CSTM	HKAFO UNI TORSION CABLE BALL BEAR CSTM	No Auth Required					
L2106	AFO TIB FX CAST THERMOPLSTC CSTM	AFO FX ORTHOSIS TIB FX CAST THERMOPLSTC CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2108	AFO TIB FX CAST ORTHS CSTM	AFO FX ORTHOSIS TIB FX CAST ORTHOSIS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2112	AFO TIB FX ORTHOS SFT PRFAB FIT	AFO FX ORTHO TIB FX ORTHO SFT PRFAB W/FIT & ADJ	No Auth Required					
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W/FIT & ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L2116	AFO TIB FX ORTHOS RIGD PRFAB FIT	AFO TIB FX ORTHOSIS RIGID PRFAB W/FIT & ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM	KAFO FEM FX CAST ORTHOSIS THERMOPLSTC CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2128	KAFO FEM FX CAST ORTHOS CSTM FAB	KAFO FX ORTHOSIS FEM FX CAST ORTHOSIS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2132	KAFO FEM FX CAST ORTHOS SFT PRFAB	KAFO FEM FX CAST ORTHOSIS SFT PRFAB W/FIT & ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	KAFO FEM FX CAST ORTHOS SEMI-RIGD PRFAB FIT&ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2136	KAFO FEM FX CAST ORTHOS RIGD PRFAB	KAFO FEM FX CAST ORTHOSIS RIGD PRFAB W/FIT & ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2180	ADD LW EXTRM ORTH PLSTC SHOE INSRT	ADD LW EXTRM FX ORTHOS PLSTC SHOE INSRT ANK JNT	No Auth Required					
L2182	ADD LW EXT ORTH DROP LOCK KNEE JNT	ADD LOW EXTREM FX ORTHOSIS DROP LOCK KNEE JOINT	No Auth Required					
L2184	ADD LW EXTRM ORTH LTD MOT KNEE JNT	ADD LOW EXTREM FX ORTHOSIS LTD MOTION KNEE JOINT	No Auth Required					
L2186	ADD LW EXT ORTH ADJ MOT KNEE JNT	ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE	No Auth Required					
L2188	ADD LW EXT FX ORTHOS QUADRILAT BRIM	ADD LOW EXTREM FRACTURE ORTHOSIS QUADRILAT BRIM	No Auth Required					
L2190	ADD LOW EXTREM FX ORTHOS WAIST BELT	ADDITION LOW EXTREM FRACTURE ORTHOSIS WAIST BELT	No Auth Required					
L2192	ADD LW EXT ORTH HIP JNT THI FLNGE	ADD LW EXT ORTHOSIS HIP JNT THI FLNGE&PELV BELT	No Auth Required					
L2200	ADD LOW EXTRM LTD ANK MOTION EA JNT	ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT	No Auth Required					
L2210	ADD LOW EXTREM DORSIFLX ASST EA JNT	ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT	No Auth Required					
L2220	ADD LW EXT DRSFLX&PLNTR ASST EA JNT	ADD LW EXTRM DORSIFLX&PLANTR ASST/RSIST EA JNT	No Auth Required					
L2230	ADD LW EXT SPLIT FLAT CALIPR STIRUP	ADD LW EXTRM SPLIT FLAT CALIPRR STIRRUPS & PLATE	No Auth Required					
L2232	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM	No Auth Required					
L2240	ADD LW EXT ROUND CALIPER&PLAT ATTCH	ADD LOW EXTREM ROUND CALIPER&PLATE ATTACHMENT	No Auth Required					
L2250	ADD LW EXT FT PLAT MOLD PT STIRUP	ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH	No Auth Required					
L2260	ADD LW EXT REINFORCED SOLID STIRUP	ADDITION LOWER EXTREM REINFORCED SOLID STIRRUP	No Auth Required					
L2265	ADD LOW EXTREM LONG TONGUE STIRUP	ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP	No Auth Required					
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP	ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD	No Auth Required					
L2275	ADD LW EXT VARUS/VULGUS CORR PLSTC	ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN	No Auth Required					
L2280	ADD LOW EXTREM MOLDED INNR BOOT	ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT	No Auth Required					
L2300	ADD LW EXTRM ABDUCT BAR JNTED ADJ	ADDITION LOW EXTREM ABDUCT BAR JOINTED ADJUSTBLE	No Auth Required					
L2310	ADD LOW EXTREM ABDUCT BAR STRAIGHT	ADDITION LOWER EXTREMITY ABDUCTION BAR STRAIGHT	No Auth Required					
L2320	ADD LOW EXT NONMOLD LACER CSTM ONLY	ADD LOW EXT NONMOLD LACER CSTM FAB ORTHOS ONLY	No Auth Required					
L2330	ADD LOW EXT LACER MOLD PT CSTM ONLY	ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOSIS ONLY	No Auth Required					
L2335	ADDITION LOW EXTREM ANT SWING BAND	ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND	No Auth Required					
L2340	ADD LW EXTRM PRETIBL SHELL MOLD PT	ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL	No Auth Required					
L2350	ADD LW EXT PROSTH TYPE SCKT MOLD PT	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2360	ADDITION LOW EXTREM EXT STEEL SHANK	ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK	No Auth Required					
L2370	ADDITION LOWER EXTREM PATTEN BOTTOM	ADDITION TO LOWER EXTREMITY PATTEN BOTTOM	No Auth Required					
L2375	ADD LW EXT TORSION CNTRL ANK JNT	ADD LW EXT TORSION CNTRL ANK JNT&HALF STIRUP	No Auth Required					
L2380	ADD LW EXT TORSN CNTRL STRAIT KNEE	ADD LW EXT TORSION CNTRL STRAIT KNEE JNT EA JNT	No Auth Required					
L2385	ADD LW EXTREM STRAIT KNEE JNT HD EA	ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT	No Auth Required					
L2387	ADD LW EXT POLYCNTRC KNEE CSTM KAFO	ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT	No Auth Required					
L2390	ADD LW EXTRM OFFSET KNEE JNT EA JNT	ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT	No Auth Required					
L2395	ADD LW EXT OFFSET KNEE JNT HD EA	ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT	No Auth Required					
L2397	ADD LOW EXTREM ORTHOSIS SUSP SLEEVE	ADDITION LOWER EXTREM ORTHOSIS SUSPENSION SLEEVE	No Auth Required					
L2405	ADDITION KNEE JOINT DROP LOCK EACH	ADDITION TO KNEE JOINT DROP LOCK EACH	No Auth Required					
L2415	ADD KNEE LOCK-INTEGRATD RLSE EA JNT	ADD KNEE LOCK W/INTEGRATED RLSE MECH MATL EA JNT	No Auth Required					
L2425	ADD KNEE JNT DISC/DIAL LOCK EA JNT	ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLX EA JNT	No Auth Required					
L2430	ADD KNEE JNT RATCHT LOCK EXT EA JNT	ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT	No Auth Required					
L2492	ADD KNEE LIFT LOOP DROP LOCK RING	ADDITION TO KNEE JOINT LIFT LOOP DROP LOCK RING	No Auth Required					
L2500	ADD LW EXTRM THIGH/WT BEAR RING	ADD LW EXTRM THI/WT BEAR GLUTL/ISCH WT BEAR RING	No Auth Required					
L2510	ADD LW EXTRM THI/WT BEAR MOLD PT	ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM MOLD PT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2520	ADD LW EXTRM THI/WT BEAR CSTM	ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM CSTM	No Auth Required					
L2525	ADD LW EXT ISCH M-L BRIM MOLD PT	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	ADD LOW EXTREM THIGH/WEIGHT BEAR LACER NONMOLDED	No Auth Required					
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	ADD LOW EXTREM THI/WEIGHT BEAR LACER MOLD PT MDL	No Auth Required					
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	ADD LOW EXTREM THIGH/WEIGHT BEAR HIGH ROLL CUFF	No Auth Required					
L2570	ADD LW EXT PELV HIP JNT CLEVIS	ADD LW EXT PELV HIP JNT CLEVIS TYPE TWO PSTN JNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	ADDITION LOWER EXTREM PELV CONTROL PELV SLING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2600	ADD LW EXT PELV THRUST BEAR FREE	ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR FREE	No Auth Required					
L2610	ADD LW EXT PELV THRUST BEAR LOCK	ADD LW EXT PELV HIP JNT CLEVIS/THRUST BEAR LOCK	No Auth Required					
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	ADD LOW EXTREM PELV CNTRL HIP JOINT HEVY-DUTY EA	No Auth Required					

L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	ADD LOW EXTRM PELV CNTRL HIP JNT ADJUSTBL FLX EA	No Auth Required					
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	ADD LW EXTRM PELV HIP JNT ADJ FLX EXT ABDUCT EA	No Auth Required					
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT&CABLES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2628	ADD LW EXT PELV METL FRME-CABLES	ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L2630	ADD LW EXTRM PELV BAND&BELT UNI	ADD LOW EXTREM PELVIC CONTROL BAND & BELT UNI	No Auth Required					
L2640	ADD LW EXTRM PELV BAND&BELT BIL	ADDITION LOW EXTREM PELV CONTROL BAND & BELT BIL	No Auth Required					
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	ADD LOW EXTREM PELV&THOR CONTROL GLUTEAL PAD EA	No Auth Required					
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	ADDITION LOWER EXTREM THOR CONTROL THOR BAND	No Auth Required					
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	ADD LOW EXTREM THOR CONTROL PARASPINAL UPRIGHTS	No Auth Required					
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT	ADD LOW EXTREM THOR CNTRL LAT SUPPORT UPRIGHTS	No Auth Required					
L2750	ADD LW EXT ORTHOS PLAT CHROME/NICKL	ADD LOW EXTREM ORTHOSIS PLATING CHROME/NICKL-BAR	No Auth Required					
L2755	ADD LOW EXT ORTHOS PER SEG CSTM	ADD LOW EXT ORTHOSIS HYBRID COMPOS PER SEG CSTM	No Auth Required					
L2760	ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR	ADDITION LOW EXTREM ORTHOSIS EXT PER EXT PER BAR	No Auth Required					
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR	No Auth Required					
L2780	ADD LW EXT ORTH NONCORROSIVE BAR	ADD LOW EXTREM ORTHOSIS NONCORROSIVE FINISH BAR	No Auth Required					
L2785	ADD LW EXT ORTHOS DROP LOCK RETN EA	ADDITION LOW EXTREM ORTHOSIS DROP LOCK RETAIN EA	No Auth Required					
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	ADD LOW EXTREM ORTHOSIS KNEE CNTRL FULL KNEECAP	No Auth Required					
L2800	ADD LOW EXT ORTHOS KNEE CAP CSTM	ADD LOW EXT ORTHOS KNEE CNTRL KNEE CAP CSTM ONLY	No Auth Required					
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	ADD LOW EXTREM ORTHOSIS KNEE CONTROL CONDYLR PAD	No Auth Required					
L2820	ADD LW EXT ORTH SFT INTRFC BLW KNEE	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE	No Auth Required					
L2830	ADD LW EXT ORTH SFT INTRFC ABV KNEE	ADD LW EXT ORTHOSIS SOFT INTERFCE MOLD ABVE KNEE	No Auth Required					
L2840	ADD LW EXT ORTHOS TIB LEN SOCK FX/=	ADD LOW EXTREM ORTHOSIS TIB LENGTH SOCK FX/= EA	No Auth Required					
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	ADD LOW EXTREM ORTHOS FEM LENGTH	No Auth Required					
L2999	LOWER EXTREMITY ORTHOSES NOS	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	No Auth Required					
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3001	FOOT INSRT REMV MOLD PT SPENCO EA	FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3003	FOOT INSRT REMV MOLD SILCON GEL EA	FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA	FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3030	FOOT INSERT REMV FORMED PT FT EA	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORS	FOOT INSRT/PLAT REMV ADD LW EXT ORTHOS HI STRGTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA	FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT	FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA	FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3100	HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	HALLUS-VALGUS NIGHT DYNAMIC SPLINT PREFABRICATED	No Auth Required					
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3170	FOOT PLASTC SIL HEEL STAB PREFAB EA	FOOT PLASTIC SILCONE HEEL STABILIZER PREFAB EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	ORTHOPEDIC SHOE OXFORD W/SUPINATOR/PRONATOR JR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR/PRONATOR JR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3208	SURGICAL BOOT EACH INFANT	SURGICAL BOOT EACH INFANT	No Auth Required					
L3209	SURGICAL BOOT EACH CHILD	SURGICAL BOOT EACH CHILD	No Auth Required					
L3211	SURGICAL BOOT EACH JUNIOR	SURGICAL BOOT EACH JUNIOR	No Auth Required					
L3212	BENESCH BOOT PAIR INFANT	BENESCH BOOT PAIR INFANT	No Auth Required					
L3213	BENESCH BOOT PAIR CHILD	BENESCH BOOT PAIR CHILD	No Auth Required					
L3214	BENESCH BOOT PAIR JUNIOR	BENESCH BOOT PAIR JUNIOR	No Auth Required					
L3224	ORTHO FTWEAR WOMAN OXFRD PART BRACE	ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFRD PART BRACE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3225	ORTHO FTWEAR MAN OXFRD PART BRACE	ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3230	ORTHO FTWEAR CSTM SHOE DEPTH INLAY	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3250	ORTHOPED FOOTWEAR CSTM MOLD PROSTH	ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3254	NONSTANDARD SIZE OR WIDTH	NONSTANDARD SIZE OR WIDTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3255	NONSTANDARD SIZE OR LENGTH	NONSTANDARD SIZE OR LENGTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3257	ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3260	SURGICAL BOOT/SHOE EACH	SURGICAL BOOT/SHOE EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3265	PLASTAZOTE SANDAL EACH	PLASTAZOTE SANDAL EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	LIFT ELEVATION HEEL AND SOLE CORK PER INCH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement

L3330	LIFT ELEVATION METAL EXTENSION	LIFT ELEVATION METAL EXTENSION	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN	LIFT ELEV INSIDE SHOE TAPERED UP ONE-HALF INCH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3334	LIFT ELEVATION HEEL PER INCH	LIFT ELEVATION HEEL PER INCH	No Auth Required					
L3340	HEEL WEDGE SACH	HEEL WEDGE SACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3350	HEEL WEDGE	HEEL WEDGE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3360	SOLE WEDGE OUTSIDE SOLE	SOLE WEDGE OUTSIDE SOLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3370	SOLE WEDGE BETWEEN SOLE	SOLE WEDGE BETWEEN SOLE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3380	CLUBFOOT WEDGE	CLUBFOOT WEDGE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3390	OUTFLARE WEDGE	OUTFLARE WEDGE	No Auth Required					
L3400	METATARSAL BAR WEDGE ROCKER	METATARSAL BAR WEDGE ROCKER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	METATARSAL BAR WEDGE BETWEEN SOLE	No Auth Required					
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE	FULL SOLE AND HEEL WEDGE BETWEEN SOLE	No Auth Required					
L3430	HEEL COUNTER PLASTIC REINFORCED	HEEL COUNTER PLASTIC REINFORCED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3440	HEEL COUNTER LEATHER REINFORCED	HEEL COUNTER LEATHER REINFORCED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3450	HEEL SACH CUSHION TYPE	HEEL SACH CUSHION TYPE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3455	HEEL NEW LEATHER STANDARD	HEEL NEW LEATHER STANDARD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3460	HEEL NEW RUBBER STANDARD	HEEL NEW RUBBER STANDARD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3465	HEEL THOMAS WITH WEDGE	HEEL THOMAS WITH WEDGE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3470	HEEL THOMAS EXTENDED TO BALL	HEEL THOMAS EXTENDED TO BALL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3480	HEEL PAD AND DEPRESSION FOR SPUR	HEEL PAD AND DEPRESSION FOR SPUR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3485	HEEL PAD REMOVABLE FOR SPUR	HEEL PAD REMOVABLE FOR SPUR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3500	ORTHOPED SHOE ADD INSOLE LEATHR	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3510	ORTHOPED SHOE ADD INSOLE RUBBER	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	ORTHOPED SHOE ADDITION INSOLE FELT COVR W/LEATHR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	ORTHOPEDIC SHOE ADDITION SOLE HALF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	ORTHOPEDIC SHOE ADDITION SOLE FULL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	ORTHOPEDIC SHOE ADDITION MARCH BAR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3600	TRF ORTHOS 1 SHOE-ANR CALIP PL EXST	TRANSF ORTHOS 1 SHOE TO ANOTH CALIP PLATE EXIST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3610	TX ORTHOS 1 SHOE-ANOTH CALIP PLT N	TRNSF ORTHOS ONE SHOE TO ANOTHER CALIP PLATE NEW	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3620	TRF ORTHOS 1 SHOE-ANOTH SLD STIR EX	TRANS ORTHOS 1 SHOE-ANOTHER SLD STIRRUP EXISTING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3630	TRNS ORTHOS 1 SHOE-ANOTH SLD STIR N	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3640	TRNS ORTHOS SHOE-SHOE DENNS BRWNE B	TRNS ORTHOS SHOE TO ANOTH DENNIS BRWNE BTH SHOES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3649	ORTHOPED SHOE MOD ADD/TRANSFER NOS	ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3650	SHOULDER ORTHOS FIG 8 ABDUCT PREFAB	SHOULDER ORTHOSIS FIG 8 ABDUCT RESTRAINER PREFAB	No Auth Required					
L3660	SHOULDER ORTHOS FIG 8 CANVAS PREFAB	SHOULDER ORTHOSIS FIG 8 CANVAS WEBBING PREFAB	No Auth Required					
L3670	SHOULDER ORTHOS ACROMIO/CLAV PREFAB	SHOULDER ORTHOSIS ACROMIO/CLAVICULAR PREFAB	No Auth Required					
L3671	SO JOINT DESIGN W/O JOINTS CUSTOM	SHOULDER ORTHOSIS JOINT DESIGN W/O JNTS CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3674	SHOULDER ORTHOSIS ABDUCT PSTN CSTM	SHOULDER ORTHOSIS ABDUCT PSTN THOR COMP CUSTOM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3675	SHLDR VEST ABDUCT RESTRAINR PREFAB	SHOULDER ORTHOSIS VEST ABDUCT RESTRAINER PREFAB	No Auth Required					
L3677	SHLDR ORTHOS JNT DSGN PREFAB CUSTOM	SHOULDER ORTHOSIS JNT DSGN NO JNTS PREFAB CUSTOM	No Auth Required					
L3678	SHLDR ORTHOS JNT DSGN NO JNT PREFAB	SHOULDER ORTHOSIS JOINT DESIGN NO JOINT PREFAB	No Auth Required					
L3702	EO W/O JOINTS CUSTOM FABRICATED	ELBOW ORTHOSIS W/O JOINTS CUSTOM FABRICATED	No Auth Required					
L3710	ELB ORTHOS ELASTIC METL JNTS PREFAB	ELBOW ORTHOSIS ELASTIC W/METAL JOINTS PREFAB	No Auth Required					
L3720	EO DBL UPRT W/CUFF FREE MOT CSTM	EO DBL UPRT W/FORARM/ARM CUFF FREE MOT CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3730	EO DBL UPRT-CUFF EXT/FLX ASST CSTM	EO DBL UPRT W/CUFF EXT/FLX ASST CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	EO DBL UPRT W/CUFF ADJ LOCK W/ACTV CNTRL CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3760	EO ADJ POS LOCKING JNT PREFAB ITEM	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB ITEM	No Auth Required					
L3761	EO ADJ POS LOCKING JOINT PREFAB OTS	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
L3762	ELBOW ORTHOS RIGID W/O JOINT PREFAB	ELBOW ORTHOSIS RIGID W/O JOINT PREFAB OFF SHELF	No Auth Required					
L3763	EWHO RIGID W/O JOINTS CUSTOM FAB	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3764	EWHO 1/> NONTORSION JNTS CSTM FAB	EWHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FAB	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3766	EWHFO 1/> NONTORSION JNTS CSTM FAB	EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3806	WHFO CUSTOM FAB INCL FIT & ADJUST	WHFO CUSTOM FABRICATED INCL FITTING & ADJUSTMENT	No Auth Required					
L3807	WHF ORTHOS NO JNT PRFAB CUSTOM FIT	WRIST HAND FINGR ORTHOS W/O JNT PREFAB CSTM FIT	No Auth Required					
L3808	WHF ORTHOSIS RIGID NO JNT; CUSTOM	WRIST HAND FINGER ORTHOSIS RIGID W/O JNT; CUSTOM	No Auth Required					
L3809	WHF ORTHO NO JOINTS PREFAB ANY TYPE	WRIST HAND FINGER W/O JOINT PREFAB ANY TYPE	No Auth Required					
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3905	WHO 1/> NONTORSION JOINTS CSTM FAB	WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3906	WHO W/O JOINTS STRAPS CSTM FAB	WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB	No Auth Required					
L3908	WRST-HND ORTHOS CNTRL COCK-UP PRFAB	WRIST-HAND ORTHOSIS EXT CONTROL COCK UP PREFAB	No Auth Required					
L3912	HAND FINGR ORTHOS FINGR CNTRL PRFAB	HAND FINGER ORTHOSIS FLEX GLOV FINGR CNTRL PRFAB	No Auth Required					
L3913	HFO W/O JOINTS CUSTOM FABRICATED	HAND FINGER ORTHOTIC W/O JOINTS CUSTOM FAB	No Auth Required					
L3915	WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	WRIST HAND ORTHOSIS 1/>NONTORSION JNT PRFAB CSTM	No Auth Required					
L3916	WH ORTHOS 1/> NONTORSN JOINT PREFAB	WRIST HAND ORTHOSIS 1/> NONTORSION JOINT PREFAB	No Auth Required					
L3917	HAND ORTHOSIS MC FX PREFAB CSTM FIT	HAND ORTHOSIS METACARPAL FX PREFAB CUSTOM FIT	No Auth Required					
L3918	HAND ORTHOSIS METACARPL FX ORTHOSIS	HAND ORTHOSIS METACARPAL FX ORTHOSIS PREFAB	No Auth Required					
L3919	HAND ORTHOSIS W/O JOINTS CUSTOM FAB	HAND ORTHOSIS W/O JOINTS CUSTOM FABRICATED	No Auth Required					

L3921	HFO 1/> NONTORSION JOINTS CSTM FAB	HFO INCL 1/MORE NONTORSION JOINTS CUSTOM FAB	No Auth Required					
L3923	HF ORTHOSIS NO JOINT PRFAB CSTM FIT	HAND-FINGER ORTHOSIS W/O JOINT PREFAB CUSTOM FIT	No Auth Required					
L3924	HAND-FINGER ORTHOSIS W/O JOINTS	HAND-FINGER ORTHOSIS WITHOUT JOINTS PREFAB	No Auth Required					
L3925	FINGER ORTHOS NONTORSION JNT PREFAB	FINGER ORTHOSIS PIP/DIP NONTORSION JOINT PREFAB	No Auth Required					
L3927	FINGER ORTHOSIS W/O JOINT PREFAB	FINGER ORTHOSIS PIP/DIP W/O JOINT PREFABRICATED	No Auth Required					
L3929	HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	HAND-FINGER ORTHOSIS 1/> NONTORSN JNT PRFAB CSTM	No Auth Required					
L3930	HF ORTHOS 1/> NONTORSION JNT PREFAB	HAND-FINGER ORTHOSIS 1/> NONTORSION JOINT PREFAB	No Auth Required					
L3931	WHFO PREFAB INCL FITTING & ADJ	WHFO PREFABRICATED INCL FITTING & ADJUSTMENT	No Auth Required					
L3933	FINGER ORTHOSIS W/O JOINTS CSTM FAB	FINGER ORTHOSIS W/O JOINTS CUSTOM FABRICATED	No Auth Required					
L3935	FO NONTORSION JOINT CUSTOM FAB	FINGER ORTHOSIS NONTORSION JOINT CUSTOM FAB	No Auth Required					
L3956	ADD JNT UP EXTREM ORTHOS MATL; JNT	ADD JNT UPPER EXTREM ORTHOSIS ANY MATERIAL; JNT	No Auth Required					
L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	SEWHO ABDUCT PSTN AIRPLANE DESN PREFAB W/FIT&ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	SEWHO ABDUCT PSTN ERBS PALS DESN PRFAB W/FIT&ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	SEWHO ABDUCTION POSITIONING W/O JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	SEWHO SHOULDER CAP DESIGN CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3973	SEWHO ABDUCTION POSITION CSTM FAB	SEWHO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3976	SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	SEWHFO ABDUCT PSTN THOR CMPNT W/O JOINTS CUS FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	SEWHFO SHOULD CAP DESIGN CUSTOM FAB ELASTIC BAND	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3978	SEWHFO ABDUCTION POSITION CSTM FAB	SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3980	UP EXT FX ORTHOS HUM PRFAB-FIT&ADJ	UP EXTREM FX ORTHOSIS HUM PREFABR INCL FIT&ADJ	No Auth Required					
L3981	UE FX ORTHOSIS HUMERAL PREF STRAPS	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREF STRAPS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L3982	UP EXTRM FX ORTH RADUS/ULNAR PRFAB	UP EXTRM FX ORTHOS RADUS/ULNAR PREFAB W/FIT&ADJ	No Auth Required					
L3984	UP EXTRM FX ORTHOSIS WRST PRFAB	UP EXTREM FX ORTHOSIS WRST PREFAB INCL FIT & ADJ	No Auth Required					
L3995	ADD UP EXTREM ORTHOS SOCK FX/= EA	ADD UPPER EXTREM ORTHOSIS SOCK FRACTURE/EQUAL EA	No Auth Required					
L3999	UPPER LIMB ORTHOSIS NOS	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	No Auth Required					
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	REPLACE GIRDLE FOR SPINAL ORTHOSIS CTLSO OR SO	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L4002	REPL STRAP ANY ORTHOSIS ALL CMPNTS	REPL STRAP ANY ORTHOSIS ALL CMPNTS ANY LEN TYPE	No Auth Required					
L4010	REPLACE TRILATERAL SOCKET BRIM	REPLACE TRILATERAL SOCKET BRIM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L4030	REPL QUADRILAT SOCKT BRIM CSTM FIT	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	No Auth Required					
L4040	REPL MOLDED THI LACER CSTM ONLY	REPLACE MOLDED THI LACER CSTM FAB ORTHOSIS ONLY	No Auth Required					
L4045	REPL NONMOLD THI LACER CSTM ONLY	REPLACE NONMOLD THI LACER CSTM FAB ORTHOSIS ONLY	No Auth Required					
L4050	REPL MOLDED CALF LACER CSTM ONLY	REPLACE MOLDED CALF LACER CSTM FAB ORTHOSIS ONLY	No Auth Required					
L4055	REPL NONMOLD CALF LACER CSTM ONLY	REPLACE NONMOLD CALF LACER CSTM FAB ORTHOS ONLY	No Auth Required					
L4060	REPLACE HIGH ROLL CUFF	REPLACE HIGH ROLL CUFF	No Auth Required					
L4070	REPLACE PROXIMAL&DIST UPRIGHT KAFO	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	No Auth Required					
L4080	REPLACE METAL BANDS KAFO PROX THIGH	REPLACE METAL BANDS KAFO PROXIMAL THIGH	No Auth Required					
L4090	REPL METL BANDS KAFO-AFO CALF/THI	REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH	No Auth Required					
L4100	REPLACE LEATHR CUFF KAFO PROX THIGH	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	No Auth Required					
L4110	REPL LEATHR CUFF KAFO-AFO CALF/THI	REPLACE LEATHER CUFF KAFO-AFO CALF/DISTAL THIGH	No Auth Required					
L4130	REPLACE PRETIBIAL SHELL	REPLACE PRETIBIAL SHELL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L4205	REPR ORTHOT DEVC LABR CMPNT 15 MIN	REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN	No Auth Required					
L4210	REP ORTHOT DEVC REP/REPL MINOR PART	REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS	No Auth Required					
L4350	ANKLE CONTROL ORTHOS STIRRUP PREFAB	ANKLE CONTROL ORTHOSIS STIRRUP STYL RIGID PREFAB	No Auth Required					
L4360	WALK BOOT PNEUMAT&/VAC PREFAB CUSTM	WALKING BOOT PNEUMATC &/ VACUUM PREFAB CUSTM FIT	No Auth Required					
L4361	WALKING BOOT PNEUMATIC AND/OR VAC	WALKING BOOT PNEUMATIC AND OR VACUUM PREFAB	No Auth Required					
L4370	PNEUMATIC FULL LEG SPLINT PREFAB	PNEUMATIC FULL LEG SPLINT PREFAB OFF THE SHELF	No Auth Required					
L4386	WALK BOOT NON-PNEUMATIC PREFAB CSTM	WALKING BOOT NON-PNEUMATIC PREFAB CUSTOM FIT	No Auth Required					
L4387	WALKING BOOT NON-PNEUMATIC PREFAB	WALKING BOOT NON-PNEUMATIC PREFAB OFF THE SHELF	No Auth Required					
L4392	REPLCMT SFT INTERFCE MATL STAT AFO	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO	No Auth Required					
L4394	REPL SFT INTRFCE MATL FT DROP SPLNT	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	No Auth Required					
L4396	STAT/DYN ANK FT ORTHOS PREFAB CSTM	STATIC/DYNAMIC ANK FOOT ORTHOSIS PREFAB CSTM FIT	No Auth Required					
L4397	STATIC/DYNAMIC AFO MIN ABM PREFAB	STATIC/DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB	No Auth Required					
L4398	FOOT DROP SPLINT RECUMBNT POS PRFAB	FOOT DROP SPLINT RECUMBENT POSITIONING PREFAB	No Auth Required					
L4631	AFO WALK BOOT TYP ROCKR BOTTOM CSTM	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	ANKLE SYMES MOLDED SOCKET SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5230	AK PROX FEM FOCAL DEFIC SACH FOOT	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	JOINT SINGLE AXIS KNEE SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5341	SINGLE AXIS KNEE SACH FOOT	SINGLE AXIS KNEE SACH FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	IMMED PSTSRG/ERLY FIT APPLY RIGD DRSS W/1 CHG BK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	IMMD POSTSURG APPL RIGD DRS BK W/EA ADD CAST CHG	No Auth Required					
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	IMMED POSTSURG INIT RIGD DRSG AK EA ADD CAST CHG	No Auth Required					
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	IMMED POSTSURG APPLIC NONWT BEAR RIGD BELW KNEE	No Auth Required					
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	IMMED POSTSURG APPLIC NONWT BEAR RIGD ABOVE KNEE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5530	PREP BK PTB THERMOPLSTC/=MOLD MODEL	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5560	PREP AK-DISARTIC PLASTER MOLD MODEL	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5585	PREP AK-DISARTIC PRFAB ADJ OPEN END	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5590	PREP AK-DISARTC LAMINATD SCKT MOLD	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5595	PREP HIP DISARTC THERMOPLSTC/=MOLD	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5600	PREP HIP DISARTC LAMINATD SCKT MOLD	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5610	ADD LOW EXTRM ENDO AK HYDRACADENCE	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5611	ADD LW EXT AK-DISARTC W/FRICT CNTRL	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5616	ADD LOW EXT AK UNIVRSL MXPLX FRICT	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	ADD LOW EXTREMITY QUICK CHG SLF-ALIGN U AK/BK EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5618	ADD LOW EXTREM TEST SOCKT SYMES	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	No Auth Required					
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE	No Auth Required					
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTC	ADDITION LOWER EXTREM TEST SOCKET KNEE DISARTIC	No Auth Required					
L5624	ADD LOW EXTREM TEST SOCKT ABVE KNEE	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE	No Auth Required					
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	ADDITION LOWER EXTREM TEST SOCKET HIP DISARTIC	No Auth Required					
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	ADDITION LOWER EXTREM TEST SOCKET HEMIPELVECTOMY	No Auth Required					
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	No Auth Required					
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKT	No Auth Required					
L5631	ADD LW EXT ABVE KNEE/DISARTC ACRYLC	ADD LOW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT	No Auth Required					
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT	No Auth Required					
L5634	ADD LW EXT SYMS POST OPENING SOCKT	ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT	No Auth Required					
L5636	ADD LW EXT SYMS MED OPENING SOCKT	ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKT	No Auth Required					
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CONTCT	No Auth Required					
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET	No Auth Required					
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5645	ADD LOW EXTRM BK FLX INNR EXT FRME	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	ADD LOW EXT BELOW KNEE AIR FL GEL/=CUSHN SOCKT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKET	ADD LOW EXT ABOVE KNEE AIR FL GEL/=CUSHN SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTC	ADD LOW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTC	No Auth Required					
L5651	ADD LOW EXTRM AK FLX INNR EXT FRME	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5652	ADD LOW EXTRM SUCTN SUSP AK/DISARTC	ADD LOW EXTREM SUCTN SUSP ABV KNEE/KNEE DISARTIC	No Auth Required					
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

L5654	ADD LOW EXTREM SOCKT INSERT SYMES	ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES	No Auth Required					
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE	No Auth Required					
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTC	ADDITION LOWER EXTREM SOCKT INSERT KNEE DISARTIC	No Auth Required					
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	ADDITION LOWER EXTREM SOCKET INSERT ABOVE KNEE	No Auth Required					
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	ADD LOW EXTREM SOCKT INSERT MULTIDUROMETER SYMES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	ADD LOW EXTRM SOCKT INSRT MXIDUROMETER BELW KNEE	No Auth Required					
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	ADDITION LOWER EXTREM BELOW KNEE CUFF SUSPENSION	No Auth Required					
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	ADDITION LOW EXTREM BELOW KNEE MOLDED DIST CUSHN	No Auth Required					
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	ADD LOW EXTREM BELOW KNEE MOLD SUPRACONDYLR SUSP	No Auth Required					
L5671	ADD LOW EXTRM BK/AK SUSP LOCK MECH	ADD LOWER EXTRM BELOW/ABOVE KNEE SUSP LOCK MECH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5672	ADD LOW EXTRM BK REMV MED BRIM SUSP	ADD LOWER EXTREM BELOW KNEE REMV MED BRIM SUSP	No Auth Required					
L5673	ADD LOW EXT BK/AK CSTM FAB XST MOLD	ADD LOW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5676	ADD LOW EXT BK KNEE JNT 1 AXIS PAIR	ADD LOWER EXTREM BELW KNEE KNEE JNT 1 AXIS PAIR	No Auth Required					
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	ADD LOW EXTREM BELW KNEE KNEE JNT POLYCNTRC PAIR	No Auth Required					
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	ADDITION LOW EXTREM BELOW KNEE JOINT COVERS PAIR	No Auth Required					
L5679	ADD LOW EXT BK/AK CSTM FAB XST MOLD	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5680	ADD LOW EXTRM BK THI LACER NONMOLD	ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED	No Auth Required					
L5681	ADD LW EXT BK/AK CONGN/AMPUTEE INIT	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5682	ADD LOW EXTREM BK THIGH LACER MOLD	ADD LW EXTRM BELW KNEE THI LACER GLUTL/ISCH MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5683	ADD LOW EXT BK/AK NO CONGN/AMP INIT	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	ADDITION LOWER EXTREMITY BELOW KNEE FORK STRAP	No Auth Required					
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA	No Auth Required					
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	ADDITION LOWER EXTREMITY BELOW KNEE BK BACK CHCK	No Auth Required					
L5688	ADD LOWER EXTRM BK WAIST BELT WEBNG	ADD LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBNG	No Auth Required					
L5690	ADD LOW EXTRMITY BK WAIST BELT PAD	ADD LOW EXTREM BELOW KNEE WAIST BELT PADD& LINED	No Auth Required					
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT	No Auth Required					
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD&LN	No Auth Required					
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	ADD LOW EXTRM ABOVE KNEE PELV CNTRL SLV NEOPRENE	No Auth Required					
L5696	ADD LOW EXTRM AK/DISARTIC PELV JNT	ADD LOW EXTREM ABOVE KNEE/KNEE DISARTIC PELV JNT	No Auth Required					
L5697	ADD LOW EXTRM AK/DISARTIC PELV BAND	ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV BAND	No Auth Required					
L5698	ADD LW EXTRM AK/KD SILESIAN BANDAGE	ADD LOW EXTRMITY AK/KNEE DISRTC SILESIAN BANDGE	No Auth Required					
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS	No Auth Required					
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5701	REPL SCKT AK/DISARTIC W/ ATTCH PLAT	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5703	ANK SYMES MLD PT MDL SACH FT REPL	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE BK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5707	CUSTOM SHAPED COVER HIP DISARTIC	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	ADD EXOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK	No Auth Required					
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	ADD EXOSKEL KNEE-SHIN 1 AXIS MNL LOCK ULTRA-LGHT	No Auth Required					
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	ADD EXOSKEL KNEE-SHIN 1 AXIS FRICT SWING CNTRL	No Auth Required					
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	ADD EXOSKEL KNEE-SHIN VARIBL FRICT SWING CNTRL	No Auth Required					
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	ADD EXOSKEL KNEE-SHIN POLYCNTRC MECH STANCE LOCK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5781	ADD LW LIMB PROS LIMB MGMT SYS	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	ADD ENDOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK	No Auth Required					
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	ADD ENDOSKEL KNEE-SHIN MNL LOCK ULTRA-LGHT MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST	No Auth Required					
L5855	ADD ENDO HIP DISARTIC MECH EXT ASST	ADD ENDOSKEL SYS HIP DISARTIC MECH HIP EXT ASST	No Auth Required					
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	ADD LOW EXT PROS KN-SHIN PROG FLX/EXT ANY MOTOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5910	ADD ENDOSKEL BELOW KNEE ALIGNBL SYS	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM	No Auth Required					
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	ADD ENDOSKEL AK-DISARTIC/HIP DISARTIC MNL LOCK	No Auth Required					
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5940	ADD ENDOSKEL BELOW KNEE ULTRA-LGHT	ADD ENDOSKEL SYSTEM BELOW KNEE ULTRA-LGHT MATL	No Auth Required					
L5950	ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT	ADD ENDOSKEL SYSTEM ABVE KNEE AK ULTRA-LGHT MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5960	ADD ENDOSKL HIP DISARTC ULTRA-LGHT	ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5964	ADD ENDO AK FLXBL PROTVE OUTR COVER	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5969	ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	No Auth Required					
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT	No Auth Required					
L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY	No Auth Required					
L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL	No Auth Required					
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT	No Auth Required					
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	ALL LW EXTRM PRSTH COMB 1 AXIS ANK&FLXBL KEEL FT	No Auth Required					
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	ALL LOWER EXTREM PROSTH FT MULTI-AXIAL ANK/FOOT	No Auth Required					
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	ALL ENDOSKEL LOW EXTREM PROSTH DYN PROSTH PYLN	No Auth Required					
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L5999	LOWER EXTREMITY PROSTHESIS NOS	LOWER EXTREMITY PROSTHESIS NOS	No Auth Required					
L6000	PARTIAL HAND THUMB REMAINING	PARTIAL HAND THUMB REMAINING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6010	PART HAND LITTLE &/ RING FINGER REM	PARTIAL HAND LITTLE & OR RING FINGER REMAINING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6020	PARTIAL HAND NO FINGER REMAINING	PARTIAL HAND NO FINGER REMAINING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L6026	TRANSCARPL/MC/PART HAND DISART PROS	TRANSCARPAL/MC/PART HAND DISARTICULATION PROS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6110	BELOW ELBOW MOLDED SOCKET	BELOW ELBOW MOLDED SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6120	BELW ELB STEP-UP HINGES HALF CUFF	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6310	SHLDR DISART PASS REST COMPL PROSTH	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6320	SHLDR DISART PASS REST SHLDR CAP	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6360	INTERSCAPULAR THOR COMPLT PROSTH	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6382	IMMED POSTSURG RIGD DRSG ELB DISRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6386	IMMED POSTSURG EA ADD CAST CHANGE	IMMED POSTSURG/EARLY FIT EA ADD CAST CHG&REALIGN	No Auth Required					

L6388	IMMED POSTSURG RIGID DRSG ONLY	IMMED POSTSURG/EARLY FIT APPLIC RIGID DRESS ONLY	No Auth Required					
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6582	PREP WRST DISARTC ELB SCKT DIR FORM	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6584	PREP ELB DISARTC PLASTIC SOCKT MOLD	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6586	PREP ELB DISARTIC SOCKET DIR FORM	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	No Auth Required					
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	UPPER EXTREMITY ADD SINGLE PIVOT HINGE PAIR	No Auth Required					
L6610	UP EXT ADD FLEX METAL HINGE PAIR	UPPER EXTREMITY ADD FLEXIBLE METAL HINGE PAIR	No Auth Required					
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	ADD UPPER EXT PROS EXTERNAL PWR ADDITIONAL SWTCH	No Auth Required					
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	UPPER EXTREM ADD DISCONNECT LOCKING WRST UNIT	No Auth Required					
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	UP EXTREM ADD DISCNCT INSERT LOCK WRST U EA	No Auth Required					
L6620	UP EXT ADD FLEX/EXT WRIST UNIT	UPPER EXT ADD FLEX/EXT WRIST UNIT W/WO FRICTION	No Auth Required					
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	UP EXT ADD SPRNG ASST ROTATL WRST U W/LATCH RLSE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	UPPER EXTREM ADD ROTATION WRST UNIT W/CABLE LOCK	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	UP EXTRM ADD QUICK DISCNCT HOOK OTTO BOCK/=	No Auth Required					
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	UP EXTRM ADD QUICK DISCNCT LAMINATION COLLR	No Auth Required					
L6630	UP EXTREM ADD STAINLESS STEEL WRIST	UPPER EXTREM ADDITION STAINLESS STEEL ANY WRIST	No Auth Required					
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	UPPER EXTREM ADDITION LATEX SUSPENSION SLEEVE EA	No Auth Required					
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	UPPER EXTREMITY ADDITION LIFT ASSIST FOR ELBOW	No Auth Required					
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	UPPER EXTREMITY ADDITION NUDGE CONTROL ELB LOCK	No Auth Required					
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	UPPER EXTREMITY ADD SHOULDER ABDUCT JOINT PAIR	No Auth Required					
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	UPPER EXTREM ADD EXCURSIONUPPER EXTREM ADD EXCUR	No Auth Required					
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	UPPER EXTREM ADD EXCURSION AMPLIFIER LEVER TYPE	No Auth Required					
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	UPPER EXTREM ADDITION SHLDR FLEX-ABDUCT JOINT EA	No Auth Required					
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	UP EXTREM ADD SHLDR LOCK MECH BDY PWR ACTUATOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	UPPER EXTREM ADDITION SHLDR UNIVERSAL JOINT EA	No Auth Required					
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	UPPER EXTREM ADD STANDARD CONTROL CABLE EXTRA	No Auth Required					
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	UPPER EXTREM ADDITION HEAVY DUTY CONTROL CABLE	No Auth Required					
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	UPPER EXTREM ADDITION TEFLON/EQUAL CABLE LINING	No Auth Required					
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	UPPER EXTREMITY ADDITION HOOK HAND CABLE ADAPTER	No Auth Required					
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	UPPER EXTREM ADD HARNESS CHST/SHLUPPER EXTREM AD	No Auth Required					
L6675	UP EXT ADD HARNESS 1 CABLE DESIGN	UPPER EXTREMITY ADD HARNESS SINGLE CABLE DESIGN	No Auth Required					
L6676	UP EXT ADD HARNESS 2 CABLE DESIGN	UPPER EXTREMITY ADD HARNESS DUAL CABLE DESIGN	No Auth Required					
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	UP EXT ADD HARNESS 3 CNTRL SIMULTAN OP DEVC&ELB	No Auth Required					
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	UP EXTREM ADD TST SOCKT WRST DISARTIC/BELW ELB	No Auth Required					
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	UPPER EXTREM ADD TST SOCKT ELB DISARTIC/ABVE ELB	No Auth Required					
L6684	UP EXTRM ADD TST SCKT SHLDR DISARTC	UP EXTRM ADD TST SCKT SHLDR DISRTC/INTRSCAP THOR	No Auth Required					
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	UPPER EXTREMITY ADDITION SUCTION SOCKET	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	UP EXTRM ADD FRME TYPE SCKT BELW ELB/WRST DISRTC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L6688	UP EXT ADD FRME TYPE SOCKT ABVE ELB	UP EXTRM ADD FRME TYPE SOCKT ABVE ELB/ELB DISRTC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	UPPER EXTREM ADD FRAME TYPE SOCKT SHLDR DISARTIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	UPPER EXTREM ADD FRAME TYPE SOCKT INTERSCAP-THOR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6691	UPPER EXTREM ADD REMV INSERT EA	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	No Auth Required					
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	UPPER EXTREM ADDITION SILCON GEL INSERT/EQUAL EA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	ADD UP EXT PROS BELW/ABVE ELB CSTM W/LOCK MECH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	ADD UP EXT PROS BELW/ABVE ELB CSTM W/O LOCK MECH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	TERMINAL DEVICE PASSIVE HND/MITT ANY MATERIAL SZ	No Auth Required					
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6706	TERMINAL DEVC HOOK MECH VOL OPENING	TERMINAL DEVICE HOOK MECH VOLUNTARY OPENING	No Auth Required					

L6707	TERMINAL DEVC HOOK MECH VOL CLOSING	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6708	TERMINAL DEVC HAND MECH VOL OPENING	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6711	TERM DVC HOOK MECH VOL OPN PED	TERM DVC HOOK MECH VOL OPN ANY MATL ANY SZ PED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6712	TERM DVC HOOK MECH VOL CLOS PED	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6713	TERM DVC HAND MECH VOL OPN PED	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6714	TERM DEVC HAND MECH VOL CLOS PED	TERM DEVC HAND MECH VOL CLOS ANY MATL ANY SZ PED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6805	ADD TERM DEVICE MODIFIER WRIST UNIT	ADDITION TERMINAL DEVICE MODIFIER WRIST UNIT	No Auth Required					
L6810	ADD TERM DEVC PRECISION PINCH DEVC	ADDITION TERMINAL DEVICE PRECISION PINCH DEVICE	No Auth Required					
L6880	ELEC HAND SW/MYOELEC CNTRL ARTC DIG	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	REPL SOCKET BE/WD MOLDED TO PATIENT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	ADD UP EXT PROSTH GLOV TERM DEVC PRFAB W/FIT&ADJ	No Auth Required					
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6900	HND REST PART W/GLOV THUMB/1 FNGR	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6905	HND REST PART HND W/GLOV MX FNGR	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6910	HND REST PART HND W/GLOV NO FNGR	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6915	HAND REST REPL GLOVE FOR ABOVE	HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVICE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6925	WRIST DSRTC OTTO BOCK/=MYOELC CNTRL	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6930	BELW ELBOW OTTO BOCK/=SWITCH CNTRL	BELOW ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVICE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6935	BELW ELBOW OTTO BOCK/=MYOELEC CNTRL	BELOW ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVICE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	ELBOW DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6950	ABOVE ELB OTTO BOCK/=SWITCH CONTROL	ABOVE ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6955	ABVE ELBOW OTTO BOCK/=MYOELEC CNTRL	ABOVE ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	SHOULDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6970	INTERSCAPULR-THOR OTTO BOCK/=SWITCH	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L6975	INTERSCAP-THORAC OTTO BOCK/=MYOELEC	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	PREHENSILE ACTUATOR SWITCH CONTROLLED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB&TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	ELECTRONIC WRIST ROTATOR ANY TYPE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7360	SIX VOLT BATTERY EACH	SIX VOLT BATTERY EACH	No Auth Required					
L7362	BATTERY CHARGER SIX VOLT EACH	BATTERY CHARGER SIX VOLT EACH	No Auth Required					
L7364	TWELVE VOLT BATTERY EACH	TWELVE VOLT BATTERY EACH	No Auth Required					
L7366	BATTERY CHARGER 12 VOLT EACH	BATTERY CHARGER 12 VOLT EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7367	LITHIUM ION BATT RECHARGEABLE REPL	LITHIUM ION BATTERY RECHARGEABLE REPLACEMENT	No Auth Required					
L7368	LITHIUM ION BATT CHARGER REPL ONLY	LITHIUM ION BATTERY CHARGER REPLACEMENT ONLY	No Auth Required					
L7400	ADD UP EXT PROS BE/WD ULTRALT MATL	ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL	No Auth Required					
L7401	ADD UP EXT PROS ABV ED ULTRALT MATL	ADD UP EXTREM PROS AE DISART ULTRALIGHT MATL	No Auth Required					
L7402	ADD UP EXT PROS SD/INTRSCAP THOR	ADD UP EXT PROS SD/INTRSCAPULR THOR ULTRALT MATL	No Auth Required					
L7403	ADD UP EXT PROS BE/WD ACRYLIC MATL	ADD UP EXTREM PROS BE/WRIST DISART ACRYLIC MATL	No Auth Required					
L7404	ADD UP EXT PROS ABVE ED ACRYLC MATL	ADD UP EXTREM PROS ABOVE ELB DISART ACRYLIC MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	ADD UP EXTREM PROS SD/INTERSCAP THOR ACRYLC MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L7499	UPPER EXTREMITY PROSTHESIS NOS	UPPER EXTREMITY PROSTHESIS NOS	No Auth Required					
L7510	REP PROS DEVC REP/REPL MINOR PART	REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS	No Auth Required					
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN	No Auth Required					
L7700	GKT/SEAL USE PROS SOC INS ANY TY EA	GASKET/SEAL USE PROS SOCKET INSERT ANY TYPE EA	Authorization Required	General Medicine - health and behavior assessment/intervention		Level 1 Review (Network Validation)		Removed Authorization Requirement
L8000	BREAST PROS MAST BRA NO INTEG FORM	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM	No Auth Required					
L8001	BREAST PROS MAST BRA INTEG FORM UNI	BREAST PROS MASTECT BRA W/INTEG BREAST FORM UNI	No Auth Required					
L8002	BREAST PROS MAST BRA INTEG FORM BIL	BREAST PROS MASTECT BRA W/INTEG BREAST FORM BIL	No Auth Required					

L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	BREAST PROSTHESIS MASTECTOMY SLEEVE	No Auth Required					
L8015	EXT BREAST PROS GARMNT POST-MASTECT	EXT BRST PROS GARMNT W/MASTECT FORM POST-MASTECT	No Auth Required					
L8020	BREAST PROSTHESIS MASTECTOMY FORM	BREAST PROSTHESIS MASTECTOMY FORM	No Auth Required					
L8030	BREAST PROS SILCON/=NO INTGRL ADHES	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES	No Auth Required					
L8031	BREAST PROS SILCON/= W/NTGRL ADHES	BREAST PROSTHESIS SILICONE/EQUAL W/NTEGRAL ADHES	No Auth Required					
L8032	NIPPLE PROS PREFAB REUSABL ANY T EA	NIPPLE PROSTHESIS PREFAB REUSABLE ANY TYPE EACH	No Auth Required					
L8033	NIP PRS CSTM FB RUSABL ANY MTL T EA	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Authorization Required			Level 2 Review (Full Clinical Review)		
L8035	CSTM BRST PROSTH POST MASTECT MOLD	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8039	BREAST PROSTHESIS NOS	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	No Auth Required					
L8040	NASL PROSTH PROVIDED NON-PHYSICIAN	NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8041	MIDFCE PROSTH PROV NON-PHYSICIAN	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8042	ORB PROSTH PROVIDED NON-PHYSICIAN	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8043	UPPER FCE PROSTH PROV NON-PHYSICIAN	UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8044	HEMI-FCE PROSTH PROV NON-PHYSICIAN	HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8045	AURICULAR PROSTH PROV NON-PHYSICIAN	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8046	PART FCE PROSTH PROV NON-PHYSICIAN	PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8047	NASL SEPTAL PROSTH PROV NON-PHYS	NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8048	UNS MAXLOFCE PROSTH BR PROV NON-MD	UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN	No Auth Required					
L8049	REP MAXLOFCE PROS EA 15 MIN NON-MD	REP/MOD MAXLOFCE PROSTH LABR EA 15 MIN NON-MD	No Auth Required					
L8300	TRUSS SINGLE WITH STANDARD PAD	TRUSS SINGLE WITH STANDARD PAD	No Auth Required					
L8310	TRUSS DOUBLE WITH STANDARD PADS	TRUSS DOUBLE WITH STANDARD PADS	No Auth Required					
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	TRUSS ADDITION TO STANDARD PAD WATER PAD	No Auth Required					
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	TRUSS ADDITION TO STANDARD PAD SCROTAL PAD	No Auth Required					
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	PROSTHETIC SHEATH BELOW KNEE EACH	No Auth Required					
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	PROSTHETIC SHEATH ABOVE KNEE EACH	No Auth Required					
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	PROSTHETIC SHEATH UPPER LIMB EACH	No Auth Required					
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	PROSTH SHEATH/SOCK W/GEL CUSHION LAY BK/AK EACH	No Auth Required					
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE BK EACH	No Auth Required					
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE AK EACH	No Auth Required					
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	No Auth Required					
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	PROSTHETIC SHRINKER BELOW KNEE BK EACH	No Auth Required					
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	PROSTHETIC SHRINKER ABOVE KNEE AK EACH	No Auth Required					
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	PROSTHETIC SHRINKER UPPER LIMB EACH	No Auth Required					
L8470	PROSTH SOCK SINGLE PLY FIT BK EACH	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA	No Auth Required					
L8480	PROSTH SOCK 1 PLY FIT ABOVE KNEE EA	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EA	No Auth Required					
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EA	No Auth Required					
L8499	UNLISTED PROC MISC PROSTH SERVICES	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8500	ARTIFICIAL LARYNX ANY TYPE	ARTIFICIAL LARYNX ANY TYPE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8501	TRACHEOSTOMY SPEAKING VALVE	TRACHEOSTOMY SPEAKING VALVE	No Auth Required					
L8505	ARTFICL LARYNX REPLCMT BATTRY/ACSS	ARTFICL LARYNX REPLCMT BATTRY/ACCESS ANY TYPE	No Auth Required					
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	TRACHEO-ESOPH VOICE PROSTH PT INSRT ANY TYPE EA	No Auth Required					
L8509	TRACHEO-ESOPH VOICE PROS INSRT PROV	TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV	No Auth Required					
L8510	VOICE AMPLIFIER	VOICE AMPLIFIER	No Auth Required					
L8511	INSRT INDWLL TRACHEOESOPH PROS W/WO	INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT	No Auth Required					
L8512	GELATIN CAPS/EQUVALNT W/TRACHEOESOP	GELATIN CAPS/EQUVALNT W/TRACHEOESOPH VOICE PROS	No Auth Required					
L8513	CLEANING DEVC USED W/TRACHEOESOPH V	CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP	No Auth Required					
L8514	TRACHEOESOPH PUNCT DILAT REPLCMT ON	TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA	No Auth Required					
L8515	GELATN CAP APPLC DEV TE VOICE PRSTH	GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH	No Auth Required					
L8600	IMPL BREAST PROSTH SILICONE/EQUAL	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR	INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE	No Auth Required					
L8604	INJ BULKING AGT URINARY TRACT 1 ML	INJECTABLE BULKING AGENT URINARY TRACT 1 ML	No Auth Required					
L8605	INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	INJ BULK AGT DX/HA COPOLYMER IMPL ANAL CNL 1 ML	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE	No Auth Required					
L8607	INJ BLK AGT VC MEDIALIZATION 0.1 ML	INJ BULKING AGT VOCAL CORD MEDIALIZATION 0.1 ML	No Auth Required					
L8608	MISC EXT COMP SPL/ACCESS ARGUS II	MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS	Authorization Required			Level 2 Review (Full Clinical Review)		
L8609	ARTIFICIAL CORNEA	ARTIFICIAL CORNEA	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8610	OCULAR IMPLANT	OCULAR IMPLANT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8612	AQUEOUS SHUNT	AQUEOUS SHUNT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8613	OSSICULA IMPLANT	OSSICULA IMPLANT	No Auth Required					
L8614	COCHLEAR DEVC INCL INT&EXT COMPNENT	COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8618	TX CBL U CI/AUD OSSEOINTG DVC REPL	TRNSMT CBL USE CI DEVC/AUD OSSEOINTG DEVC REPL	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8619	COCHLR IMPL SPCH PRCSSR/CNTLR REPL	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8621	ZUBC AIR BA CI & AUD SD PRC RPL E	ZINC AIR BATT COCHLR IMPL&AUD SD PROC REPL EA	No Auth Required					
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	ALKALIN BATTRY COCHLEAR IMPL DEVC ANY SZ REPL EA	No Auth Required					
L8623	LITH ION BATT NOT EAR LEVEL REPL EA	LITHIUM ION BATTERY OTH THAN EAR LEVEL REPL EA	No Auth Required					
L8624	LIB CI/AO DVC SP EAR LEVEL REPL EA	LIB CI/AUD OSSEOINTEG DEVC SP EAR LEVEL REPL EA	No Auth Required					
L8625	EXT RECHRG BATT CI/AO DEVC REPL EA	EXT RECHARGING SYS BATT CI/AO DEVC REPL ONLY EA	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		

L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL	No Auth Required					
L8630	METACARPOPHALANGEAL JOINT IMPLANT	METACARPOPHALANGEAL JOINT IMPLANT	No Auth Required					
L8631	MPJ REPLCMT TWO/MORE PECES METL CER	MPJ REPLCMT TWO/MORE PECES METL CERAM-LIKE MATL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8641	METATARSAL JOINT IMPLANT	METATARSAL JOINT IMPLANT	No Auth Required					
L8642	HALLUX IMPLANT	HALLUX IMPLANT	No Auth Required					
L8658	IP JOINT SPACER SILICONE/= EA	INTERPHALANGEAL JOINT SPACER SILICONE/EQUAL EACH	No Auth Required					
L8659	IP FNGR JNT REPL TWO/> PECES METAL	IP FNGR JNT REPL TWO/MORE PECES METL CERAM-LIKE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8670	VASC GRAFT MATERIAL SYNTH IMPLANT	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8684	RF TRNSMT BOWEL BLADDR MGMT REPL	RF TRNSMT IMPL SCRL NEURO BOWEL BLADDR MGMT REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8689	EXT RECHARG SYS IMPL NEUROSTIM REPL	EXT RECHARG SYS BATTRY IMPL NEUROSTIM REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
L8690	AUDITORY OSSEOINTEGRTD INT/EXT COMP	AUDITORY OSSEOINTEGRATED DEVC INT/EXT COMPONENTS	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8691	AO D EXT SP EXCL TRNDCR/ACTR RPL EA	AUD OI DEVC EXT SP EXCL TRNSDUCR/ACTUATR REPL EA	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8693	AUD OSSEOINTEGRATED DEVC ABUT REPL	AUD OSSEOINTEGRATED DEVC ABUT LENGTH REPL ONLY	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8694	AUD OI DVC TRNSDUCR/ACTUATR REPL EA	AUD OSSEOINTEG DEVC TRANSDUCER/ACTR REPL ONLY EA	Authorization Required	Hearing Aids		Level 2 Review (Full Clinical Review)		
L8695	EXT RECHARG SYS IMPL NEUROSTIM REPL	EXT RECHARGING SYS BATTERY W/IMPL NEUROSTIM REPL	No Auth Required					
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	ANTENNA FOR USE W/IMPL DIA/PN ST DEV REPL EA	No Auth Required					
L8698	MISC COMP SPL/ACS USE W/TOT AH SYS	MISC COMP SPL/ACCESS FOR USE WITH TOT AH SYSTEM	Authorization Required			Level 2 Review (Full Clinical Review)		
L8699	PROSTHETIC IMPLANT NOS	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	No Auth Required					
L8701	PWR UE ROM AD ELB WR H 1/DBL UP CUS	PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB	No Auth Required					
L8702	PWR UE ROM AD E WR H F 1/DBL UP CUS	PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS	No Auth Required					
L9900	ORTHO/PROSTH SUPP ACCES &/ SERV	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE	No Auth Required					
P2028	CEPHALIN FLOCULATION BLOOD	CEPHALIN FLOCULATION BLOOD	No Auth Required					
P2029	CONGO RED BLOOD	CONGO RED BLOOD	No Auth Required					
P2033	THYMOL TURBIDITY BLOOD	THYMOL TURBIDITY BLOOD	No Auth Required					
P2038	MUCOPROTEIN BLOOD	MUCOPROTEIN BLOOD	No Auth Required					
P3000	SCR PAP SMER UP TO 3 TECH W/MD SUPV	SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV	No Auth Required					
P3001	SCR PAP SMER UP TO 3 RQR INTEPR MD	SCR PAP SMER CERV/VAG TO 3 SMERS RQR INTEPR PHYS	No Auth Required					
P9010	BLOOD FOR TRANSFUSION PER UNIT	BLOOD FOR TRANSFUSION PER UNIT	No Auth Required					
P9011	BLOOD SPLIT UNIT	BLOOD SPLIT UNIT	No Auth Required					
P9012	CRYOPRECIPITATE EACH UNIT	CRYOPRECIPITATE EACH UNIT	No Auth Required					
P9016	RBCS LEUKOCYTES REDUCED EACH UNIT	RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT	No Auth Required					
P9017	FFP FRZN WITHIN 8 HRS CLCT EA UNIT	FRESH FRZN PLASMA FRZN WITHIN 8 HRS CLCT EA UNIT	No Auth Required					
P9019	PLATELETS EACH UNIT	PLATELETS EACH UNIT	No Auth Required					
P9020	PLATELET RICH PLASMA EACH UNIT	PLATELET RICH PLASMA EACH UNIT	Authorization Required	General Medicine - other services and procedures		Level 1 Review (Network Validation)		Removed Authorization Requirement
P9021	RED BLOOD CELLS EACH UNIT	RED BLOOD CELLS EACH UNIT	No Auth Required					
P9022	RED BLOOD CELLS WASHED EACH UNIT	RED BLOOD CELLS WASHED EACH UNIT	No Auth Required					
P9023	PLASMA POOL MX DONOR FROZEN EA UNIT	PLSMA MX DONR SOLVNT/DETRGNT TREATD FRZN EA U	No Auth Required					
P9031	PLATLTS LEUKOCYTES REDUCED EA UNIT	PLATELETS LEUKOCYTES REDUCED EACH UNIT	No Auth Required					
P9032	PLATELETS IRRADIATED EACH UNIT	PLATELETS IRRADIATED EACH UNIT	No Auth Required					
P9033	PLATLTS LEUKOCYTES RDUC IRRADATD EA	PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT	No Auth Required					
P9034	PLATELETS PHERESIS EACH UNIT	PLATELETS PHERESIS EACH UNIT	No Auth Required					
P9035	PLATLTS PHERES LEUKOCYTES RDUC EA U	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT	No Auth Required					
P9036	PLATELETS PHERESIS IRRADATD EA UNIT	PLATELETS PHERESIS IRRADIATED EACH UNIT	No Auth Required					
P9037	PLATLT PHERES LEUKOCYT RDUC IRRADTD	PLATLTS PHERES LEUKOCYTES RDUC IRRADATD EA UNIT	No Auth Required					
P9038	RBCS IRRADIATED EACH UNIT	RED BLOOD CELLS IRRADIATED EACH UNIT	No Auth Required					
P9039	RBCS DEGLYCEROLIZED EACH UNIT	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT	No Auth Required					
P9040	RBCS LEUKOCYTES RDUC IRRADATD EA U	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	No Auth Required					
P9041	INFUSION ALBUMIN HUMAN 5% 50 ML	INFUSION ALBUMIN HUMAN 5% 50 ML	No Auth Required					
P9043	INFUS PLSMA PROT FRAC HUMN 5% 50 ML	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 50 ML	No Auth Required					
P9044	PLSMA CRYOPRECIPITATE RDUC EA UNIT	PLASMA CRYOPRECIPITATE REDUCED EACH UNIT	No Auth Required					
P9045	INFUSION ALBUMIN HUMAN 5% 250 ML	INFUSION ALBUMIN HUMAN 5% 250 ML	No Auth Required					
P9046	INFUSION ALBUMIN HUMAN 25% 20 ML	INFUSION ALBUMIN HUMAN 25% 20 ML	No Auth Required					
P9047	INFUSION ALBUMIN HUMAN 25% 50 ML	INFUSION ALBUMIN HUMAN 25% 50 ML	No Auth Required					
P9048	INFUS PLSMA PROT FRAC HU 5% 250 ML	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 250 ML	No Auth Required					
P9050	GRANULOCYTES PHERESIS EACH UNIT	GRANULOCYTES PHERESIS EACH UNIT	No Auth Required					
P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-NEG EA UNIT	No Auth Required					
P9052	PLT HLA-MATCHD LEUKOCYTES RDUC EACH	PLT HLA-MATCHD LEUKOCYTES RDUC APHERES/PHERE EA	No Auth Required					
P9053	PLT PHERES LEUKOCYT RDUC CMV-NEG EA	PLT PHERES LEUKOCYTES RDUC CMV-NEG IRRADATD EA	No Auth Required					
P9054	WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	WB/RBCS LEUKOCYTES RDUC FRZN DEGLYCEROL WASHD EA	No Auth Required					
P9055	PLT LEUKOCYT RDUC CMV-NEG APH/PHERS	PLT LEUKOCYTES RDUC CMV-NEG APHERES/PHERES EA	No Auth Required					
P9056	WHOLE BLD LEUKOCYTES RDUC IRRADATD	WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT	No Auth Required					
P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	RBCS FRZN/DEGLYCEROLIZED/WASHED LEUKOCYTES RDUC	No Auth Required					
P9058	RBCS LEUKOCYTES RDUC CMV-NEG IRRADA	RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT	No Auth Required					
P9059	FRESH FRZN PLAS BETWN 8-24 HR CLCT	FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT	No Auth Required					
P9060	FRESH FRZN PLSMA DONR RETESTED EA U	FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT	No Auth Required					
P9070	PL POOLD MX DNR PATH RDUC FRZN EA U	PLASMA POOLED MX DONOR PATHOGEN RDUC FROZEN EA U	No Auth Required					
P9071	PLASMA PATHOGEN REDUCED FROZEN EA U	PLASMA PATHOGEN REDUCED FROZEN EACH UNIT	No Auth Required					
P9073	PLATELETS PHERESIS PATHOGEN-REDUCED	PLATELETS PHERESIS PATHOGEN-REDUCED EACH UNIT	No Auth Required					
P9099	BLOOD COMPONENT OR PRODUCT NOC	BLOOD COMPONENT OR PRODUCT NOC	No Auth Required					

P9100	PATHOGEN TEST FOR PLATELETS	PATHOGEN TEST FOR PLATELETS	No Auth Required					
P9603	TRAVL 1 WAY NEC LAB SPEC; ACTL MILE	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	No Auth Required					
P9604	TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	No Auth Required					
P9612	CATH CLCT SPEC 1 PT ALL PLACES SRVC	CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE	No Auth Required					
P9615	CATHETERIZATION COLLECTION SPECIMEN	CATHETERIZATION FOR COLLECTION OF SPECIMEN	No Auth Required					
Q0035	CARDIOKYMOGRAPHY	CARDIOKYMOGRAPHY	No Auth Required					
Q0081	INFUS TX OTH THAN CHEMO RX VISIT	INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT	No Auth Required					
Q0083	CHEMO ADMIN NOT INFUS TECH ONLY VST	CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT	No Auth Required					
Q0084	CHEMO ADMIN INFUS TECH ONLY VISIT	CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT	No Auth Required					
Q0085	CHEMO ADMIN INFUS&OTH TECH VISIT	CHEMOTHAPY ADMN BOTH INFUS TECH&OTH TECHIQUE-VST	No Auth Required					
Q0091	SCR PAP SMER; OBTAIN PREP&CONVY-LAB	SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	No Auth Required					
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	SET-UP PORTABLE X-RAY EQUIPMENT	No Auth Required					
Q0111	WET MOUNTS W/PREP VAG CERV/SKN SPEC	WET MOUNTS INCL PREP VAGINAL CERV/SKIN SPECIMENS	No Auth Required					
Q0112	ALL POTASSIUM HYDROXIDE PREPARATNS	ALL POTASSIUM HYDROXIDE PREPARATIONS	No Auth Required					
Q0113	PINWORM EXAMINATION	PINWORM EXAMINATION	No Auth Required					
Q0114	FERN TEST	FERN TEST	No Auth Required					
Q0115	POST-COITAL DIRECT QUALATATIVE EX	POST-COITAL DIRECT QUAL EXAM VAGINAL/CERV MUCOS	Authorization Required	Infertility Testing or Treatment		Level 2 Review (Full Clinical Review)		
Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	No Auth Required					
Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	No Auth Required					
Q0161	CHLORPROMAZINE HCL 5 MG ORAL	CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL	No Auth Required					
Q0162	ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	ONDANSETRON 1 MG ORL NOT EXCEED 48 HR DOSE REG	No Auth Required					
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL	DIPHENHYDRAMINE HCL 50 MG ORAL NOT>48 HR DOSE	No Auth Required					
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL	PROCHLORPERAZINE MALEATE 5 MG ORL NOT>48 HR DOSE	No Auth Required					
Q0166	GRANISETRON HCL 1 MG ORAL	GRANISETRON HCL 1 MG ORL NOT >48 HR DOSE REGIMEN	No Auth Required					
Q0167	DRONABINOL 2.5 MG ORAL	DRONABINOL 2.5 MG ORAL NOT >48 HR DOSE REGIMEN	No Auth Required					
Q0169	PROMETHAZINE HCL 12.5 MG ORAL	PROMETHAZINE HCL 12.5 MG ORAL NOT>48 HR DOSE	No Auth Required					
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORAL	TRIMETHOBENZAMIDE HCL 250 MG ORL NOT>48 HR DOSE	No Auth Required					
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORAL	THIETHYLPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE	No Auth Required					
Q0175	PERPHENZAINE 4 MG ORAL	PERPHENZAINE 4 MG ORAL NOT >48 HR DOSE REGIMEN	No Auth Required					
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL	HYDROXYZINE PAMOATE 25 MG ORAL NOT >48 HR DOSE	No Auth Required					
Q0180	DOLASETRON MESYLATE 100 MG ORAL	DOLASETRON MESYLATE 100 MG ORL NOT >48 HR DOSE	No Auth Required					
Q0181	UNS ORAL ANTI-EMETIC NOT>48 HR DOSE	UNS ORAL DOSAGE ANTI-EMETIC NOT >48 HR DOSE REG	No Auth Required					
Q0477	PWR MODULE PT CABL ELEC/PN VAD REPL	PWR MODULE PT CABLE ELEC/PNEUMATIC VAD REPL ONLY	Authorization Required	Surgery of cardiovascular system		Level 2 Review (Full Clinical Review)		
Q0478	PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	POWER ADAPTER ELECTRIC/PNEUMAT VAD VEHICLE TYPE	No Auth Required					
Q0479	POWER MODULE ELEC/PNEUMAT VAD REPL	POWER MODULE ELECTRIC/PNEUMATIC VAD REPLACE ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0481	MICRPROCSS CU FOR ELEC VAD REPL	MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL	MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL	MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0484	MON ELEC OR ELEC/PNEUMAT VAD REPL	MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0485	MON CNTRL CABLE FOR ELEC VAD REPL	MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY	No Auth Required					
Q0486	MON CABLE FOR ELEC/PNEUMAT VAD RE	MON CNTRL CABLE FOR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0487	LEADS FOR ANY ELEC/PNEUMAT VAD REPL	LEADS FOR ANY TYPE ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0488	POWER PACK BASE FOR ELEC VAD REPL	POWER PACK BASE FOR USE W/ELEC VAD REPL ONLY	No Auth Required					
Q0489	PWR PACK BASE ELEC/PNEUMAT VAD RE	POWER PACK BASE FOR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0490	EMERGENCY PWR SRC FOR ELEC VAD RE	EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0491	EMERG PWR SRC ELEC/PNEUMAT VAD RE	EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0492	EMERG PWR CABLE FOR ELEC VAD REPL	EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY	No Auth Required					
Q0493	EMRG PWR CABL ELEC/PNEUMAT VAD REPL	EMERG PWR CABLE FOR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0494	EMERGENCY HAND PUMP REPLACEMNT ONL	EMERGENCY HAND PUMP REPLACEMENT ONLY	No Auth Required					
Q0495	BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL	BATT CHRGR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0496	BATT NOT LITHIUM-ION ELEC VAD REPL	BATTERY NOT LITHIUM-ION ELEC/PNEUMAT VAD REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0497	BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL	BATT CLPS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0498	HOLSTR ELEC/ELEC-PNEUMAT VAD REPL	HOLSTER FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0499	BELT/VEST/BAG ANY TYPE VAD RPL ONLY	BELT/VEST/BAG CARRY ANY TYPE VAD REPLACE ONLY	No Auth Required					
Q0500	FLTRS ELEC OR ELEC/PNEUMAT VAD REPL	FILTERS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0501	SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL	SHOWER COVER ELEC OR ELEC/PNEUMAT VAD REPL ONLY	No Auth Required					
Q0502	MOBILITY CART FOR PNEUMAT VAD REPL	MOBILITY CART FOR PNEUMATIC VAD REPL ONLY	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0503	BATT FOR PNEUMAT VAD REPL ONLY EA	BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0504	PWR ADPTR PNEUMAT VAD REPL VEH TYPE	POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0506	BATT LITHIUM-ION ELEC VAD REPL	BATTERY LITHIUM-ION ELEC/PNEUMATIC VAD REPL	Authorization Required	DME		Level 2 Review (Full Clinical Review)		
Q0507	MISC SUPPLY/ACCESSORY USE W/EXT VAD	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Authorization Required			Level 2 Review (Full Clinical Review)		
Q0508	MISC SUPL/ACCSSRY USE W/IMPLANT VAD	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Authorization Required			Level 2 Review (Full Clinical Review)		
Q0509	MISC SPL IMPL VAD NO PAY MCR PRT A	MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Authorization Required			Level 2 Review (Full Clinical Review)		
Q0510	PHRM SPL FEE IMS 1ST MO FLW TPLNT	PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPLNT	No Auth Required					
Q0511	PHRM FEE O ANTI-CA-EMET/IS RX;30-DA	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA	No Auth Required					
Q0512	PHRM FEE O ANTI-CA EMET/IS RX;SBSQT	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; SUBSQT 30-DA	No Auth Required					

Q0513	PHRM DISPNS FEE INHAL RX;-30 DAYS	PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS	No Auth Required					
Q0514	PHRM DISPNS FEE INHAL RX;-90 DAYS	PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS	No Auth Required					
Q0515	INJ SERMORELIN ACTATE 1 MCG	INJECTION SERMORELIN ACETATE 1 MICROGRAM	No Auth Required					
Q1004	NEW TECH IO LENS CATGY 4 FED REG	NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG	No Auth Required					
Q1005	NEW TECH IO LENS CATGY 5 FED REG	NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG	No Auth Required					
Q2004	IRRIG SOL TX BLADDER CALCULI 500 ML	IRRIGATION SOL TX BLADDER CALCULI PER 500 ML	No Auth Required					
Q2009	INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ	INJ FOSPHENYTOIN 50 MG PHENYTOIN EQUIVALENT	No Auth Required					
Q2017	INJECTION TENIPOSIDE 50 MG	INJECTION TENIPOSIDE 50 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2026	INJECTION RADIESSE 0.1ML	INJECTION RADIESSE 0.1ML	No Auth Required					
Q2028	INJECTION SCULPTRA 0.5 MG	INJECTION SCULPTRA 0.5 MG	No Auth Required					
Q2034	FLU VIRUS VAC SPLIT VRS IM AGRIFLU	FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU	No Auth Required					
Q2035	FLU VACC SPLIT 3 YRS & > IM AFLURIA	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM AFLURIA	No Auth Required					
Q2036	FLU VACC SPLIT 3 YR & > IM FLULAVAL	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLULAVAL	No Auth Required					
Q2037	FLU VACC SPLIT 3 YR & > IM FLUVIRIN	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUVIRIN	No Auth Required					
Q2038	FLU VACC SPLIT 3 YRS & > IM FLUZONE	INFLUENZA VACC SPLIT VIRUS 3 YRS & > IM FLUZONE	No Auth Required					
Q2039	INFLUENZA VIRUS VACCINE NOS	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	No Auth Required					
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR P	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2042	CTIL019 TO 600 M CAR-+ VI T CE P TD	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2043	SIPULEUCEL-T AUTO CD54+	SIPULEUCEL-T AUTO CD54+	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2049	INJ DOX HCI LIP IMPRT LIPODOX 10 MG	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2050	INJ DOXORUBICIN HCL LIPO NOS 10 MG	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q2052	SERVICE SUPP HOME MEDICARE IVIG DEM	SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM	No Auth Required					
Q3001	ADJUNCTIVE PROCEDURE	ADJUNCTIVE PROCEDURE	No Auth Required					
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	TELEHEALTH ORIGINATING SITE FACILITY FEE	No Auth Required					
Q3027	INJ INTERFERON BETA-1A 1 MCG IM USE	INJECTION INTERFERON BETA-1A 1 MCG IM USE	No Auth Required					
Q3031	COLLAGEN SKIN TEST	COLLAGEN SKIN TEST	No Auth Required					
Q4001	CAST BDY CAST ADLT W/WO HEAD PLAST	CASTING SPL BODY CAST ADULT W/WO HEAD PLASTR	No Auth Required					
Q4002	CAST BDY CAST ADLT W/WO HEAD F-GLSS	CAST SUPPLIES BODY CAST ADULT W/WO HEAD FIBRGLS	No Auth Required					
Q4003	CAST SPL SHLDR CAST ADULT PLASTR	CAST SUPPLIES SHOULDER CAST ADULT PLASTER	No Auth Required					
Q4004	CAST SPL SHLDR CAST ADULT FIBRGLS	CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS	No Auth Required					
Q4005	CAST SPL LONG ARM CAST ADULT PLASTR	CAST SUPPLIES LONG ARM CAST ADULT PLASTER	No Auth Required					
Q4006	CAST SPL LONG ARM CAST ADLT FIBRGLS	CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS	No Auth Required					
Q4007	CAST SPL LNG ARM CAST PED PLASTR	CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER	No Auth Required					
Q4008	CAST SPL LNG ARM CAST PED FIBRGLS	CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS	No Auth Required					
Q4009	CAST SPL SHORT ARM CAST ADLT PLASTR	CAST SUPPLIES SHORT ARM CAST ADULT PLASTER	No Auth Required					
Q4010	CAST SPL SHRT ARM CAST ADLT FIBRGLS	CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS	No Auth Required					
Q4011	CAST SPL SHORT ARM CAST PED PLASTR	CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER	No Auth Required					
Q4012	CAST SPL SHORT ARM CAST PED FIBRGLS	CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS	No Auth Required					
Q4013	CAST SPL GAUNTLT CAST ADULT PLASTR	CAST SUPPLIES GAUNTLET CAST ADULT PLASTER	No Auth Required					
Q4014	CAST SPL GAUNTLET CAST ADLT F-GLASS	CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS	No Auth Required					
Q4015	CAST SPL GAUNTLT CAST PED PLASTR	CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER	No Auth Required					
Q4016	CAST SPL GAUNTLET CAST PED F-GLASS	CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS	No Auth Required					
Q4017	CAST SPL LNG ARM SPLINT ADLT PLASTR	CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER	No Auth Required					
Q4018	CAST SPL LNG ARM SPLNT ADLT FIBRGLS	CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS	No Auth Required					
Q4019	CAST SPL LNG ARM SPLINT PED PLASTR	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER	No Auth Required					
Q4020	CAST SPL LNG ARM SPLINT PED FIBRGLS	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS	No Auth Required					
Q4021	CAST SPL SHRT ARM SPLINT ADLT PLAST	CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER	No Auth Required					
Q4022	CAST SPL SHRT ARM SPLNT ADLT F-GLSS	CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS	No Auth Required					
Q4023	CAST SPL SHORT ARM SPLINT PED PLAST	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER	No Auth Required					
Q4024	CAST SPL SHRT ARM SPLNT PED FIBRGLS	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS	No Auth Required					
Q4025	CAST SPL HIP SPICA ADULT PLASTR	CAST SUPPLIES HIP SPICA ADULT PLASTER	No Auth Required					
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	CAST SUPPLIES HIP SPICA ADULT FIBERGLASS	No Auth Required					
Q4027	CAST SPL HIP SPICA PEDIATRIC PLASTR	CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER	No Auth Required					
Q4028	CAST SPL HIP SPICA PED FIBRGLS	CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS	No Auth Required					
Q4029	CAST SPL LONG LEG CAST ADULT PLASTR	CAST SUPPLIES LONG LEG CAST ADULT PLASTER	No Auth Required					
Q4030	CAST SPL LONG LEG CAST ADLT FIBRGLS	CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS	No Auth Required					
Q4031	CAST SPL LNG LEG CAST PED PLASTR	CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER	No Auth Required					
Q4032	CAST SPL LNG LEG CAST PED FIBRGLS	CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS	No Auth Required					
Q4033	CAST LNG LEG CYCLE CAST ADLT PLAST	CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER	No Auth Required					
Q4034	CAST LNG LEG CYCLE CAST ADLT F-GLSS	CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS	No Auth Required					
Q4035	CAST LNG LEG CYCLE CAST PED PLAST	CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR	No Auth Required					
Q4036	CAST LNG LEG CYCLE CAST PED F-GLSS	CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS	No Auth Required					
Q4037	CAST SPL SHORT LEG CAST ADLT PLASTR	CAST SUPPLIES SHORT LEG CAST ADULT PLASTER	No Auth Required					
Q4038	CAST SPL SHRT LEG CAST ADLT FIBRGLS	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS	No Auth Required					
Q4039	CAST SPL SHORT LEG CAST PED PLASTR	CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER	No Auth Required					
Q4040	CAST SPL SHORT LEG CAST PED FIBRGLS	CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS	No Auth Required					
Q4041	CAST SPL LNG LEG SPLINT ADLT PLASTR	CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER	No Auth Required					
Q4042	CAST SPL LNG LEG SPLNT ADLT FIBRGLS	CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS	No Auth Required					

Q4043	CAST SPL LNG LEG SPLINT PED PLASTR	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER	No Auth Required					
Q4044	CAST SPL LNG LEG SPLINT PED FIBRGLS	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS	No Auth Required					
Q4045	CAST SPL SHRT LEG SPLINT ADLT PLAST	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER	No Auth Required					
Q4046	CAST SPL SHRT LEG SPLNT ADLT F-GLSS	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS	No Auth Required					
Q4047	CAST SPL SHORT LEG SPLINT PED PLAST	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER	No Auth Required					
Q4048	CAST SPL SHRT LEG SPLNT PED FIBRGLS	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS	No Auth Required					
Q4049	FINGER SPLINT STATIC	FINGER SPLINT STATIC	No Auth Required					
Q4050	CAST SPL UNLIST TYPES&MATL CASTS	CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS	No Auth Required					
Q4051	SPLINT SUPPLIES MISCELLANEOUS	SPLINT SUPPLIES MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
Q4074	ILOPROST INHAL UNIT DOSE TO 20 MCG	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	No Auth Required					
Q4081	INJ EPOETIN ALFA 100 UNITS	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS	No Auth Required					
Q4082	DRUG/BIOLOGICAL NOC PART B DRUG CAP	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	No Auth Required					
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECI	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	No Auth Required					
Q4101	APLIGRAF PER SQ CM	APLIGRAF PER SQ CM	No Auth Required					
Q4102	OASIS WOUND MATRIX PER SQ CM	OASIS WOUND MATRIX PER SQ CM	No Auth Required					
Q4103	OASIS BURN MATRIX PER SQ CM	OASIS BURN MATRIX PER SQ CM	No Auth Required					
Q4104	INTEGRA BMWD PER SQ CM	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	No Auth Required					
Q4105	INTGRA DRT/OMNIGR DERM RGN MTX P SC	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	No Auth Required					
Q4106	DERMAGRAFT PER SQ CM	DERMAGRAFT PER SQ CM	No Auth Required					
Q4107	GRAFTJACKET PER SQ CM	GRAFTJACKET PER SQ CM	No Auth Required					
Q4108	INTEGRA MATRIX PER SQ CM	INTEGRA MATRIX PER SQ CM	No Auth Required					
Q4110	PRIMATRIX PER SQ CM	PRIMATRIX PER SQ CM	No Auth Required					
Q4111	GAMMAGRAFT PER SQ CM	GAMMAGRAFT PER SQ CM	No Auth Required					
Q4112	CYMETRA INJECTABLE 1 CC	CYMETRA INJECTABLE 1 CC	No Auth Required					
Q4113	GRAFTJACKET XPRESS INJECTABLE 1CC	GRAFTJACKET XPRESS INJECTABLE 1 CC	No Auth Required					
Q4114	INTEGRA FLOWABL WND MATRIX INJ 1 CC	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	No Auth Required					
Q4115	ALLOSKIN PER SQ CM	ALLOSKIN PER SQ CM	No Auth Required					
Q4116	ALLODERM PER SQ CM	ALLODERM PER SQ CM	No Auth Required					
Q4117	HYALOMATRIX PER SQ CM	HYALOMATRIX PER SQ CM	No Auth Required					
Q4118	MATRISTEM MICROMATRIX 1 MG	MATRISTEM MICROMATRIX 1 MG	No Auth Required					
Q4121	THERASKIN PER SQ CM	THERASKIN PER SQ CM	No Auth Required					
Q4122	DERMACELL DERMACELL AWM/POROUS P SC	DERMACLL DERMACLL AWM/DERMACLL AWM POROUS P SC	No Auth Required					
Q4123	ALLOSKIN RT PER SQ CM	ALLOSKIN RT PER SQ CM	No Auth Required					
Q4124	OASIS ULTRA TRI-LAY WND MATRX SQ CM	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	No Auth Required					
Q4125	ARTHROFLEX PER SQ CM	ARTHROFLEX PER SQ CM	No Auth Required					
Q4126	MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	MEMODERM DERMASPAN TRANZGRFT/INTEGUPLY PER SQ CM	No Auth Required					
Q4127	TALYMED PER SQ CM	TALYMED PER SQ CM	No Auth Required					
Q4128	FLEX HD OR ALLOPATCH HD PER SQ CM	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	No Auth Required					
Q4130	STRATTICE PER SQ CM	STRATTICE PER SQ CM	No Auth Required					
Q4132	GRAFIX CORE & GRAFIXPL CORE-SQ CM	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	No Auth Required					
Q4133	GRFX P GRFXPL P STRVX & STRVXPL SC	GRAFIX PRM GRAFIXPL PRM STRAVIX & STRAVIXPL P SC	No Auth Required					
Q4134	HMATRIX PER SQUARE CENTIMETER	HMATRIX PER SQUARE CENTIMETER	No Auth Required					
Q4135	MEDISKIN PER SQUARE CENTIMETER	MEDISKIN PER SQUARE CENTIMETER	No Auth Required					
Q4136	E-Z DERM PER SQUARE CENTIMETER	E-Z DERM PER SQUARE CENTIMETER	No Auth Required					
Q4137	AMNIOEXL AMNIOEL PLUS/BIODEXL P SC	AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL PER SQ CM	No Auth Required					
Q4138	BIODFENCE DRYFLEX PER SQ CM	BIODFENCE DRYFLEX PER SQ CM	No Auth Required					
Q4139	AMNIOMATRIX OR BIODMATRIX INJ 1 CC	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	No Auth Required					
Q4140	BIODFENCE PER SQ CM	BIODFENCE PER SQ CM	No Auth Required					
Q4141	ALLOSKIN AC PER SQ CM	ALLOSKIN AC PER SQ CM	No Auth Required					
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ C	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	No Auth Required					
Q4143	REPRIZA PER SQ CM	REPRIZA PER SQ CM	No Auth Required					
Q4145	EPIFIX INJECTABLE 1 MG	EPIFIX INJECTABLE 1 MG	No Auth Required					
Q4146	TENSIX PER SQ CM	TENSIX PER SQ CM	No Auth Required					
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	No Auth Required					
Q4148	NEOX CORD 1K-RT/CLARIX CORD 1K-SC	NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-SQ CM	No Auth Required					
Q4149	EXCELLAGEN 0.1 CC	EXCELLAGEN 0.1 CC	No Auth Required					
Q4150	ALLOWRAP DS/DRY PER SQ CENTIMETER	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	No Auth Required					
Q4151	AMNIOBAND/GUARDIAN PER SQ CENTIMETR	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	No Auth Required					
Q4152	DERMAPURE PER SQUARE CENTIMETER	DERMAPURE PER SQUARE CENTIMETER	No Auth Required					
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	DERMAVEST AND PLURIVEST PER SQ CM	No Auth Required					
Q4154	BIOVANCE PER SQUARE CENTIMETER	BIOVANCE PER SQUARE CENTIMETER	No Auth Required					
Q4155	NEOXFLO OR CLARIXFLO 1 MG	NEOXFLO OR CLARIXFLO 1 MG	No Auth Required					
Q4156	NEOX 100 OR CLARIX 100-SQUARE CM	NEOX 100 OR CLARIX 100 PER SQUARE CM	No Auth Required					
Q4157	REVITALON PER SQUARE CENTIMETER	REVITALON PER SQUARE CENTIMETER	No Auth Required					
Q4158	KERECIS OMEGA3 PER SQUARE CM	KERECIS OMEGA3 PER SQUARE CM	No Auth Required					
Q4159	AFFINITY PER SQUARE CENTIMETER	AFFINITY PER SQUARE CENTIMETER	No Auth Required					
Q4160	NUSHIELD PER SQUARE CENTIMETER	NUSHIELD PER SQUARE CENTIMETER	No Auth Required					
Q4161	BIO-CONNEKT WOUND MATRIX PER SQ CM	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	No Auth Required					
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	No Auth Required					
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	WOUNDEX BIOSKIN PER SQUARE CM	No Auth Required					
Q4164	HELICOLL PER SQUARE CENTIMETER	HELICOLL PER SQUARE CENTIMETER	No Auth Required					
Q4165	KERAMATRIX OR KERASORB PER SQ CM	KERAMATRIX OR KERASORB PER SQ CM	No Auth Required					
Q4166	CYTAL PER SQ CM	CYTAL PER SQ CM	No Auth Required					
Q4167	TRUSKIN PER SQ CM	TRUSKIN PER SQ CM	No Auth Required					
Q4168	AMNIOBAND 1 MG	AMNIOBAND 1 MG	No Auth Required					
Q4169	ARTACENT WOUND PER SQ CM	ARTACENT WOUND PER SQ CM	No Auth Required					
Q4170	CYGNUS PER SQ CM	CYGNUS PER SQ CM	No Auth Required					
Q4171	INTERFYL 1 MG	INTERFYL 1 MG	No Auth Required					
Q4173	PALINGEN/PALINGEN XPLUS PER SQ CM	PALINGEN OR PALINGEN XPLUS PER SQ CM	No Auth Required					
Q4174	PALINGEN/PROMATRX 0.36 MG P 0.25 CC	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	No Auth Required					
Q4175	MIRODERM PER SQ CM	MIRODERM PER SQ CM	No Auth Required					
Q4176	NEOPATCH PER SQUARE CM	NEOPATCH PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4177	FLOWERAMNIOFLO 0.1 CC	FLOWERAMNIOFLO 0.1 CC	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	FLOWERAMNIOPATCH PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4179	FLOWERDERM PER SQUARE CM	FLOWERDERM PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		

Q4180	REVITA PER SQUARE CM	REVITA PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4181	AMNIO WOUND PER SQUARE CM	AMNIO WOUND PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4182	TRANSCYTE PER SQUARE CM	TRANSCYTE PER SQUARE CM	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Level 2 Review (Full Clinical Review)		
Q4183	SURGIGRAFT PER SQ CM	SURGIGRAFT PER SQ CM	No Auth Required					
Q4184	CELLESTA OR CELLESTA DUO PER SQ CM	CELLESTA OR CELLESTA DUO PER SQ CM	No Auth Required					
Q4185	CELLESTA FLOWABLE AMNION;PER 0.5 CC	CELLESTA FLOWABLE AMNION; PER 0.5 CC	No Auth Required					
Q4186	EPIFIX PER SQ CM	EPIFIX PER SQ CM	No Auth Required					
Q4187	EPICORD PER SQ CM	EPICORD PER SQ CM	No Auth Required					
Q4188	AMNIOARMOR PER SQ CM	AMNIOARMOR PER SQ CM	No Auth Required					
Q4189	ARTACENT AC 1 MG	ARTACENT AC 1 MG	No Auth Required					
Q4190	ARTACENT AC PER SQ CM	ARTACENT AC PER SQ CM	No Auth Required					
Q4191	RESTORIGIN PER SQ CM	RESTORIGIN PER SQ CM	No Auth Required					
Q4192	RESTORIGIN 1 CC	RESTORIGIN 1 CC	No Auth Required					
Q4193	COLL-E-DERM PER SQ CM	COLL-E-DERM PER SQ CM	No Auth Required					
Q4194	NOVACHOR PER SQ CM	NOVACHOR PER SQ CM	No Auth Required					
Q4195	PURAPLY PER SQ CM	PURAPLY PER SQ CM	No Auth Required					
Q4196	PURAPLY AM PER SQ CM	PURAPLY AM PER SQ CM	No Auth Required					
Q4197	PURAPLY XT PER SQ CM	PURAPLY XT PER SQ CM	No Auth Required					
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	GENESIS AMNIOTIC MEMBRANE PER SQ CM	No Auth Required					
Q4200	SKINTE PER SQ CM	SKINTE PER SQ CM	No Auth Required					
Q4201	MATRION PER SQ CM	MATRION PER SQ CM	No Auth Required					
Q4202	KEROXX (2.5G/CC) 1CC	KEROXX (2.5G/CC) 1CC	No Auth Required					
Q4203	DERMA-GIDE PER SQ CM	DERMA-GIDE PER SQ CM	No Auth Required					
Q4204	XWRAP PER SQ CM	XWRAP PER SQ CM	No Auth Required					
Q4205	MEMBRANE GFT/MEMBRANE WRAP P SQ CM	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	No Auth Required					
Q4206	FLUID FLOW OR FLUID GF 1 CC	FLUID FLOW OR FLUID GF 1 CC	No Auth Required					
Q4208	NOVAFIX PER SQ CM	NOVAFIX PER SQ CM	No Auth Required					
Q4209	SURGRAFT PER SQ CM	SURGRAFT PER SQ CM	No Auth Required					
Q4210	AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	No Auth Required					
Q4211	AMNION BIO/AXOBIOMEMBRANE PER SQ CM	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	No Auth Required					
Q4212	ALLOGEN PER CC	ALLOGEN PER CC	No Auth Required					
Q4213	ASCENT 0.5 MG	ASCENT 0.5 MG	No Auth Required					
Q4214	CELLESTA CORD PER SQ CM	CELLESTA CORD PER SQ CM	No Auth Required					
Q4215	AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	No Auth Required					
Q4216	ARTACENT CORD PER SQ CM	ARTACENT CORD PER SQ CM	No Auth Required					
Q4217	WNDFIX BIOWND WNDFIX + X + /X+ P SC	WNDFIX BIOWND WNDFIX+BIOWND+WNDFIX X+/X+ P SC	No Auth Required					
Q4218	SURGICORD PER SQ CM	SURGICORD PER SQ CM	No Auth Required					
Q4219	SURGIGRAFT-DUAL PER SQ CM	SURGIGRAFT-DUAL PER SQ CM	No Auth Required					
Q4220	BELLACELL HD OR SUREDERM PER SQ CM	BELLACELL HD OR SUREDERM PER SQ CM	No Auth Required					
Q4221	AMNIO WRAP2 PER SQ CM	AMNIO WRAP2 PER SQ CM	No Auth Required					
Q4222	PROGENAMATRIX PER SQ CM	PROGENAMATRIX PER SQ CM	No Auth Required					
Q4226	MYOWN SK INCL HARV & PREP PROC P SC	MYOWN SKIN INCL HARVEST & PREP PROC PER SQ CM	No Auth Required					
Q5001	HOSPICE/HOME HLTH CARE PT HOME/RES	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5002	HOSPICE/HHC PROV ASSTD LIVING FACL	HOSPICE/HOME HEALTH CARE IN ASSISTED LIVING FACL	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5003	HOSPICE CARE PRVO LTC/NON-SKILL NF	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5004	HOSPICE CARE PROVIDED IN SNF	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5005	HOSPICE CARE PROV IN IP HOSPITAL	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5006	HOSPICE CARE PROV IP HOSPICE FACL	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5007	HOSPICE CARE PROV IN LTC FACL	HOSPICE CARE PROV LONG TERM CARE FACILITY	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5008	HOSPICE CARE PROV IP PSYCH FACILITY	HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5009	HOSPICE/HOME HLTH CARE IN PLACE NOS	HOSPICE/HOME HEALTH CARE PROVIDED IN PLACE NOS	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5010	HOSPICE HOME CARE PROV HOSPICE FACL	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	Authorization Required	Hospice		Level 1 Review (Network Validation)		Removed Authorization Requirement
Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Authorization Required			Level 2 Review (Full Clinical Review)	Always processed by pharmacy	
Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5105	INJ EPO ALFA-EPBX BIOSIMILAR 100 U	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 UNITS	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5106	INJ EPO ALFA-EPBX BIOSIMILAR 1000 U	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
Q5107	INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5109	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		
Q5111	INJ PEGFLGRASTM-CBQV BIOSMLR 0.5 MG	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Authorization Required	Drug Administration		Level 2 Review (Full Clinical Review)		Removed Authorization Requirement
Q5112	INJ TRASTUZUMAB-DTTB BIOSIM 10 MG	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5113	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5114	INJ TRASTUZUMAB-DKST BIOSIM 10 MG	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5115	INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5116	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5117	INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q5118	INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG	INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG	Authorization Required			Level 2 Review (Full Clinical Review)		
Q9950	INJ S HEXAFLUORIDE LIPID MSS PER ML	INJECTION SULFUR HEXAFLUORIDE LIPID MSS PER ML	No Auth Required					
Q9951	LOCM 400/> MG/ML IODINE CONC ML	LOW OSM CONTRST MATL 400/> MG/ML IODINE CONC ML	No Auth Required					

Q9953	INJ IRONBASED MR CONTRAST AGENT ML	INJECTION IRONBASED MR CONTRAST AGENT PER ML	No Auth Required					
Q9954	ORAL MR CONTRAST AGENT 100 ML	ORAL MAGNETIC RESONANCE CONTRAST AGENT 100 ML	No Auth Required					
Q9955	INJ PERFLEXANE LIPID MICROSPHERS ML	INJECTION PERFLEXANE LIPID MICROSPHERES PER ML	No Auth Required					
Q9956	INJ OCTAFLUOROPROPANE MICROSPHRS ML	INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML	No Auth Required					
Q9957	INJ PERFLUTREN LIPID MICROSPHERS ML	INJECTION PERFLUTREN LIPID MICROSPHERES PER ML	No Auth Required					
Q9958	HOCM UP TO 149 MG/ML IODINE CONC ML	HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML	No Auth Required					
Q9959	HOCM 150-199 MG/ML IODINE CONC ML	HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML	No Auth Required					
Q9960	HOCM 200-249 MG/ML IODINE CONC ML	HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML	No Auth Required					
Q9961	HOCM 250-299 MG/ML IODINE CONC ML	HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML	No Auth Required					
Q9962	HOCM 300-349 MG/ML IODINE CONC ML	HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML	No Auth Required					
Q9963	HOCM 350-399 MG/ML IODINE CONC ML	HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML	No Auth Required					
Q9964	HOCM 400 OR > MG/ML IODINE CONC ML	HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML	No Auth Required					
Q9965	LOCM 100-199 MG/ML I CONC PER ML	LOCM 100-199 MG/ML IODINE CONCENTRATION PER ML	No Auth Required					
Q9966	LOCM 200-299 MG/ML I CONC PER ML	LOCM 200-299 MG/ML IODINE CONCENTRATION PER ML	No Auth Required					
Q9967	LOCM 300-399 MG/ML I CONC PER ML	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML	No Auth Required					
Q9968	INJ NONRA NONCNTRST VIZ ADJNCT 1 MG	INJ NONRADIATIVE NONCONTRAST VIZ ADJUNCT 1 MG	No Auth Required					
Q9969	TC-99M NON-HEU COST ADD-ON STDY DS	TC-99M NON-HEU FULL COST REC ADD-ON PER STDY DOS	No Auth Required					
Q9982	FLUTEMETAML F18 DX STDY DO TO 5 MCI	FLUTEMETAMOL F18 DX P STUDY DO TO 5 MILLICURIES	No Auth Required					
Q9983	FLORBETABEN F18 DX P DO TO 8.1 MCI	FLORBETABEN F18 DX P STDY DO TO 8.1 MILLICURIES	No Auth Required					
Q9991	INJECTION BU EXT-RLSE </= TO 100 MG	INJECTION BUPRENORPHINE EXT-RLSE </= TO 100 MG	No Auth Required					
Q9992	INJ BUPRENORPHINE EXT-RLSE >100 MG	INJECTION BUPRENORPHINE EXTENDED-RELEASE >100 MG	No Auth Required					
R0070	TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	TRANS PRTBL X-RAY EQP&PERS HOM/NRS HOM-TRIP 1 PT	No Auth Required					
R0075	TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT	TRANS PRTBL XRAY EQP&PERS HOM/NRS HOM-TRIP>1 PT	No Auth Required					
R0076	TRANS PRTBLE EKG FACL/LOCATION-PT	TRANSPORTATION PRTBLE EKG FACL/LOCATION PER PT	No Auth Required					
S0590	INTEGRL LENS SRVC MISC REPORTED SEP	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Authorization Required			Level 2 Review (Full Clinical Review)		
S3620	NEWBORN METABOLIC SCREENING PANEL	NEWBORN METABOLIC SCREENING PANEL SPEC-STATE	No Auth Required					
T1999	MISC TX ITEMS&SPL RTAIL PURCHSE NOC	MISC TX ITEMS & SPL RETAIL PURCHASE NOC	Authorization Required			Level 2 Review (Full Clinical Review)		
V2020	FRAMES PURCHASES	FRAMES PURCHASES	No Auth Required					
V2100	SPHER 1 VISN PLANO +/- 4.00-LENS	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	No Auth Required					
V2101	SPHER 1 VISN +/- 4.12 +/- 7.00D EA	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	No Auth Required					
V2102	SPHER 1 VISN +/- 7.12 +/- 20.00D EA	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	No Auth Required					
V2103	1 VISN PLANO-+/-4.00D 0.12-2.00D EA	1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA	No Auth Required					
V2104	1 VISN PLANO-+/-4.00D 2.12-4.00D EA	1 VISN PLANO-+/- 4.00D SPHER 2.12-4.00D CYL EA	No Auth Required					
V2105	1 VISN PLANO-+/-4.00D 4.25-6.00D EA	1 VISN PLANO-+/- 4.00D SPHER 4.25-6.00D CYL EA	No Auth Required					
V2106	1 VISN PLANO-+/-4.00D OVR 6.00D EA	1 VISN PLANO-+/- 4.00D SPHER OVER 6.00D CYL-LENS	No Auth Required					
V2107	1 VISN +/-4.25-+/-7.00 0.12-2.00D	1 VISN +/- 4.25-+/ 7.00 SPHER 0.12-2.00D CYL EA	No Auth Required					
V2108	1 VSN +/-4.25D-+/-7.00D 2.12-4.00D	1 VISN +/-4.25D-+/-7.00D SPHER 2.12-4.00D CYL EA	No Auth Required					
V2109	1 VISN+/- 4.25-+/- 7.00D 4.25-6.00D	1 VISN+/- 4.25-+/- 7.00D SPHER 4.25-6.00D CYL EA	No Auth Required					
V2110	1 VISN +/- 4.25-7.00D OVER 6.00D	1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	No Auth Required					
V2111	1 VISN +/-7.25-+/-12.00D 0.25-2.25D	1 VISN +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL EA	No Auth Required					
V2112	1 VSN +/-7.25-+/-12.00D 2.25D-400D	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA	No Auth Required					
V2113	1 VISN +/-7.25-+/-12.00D 4.25-6.00D	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA	No Auth Required					
V2114	1 VISN SPHERE >+/-12.00D PER LENS	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	No Auth Required					
V2115	LENTICULAR PER LENS SINGLE VISION	LENTICULAR PER LENS SINGLE VISION	No Auth Required					
V2118	ANISEIKONIC LENS SINGLE VISION	ANISEIKONIC LENS SINGLE VISION	No Auth Required					
V2121	LENTICULAR LENS PER LENS SINGLE	LENTICULAR LENS PER LENS SINGLE	No Auth Required					
V2199	NOC SINGLE VISION LENS	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	No Auth Required					
V2200	SPHERE BIFOCL PLANO +/-4.00D LENS	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	No Auth Required					
V2201	SPHERE BIFOCL +/-4.12-+/-7.00D LENS	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	No Auth Required					
V2202	SPHERE BIFOCL +/-7.12-+/-20.00D EA	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	No Auth Required					
V2203	BIFOCL PLANO +/-4.00D 0.12-2.00D EA	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA	No Auth Required					
V2204	BIFOCL PLANO +/-4.00D 2.12-4.00D EA	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA	No Auth Required					
V2205	BIFOCL PLANO +/-4.00D 4.25-6.00D EA	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA	No Auth Required					
V2206	BIFOCL PLANO +/-4.00D OVER 6.00D EA	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	No Auth Required					
V2207	BIFOCL +/-4.25-+/-7.00D 0.12-2.00D	BIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL-EA	No Auth Required					
V2208	BIFOCL +/-4.25-+/-7.00D 2.12-4.00D	BIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL-EA	No Auth Required					
V2209	BIFOCL +/-4.25-+/-7.00D 4.25-6.00D	BIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL-EA	No Auth Required					
V2210	BIFOCL +/-4.25-+/-7.00D OVER 6.00D	BIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL-LENS	No Auth Required					
V2211	BIFOCL +/-7.25-+/-12.00D 0.25-2.25D	BIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL-EA	No Auth Required					
V2212	BIFOCL +/-7.25-+/-12.00D 2.25-4.00D	BIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL-EA	No Auth Required					

V2213	BIFOCL +/-7.25-+/-12.00D 4.25-6.00D	BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA	No Auth Required					
V2214	BIFOCL SPHER OVR +/-12.00D PER LENS	BIFOCAL SPHERE OVER +/-12.00D PER LENS	No Auth Required					
V2215	LENTICULAR PER LENS BIFOCAL	LENTICULAR PER LENS BIFOCAL	No Auth Required					
V2218	ANISEIKONIC PER LENS BIFOCAL	ANISEIKONIC PER LENS BIFOCAL	No Auth Required					
V2219	BIFOCAL SEG WIDTH OVER 28MM	BIFOCAL SEG WIDTH OVER 28MM	No Auth Required					
V2220	BIFOCAL ADD OVER 3.25D	BIFOCAL ADD OVER 3.25D	No Auth Required					
V2221	LENTICULAR LENS PER LENS BIFOCAL	LENTICULAR LENS PER LENS BIFOCAL	No Auth Required					
V2299	SPECIALTY BIFOCAL	SPECIALTY BIFOCAL	No Auth Required					
V2300	SPHERE TRIFOCL PLANO/+/-4.00D LENS	SPHERE TRIFOCAL PLANO OR +/-4.00D PER LENS	No Auth Required					
V2301	SPHERE TRIFOCL +/- 4.12-+/-7.00 LNS	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	No Auth Required					
V2302	SPHER TRIFOCL +/- 7.12-+/-20.00 LNS	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	No Auth Required					
V2303	TRIFOCL PLANO +/-4.00D 0.12-2.00D	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA	No Auth Required					
V2304	TRIFOCL PLANO +/-4.00D 2.25-4.00D	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA	No Auth Required					
V2305	TRIFOCL PLANO +/-4.00D 4.25-6.00	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA	No Auth Required					
V2306	TRIFOCL PLANO +/-4.00D OVR 6.00D	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	No Auth Required					
V2307	TRIFCL +/-4.25-+/-7.00D 0.12-2.00D	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA	No Auth Required					
V2308	TRIFOCL +/-4.25-+/-7.00D 2.12-4.00D	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA	No Auth Required					
V2309	TRIFOCL +/-4.25-+/-7.00D 4.25-6.00D	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA	No Auth Required					
V2310	TRIFOCL +/-4.25-+/-7.00D OVR 6.00D	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	No Auth Required					
V2311	TRIFCL +/-7.25-+/-12.00D 0.25-2.25D	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E	No Auth Required					
V2312	TRIFCL +/-7.25-+/-12.00D 2.25-4.00D	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E	No Auth Required					
V2313	TRIFCL +/-7.25-+/-12.00D 4.25-6.00D	TRIFOCL+/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA	No Auth Required					
V2314	TRIFOCL SPHER > +/-12.00D PER LENS	TRIFOCL SPHER OVER +/-12.00D PER LENS	No Auth Required					
V2315	LENTICULAR PER LENS TRIFOCAL	LENTICULAR PER LENS TRIFOCAL	No Auth Required					
V2318	ANISEIKONIC LENS TRIFOCAL	ANISEIKONIC LENS TRIFOCAL	No Auth Required					
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	TRIFOCAL SEG WIDTH OVER 28 MM	No Auth Required					
V2320	TRIFOCAL ADD OVER 3.25D	TRIFOCAL ADD OVER 3.25D	No Auth Required					
V2321	LENTICULAR LENS PER LENS TRIFOCAL	LENTICULAR LENS PER LENS TRIFOCAL	No Auth Required					
V2399	SPECIALTY TRIFOCAL	SPECIALTY TRIFOCAL	No Auth Required					
V2410	VARIBL ASPHRCITY 1 FULL FIELD-LENS	VARIBL ASPHRCTY LENS 1 FULL FLD GLASS/PLASTC LNS	No Auth Required					
V2430	VRIBL ASPHRC BIFOCL FULL FIELD-LENS	VARIBL ASPHRCITY LENS BIFOCL FULL FIELD-LENS	No Auth Required					
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	VARIABLE SPHERICITY LENS OTHER TYPE	No Auth Required					
V2500	CNTC LENS PMMA SPHERICAL PER LENS	CONTACT LENS PMMA SPHERICAL PER LENS	No Auth Required					
V2501	CNTC LENS PMMA/PRISM BALLST LENS	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS	No Auth Required					
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	CONTACT LENS PMMA BIFOCAL PER LENS	No Auth Required					
V2503	CNTC LENS PMMA COLR VISN DEFIC LENS	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS	No Auth Required					
V2510	CNTC LENS GAS PRMEABL SPHERICL LENS	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	No Auth Required					
V2511	CNTC LENS GAS PRMEABL PRSM BLLST EA	CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS	No Auth Required					
V2512	CNTC LENS GAS PERMEABLE BIFOCL LENS	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	No Auth Required					
V2513	CNTC LENS GAS PRMEABL EXT WEAR LENS	CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS	No Auth Required					
V2520	CNTC LENS HYDROPHIL SPHERICAL LENS	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	No Auth Required					
V2521	CNTC LENS HYDROPHL/PRISM BLLST LENS	CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS	No Auth Required					
V2522	CNTC LENS HYDROPHIL BIFOCAL LENS	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	No Auth Required					
V2523	CNTC LENS HYDROPHIL EXT WEAR LENS	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	No Auth Required					
V2530	CNTC LENS SCLERAL GAS IMPERMEBL PER	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	No Auth Required					
V2531	CNTC LENS SCLERAL GAS PERMEABLE PER	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Authorization Required	NA		Level 2 Review (Full Clinical Review)		
V2599	CONTACT LENS OTHER TYPE	CONTACT LENS OTHER TYPE	No Auth Required					
V2600	HAND HELD LW VISN&OTH NON SPEC AIDS	HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS	No Auth Required					
V2610	SNGL LENS SPECT MOUNT LW VISION AID	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	No Auth Required					
V2615	TELESCOPIC & OTH COMPOUND LENS SYS	TELESCOPIC & OTH COMPOUND LENS SYSTEM	Authorization Required	Surgery of eye and ocular adnexa		Level 2 Review (Full Clinical Review)		
V2623	PROSTHETIC EYE PLASTIC CUSTOM	PROSTHETIC EYE PLASTIC CUSTOM	Authorization Required	NA		Level 2 Review (Full Clinical Review)		
V2624	POLISHING/RESURFACING OCULR PROSTH	POLISHING/RESURFACING OF OCULAR PROSTHESIS	No Auth Required					
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	ENLARGEMENT OF OCULAR PROSTHESIS	No Auth Required					
V2626	REDUCTION OF OCULAR PROSTHESIS	REDUCTION OF OCULAR PROSTHESIS	No Auth Required					
V2627	SCLERAL COVER SHELL	SCLERAL COVER SHELL	Authorization Required	NA		Level 2 Review (Full Clinical Review)		
V2628	FABRICATION&FIT OCULAR CONFORMER	FABRICATION AND FITTING OF OCULAR CONFORMER	No Auth Required					
V2629	PROSTHETIC EYE OTHER TYPE	PROSTHETIC EYE OTHER TYPE	No Auth Required					
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	ANTERIOR CHAMBER INTRAOCULAR LENS	No Auth Required					
V2631	IRIS SUPPORTED INTRAOCULAR LENS	IRIS SUPPORTED INTRAOCULAR LENS	No Auth Required					
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	POSTERIOR CHAMBER INTRAOCULAR LENS	No Auth Required					
V2700	BALANCE LENS PER LENS	BALANCE LENS PER LENS	No Auth Required					
V2710	SLAB OFF PRISM GLASS/PLSTC PER LENS	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	No Auth Required					
V2715	PRISM PER LENS	PRISM PER LENS	No Auth Required					
V2718	PRESS-ON LENS FRESNELL PRISM P LENS	PRESS-ON LENS FRESNELL PRISM PER LENS	No Auth Required					
V2730	SPCL BASE CURVE GLASS/PLSTC-LENS	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS	No Auth Required					
V2744	TINT PHOTOCHROMATIC PER LENS	TINT PHOTOCHROMATIC PER LENS	No Auth Required					
V2745	ADD LENS;TINT COLR EXC PHOTOCHRMATC	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	No Auth Required					
V2750	ANTIREFLECTIVE COATING PER LENS	ANTIREFLECTIVE COATING PER LENS	No Auth Required					
V2755	U-V LENS PER LENS	U-V LENS PER LENS	No Auth Required					
V2756	EYE GLASS CASE	EYE GLASS CASE	No Auth Required					

V2760	SCRATCH RESISTANT COATING PER LENS	SCRATCH RESISTANT COATING PER LENS	No Auth Required					
V2761	MIRROR COAT TYPE SOLID GRADENT/= LE	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS	No Auth Required					
V2762	POLARIZATION ANY LENS MATERIAL-LENS	POLARIZATION ANY LENS MATERIAL PER LENS	No Auth Required					
V2770	OCCLUDER LENS PER LENS	OCCLUDER LENS PER LENS	No Auth Required					
V2780	OVERSIZE LENS PER LENS	OVERSIZE LENS PER LENS	No Auth Required					
V2781	PROGRESSIVE LENS PER LENS	PROGRESSIVE LENS PER LENS	No Auth Required					
V2782	LNS I 1.54-1.65 PLST/1.60-1.79 GLA	LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS	No Auth Required					
V2783	LNS INDX >/=1.66 PLSTC/>/=1.80 GLA	LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS LENS	No Auth Required					
V2784	LENS POLYCARBATE/EQUL ANY INDX-LENS	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	No Auth Required					
V2785	PRC PRES&TRANSPORTING CORNL TISS	PROCESSING PRES&TRANSPORTING CORNEAL TISSUE	No Auth Required					
V2786	SPCLTY OCCUP MULTIFOCL LENS-LENS	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS	No Auth Required					
V2790	AMNIOTIC MEMBRANE SURG RECNSTR-PROC	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC	Authorization Required	Reconstructive		Level 2 Review (Full Clinical Review)		
V2797	VISN SPL ACSS&/SRVC CMPNT OTH HCPCS	VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE	No Auth Required					
V2799	VISION ITEM/SERVICE MISCELLANEOUS	VISION ITEM OR SERVICE MISCELLANEOUS	Authorization Required			Level 2 Review (Full Clinical Review)		
V5008	HEARING SCREENING	HEARING SCREENING	No Auth Required					
V5010	ASSESSMENT FOR HEARING AID	ASSESSMENT FOR HEARING AID	No Auth Required					
V5011	FIT/ORIENTATION/CHECK HEARING AID	FITTING/ORIENTATION/CHECKING OF HEARING AID	No Auth Required					
V5014	REPAIR/MODIFICATION OF HEARING AID	REPAIR/MODIFICATION OF A HEARING AID	No Auth Required					
V5020	CONFORMITY EVALUATION	CONFORMITY EVALUATION	No Auth Required					
V5030	HEAR AID MONAURL BDY WRN AIR CONDCT	HEARING AID MONAURAL BODY WORN AIR CONDUCTION	No Auth Required					
V5040	HEAR AID MONAURL BDY WORN BN CONDCT	HEARING AID MONAURAL BODY WORN BONE CONDUCTION	No Auth Required					
V5050	HEARING AID MONAURAL IN THE EAR	HEARING AID MONAURAL IN THE EAR	No Auth Required					
V5060	HEARING AID MONAURAL BEHIND THE EAR	HEARING AID MONAURAL BEHIND THE EAR	No Auth Required					
V5070	GLASSES AIR CONDUCTION	GLASSES AIR CONDUCTION	No Auth Required					
V5080	GLASSES BONE CONDUCTION	GLASSES BONE CONDUCTION	No Auth Required					
V5090	DISPENSING FEE UNSPEC HEARING AID	DISPENSING FEE UNSPECIFIED HEARING AID	No Auth Required					
V5095	SEMI-IMPL MID EAR HEARING PROSTH	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	No Auth Required					
V5100	HEARING AID BILATERAL BODY WORN	HEARING AID BILATERAL BODY WORN	No Auth Required					
V5110	DISPENSING FEE BILATERAL	DISPENSING FEE BILATERAL	No Auth Required					
V5120	BINAURAL BODY	BINAURAL BODY	No Auth Required					
V5130	BINAURAL IN THE EAR	BINAURAL IN THE EAR	No Auth Required					
V5140	BINAURAL BEHIND THE EAR	BINAURAL BEHIND THE EAR	No Auth Required					
V5150	BINAURAL GLASSES	BINAURAL GLASSES	No Auth Required					
V5160	DISPENSING FEE BINAURAL	DISPENSING FEE BINAURAL	No Auth Required					
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	No Auth Required					
V5172	HA CONTRALAT RTE DVC MONAURAL ICT	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	No Auth Required					
V5181	HA CONTRALAT RTE DVC MONAURAL BTE	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	No Auth Required					
V5190	HA CONTRALAT RTE MONAURAL GLASSES	HEARING AID CONTRALATERAL RTE MONAURAL GLASSES	No Auth Required					
V5200	DISPENSING FEE CONTRALATERAL MONAUR	DISPENSING FEE CONTRALATERAL MONAURAL	No Auth Required					
V5211	HA CONTRALAT RS BINAURAL ITE/ITE	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/ITE	No Auth Required					
V5212	HA CONTRALAT RS BINAURAL ITE/ITE	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/ITC	No Auth Required					
V5213	HA CONTRA RTE SYS BINAURAL ITE/ITC	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE/BTE	No Auth Required					
V5214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC/ITC	No Auth Required					
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC/BTE	No Auth Required					
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	HEARING AID CONTRALAT ROUT SYS BINAURAL BTE/BTE	No Auth Required					
V5230	HA CONTRALAT RTE SYS BINAUR GLASSES	HEARING AID CONTRALAT RTE SYS BINAURAL GLASSES	No Auth Required					
V5240	DISPNS FEE CONTRALAT RTE SYS BINAUR	DISPENSING FEE CONTRALATERAL RTE SYSTEM BINAURAL	No Auth Required					
V5241	DISPNS FEE MONAURL HEARING AID TYPE	DISPENSING FEE MONAURAL HEARING AID ANY TYPE	No Auth Required					
V5242	HEARING AID ANALOG MONAURAL CIC	HEARING AID ANALOG MONAURAL CIC	No Auth Required					
V5243	HEARING AID ANALOG MONAURAL ITC	HEARING AID ANALOG MONAURAL ITC	No Auth Required					
V5244	HEARING AID PROG ANALOG MONAURL CIC	HEARING AID DIGTLLY PROG ANALOG MONAURAL CIC	No Auth Required					
V5245	HEARING AID PROG ANALOG MONAURL ITC	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITC	No Auth Required					
V5246	HEARING AID PROG ANALOG MONAURL ITE	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITE	No Auth Required					
V5247	HEARING AID PROG ANALOG MONAURL BTE	HEARING AID DIGTLLY PROG ANALOG MONAURAL BTE	No Auth Required					
V5248	HEARING AID ANALOG BINAURAL CIC	HEARING AID ANALOG BINAURAL CIC	No Auth Required					
V5249	HEARING AID ANALOG BINAURAL ITC	HEARING AID ANALOG BINAURAL ITC	No Auth Required					
V5250	HEARING AID PROG ANALOG BINAURL CIC	HEARING AID DIGTLLY PROG ANALOG BINAURAL CIC	No Auth Required					
V5251	HEARING AID PROG ANALOG BINAURL ITC	HEARING AID DIGTLLY PROG ANALOG BINAURAL ITC	No Auth Required					
V5252	HEARING AID PROG BINAURAL ITE	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE	No Auth Required					
V5253	HEARING AID PROG BINAURAL BTE	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE	No Auth Required					
V5254	HEARING AID DIGITAL MONAURAL CIC	HEARING AID DIGITAL MONAURAL CIC	No Auth Required					
V5255	HEARING AID DIGITAL MONAURAL ITC	HEARING AID DIGITAL MONAURAL ITC	No Auth Required					
V5256	HEARING AID DIGITAL MONAURAL ITE	HEARING AID DIGITAL MONAURAL ITE	No Auth Required					
V5257	HEARING AID DIGITAL MONAURAL BTE	HEARING AID DIGITAL MONAURAL BTE	No Auth Required					
V5258	HEARING AID DIGITAL BINAURAL CIC	HEARING AID DIGITAL BINAURAL CIC	No Auth Required					
V5259	HEARING AID DIGITAL BINAURAL ITC	HEARING AID DIGITAL BINAURAL ITC	No Auth Required					
V5260	HEARING AID DIGITAL BINAURAL ITE	HEARING AID DIGITAL BINAURAL ITE	No Auth Required					
V5261	HEARING AID DIGITAL BINAURAL BTE	HEARING AID DIGITAL BINAURAL BTE	No Auth Required					
V5262	HEARING AID DISPBL TYPE MONAURAL	HEARING AID DISPOSABLE ANY TYPE MONAURAL	No Auth Required					

V5263	HEARING AID DISPBL TYPE BINAURAL	HEARING AID DISPOSABLE ANY TYPE BINAURAL	No Auth Required					
V5264	EAR MOLD/INSERT NOT DISPBL ANY TYPE	EAR MOLD/INSERT NOT DISPOSABLE ANY TYPE	No Auth Required					
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE	EAR MOLD/INSERT DISPOSABLE ANY TYPE	No Auth Required					
V5266	BATTERY FOR USE IN HEARING DEVICE	BATTERY FOR USE IN HEARING DEVICE	No Auth Required					
V5267	HA/ALD/SUPP/ACCESS NOT O/W SPEC	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC	No Auth Required					
V5268	ASST LISTENING DEVICE TEL AMP TYPE	ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE	No Auth Required					
V5269	ASST LISTENING DEVICE ALERTING TYPE	ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE	No Auth Required					
V5270	ASST LISTENING DEVICE TV AMP TYPE	ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE	No Auth Required					
V5271	ASST LISTEN DEVC TV CAPTION DECODER	ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER	No Auth Required					
V5272	ASSISTIVE LISTENING DEVICE TDD	ASSISTIVE LISTENING DEVICE TDD	No Auth Required					
V5273	ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT	No Auth Required					
V5274	ASSISTIVE LEARNING DEVICE NOS	ASSISTIVE LEARNING DEVICE NOS	No Auth Required					
V5275	EAR IMPRESSION EACH	EAR IMPRESSION EACH	No Auth Required					
V5281	ALD PERS FM/DM SYS MONAURL ANY TYPE	ASSIST LIST DEVC PERS FM/DM SYS MONAURL ANY TYPE	No Auth Required					
V5282	ALD PERS FM/DM SYS BINAURL ANY TYPE	ASSIST LIST DEVC PERS FM/DM SYS BINAURL ANY TYPE	No Auth Required					
V5283	ALD PERS FM/DM NCK LOOP INDUCT RECV	ASSIST LIST DEVC PERS FM/DM NCK LOOP INDUCT RECV	No Auth Required					
V5284	ALD PERS FM/DM EAR LEVEL RECEIVER	ASSIST LIST DEVICE PERS FM/DM EAR LEVEL RECEIVER	No Auth Required					
V5285	ALD PERS FM/DM DIR AUDIO INPUT RECV	ASSIST LIST DEVC PERS FM/DM DIR AUDIO INPUT RECV	No Auth Required					
V5286	ALD PERS BLUE TOOTH FM/DM RECEIVR	ASSIST LISTEN DEVC PERS BLUE TOOTH FM/DM RECEIVR	No Auth Required					
V5287	ALD PERS FM/DM RECEIVER NOS	ASSISTIVE LISTENING DEVC PERS FM/DM RECEIVER NOS	No Auth Required					
V5288	ALD PERS FM/DM TRANSMITTER ALD	ASSIST LISTEN DEVC PERS FM/DM TRANSMITTER ALD	No Auth Required					
V5289	ALD PERS FM/DM ADPTR/BOOT CPLG RECV	ASSIST LIST DEVC PERS FM/DM ADPTR/BOOT CPLG RECV	No Auth Required					
V5290	ALD TRANSMITT MICROPHONE ANY TYPE	ASSIST LISTEN DEVC TRANSMITT MICROPHONE ANY TYPE	No Auth Required					
V5298	HEARING AID NOC	HEARING AID NOT OTHERWISE CLASSIFIED	No Auth Required					
V5299	HEARING SERVICE MISCELLANEOUS	HEARING SERVICE MISCELLANEOUS	No Auth Required					
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