2021 IFP Prior Authorization CPT Code List
Version 7.0

Release Date: July 1, 2021

Note: When services requiring only a network validation review 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. Any service performed out-of-network requires an authorization. If in-network options can be identified, an administrative denial will be issued. For services noted as not requiring a prior authorization, please contact Provider Services to ensure the service is a covered benefit for the Bright Health member. SAD means Self Administered Drug. Bright Health follows CMS billing guidelines for Small Group (SG) plan members. S codes are not payable under CMS billing guidelines.

General CPT Information			Claims System Logic			UM Execution	
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
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				
10007	FNA BX W/FLUOR GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	No Auth Required	Surgery			
10008	FNA BX W/FLUOR GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	No Auth Required	Surgery			
10009	FNA BX W/CT GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	No Auth Required	Surgery			
10010	FNA BX W/CT GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	No Auth Required	Surgery			
10011	FNA BX W/MR GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	No Auth Required	Surgery			
10012	FNA BX W/MR GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	No Auth Required	Surgery			
10021	FNA BX W/O IMG GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	No Auth Required	Surgery			
10030	GUIDE CATHET FLUID DRAINAGE	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	No Auth Required	Surgery			
10035	PERQ DEV SOFT TISS 1ST IMAG	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	No Auth Required	Surgery			
10036	PERQ DEV SOFT TISS ADD IMAG	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	No Auth Required	Surgery			
10060	DRAINAGE OF SKIN ABSCESS	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	No Auth Required	Surgery of integumentary system			
10061	DRAINAGE OF SKIN ABSCESS	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	No Auth Required	Surgery of integumentary system			
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		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		Full Clinical Review	
10140	DRAINAGE OF HEMATOMA/FLUID	I&D HEMATOMA SEROMA/FLUID COLLECTION	Authorization Required	Surgery of integumentary system		Full Clinical Review	
10160	PUNCTURE DRAINAGE OF LESION	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	Authorization Required	Surgery of integumentary system		Full Clinical Review	

10180	COMPLEX DRAINAGE WOUND	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11000	DEBRIDE INFECTED SKIN	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11001	DEBRIDE INFECTED SKIN ADD-ON	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11004	DEBRIDE GENITALIA & PERINEUM	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11005	DEBRIDE ABDOM WALL	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	Authorization Required	Surgery of integumentary system		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		Full Clinical Review	
11008	REMOVE MESH FROM ABD WALL	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11010	DEBRIDE SKIN AT FX SITE	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	Authorization Required	Surgery of integumentary system		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		Full Clinical Review	
11012	DEB SKIN BONE AT FX SITE	DBRDMT FX&/DISLC SUBQ T/M/F BONE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11042	DEB SUBQ TISSUE 20 SQ CM/<	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11043	DEB MUSC/FASCIA 20 SQ CM/<	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11044	DEB BONE 20 SQ CM/<	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11045	DEB SUBQ TISSUE ADD-ON	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11046	DEB MUSC/FASCIA ADD-ON	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11047	DEB BONE ADD-ON	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11055	TRIM SKIN LESION	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11056	TRIM SKIN LESIONS 2 TO 4	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11057	TRIM SKIN LESIONS OVER 4	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	Authorization Required	Surgery of integumentary system		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				
11300	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		

11301	SHAVE SKIN LESION 0.6-1.0 CM	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11302	SHAVE SKIN LESION 1.1-2.0 CM	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11303	SHAVE SKIN LESION >2.0 CM	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11305	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11306	SHAVE SKIN LESION 0.6-1.0 CM	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11307	SHAVE SKIN LESION 1.1-2.0 CM	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11308	SHAVE SKIN LESION >2.0 CM	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11310	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11311	SHAVE SKIN LESION 0.6-1.0 CM	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11312	SHAVE SKIN LESION 1.1-2.0 CM	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11313	SHAVE SKIN LESION >2.0 CM	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11400	EXC TR-EXT B9+MARG 0.5 CM<	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11401	EXC TR-EXT B9+MARG 0.6-1 CM	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11402	EXC TR-EXT B9+MARG 1.1-2 CM	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11403	EXC TR-EXT B9+MARG 2.1-3CM	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11404	EXC TR-EXT B9+MARG 3.1-4 CM	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11406	EXC TR-EXT B9+MARG >4.0 CM	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11420	EXC H-F-NK-SP B9+MARG 0.5/<	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11421	EXC H-F-NK-SP B9+MARG 0.6-1	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		

11422	EXC H-F-NK-SP B9+MARG 1.1-2	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11423	EXC H-F-NK-SP B9+MARG 2.1-3	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11424	EXC H-F-NK-SP B9+MARG 3.1-4	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11426	EXC H-F-NK-SP B9+MARG >4 CM	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11440	EXC FACE-MM B9+MARG 0.5 CM/<	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11441	EXC FACE-MM B9+MARG 0.6-1 CM	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11442	EXC FACE-MM B9+MARG 1.1-2 CM	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11443	EXC FACE-MM B9+MARG 2.1-3 CM	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11444	EXC FACE-MM B9+MARG 3.1-4 CM	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11446	EXC FACE-MM B9+MARG >4 CM	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11450	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	No Auth Required	Surgery of integumentary system			
11451	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	No Auth Required	Surgery of integumentary system			
11462	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	No Auth Required	Surgery of integumentary system			
11463	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	No Auth Required	Surgery of integumentary system			
11470	REMOVAL SWEAT GLAND LESION	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	No Auth Required	Surgery of integumentary system			
11471	REMOVAL SWEAT GLAND LESION	EXCISION H/P/P/U COMPLEX REPAIR	No Auth Required	Surgery of integumentary system			
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		

11606	EXC TR-EXT MAL+MARG >4 CM	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11626	EXC S/N/H/F/G MAL+MRG >4 CM	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11646	EXC F/E/E/N/L MAL+MRG >4 CM	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	No Auth Required	Removal of Dermal Lesions	PA for Code in Group Applies to All Codes within Specific Group		
11719	TRIM NAIL(S) ANY NUMBER	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	No Auth Required	Surgery of integumentary system			
11720	DEBRIDE NAIL 1-5	DEBRIDEMENT NAIL ANY METHOD 1-5	No Auth Required	Surgery of integumentary system			
11721	DEBRIDE NAIL 6 OR MORE	DEBRIDEMENT NAIL ANY METHOD 6/>	No Auth Required	Surgery of integumentary system			
11730	REMOVAL OF NAIL PLATE	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	No Auth Required	Surgery of integumentary system			
11732	REMOVE NAIL PLATE ADD-ON	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	No Auth Required	Surgery of integumentary system			
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	No Auth Required	Surgery of integumentary system			
11760	REPAIR OF NAIL BED	REPAIR NAIL BED	No Auth Required				

11762	RECONSTRUCTION OF NAIL BED	RECONSTRUCTION NAIL BED W/GRAFT	No Auth Required	Surgery of integumentary system			
11765	EXCISION OF NAIL FOLD TOE	WEDGE EXCISION SKIN NAIL FOLD	No Auth Required	Surgery of integumentary system			
11770	REMOVE PILONIDAL CYST SIMPLE	EXCISION PILONIDAL CYST/SINUS SIMPLE	No Auth Required				
11771	REMOVE PILONIDAL CYST EXTEN	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	No Auth Required	Surgery of integumentary system			
11772	REMOVE PILONIDAL CYST COMPL	EXCISION PILONIDAL CYST/SINUS COMPLICATED	No Auth Required	Surgery of integumentary system			
11900	INJECT SKIN LESIONS </W 7	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	Authorization Required	Surgery of integumentary system		Network Validation	
11901	INJECT SKIN LESIONS >7	INJECTION INTRALESIONAL >7 LESIONS	No Auth Required	Surgery of integumentary system			
11920	CORRECT SKIN COLOR 6.0 CM/<	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	No Auth Required	Surgery of integumentary system			
11921	CORRECT SKN COLOR 6.1-20.0CM	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	No Auth Required	Surgery of integumentary system			
11922	CORRECT SKIN COLOR EA 20.0CM	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	No Auth Required	Surgery of integumentary system			
11950	TX CONTOUR DEFECTS 1 CC/<	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	No Auth Required	Surgery of integumentary system			
11951	TX CONTOUR DEFECTS 1.1-5.0CC	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	No Auth Required	Surgery of integumentary system			
11952	TX CONTOUR DEFECTS 5.1-10CC	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	No Auth Required	Surgery of integumentary system			
11954	TX CONTOUR DEFECTS >10.0 CC	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	No Auth Required	Surgery of integumentary system			
11960	INSERT TISSUE EXPANDER(S)	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	No Auth Required	Surgery of integumentary system			
11970	REPLACE TISSUE EXPANDER	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11971	REMOVE TISSUE EXPANDER(S)	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	Authorization Required	Surgery of integumentary system		Full Clinical Review	
11976	REMOVE CONTRACEPTIVE CAPSULE	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	No Auth Required				
11980	IMPLANT HORMONE PELLET(S)	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	No Auth Required	Surgery of integumentary system			
11981	INSERT DRUG IMPLANT DEVICE	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	No Auth Required	Surgery of integumentary system			
11982	REMOVE DRUG IMPLANT DEVICE	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	No Auth Required	Surgery of integumentary system			
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				
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		

12006	RPR S/N/A/GEN/TRK20.1-30.0CM	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
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				
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
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				
12020	CLOSURE OF SPLIT WOUND	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	No Auth Required	Surgery of integumentary system			
12021	CLOSURE OF SPLIT WOUND	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	No Auth Required	Surgery of integumentary system			
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12032	INTMD RPR S/A/T/EXT 2.6-7.5	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12034	INTMD RPR S/TR/EXT 7.6-12.5	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12035	INTMD RPR S/A/T/EXT 12.6-20	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12036	INTMD RPR S/A/T/EXT 20.1-30	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12037	INTMD RPR S/TR/EXT >30.0 CM	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12041	INTMD RPR N-HF/GENIT 2.5CM/<	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12042	INTMD RPR N-HF/GENIT2.6-7.5	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12044	INTMD RPR N-HF/GENIT7.6-12.5	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12045	INTMD RPR N-HF/GENIT12.6-20	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12046	INTMD RPR N-HF/GENIT20.1-30	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		

12047	INTMD RPR N-HF/GENIT >30.0CM	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12051	INTMD RPR FACE/MM 2.5 CM/<	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12052	INTMD RPR FACE/MM 2.6-5.0 CM	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12053	INTMD RPR FACE/MM 5.1-7.5 CM	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12054	INTMD RPR FACE/MM 7.6-12.5CM	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12055	INTMD RPR FACE/MM 12.6-20 CM	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12056	INTMD RPR FACE/MM 20.1-30.0	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
12057	INTMD RPR FACE/MM >30.0 CM	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13100	CMPLX RPR TRUNK 1.1-2.5 CM	REPAIR COMPLEX TRUNK 1.1-2.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13101	CMPLX RPR TRUNK 2.6-7.5 CM	REPAIR COMPLEX TRUNK 2.6-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13102	CMPLX RPR TRUNK ADDL 5CM/<	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13120	CMPLX RPR S/A/L 1.1-2.5 CM	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13121	CMPLX RPR S/A/L 2.6-7.5 CM	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13122	CMPLX RPR S/A/L ADDL 5 CM/>	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	Authorization Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group	Network Validation	

13153	CMPLX RPR E/N/E/L ADDL 5CM/<	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	No Auth Required	Wound Repair	PA for Code in Group Applies to All Codes within Specific Group		
13160	LATE CLOSURE OF WOUND	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	No Auth Required	Surgery of integumentary system			
14000	TIS TRNFR TRUNK 10 SQ CM/<	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	Authorization Required	Surgery of integumentary system		Network Validation	
14001	TIS TRNFR TRUNK 10.1-30SQCM	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	No Auth Required	Surgery of integumentary system			
14020	TIS TRNFR S/A/L 10 SQ CM/<	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	No Auth Required	Surgery of integumentary system			
14021	TIS TRNFR S/A/L 10.1-30 SQCM	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	No Auth Required	Surgery of integumentary system			
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	Authorization Required	Surgery of integumentary system		Network Validation	
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	Authorization Required	Surgery of integumentary system		Network Validation	
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	No Auth Required	Surgery of integumentary system			
14061	TIS TRNFR E/N/E/L10.1-30SQCM	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	No Auth Required	Surgery of integumentary system			
14301	TIS TRNFR ANY 30.1-60 SQ CM	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	Authorization Required	Surgery of integumentary system		Network Validation	
14302	TIS TRNFR ADDL 30 SQ CM	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	No Auth Required	Surgery of integumentary system			
14350	FILLETED FINGER/TOE FLAP	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	No Auth Required	Surgery of integumentary system			
15002	WOUND PREP TRK/ARM/LEG	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	No Auth Required	Surgery of integumentary system			
15003	WOUND PREP ADDL 100 CM	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	No Auth Required	Surgery of integumentary system			
15004	WOUND PREP F/N/HF/G	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	No Auth Required	Surgery of integumentary system			
15005	WND PREP F/N/HF/G ADDL CM	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	No Auth Required	Surgery of integumentary system			
15040	HARVEST CULTURED SKIN GRAFT	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	No Auth Required	Surgery of integumentary system			
15050	SKIN PINCH GRAFT	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	No Auth Required	Surgery of integumentary system			
15100	SKIN SPLT GRFT TRNK/ARM/LEG	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	No Auth Required	Surgery of integumentary system			
15101	SKIN SPLT GRFT T/A/L ADD-ON	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	No Auth Required	Surgery of integumentary system			
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	No Auth Required	Surgery of integumentary system			
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	No Auth Required	Surgery of integumentary system			
15115	EPIDRM A-GRFT FACE/NCK/HF/G	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	No Auth Required	Surgery of integumentary system			
15116	EPIDRM A-GRFT F/N/HF/G ADDL	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	No Auth Required	Surgery of integumentary system			
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	No Auth Required	Surgery of integumentary system			
15121	SKN SPLT A-GRFT F/N/HF/G ADD	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	No Auth Required	Surgery of integumentary system			

15130	DERM AUTOGRAFT TRNK/ARM/LEG	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	No Auth Required	Surgery of integumentary system			
15131	DERM AUTOGRAFT T/A/L ADD-ON	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	No Auth Required	Surgery of integumentary system			
15135	DERM AUTOGRAFT FACE/NCK/HF/G	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	No Auth Required	Surgery of integumentary system			
15136	DERM AUTOGRAFT F/N/HF/G ADD	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	No Auth Required	Surgery of integumentary system			
15150	CULT SKIN GRFT T/ARM/LEG	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	No Auth Required	Surgery of integumentary system			
15151	CULT SKIN GRFT T/A/L ADDL	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	No Auth Required	Surgery of integumentary system			
15152	CULT SKIN GRAFT T/A/L +%	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	No Auth Required	Surgery of integumentary system			
15155	CULT SKIN GRAFT F/N/HF/G	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	No Auth Required	Surgery of integumentary system			
15156	CULT SKIN GRFT F/N/HFG ADD	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	No Auth Required	Surgery of integumentary system			
15157	CULT EPIDERM GRFT F/N/HFG +%	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	No Auth Required	Surgery of integumentary system			
15200	SKIN FULL GRAFT TRUNK	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	No Auth Required	Surgery of integumentary system			
15201	SKIN FULL GRAFT TRUNK ADD-ON	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	No Auth Required	Surgery of integumentary system			
15220	SKIN FULL GRAFT SCLP/ARM/LEG	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	No Auth Required	Surgery of integumentary system			
15221	SKIN FULL GRAFT ADD-ON	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	No Auth Required	Surgery of integumentary system			
15240	SKIN FULL GRFT FACE/GENIT/HF	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	Authorization Required	Surgery of integumentary system		Network Validation	
15241	SKIN FULL GRAFT ADD-ON	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	No Auth Required	Surgery of integumentary system			
15260	SKIN FULL GRAFT EEN & LIPS	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	No Auth Required	Surgery of integumentary system			
15261	SKIN FULL GRAFT ADD-ON	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	No Auth Required	Surgery of integumentary system			
15271	SKIN SUB GRAFT TRNK/ARM/LEG	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	No Auth Required	Surgery of integumentary system			
15272	SKIN SUB GRAFT T/A/L ADD-ON	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	No Auth Required	Surgery of integumentary system			
15273	SKIN SUB GRFT T/ARM/LG CHILD	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	No Auth Required	Surgery of integumentary system			
15274	SKN SUB GRFT T/A/L CHILD ADD	APP SKN SUB GRFT T/A/L AREA>/=100SCM ADL 100SQCM	No Auth Required	Surgery of integumentary system			
15275	SKIN SUB GRAFT FACE/NK/HF/G	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Authorization Required	Surgery of integumentary system		Network Validation	
15276	SKIN SUB GRAFT F/N/HF/G ADDL	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	No Auth Required	Surgery of integumentary system			
15277	SKN SUB GRFT F/N/HF/G CHILD	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM 1ST 100SQ CM	No Auth Required	Surgery of integumentary system			
15278	SKN SUB GRFT F/N/HF/G CH ADD	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SQ CM	No Auth Required	Surgery of integumentary system			
15570	SKIN PEDICLE FLAP TRUNK	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	No Auth Required	Surgery of integumentary system			
15572	SKIN PEDICLE FLAP ARMS/LEGS	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	No Auth Required	Surgery of integumentary system			

15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	No Auth Required	Surgery of integumentary system			
15576	PEDICLE E/N/E/L/NTRORAL	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	No Auth Required	Surgery of integumentary system			
15600	DELAY FLAP TRUNK	DELAY FLAP/SECTIONING FLAP TRUNK	No Auth Required	Surgery of integumentary system			
15610	DELAY FLAP ARMS/LEGS	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	No Auth Required	Surgery of integumentary system			
15620	DELAY FLAP F/C/C/N/AX/G/H/F	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	No Auth Required	Surgery of integumentary system			
15630	DELAY FLAP EYE/NOS/EAR/LIP	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	No Auth Required	Surgery of integumentary system			
15650	TRANSFER SKIN PEDICLE FLAP	TRANSFER ANY PEDICLE FLAP ANY LOCATION	No Auth Required	Surgery of integumentary system			
15730	MDFC FLAP W/PRSRV VASC PEDCL	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	No Auth Required	Surgery of integumentary system			
15731	FOREHEAD FLAP W/VASC PEDICLE	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	No Auth Required	Surgery of integumentary system			
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	No Auth Required	Surgery of integumentary system			
15734	MUSCLE-SKIN GRAFT TRUNK	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15736	MUSCLE-SKIN GRAFT ARM	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	No Auth Required	Surgery of integumentary system			
15738	MUSCLE-SKIN GRAFT LEG	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15740	ISLAND PEDICLE FLAP GRAFT	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	No Auth Required	Surgery of integumentary system			
15750	NEUROVASCULAR PEDICLE FLAP	FLAP NEUROVASCULAR PEDICLE	No Auth Required	Surgery of integumentary system			
15756	FREE MYO/SKIN FLAP MICROVASC	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	No Auth Required	Surgery of integumentary system			
15757	FREE SKIN FLAP MICROVASC	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	No Auth Required	Surgery of integumentary system			
15758	FREE FASCIAL FLAP MICROVASC	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	No Auth Required	Surgery of integumentary system			
15760	COMPOSITE SKIN GRAFT	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	No Auth Required	Surgery of integumentary system			
15769	GRFG AUTOL SOFT TISS DIR EXC	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	No Auth Required				
15770	DERMA-FAT-FASCIA GRAFT	GRAFT DERMA-FAT-FASCIA	No Auth Required	Surgery of integumentary system			
15771	GRFG AUTOL FAT LIPO 50 CC/<	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	No Auth Required				
15772	GRFG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	No Auth Required				
15773	GRFG AUTOL FAT LIPO 25 CC/<	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	No Auth Required				
15774	GFRG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	No Auth Required				
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15776	HAIR TRNSPL >15 PUNCH GRAFTS	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	Authorization Required	Surgery of integumentary system		Full Clinical Review	

15777	ACELLULAR DERM MATRIX IMPLT	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	No Auth Required	Surgery of integumentary system			
15780	DERMABRASION TOTAL FACE	DERMABRASION TOTAL FACE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15781	DERMABRASION SEGMENTAL FACE	DERMABRASION SEGMENTAL FACE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15782	DERMABRASION OTHER THAN FACE	DERMABRASION REGIONAL OTHER THAN FACE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15783	DERMABRASION SUPRFL ANY SITE	DERMABRASION SUPERFICIAL ANY SITE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15786	ABRASION LESION SINGLE	ABRASION 1 LESION	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15787	ABRASION LESIONS ADD-ON	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15788	CHEMICAL PEEL FACE EPIDERM	CHEMICAL PEEL FACIAL EPIDERMAL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15789	CHEMICAL PEEL FACE DERMAL	CHEMICAL PEEL FACIAL DERMAL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15792	CHEMICAL PEEL NONFACIAL	CHEMICAL PEEL NONFACIAL EPIDERMAL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15793	CHEMICAL PEEL NONFACIAL	CHEMICAL PEEL NONFACIAL DERMAL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15819	PLASTIC SURGERY NECK	CERVICOPLASTY	No Auth Required	Surgery of integumentary system			
15820	REVISION OF LOWER EYELID	BLEPHAROPLASTY LOWER EYELID	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15821	REVISION OF LOWER EYELID	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15822	REVISION OF UPPER EYELID	BLEPHAROPLASTY UPPER EYELID	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15823	REVISION OF UPPER EYELID	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15824	REMOVAL OF FOREHEAD WRINKLES	RHYTIDECTOMY FOREHEAD	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15825	REMOVAL OF NECK WRINKLES	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15826	REMOVAL OF BROW WRINKLES	RHYTIDECTOMY GLABELLAR FROWN LINES	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15828	REMOVAL OF FACE WRINKLES	RHYTIDECTOMY CHEEK CHIN & NECK	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15829	REMOVAL OF SKIN WRINKLES	RHYTIDECTOMY SMAS FLAP	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15830	EXC SKIN ABD	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15832	EXCISE EXCESSIVE SKIN THIGH	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15833	EXCISE EXCESSIVE SKIN LEG	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15834	EXCISE EXCESSIVE SKIN HIP	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15835	EXCISE EXCESSIVE SKIN BUTTCK	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15836	EXCISE EXCESSIVE SKIN ARM	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15837	EXCISE EXCESS SKIN ARM/HAND	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	Authorization Required	Surgery of integumentary system		Full Clinical Review	

15838	EXCISE EXCESS SKIN FAT PAD	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15839	EXCISE EXCESS SKIN & TISSUE	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15840	NERVE PALSY FASCIAL GRAFT	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	No Auth Required	Surgery of integumentary system			
15841	NERVE PALSY MUSCLE GRAFT	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	No Auth Required	Surgery of integumentary system			
15842	NERVE PALSY MICROSURG GRAFT	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	No Auth Required	Surgery of integumentary system			
15845	SKIN AND MUSCLE REPAIR FACE	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	No Auth Required	Surgery of integumentary system			
15847	EXC SKIN ABD ADD-ON	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	Authorization Required	Surgery of integumentary system		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				
15860	TEST FOR BLOOD FLOW IN GRAFT	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	No Auth Required	Surgery of integumentary system			
15876	SUCTION LIPECTOMY HEAD&NECK	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15877	SUCTION LIPECTOMY TRUNK	SUCTION ASSISTED LIPECTOMY TRUNK	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15878	SUCTION LIPECTOMY UPR EXTREM	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15879	SUCTION LIPECTOMY LWR EXTREM	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Authorization Required	Surgery of integumentary system		Full Clinical Review	
15920	REMOVAL OF TAIL BONE ULCER	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	No Auth Required	Surgery of integumentary system			
15922	REMOVAL OF TAIL BONE ULCER	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	No Auth Required	Surgery of integumentary system			
15931	REMOVE SACRUM PRESSURE SORE	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	No Auth Required	Surgery of integumentary system			
15933	REMOVE SACRUM PRESSURE SORE	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	No Auth Required	Surgery of integumentary system			
15934	REMOVE SACRUM PRESSURE SORE	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	No Auth Required	Surgery of integumentary system			
15935	REMOVE SACRUM PRESSURE SORE	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	No Auth Required	Surgery of integumentary system			
15936	REMOVE SACRUM PRESSURE SORE	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	No Auth Required	Surgery of integumentary system			
15937	REMOVE SACRUM PRESSURE SORE	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	No Auth Required	Surgery of integumentary system			
15940	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	No Auth Required	Surgery of integumentary system			
15941	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	No Auth Required	Surgery of integumentary system			
15944	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	No Auth Required	Surgery of integumentary system			
15945	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	No Auth Required	Surgery of integumentary system			
15946	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	No Auth Required	Surgery of integumentary system			

15950	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	No Auth Required	Surgery of integumentary system			
15951	REMOVE THIGH PRESSURE SORE	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	No Auth Required	Surgery of integumentary system			
15952	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	No Auth Required	Surgery of integumentary system			
15953	REMOVE THIGH PRESSURE SORE	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	No Auth Required	Surgery of integumentary system			
15956	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	No Auth Required	Surgery of integumentary system			
15958	REMOVE THIGH PRESSURE SORE	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	No Auth Required	Surgery of integumentary system			
15999	REMOVAL OF PRESSURE SORE	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Authorization Required	Surgery of integumentary system		Full Clinical Review	
16000	INITIAL TREATMENT OF BURN(S)	INITIAL TX 1ST DEGREE BURN LOCAL TX	No Auth Required	Surgery of integumentary system			
16020	DRESS/DEBRID P-THICK BURN S	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	No Auth Required	Surgery of integumentary system			
16025	DRESS/DEBRID P-THICK BURN M	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	No Auth Required	Surgery of integumentary system			
16030	DRESS/DEBRID P-THICK BURN L	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	No Auth Required	Surgery of integumentary system			
16035	INCISION OF BURN SCAB INITI	ESCHAROTOMY FIRST INCISION	No Auth Required	Surgery of integumentary system			
16036	ESCHAROTOMY ADDL INCISION	ESCHAROTOMY EACH ADDITIONAL INCISION	No Auth Required	Surgery of integumentary system			
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		Full Clinical Review	
17107	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	Authorization Required	Surgery of integumentary system		Full Clinical Review	
17108	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	Authorization Required	Surgery of integumentary system		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				
17250	CHEM CAUT OF GRANLTJ TISSUE	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	No Auth Required	Surgery of integumentary system			
17260	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	No Auth Required	Surgery of integumentary system			
17261	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	No Auth Required	Surgery of integumentary system			
17262	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	No Auth Required	Surgery of integumentary system			
17263	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	No Auth Required	Surgery of integumentary system			
17264	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	No Auth Required	Surgery of integumentary system			
17266	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	No Auth Required	Surgery of integumentary system			
17270	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	No Auth Required	Surgery of integumentary system			

17271	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	No Auth Required	Surgery of integumentary system			
17272	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	No Auth Required	Surgery of integumentary system			
17273	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	No Auth Required	Surgery of integumentary system			
17274	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	No Auth Required	Surgery of integumentary system			
17276	DESTRUCTION OF SKIN LESIONS	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	No Auth Required	Surgery of integumentary system			
17280	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	No Auth Required	Surgery of integumentary system			
17281	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	No Auth Required	Surgery of integumentary system			
17282	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	No Auth Required	Surgery of integumentary system			
17283	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	No Auth Required	Surgery of integumentary system			
17284	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	No Auth Required	Surgery of integumentary system			
17286	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	No Auth Required	Surgery of integumentary system			
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	Network Validation	
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	Network Validation	
17313	MOHS 1 STAGE T/A/L	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	No Auth Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group		
17314	MOHS ADDL STAGE T/A/L	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	No Auth Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group		
17315	MOHS SURG ADDL BLOCK	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	No Auth Required	Mohs	PA for Code in Group Applies to All Codes within Specific Group		
17340	CRYOTHERAPY OF SKIN	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	Authorization Required	Reconstructive		Full Clinical Review	
17360	SKIN PEEL THERAPY	CHEMICAL EXFOLIATION ACNE	Authorization Required	Reconstructive		Full Clinical Review	
17380	HAIR REMOVAL BY ELECTROLYSIS	ELECTROLYSIS EPILATION EACH 30 MINUTES	Authorization Required	Reconstructive		Full Clinical Review	
17999	SKIN TISSUE PROCEDURE	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19000	DRAINAGE OF BREAST LESION	PUNCTURE ASPIRATION CYST BREAST	No Auth Required	Surgery of integumentary system			
19001	DRAIN BREAST LESION ADD-ON	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	No Auth Required	Surgery of integumentary system			
19020	INCISION OF BREAST LESION	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	No Auth Required	Surgery of integumentary system			
19030	INJECTION FOR BREAST X-RAY	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	No Auth Required	Surgery of integumentary system			
19081	BX BREAST 1ST LESION STRTCTC	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	No Auth Required	Surgery of integumentary system			
19082	BX BREAST ADD LESION STRTCTC	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	No Auth Required	Surgery of integumentary system			

19083	BX BREAST 1ST LESION US IMAG	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	No Auth Required	Surgery of integumentary system			
19084	BX BREAST ADD LESION US IMAG	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	No Auth Required	Surgery of integumentary system			
19085	BX BREAST 1ST LESION MR IMAG	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	No Auth Required	Surgery of integumentary system			
19086	BX BREAST ADD LESION MR IMAG	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	No Auth Required	Surgery of integumentary system			
19100	BX BREAST PERCUT W/O IMAGE	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	No Auth Required	Surgery of integumentary system			
19101	BIOPSY OF BREAST OPEN	BIOPSY BREAST OPEN INCISIONAL	No Auth Required	Surgery of integumentary system			
19105	CRYOSURG ABLATE FA EACH	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	No Auth Required	Surgery of integumentary system			
19110	NIPPLE EXPLORATION	NIPPLE EXPLORATION	No Auth Required	Surgery of integumentary system			
19112	EXCISE BREAST DUCT FISTULA	EXCISION LACTIFEROUS DUCT FISTULA	No Auth Required	Surgery of integumentary system			
19120	REMOVAL OF BREAST LESION	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	No Auth Required	Surgery of integumentary system			
19125	EXCISION BREAST LESION	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	No Auth Required	Surgery of integumentary system			
19126	EXCISION ADDL BREAST LESION	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	No Auth Required	Surgery of integumentary system			
19281	PERQ DEVICE BREAST 1ST IMAG	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	No Auth Required	Surgery of integumentary system			
19282	PERQ DEVICE BREAST EA IMAG	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	No Auth Required	Surgery of integumentary system			
19283	PERQ DEV BREAST 1ST STRTCTC	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	No Auth Required	Surgery of integumentary system			
19284	PERQ DEV BREAST ADD STRTCTC	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	No Auth Required	Surgery of integumentary system			
19285	PERQ DEV BREAST 1ST US IMAG	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	No Auth Required	Surgery of integumentary system			
19286	PERQ DEV BREAST ADD US IMAG	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	No Auth Required	Surgery of integumentary system			
19287	PERQ DEV BREAST 1ST MR GUIDE	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	No Auth Required	Surgery of integumentary system			
19288	PERQ DEV BREAST ADD MR GUIDE	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	No Auth Required	Surgery of integumentary system			
19294	PREP TUM CAV IORT PRTL MAST	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	Authorization Required	Radiation Therapy		Full Clinical Review	
19296	PLACE PO BREAST CATH FOR RAD	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	No Auth Required	Surgery of integumentary system			
19297	PLACE BREAST CATH FOR RAD	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	No Auth Required	Surgery of integumentary system			
19298	PLACE BREAST RAD TUBE/CATHS	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	No Auth Required	Surgery of integumentary system			
19300	REMOVAL OF BREAST TISSUE	MASTECTOMY GYNECOMASTIA	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19301	PARTIAL MASTECTOMY	MASTECTOMY PARTIAL	No Auth Required	Surgery of integumentary system			
19302	P-MASTECTOMY W/LN REMOVAL	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	No Auth Required	Surgery of integumentary system			
19303	MAST SIMPLE COMPLETE	MASTECTOMY SIMPLE COMPLETE	Authorization Required	Surgery of integumentary system		Full Clinical Review	

19305	MAST RADICAL	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	No Auth Required	Surgery of integumentary system			
19306	MAST RAD URBAN TYPE	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	No Auth Required	Surgery of integumentary system			
19307	MAST MOD RAD	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19316	SUSPENSION OF BREAST	MASTOPEXY	Authorization Required	Reconstructive		Full Clinical Review	
19318	REDUCTION OF LARGE BREAST	REDUCTION MAMMAPLASTY	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19324	ENLARGE BREAST	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19325	ENLARGE BREAST WITH IMPLANT	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19328	REMOVAL OF BREAST IMPLANT	REMOVAL INTACT MAMMARY IMPLANT	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19330	REMOVAL OF IMPLANT MATERIAL	REMOVAL MAMMARY IMPLANT MATERIAL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19340	IMMEDIATE BREAST PROSTHESIS	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19342	DELAYED BREAST PROSTHESIS	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19350	BREAST RECONSTRUCTION	NIPPLE/AREOLA RECONSTRUCTION	No Auth Required	Surgery of integumentary system			
19355	CORRECT INVERTED NIPPLE(S)	CORRECTION INVERTED NIPPLES	Authorization Required	Reconstructive		Full Clinical Review	
19357	BREAST RECONSTRUCTION	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19361	BREAST RECONSTR W/LAT FLAP	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19364	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION FREE FLAP	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19366	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION OTHER TECHNIQUE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19367	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19368	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19369	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19370	SURGERY OF BREAST CAPSULE	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19371	REMOVAL OF BREAST CAPSULE	PERIPROSTHETIC CAPSULECTOMY BREAST	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19380	REVISE BREAST RECONSTRUCTION	REVISION RECONSTRUCTED BREAST	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19396	DESIGN CUSTOM BREAST IMPLANT	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Authorization Required	Surgery of integumentary system		Full Clinical Review	
19499	BREAST SURGERY PROCEDURE	UNLISTED PROCEDURE BREAST	Authorization Required	Surgery of integumentary system		Full Clinical Review	
20100	EXPLORE WOUND NECK	EXPLORATION PENETRATING WOUND SPX NECK	No Auth Required	Surgery of musculoskeletal system			
20101	EXPLORE WOUND CHEST	EXPLORATION PENETRATING WOUND SPX CHEST	No Auth Required	Surgery of musculoskeletal system			
20102	EXPLORE WOUND ABDOMEN	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	No Auth Required	Surgery of musculoskeletal system			
20103	EXPLORE WOUND EXTREMITY	EXPLORATION PENETRATING WOUND SPX EXTREMITY	No Auth Required	Surgery of musculoskeletal system			

20150	EXCISE EPIPHYSEAL BAR	EXCISION EPIPHYSEAL BAR	No Auth Required	Surgery of musculoskeletal system			
20200	MUSCLE BIOPSY	BIOPSY MUSCLE SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
20205	DEEP MUSCLE BIOPSY	BIOPSY MUSCLE DEEP	No Auth Required	Surgery of musculoskeletal system			
20206	NEEDLE BIOPSY MUSCLE	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	No Auth Required	Surgery of musculoskeletal system			
20220	BONE BIOPSY TROCAR/NEEDLE	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
20225	BONE BIOPSY TROCAR/NEEDLE	BIOPSY BONE TROCAR/NEEDLE DEEP	No Auth Required	Surgery of musculoskeletal system			
20240	BONE BIOPSY OPEN SUPERFICIAL	BIOPSY BONE OPEN SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
20245	BONE BIOPSY OPEN DEEP	BIOPSY BONE OPEN DEEP	No Auth Required	Surgery of musculoskeletal system			
20250	OPEN BONE BIOPSY	BIOPSY VERTEBRAL BODY OPEN THORACIC	No Auth Required	Surgery of musculoskeletal system			
20251	OPEN BONE BIOPSY	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	No Auth Required	Surgery of musculoskeletal system			
20500	INJECTION OF SINUS TRACT	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	No Auth Required	Surgery of musculoskeletal system			
20501	INJECT SINUS TRACT FOR X-RAY	INJECTION SINUS TRACT DIAGNOSTIC	No Auth Required	Surgery of musculoskeletal system			
20520	REMOVAL OF FOREIGN BODY	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	No Auth Required				
20525	REMOVAL OF FOREIGN BODY	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	No Auth Required	Surgery of musculoskeletal system			
20526	THER INJECTION CARP TUNNEL	INJECTION THERAPEUTIC CARPAL TUNNEL	No Auth Required	Surgery of musculoskeletal system			
20527	INJ DUPUYTREN CORD W/ENZYME	INJECTION ENZYME PALMAR FASCIAL CORD	No Auth Required	Surgery of musculoskeletal system			
20550	INJ TENDON SHEATH/LIGAMENT	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	No Auth Required				
20551	INJ TENDON ORIGIN/INSERTION	INJECTION SINGLE TENDON ORIGIN/INSERTION	No Auth Required	Surgery of musculoskeletal system			
20552	INJ TRIGGER POINT 1/2 MUSCL	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	No Auth Required	Spine Care relating to neck and back conditions, including:			
20553	INJECT TRIGGER POINTS 3/>	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	No Auth Required	Spine Care relating to neck and back conditions, including:			
20555	PLACE NDL MUSC/TIS FOR RT	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	No Auth Required	Surgery of musculoskeletal system			
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	No Auth Required				
20561	NDL INSJ W/O NJX 3+ MUSC	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	No Auth Required				
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				
20605	DRAIN/INJ JOINT/BURSA W/O US	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	No Auth Required	Joint			
20606	DRAIN/INJ JOINT/BURSA W/US	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	No Auth Required	Joint			

20610	DRAIN/INJ JOINT/BURSA W/O US	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	No Auth Required	Joint			
20611	DRAIN/INJ JOINT/BURSA W/US	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	No Auth Required	Joint			
20612	ASPIRATE/INJ GANGLION CYST	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	No Auth Required	Surgery of musculoskeletal system			
20615	TREATMENT OF BONE CYST	ASPIRATION & INJECTION TREATMENT BONE CYST	No Auth Required	Surgery of musculoskeletal system			
20650	INSERT AND REMOVE BONE PIN	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	No Auth Required	Surgery of musculoskeletal system			
20660	APPLY REM FIXATION DEVICE	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	No Auth Required	Surgery of musculoskeletal system			
20661	APPLICATION OF HEAD BRACE	APPLICATION HALO CRANIAL INCLUDING REMOVAL	No Auth Required	Surgery of musculoskeletal system			
20662	APPLICATION OF PELVIS BRACE	APPLICATION HALO PELVIC INCLUDING REMOVAL	No Auth Required	Surgery of musculoskeletal system			
20663	APPLICATION OF THIGH BRACE	APPLICATION HALO FEMORAL INCLUDING REMOVAL	No Auth Required	Surgery of musculoskeletal system			
20664	APPLICATION OF HALO	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	No Auth Required	Surgery of musculoskeletal system			
20665	REMOVAL OF FIXATION DEVICE	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	No Auth Required	Surgery of musculoskeletal system			
20670	REMOVAL OF SUPPORT IMPLANT	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
20680	REMOVAL OF SUPPORT IMPLANT	REMOVAL IMPLANT DEEP	Authorization Required	Surgery of musculoskeletal system		Network Validation	
20690	APPLY BONE FIXATION DEVICE	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	No Auth Required	Surgery of musculoskeletal system			
20692	APPLY BONE FIXATION DEVICE	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	No Auth Required	Surgery of musculoskeletal system			
20693	ADJUST BONE FIXATION DEVICE	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	No Auth Required	Surgery of musculoskeletal system			
20694	REMOVE BONE FIXATION DEVICE	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	No Auth Required	Surgery of musculoskeletal system			
20696	COMP MULTIPLANE EXT FIXATION	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	No Auth Required	Surgery of musculoskeletal system			
20697	COMP EXT FIXATE STRUT CHANGE	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	No Auth Required	Surgery of musculoskeletal system			
20700	MNL PREP&INSJ DP RX DLVR DEV	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	No Auth Required				
20701	RMVL DEEP RX DELIVERY DEVICE	REMOVAL DEEP DRUG DELIVERY DEVICE	No Auth Required				
20702	MNL PREP&INSJ IMED RX DEV	MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	No Auth Required				
20703	RMVL IMED RX DELIVERY DEVICE	REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	No Auth Required				
20704	MNL PREP&INSJ I-ARTIC RX DEV	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	No Auth Required				
20705	RMVL I-ARTIC RX DELIVERY DEV	REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	No Auth Required				
20802	REPLANTATION ARM COMPLETE	REPLANTATION ARM COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
20805	REPLANT FOREARM COMPLETE	REPLANTATION FOREARM COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
20808	REPLANTATION HAND COMPLETE	REPLANTATION HAND COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system			

20816	REPLANTATION DIGIT COMPLETE	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	No Auth Required	Surgery of musculoskeletal system			
20822	REPLANTATION DIGIT COMPLETE	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	No Auth Required	Surgery of musculoskeletal system			
20824	REPLANTATION THUMB COMPLETE	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
20827	REPLANTATION THUMB COMPLETE	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
20838	REPLANTATION FOOT COMPLETE	REPLANTATION FOOT COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
20900	REMOVAL OF BONE FOR GRAFT	BONE GRAFT ANY DONOR AREA MINOR/SMALL	No Auth Required	Surgery of musculoskeletal system			
20902	REMOVAL OF BONE FOR GRAFT	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	No Auth Required	Surgery of musculoskeletal system			
20910	REMOVE CARTILAGE FOR GRAFT	CARTILAGE GRAFT COSTOCHONDRAL	No Auth Required	Surgery of musculoskeletal system			
20912	REMOVE CARTILAGE FOR GRAFT	CARTILAGE GRAFT NASAL SEPTUM	No Auth Required	Surgery of musculoskeletal system			
20920	REMOVAL OF FASCIA FOR GRAFT	FASCIA LATA GRAFT BY STRIPPER	No Auth Required	Surgery of musculoskeletal system			
20922	REMOVAL OF FASCIA FOR GRAFT	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	No Auth Required	Surgery of musculoskeletal system			
20924	REMOVAL OF TENDON FOR GRAFT	TENDON GRAFT FROM A DISTANCE	No Auth Required	Surgery of musculoskeletal system			
20930	SP BONE ALGRFT MORSEL ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20931	SP BONE ALGRFT STRUCT ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20932	OSTEOART ALGRFT W/SURF & B1	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20933	HEMICRT INTRCLRY ALGRFT PRTL	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20934	INTERCALARY ALGRFT COMPL	INTERCALARY ALLOGRAFT COMPLETE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20936	SP BONE AGRFT LOCAL ADD-ON	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20937	SP BONE AGRFT MORSEL ADD-ON	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20938	SP BONE AGRFT STRUCT ADD-ON	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	Authorization Required	Surgery of musculoskeletal system		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:		Full Clinical Review	
20950	FLUID PRESSURE MUSCLE	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	No Auth Required	Surgery of musculoskeletal system			
20955	FIBULA BONE GRAFT MICROVASC	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	No Auth Required	Surgery of musculoskeletal system			
20956	ILIAC BONE GRAFT MICROVASC	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	No Auth Required	Surgery of musculoskeletal system			
20957	MT BONE GRAFT MICROVASC	BONE GRAFT MICROVASCULAR ANAST METATARSAL	No Auth Required	Surgery of musculoskeletal system			
20962	OTHER BONE GRAFT MICROVASC	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	No Auth Required	Surgery of musculoskeletal system			
20969	BONE/SKIN GRAFT MICROVASC	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	No Auth Required	Surgery of musculoskeletal system			
20970	BONE/SKIN GRAFT ILIAC CREST	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	No Auth Required	Surgery of musculoskeletal system			

20972	BONE/SKIN GRAFT METATARSAL	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	No Auth Required	Surgery of musculoskeletal system			
20973	BONE/SKIN GRAFT GREAT TOE	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	No Auth Required	Surgery of musculoskeletal system			
20974	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20975	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE HEALING INVASIVE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20979	US BONE STIMULATION	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
20982	ABLATE BONE TUMOR(S) PERQ	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	No Auth Required	Surgery of musculoskeletal system			
20983	ABLATE BONE TUMOR(S) PERQ	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	No Auth Required	Surgery of musculoskeletal system			
20985	CPTR-ASST DIR MS PX	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	No Auth Required	Surgery of musculoskeletal system			
20999	MUSCULOSKELETAL SURGERY	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21010	INCISION OF JAW JOINT	ARTHROTOMY TEMPOROMANDIBULAR JOINT	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21011	EXC FACE LES SC <2 CM	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	Authorization Required	Surgery of musculoskeletal system		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		Full Clinical Review	
21013	EXC FACE TUM DEEP < 2 CM	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	No Auth Required	Surgery of musculoskeletal system			
21014	EXC FACE TUM DEEP 2 CM/>	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	No Auth Required	Surgery of musculoskeletal system			
21015	RESECT FACE/SCALP TUM < 2 CM	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	No Auth Required	Surgery of musculoskeletal system			
21016	RESECT FACE/SCALP TUM 2 CM/>	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	No Auth Required	Surgery of musculoskeletal system			
21025	EXCISION OF BONE LOWER JAW	EXCISION BONE MANDIBLE	No Auth Required	Surgery of musculoskeletal system			
21026	EXCISION OF FACIAL BONE(S)	EXCISION FACIAL BONE	No Auth Required	Surgery of musculoskeletal system			
21029	CONTOUR OF FACE BONE LESION	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	No Auth Required	Surgery of musculoskeletal system			
21030	EXCISE MAX/ZYGOMA B9 TUMOR	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	No Auth Required	Surgery of musculoskeletal system			
21031	REMOVE EXOSTOSIS MANDIBLE	EXCISION TORUS MANDIBULARIS	No Auth Required	Surgery of musculoskeletal system			
21032	REMOVE EXOSTOSIS MAXILLA	EXCISION MAXILLARY TORUS PALATINUS	No Auth Required	Surgery of musculoskeletal system			
21034	EXCISE MAX/ZYGOMA MAL TUMOR	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	No Auth Required	Surgery of musculoskeletal system			
21040	EXCISE MANDIBLE LESION	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	No Auth Required	Surgery of musculoskeletal system			
21044	REMOVAL OF JAW BONE LESION	EXCISION MALIGNANT TUMOR MANDIBLE	No Auth Required	Surgery of musculoskeletal system			
21045	EXTENSIVE JAW SURGERY	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	No Auth Required	Surgery of musculoskeletal system			
21046	REMOVE MANDIBLE CYST COMPLEX	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	No Auth Required	Surgery of musculoskeletal system			

21047	EXCISE LWR JAW CYST W/REPAIR	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	No Auth Required	Surgery of musculoskeletal system			
21048	REMOVE MAXILLA CYST COMPLEX	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	No Auth Required	Surgery of musculoskeletal system			
21049	EXCIS UPPR JAW CYST W/REPAIR	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	No Auth Required	Surgery of musculoskeletal system			
21050	REMOVAL OF JAW JOINT	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21060	REMOVE JAW JOINT CARTILAGE	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21070	REMOVE CORONOID PROCESS	CORONOIDECTOMY SEPARATE PROCEDURE	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21073	MNPJ OF TMJ W/ANESTH	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21076	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	No Auth Required	Reconstructive			
21077	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	No Auth Required	Surgery of musculoskeletal system			
21079	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	No Auth Required	Reconstructive			
21080	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	No Auth Required	Reconstructive			
21081	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	No Auth Required	Surgery of musculoskeletal system			
21082	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	No Auth Required	Reconstructive			
21083	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	No Auth Required	Reconstructive			
21084	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	No Auth Required	Surgery of musculoskeletal system			
21085	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Authorization Required	Reconstructive		Full Clinical Review	
21086	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	No Auth Required	Surgery of musculoskeletal system			
21087	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION NASAL PROSTHESIS	No Auth Required	Surgery of musculoskeletal system			
21088	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION FACIAL PROSTHESIS	No Auth Required	Surgery of musculoskeletal system			
21089	PREPARE FACE/ORAL PROSTHESIS	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21100	MAXILLOFACIAL FIXATION	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	No Auth Required	Surgery of musculoskeletal system			
21110	INTERDENTAL FIXATION	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21116	INJECTION JAW JOINT X-RAY	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21120	RECONSTRUCTION OF CHIN	GENIOPLASTY AUGMENTATION	Authorization Required	Reconstructive		Full Clinical Review	
21121	RECONSTRUCTION OF CHIN	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21122	RECONSTRUCTION OF CHIN	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

21123	RECONSTRUCTION OF CHIN	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21125	AUGMENTATION LOWER JAW BONE	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	Authorization Required	Reconstructive		Full Clinical Review	
21127	AUGMENTATION LOWER JAW BONE	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	Authorization Required	Reconstructive		Full Clinical Review	
21137	REDUCTION OF FOREHEAD	REDUCTION FOREHEAD CONTOURING ONLY	No Auth Required	Reconstructive			
21138	REDUCTION OF FOREHEAD	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	No Auth Required	Reconstructive			
21139	REDUCTION OF FOREHEAD	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	No Auth Required	Reconstructive			
21141	LEFORT I-1 PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21142	LEFORT I-2 PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21143	LEFORT I-3/> PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21145	LEFORT I-1 PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	No Auth Required	Surgery of musculoskeletal system			
21146	LEFORT I-2 PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	No Auth Required	Surgery of musculoskeletal system			
21147	LEFORT I-3/> PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	No Auth Required	Surgery of musculoskeletal system			
21150	LEFORT II ANTERIOR INTRUSION	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	No Auth Required	Reconstructive			
21151	LEFORT II W/BONE GRAFTS	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	No Auth Required	Reconstructive			
21154	LEFORT III W/O LEFORT I	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	No Auth Required	Reconstructive			
21155	LEFORT III W/ LEFORT I	RCNSTJ MIDFACE LEFORT III W/LEFORT I	No Auth Required	Reconstructive			
21159	LEFORT III W/FHDW/O LEFORT I	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	No Auth Required	Reconstructive			
21160	LEFORT III W/FHD W/ LEFORT I	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	No Auth Required	Reconstructive			
21172	RECONSTRUCT ORBIT/FOREHEAD	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	No Auth Required	Reconstructive			
21175	RECONSTRUCT ORBIT/FOREHEAD	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	No Auth Required	Reconstructive			
21179	RECONSTRUCT ENTIRE FOREHEAD	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	No Auth Required	Reconstructive			
21180	RECONSTRUCT ENTIRE FOREHEAD	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	No Auth Required	Reconstructive			
21181	CONTOUR CRANIAL BONE LESION	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	No Auth Required	Reconstructive			
21182	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	No Auth Required	Reconstructive			
21183	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	No Auth Required	Reconstructive			
21184	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	No Auth Required	Reconstructive			
21188	RECONSTRUCTION OF MIDFACE	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	No Auth Required	Surgery of musculoskeletal system			
21193	RECONST LWR JAW W/O GRAFT	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	Authorization Required	Surgery of musculoskeletal system		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		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		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		Full Clinical Review	
21198	RECONSTR LWR JAW SEGMENT	OSTEOTOMY MANDIBLE SEGMENTAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21199	RECONSTR LWR JAW W/ADVANCE	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21206	RECONSTRUCT UPPER JAW BONE	OSTEOTOMY MAXILLA SEGMENTAL	No Auth Required	Surgery of musculoskeletal system			
21208	AUGMENTATION OF FACIAL BONES	OSTEOPLASTY FACIAL BONES AUGMENTATION	No Auth Required	Surgery of musculoskeletal system			
21209	REDUCTION OF FACIAL BONES	OSTEOPLASTY FACIAL BONES REDUCTION	No Auth Required	Surgery of musculoskeletal system			
21210	FACE BONE GRAFT	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	No Auth Required	Surgery of musculoskeletal system			
21215	LOWER JAW BONE GRAFT	GRAFT BONE MANDIBLE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21230	RIB CARTILAGE GRAFT	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	No Auth Required	Reconstructive			
21235	EAR CARTILAGE GRAFT	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	No Auth Required	Reconstructive			
21240	RECONSTRUCTION OF JAW JOINT	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	Authorization Required	Joint		Full Clinical Review	
21242	RECONSTRUCTION OF JAW JOINT	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	Authorization Required	Joint		Full Clinical Review	
21243	RECONSTRUCTION OF JAW JOINT	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	Authorization Required	Joint		Full Clinical Review	
21244	RECONSTRUCTION OF LOWER JAW	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	Authorization Required	Reconstructive		Full Clinical Review	
21245	RECONSTRUCTION OF JAW	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	Authorization Required	Reconstructive		Full Clinical Review	
21246	RECONSTRUCTION OF JAW	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	Authorization Required	Reconstructive		Full Clinical Review	
21247	RECONSTRUCT LOWER JAW BONE	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	Authorization Required	Reconstructive		Full Clinical Review	
21248	RECONSTRUCTION OF JAW	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21249	RECONSTRUCTION OF JAW	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	Authorization Required	Temporomandibular Joint Dysfunction treatment		Full Clinical Review	
21255	RECONSTRUCT LOWER JAW BONE	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	Authorization Required	Reconstructive		Full Clinical Review	
21256	RECONSTRUCTION OF ORBIT	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	No Auth Required	Reconstructive			
21260	REVISE EYE SOCKETS	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	No Auth Required	Reconstructive			
21261	REVISE EYE SOCKETS	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	No Auth Required	Reconstructive			
21263	REVISE EYE SOCKETS	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	No Auth Required	Reconstructive			
21267	REVISE EYE SOCKETS	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	No Auth Required	Reconstructive			

21268	REVISE EYE SOCKETS	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	No Auth Required	Reconstructive			
21270	AUGMENTATION CHEEK BONE	MALAR AUGMENTATION PROSTHETIC MATERIAL	Authorization Required	Reconstructive		Full Clinical Review	
21275	REVISION ORBITOFACIAL BONES	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	No Auth Required	Reconstructive			
21280	REVISION OF EYELID	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	No Auth Required	Reconstructive			
21282	REVISION OF EYELID	LATERAL CANTHOPEXY	No Auth Required	Reconstructive			
21295	REVISION OF JAW MUSCLE/BONE	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	No Auth Required	Reconstructive			
21296	REVISION OF JAW MUSCLE/BONE	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	No Auth Required	Reconstructive			
21299	CRANIO/MAXILLOFACIAL SURGERY	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21310	CLOSED TX NOSE FX W/O MANJ	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
21315	CLOSED TX NOSE FX W/O STABLJ	CLOSED TX NASAL FRACTURE W/O STABILIZATION	No Auth Required	Surgery of musculoskeletal system			
21320	CLOSED TX NOSE FX W/ STABLJ	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	No Auth Required	Surgery of musculoskeletal system			
21325	OPEN TX NOSE FX UNCOMPLICATD	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	No Auth Required	Surgery of musculoskeletal system			
21330	OPEN TX NOSE FX W/SKELE FIXJ	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	No Auth Required	Surgery of musculoskeletal system			
21335	OPEN TX NOSE & SEPTAL FX	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	No Auth Required	Surgery of musculoskeletal system			
21336	OPEN TX SEPTAL FX W/WO STABJ	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	No Auth Required	Surgery of musculoskeletal system			
21337	CLOSED TX SEPTAL&NOSE FX	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	No Auth Required	Surgery of musculoskeletal system			
21338	OPEN NASOETHMOID FX W/O FIXJ	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21339	OPEN NASOETHMOID FX W/ FIXJ	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21340	PERQ TX NASOETHMOID FX	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21343	OPEN TX DPRSD FRONT SINUS FX	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21344	OPEN TX COMPL FRONT SINUS FX	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21345	CLOSED TX NOSE/JAW FX	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21346	OPN TX NASOMAX FX W/FIXJ	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	No Auth Required	Surgery of musculoskeletal system			
21347	OPN TX NASOMAX FX MULTPLE	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	No Auth Required	Surgery of musculoskeletal system			
21348	OPN TX NASOMAX FX W/GRAFT	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21355	PERQ TX MALAR FRACTURE	PERCUTANEOUS TX MALAR AREA FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21356	OPN TX DPRSD ZYGOMATIC ARCH	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21360	OPN TX DPRSD MALAR FRACTURE	OPEN TX DEPRESSED MALAR FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21365	OPN TX COMPLX MALAR FX	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	No Auth Required	Surgery of musculoskeletal system			

21366	OPN TX COMPLX MALAR W/GRFT	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21385	OPN TX ORBIT FX TRANSANTRAL	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	No Auth Required	Surgery of musculoskeletal system			
21386	OPN TX ORBIT FX PERIORBITAL	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	No Auth Required	Surgery of musculoskeletal system			
21387	OPN TX ORBIT FX COMBINED	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	No Auth Required	Surgery of musculoskeletal system			
21390	OPN TX ORBIT PERIORBTL IMPLT	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	No Auth Required	Surgery of musculoskeletal system			
21395	OPN TX ORBIT PERIORBT W/GRFT	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	No Auth Required	Surgery of musculoskeletal system			
21400	CLOSED TX ORBIT W/O MANIPULJ	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
21401	CLOSED TX ORBIT W/MANIPULJ	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
21406	OPN TX ORBIT FX W/O IMPLANT	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	No Auth Required	Surgery of musculoskeletal system			
21407	OPN TX ORBIT FX W/IMPLANT	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	No Auth Required	Surgery of musculoskeletal system			
21408	OPN TX ORBIT FX W/BONE GRFT	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
21421	TREAT MOUTH ROOF FRACTURE	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	No Auth Required	Surgery of musculoskeletal system			
21422	TREAT MOUTH ROOF FRACTURE	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21423	TREAT MOUTH ROOF FRACTURE	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	No Auth Required	Surgery of musculoskeletal system			
21431	TREAT CRANIOFACIAL FRACTURE	CLOSED TX CRANIOFACIAL SEPARATION	No Auth Required	Surgery of musculoskeletal system			
21432	TREAT CRANIOFACIAL FRACTURE	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	No Auth Required	Surgery of musculoskeletal system			
21433	TREAT CRANIOFACIAL FRACTURE	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	No Auth Required	Surgery of musculoskeletal system			
21435	TREAT CRANIOFACIAL FRACTURE	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	No Auth Required	Surgery of musculoskeletal system			
21436	TREAT CRANIOFACIAL FRACTURE	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	No Auth Required	Surgery of musculoskeletal system			
21440	TREAT DENTAL RIDGE FRACTURE	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	No Auth Required	Surgery of musculoskeletal system			
21445	TREAT DENTAL RIDGE FRACTURE	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	No Auth Required	Surgery of musculoskeletal system			
21450	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
21451	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
21452	TREAT LOWER JAW FRACTURE	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	No Auth Required	Surgery of musculoskeletal system			
21453	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21454	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21461	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21462	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	No Auth Required	Surgery of musculoskeletal system			

21465	TREAT LOWER JAW FRACTURE	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21470	TREAT LOWER JAW FRACTURE	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	No Auth Required	Surgery of musculoskeletal system			
21480	RESET DISLOCATED JAW	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	No Auth Required	Temporomandibular Joint Dysfunction treatment			
21485	RESET DISLOCATED JAW	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	No Auth Required	Temporomandibular Joint Dysfunction treatment			
21490	REPAIR DISLOCATED JAW	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	No Auth Required	Temporomandibular Joint Dysfunction treatment			
21497	INTERDENTAL WIRING	INTERDENTAL WIRING OTHER THAN FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21499	HEAD SURGERY PROCEDURE	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21501	DRAIN NECK/CHEST LESION	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	No Auth Required	Surgery of musculoskeletal system			
21502	DRAIN CHEST LESION	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	No Auth Required	Surgery of musculoskeletal system			
21510	DRAINAGE OF BONE LESION	INCISION DEEP OPENING BONE CORTEX THORAX	No Auth Required	Surgery of musculoskeletal system			
21550	BIOPSY OF NECK/CHEST	BIOPSY SOFT TISSUE NECK/THORAX	No Auth Required	Surgery of musculoskeletal system			
21552	EXC NECK LES SC 3 CM/>	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
21554	EXC NECK TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
21555	EXC NECK LES SC < 3 CM	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
21556	EXC NECK TUM DEEP < 5 CM	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	No Auth Required	Surgery of musculoskeletal system			
21557	RESECT NECK THORAX TUMOR<5CM	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	No Auth Required	Surgery of musculoskeletal system			
21558	RESECT NECK TUMOR 5 CM/>	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	No Auth Required	Surgery of musculoskeletal system			
21600	PARTIAL REMOVAL OF RIB	EXCISION RIB PARTIAL	No Auth Required	Surgery of musculoskeletal system			
21601	EXC CHEST WALL TUMOR W/RIBS	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Authorization Required			Full Clinical Review	
21602	EXC CH WAL TUM W/O LYMPHADEC	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	Authorization Required			Full Clinical Review	
21603	EXC CH WAL TUM W/LYMPHADEC	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	Authorization Required			Full Clinical Review	
21610	PARTIAL REMOVAL OF RIB	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
21615	REMOVAL OF RIB	EXCISION 1ST &/CERVICAL RIB	No Auth Required	Surgery of musculoskeletal system			
21616	REMOVAL OF RIB AND NERVES	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	No Auth Required	Surgery of musculoskeletal system			
21620	PARTIAL REMOVAL OF STERNUM	OSTECTOMY STERNUM PARTIAL	No Auth Required	Surgery of musculoskeletal system			
21627	STERNAL DEBRIDEMENT	STERNAL DEBRIDEMENT	No Auth Required	Surgery of musculoskeletal system			
21630	EXTENSIVE STERNUM SURGERY	RADICAL RESECTION STERNUM	No Auth Required	Surgery of musculoskeletal system			

21632	EXTENSIVE STERNUM SURGERY	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	No Auth Required	Surgery of musculoskeletal system			
21685	HYOID MYOTOMY & SUSPENSION	HYOID MYOTOMY & SUSPENSION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21700	REVISION OF NECK MUSCLE	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	No Auth Required	Surgery of musculoskeletal system			
21705	REVISION OF NECK MUSCLE/RIB	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	No Auth Required	Surgery of musculoskeletal system			
21720	REVISION OF NECK MUSCLE	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	No Auth Required	Surgery of musculoskeletal system			
21725	REVISION OF NECK MUSCLE	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	No Auth Required	Surgery of musculoskeletal system			
21740	RECONSTRUCTION OF STERNUM	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	No Auth Required	Surgery of musculoskeletal system			
21742	REPAIR STERN/NUSS W/O SCOPE	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	No Auth Required	Surgery of musculoskeletal system			
21743	REPAIR STERNUM/NUSS W/SCOPE	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	No Auth Required	Surgery of musculoskeletal system			
21750	REPAIR OF STERNUM SEPARATION	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	No Auth Required	Surgery of musculoskeletal system			
21811	OPTX OF RIB FX W/FIXJ SCOPE	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	No Auth Required	Surgery of musculoskeletal system			
21812	TREATMENT OF RIB FRACTURE	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	No Auth Required	Surgery of musculoskeletal system			
21813	TREATMENT OF RIB FRACTURE	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	No Auth Required	Surgery of musculoskeletal system			
21820	TREAT STERNUM FRACTURE	CLOSED TREATMENT STERNUM FRACTURE	No Auth Required	Surgery of musculoskeletal system			
21825	TREAT STERNUM FRACTURE	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
21899	NECK/CHEST SURGERY PROCEDURE	UNLISTED PROCEDURE NECK/THORAX	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
21920	BIOPSY SOFT TISSUE OF BACK	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
21925	BIOPSY SOFT TISSUE OF BACK	BIOPSY SOFT TISSUE BACK/FLANK DEEP	No Auth Required	Surgery of musculoskeletal system			
21930	EXC BACK LES SC < 3 CM	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
21931	EXC BACK LES SC 3 CM/>	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
21932	EXC BACK TUM DEEP < 5 CM	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	No Auth Required	Surgery of musculoskeletal system			
21933	EXC BACK TUM DEEP 5 CM/>	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
21935	RESECT BACK TUM < 5 CM	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	No Auth Required	Surgery of musculoskeletal system			
21936	RESECT BACK TUM 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	No Auth Required	Surgery of musculoskeletal system			
22010	I&D P-SPINE C/T/CERV-THOR	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	No Auth Required	Surgery of musculoskeletal system			
22015	I&D ABSCESS P-SPINE L/S/LS	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	No Auth Required	Surgery of musculoskeletal system			
22100	REMOVE PART OF NECK VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	No Auth Required	Surgery of musculoskeletal system			

22101	REMOVE PART THORAX VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	No Auth Required	Surgery of musculoskeletal system			
22102	REMOVE PART LUMBAR VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	No Auth Required	Surgery of musculoskeletal system			
22103	REMOVE EXTRA SPINE SEGMENT	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	No Auth Required	Surgery of musculoskeletal system			
22110	REMOVE PART OF NECK VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	No Auth Required	Surgery of musculoskeletal system			
22112	REMOVE PART THORAX VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	No Auth Required	Surgery of musculoskeletal system			
22114	REMOVE PART LUMBAR VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	Authorization Required	Surgery of musculoskeletal system		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		Full Clinical Review	
22206	INCIS SPINE 3 COLUMN THORAC	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22207	INCIS SPINE 3 COLUMN LUMBAR	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22208	INCIS SPINE 3 COLUMN ADL SEG	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22210	INCIS 1 VERTEBRAL SEG CERV	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22212	INCIS 1 VERTEBRAL SEG THORAC	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22214	INCIS 1 VERTEBRAL SEG LUMBAR	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	Authorization Required	Surgery of musculoskeletal system		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		Full Clinical Review	
22220	INCIS W/DISCECTOMY CERVICAL	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22222	INCIS W/DISCECTOMY THORACIC	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22224	INCIS W/DISCECTOMY LUMBAR	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	Authorization Required	Surgery of musculoskeletal system		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		Full Clinical Review	
22310	CLOSED TX VERT FX W/O MANJ	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	No Auth Required	Surgery of musculoskeletal system			
22315	CLOSED TX VERT FX W/MANJ	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	No Auth Required	Surgery of musculoskeletal system			
22318	TREAT ODONTOID FX W/O GRAFT	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	No Auth Required	Surgery of musculoskeletal system			
22319	TREAT ODONTOID FX W/GRAFT	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	No Auth Required	Surgery of musculoskeletal system			
22325	TREAT SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	No Auth Required	Surgery of musculoskeletal system			
22326	TREAT NECK SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	No Auth Required	Surgery of musculoskeletal system			
22327	TREAT THORAX SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	No Auth Required	Surgery of musculoskeletal system			
22328	TREAT EACH ADD SPINE FX	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	No Auth Required	Surgery of musculoskeletal system			
22505	MANIPULATION OF SPINE	MANIPULATION SPINE REQUIRING ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
22510	PERQ CERVICOTHORACIC INJECT	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

22511	PERQ LUMBOSACRAL INJECTION	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22512	VERTEBROPLASTY ADDL INJECT	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22513	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22514	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22515	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22526	IDET SINGLE LEVEL	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22527	IDET 1 OR MORE LEVELS	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22532	LAT THORAX SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22533	LAT LUMBAR SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22534	LAT THOR/LUMB ADDL SEG	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22548	NECK SPINE FUSION	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22551	NECK SPINE FUSE&REMOV BEL C2	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22552	ADDL NECK SPINE FUSION	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22554	NECK SPINE FUSION	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22556	THORAX SPINE FUSION	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22558	LUMBAR SPINE FUSION	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22585	ADDITIONAL SPINAL FUSION	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22586	PRESCRL FUSE W/ INSTR L5-S1	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22590	SPINE & SKULL SPINAL FUSION	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22595	NECK SPINAL FUSION	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22600	NECK SPINE FUSION	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22610	THORAX SPINE FUSION	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22612	LUMBAR SPINE FUSION	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22614	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22630	LUMBAR SPINE FUSION	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22632	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

22633	LUMBAR SPINE FUSION COMBINED	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22634	SPINE FUSION EXTRA SEGMENT	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22800	POST FUSION </6 VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22802	POST FUSION 7-12 VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22804	POST FUSION 13/> VERT SEG	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22808	ANT FUSION 2-3 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22810	ANT FUSION 4-7 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22812	ANT FUSION 8/> VERT SEG	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22818	KYPHECTOMY 1-2 SEGMENTS	KYPHECTOMY SINGLE OR TWO SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22819	KYPHECTOMY 3 OR MORE	KYPHECTOMY 3 OR MORE SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22830	EXPLORATION OF SPINAL FUSION	EXPLORATION SPINAL FUSION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22840	INSERT SPINE FIXATION DEVICE	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22841	INSERT SPINE FIXATION DEVICE	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22842	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22843	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22844	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22845	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22846	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22847	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22848	INSERT PELV FIXATION DEVICE	PELVIC FIXATION OTHER THAN SACRUM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22849	REINSERT SPINAL FIXATION	REINSERTION SPINAL FIXATION DEVICE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22850	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22852	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22853	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22854	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22855	REMOVE SPINE FIXATION DEVICE	REMOVAL ANTERIOR INSTRUMENTATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22856	CERV ARTIFIC DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

22857	LUMBAR ARTIF DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22858	SECOND LEVEL CER DISKECTOMY	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22859	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22861	REVISE CERV ARTIFIC DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22862	REVISE LUMBAR ARTIF DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22864	REMOVE CERV ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22865	REMOVE LUMB ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22867	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22868	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	Authorization Required	Surgery of musculoskeletal system		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		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		Full Clinical Review	
22899	SPINE SURGERY PROCEDURE	UNLISTED PROCEDURE SPINE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
22900	EXC ABDL TUM DEEP < 5 CM	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	No Auth Required	Surgery of musculoskeletal system			
22901	EXC ABDL TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	No Auth Required	Surgery of musculoskeletal system			
22902	EXC ABD LES SC < 3 CM	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
22903	EXC ABD LES SC 3 CM/>	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
22904	RADICAL RESECT ABD TUMOR<5CM	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	No Auth Required	Surgery of musculoskeletal system			
22905	RAD RESECT ABD TUMOR 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
22999	ABDOMEN SURGERY PROCEDURE	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23000	REMOVAL OF CALCIUM DEPOSITS	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	No Auth Required	Surgery of musculoskeletal system			
23020	RELEASE SHOULDER JOINT	CAPSULAR CONTRACTURE RELEASE	No Auth Required	Surgery of musculoskeletal system			
23030	DRAIN SHOULDER LESION	I&D SHOULDER DEEP ABSCESS/HEMATOMA	No Auth Required	Surgery of musculoskeletal system			
23031	DRAIN SHOULDER BURSA	I&D SHOULDER INFECTED BURSA	No Auth Required	Surgery of musculoskeletal system			
23035	DRAIN SHOULDER BONE LESION	INCISION BONE CORTEX SHOULDER AREA	No Auth Required	Surgery of musculoskeletal system			
23040	EXPLORATORY SHOULDER SURGERY	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	No Auth Required	Surgery of musculoskeletal system			
23044	EXPLORATORY SHOULDER SURGERY	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	No Auth Required	Surgery of musculoskeletal system			
23065	BIOPSY SHOULDER TISSUES	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
23066	BIOPSY SHOULDER TISSUES	BIOPSY SOFT TISSUE SHOULDER DEEP	No Auth Required	Surgery of musculoskeletal system			

23071	EXC SHOULDER LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
23073	EXC SHOULDER TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
23075	EXC SHOULDER LES SC < 3 CM	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
23076	EXC SHOULDER TUM DEEP < 5 CM	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	No Auth Required	Surgery of musculoskeletal system			
23077	RESECT SHOULDER TUMOR < 5 CM	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	No Auth Required	Surgery of musculoskeletal system			
23078	RESECT SHOULDER TUMOR 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
23100	BIOPSY OF SHOULDER JOINT	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	No Auth Required	Surgery of musculoskeletal system			
23101	SHOULDER JOINT SURGERY	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	No Auth Required	Surgery of musculoskeletal system			
23105	REMOVE SHOULDER JOINT LINING	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	No Auth Required	Surgery of musculoskeletal system			
23106	INCISION OF COLLARBONE JOINT	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	No Auth Required	Surgery of musculoskeletal system			
23107	EXPLORE TREAT SHOULDER JOINT	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	No Auth Required	Surgery of musculoskeletal system			
23120	PARTIAL REMOVAL COLLAR BONE	CLAVICULECTOMY PARTIAL	No Auth Required	Surgery of musculoskeletal system			
23125	REMOVAL OF COLLAR BONE	CLAVICULECTOMY TOTAL	No Auth Required	Surgery of musculoskeletal system			
23130	REMOVE SHOULDER BONE PART	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	No Auth Required	Surgery of musculoskeletal system			
23140	REMOVAL OF BONE LESION	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	No Auth Required	Surgery of musculoskeletal system			
23145	REMOVAL OF BONE LESION	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	No Auth Required	Surgery of musculoskeletal system			
23146	REMOVAL OF BONE LESION	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	No Auth Required	Surgery of musculoskeletal system			
23150	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	No Auth Required	Surgery of musculoskeletal system			
23155	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	No Auth Required	Surgery of musculoskeletal system			
23156	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	No Auth Required	Surgery of musculoskeletal system			
23170	REMOVE COLLAR BONE LESION	SEQUESTRECTOMY CLAVICLE	No Auth Required	Surgery of musculoskeletal system			
23172	REMOVE SHOULDER BLADE LESION	SEQUESTRECTOMY SCAPULA	No Auth Required	Surgery of musculoskeletal system			
23174	REMOVE HUMERUS LESION	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	No Auth Required	Surgery of musculoskeletal system			
23180	REMOVE COLLAR BONE LESION	PARTIAL EXCISION BONE CLAVICLE	No Auth Required	Surgery of musculoskeletal system			
23182	REMOVE SHOULDER BLADE LESION	PARTIAL EXCISION BONE SCAPULA	No Auth Required	Surgery of musculoskeletal system			
23184	REMOVE HUMERUS LESION	PARTIAL EXCISION BONE PROXIMAL HUMERUS	No Auth Required	Surgery of musculoskeletal system			
23190	PARTIAL REMOVAL OF SCAPULA	OSTECTOMY SCAPULA PARTIAL	No Auth Required	Surgery of musculoskeletal system			
23195	REMOVAL OF HEAD OF HUMERUS	RESECTION HUMERAL HEAD	No Auth Required	Surgery of musculoskeletal system			

23200	RESECT CLAVICLE TUMOR	RADICAL RESECTION TUMOR CLAVICLE	No Auth Required	Surgery of musculoskeletal system			
23210	RESECT SCAPULA TUMOR	RADICAL RESECTION TUMOR SCAPULA	No Auth Required	Surgery of musculoskeletal system			
23220	RESECT PROX HUMERUS TUMOR	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	No Auth Required	Surgery of musculoskeletal system			
23330	REMOVE SHOULDER FOREIGN BODY	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	No Auth Required				
23333	REMOVE SHOULDER FB DEEP	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	No Auth Required	Surgery of musculoskeletal system			
23334	SHOULDER PROSTHESIS REMOVAL	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	No Auth Required	Surgery of musculoskeletal system			
23335	SHOULDER PROSTHESIS REMOVAL	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	No Auth Required	Surgery of musculoskeletal system			
23350	INJECTION FOR SHOULDER X-RAY	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	No Auth Required	Surgery of musculoskeletal system			
23395	MUSCLE TRANSFER SHOULDER/ARM	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	No Auth Required	Surgery of musculoskeletal system			
23397	MUSCLE TRANSFERS	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	No Auth Required	Surgery of musculoskeletal system			
23400	FIXATION OF SHOULDER BLADE	SCAPULOPEXY	No Auth Required	Surgery of musculoskeletal system			
23405	INCISION OF TENDON & MUSCLE	TENOTOMY SHOULDER AREA 1 TENDON	No Auth Required	Surgery of musculoskeletal system			
23406	INCISE TENDON(S) & MUSCLE(S)	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	No Auth Required	Surgery of musculoskeletal system			
23410	REPAIR ROTATOR CUFF ACUTE	OPEN REPAIR OF ROTATOR CUFF ACUTE	No Auth Required	Surgery of musculoskeletal system			
23412	REPAIR ROTATOR CUFF CHRONIC	OPEN REPAIR OF ROTATOR CUFF CHRONIC	No Auth Required	Surgery of musculoskeletal system			
23415	RELEASE OF SHOULDER LIGAMENT	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	No Auth Required	Surgery of musculoskeletal system			
23420	REPAIR OF SHOULDER	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	No Auth Required	Surgery of musculoskeletal system			
23430	REPAIR BICEPS TENDON	TENODESIS LONG TENDON BICEPS	Authorization Required	Surgery of musculoskeletal system		Network Validation	
23440	REMOVE/TRANSPLANT TENDON	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	No Auth Required	Surgery of musculoskeletal system			
23450	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	No Auth Required	Surgery of musculoskeletal system			
23455	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	No Auth Required	Surgery of musculoskeletal system			
23460	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	No Auth Required	Surgery of musculoskeletal system			
23462	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	No Auth Required	Surgery of musculoskeletal system			
23465	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	No Auth Required	Surgery of musculoskeletal system			
23466	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	No Auth Required	Surgery of musculoskeletal system			
23470	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23472	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23473	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

23474	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23480	REVISION OF COLLAR BONE	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
23485	REVISION OF COLLAR BONE	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	No Auth Required	Surgery of musculoskeletal system			
23490	REINFORCE CLAVICLE	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	No Auth Required	Surgery of musculoskeletal system			
23491	REINFORCE SHOULDER BONES	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	No Auth Required	Surgery of musculoskeletal system			
23500	TREAT CLAVICLE FRACTURE	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23505	TREAT CLAVICLE FRACTURE	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23515	TREAT CLAVICLE FRACTURE	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
23520	TREAT CLAVICLE DISLOCATION	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23525	TREAT CLAVICLE DISLOCATION	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23530	TREAT CLAVICLE DISLOCATION	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	No Auth Required	Surgery of musculoskeletal system			
23532	TREAT CLAVICLE DISLOCATION	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	No Auth Required	Surgery of musculoskeletal system			
23540	TREAT CLAVICLE DISLOCATION	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23545	TREAT CLAVICLE DISLOCATION	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23550	TREAT CLAVICLE DISLOCATION	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	No Auth Required	Surgery of musculoskeletal system			
23552	TREAT CLAVICLE DISLOCATION	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	No Auth Required	Surgery of musculoskeletal system			
23570	TREAT SHOULDER BLADE FX	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23575	TREAT SHOULDER BLADE FX	CLTX SCAPULAR FX W/MANJ W/WO SKELETAL TRACTION	No Auth Required	Surgery of musculoskeletal system			
23585	TREAT SCAPULA FRACTURE	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	No Auth Required	Surgery of musculoskeletal system			
23600	TREAT HUMERUS FRACTURE	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	No Auth Required				
23605	TREAT HUMERUS FRACTURE	CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	No Auth Required	Surgery of musculoskeletal system			
23615	TREAT HUMERUS FRACTURE	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23616	TREAT HUMERUS FRACTURE	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	No Auth Required	Surgery of musculoskeletal system			
23620	TREAT HUMERUS FRACTURE	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
23625	TREAT HUMERUS FRACTURE	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
23630	TREAT HUMERUS FRACTURE	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	No Auth Required	Surgery of musculoskeletal system			
23650	TREAT SHOULDER DISLOCATION	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	No Auth Required	Surgery of musculoskeletal system			
23655	TREAT SHOULDER DISLOCATION	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	No Auth Required	Joint			

23660	TREAT SHOULDER DISLOCATION	OPEN TX ACUTE SHOULDER DISLOCATION	No Auth Required	Joint			
23665	TREAT DISLOCATION/FRACTURE	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	No Auth Required	Joint			
23670	TREAT DISLOCATION/FRACTURE	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	No Auth Required	Joint			
23675	TREAT DISLOCATION/FRACTURE	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	No Auth Required	Joint			
23680	TREAT DISLOCATION/FRACTURE	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	No Auth Required	Joint			
23700	FIXATION OF SHOULDER	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	No Auth Required	Joint			
23800	FUSION OF SHOULDER JOINT	ARTHRODESIS GLENOHUMERAL JOINT	No Auth Required	Joint			
23802	FUSION OF SHOULDER JOINT	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	No Auth Required	Joint			
23900	AMPUTATION OF ARM & GIRDLE	INTERTHORACOSCAPULAR AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
23920	AMPUTATION AT SHOULDER JOINT	DISARTICULATION SHOULDER	No Auth Required	Surgery of musculoskeletal system			
23921	AMPUTATION FOLLOW-UP SURGERY	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	No Auth Required	Surgery of musculoskeletal system			
23929	SHOULDER SURGERY PROCEDURE	UNLISTED PROCEDURE SHOULDER	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
23930	DRAINAGE OF ARM LESION	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	No Auth Required	Surgery of musculoskeletal system			
23931	DRAINAGE OF ARM BURSA	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	No Auth Required	Surgery of musculoskeletal system			
23935	DRAIN ARM/ELBOW BONE LESION	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	No Auth Required	Surgery of musculoskeletal system			
24000	EXPLORATORY ELBOW SURGERY	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	No Auth Required	Surgery of musculoskeletal system			
24006	RELEASE ELBOW JOINT	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	No Auth Required	Surgery of musculoskeletal system			
24065	BIOPSY ARM/ELBOW SOFT TISSUE	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
24066	BIOPSY ARM/ELBOW SOFT TISSUE	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	No Auth Required	Surgery of musculoskeletal system			
24071	EXC ARM/ELBOW LES SC 3 CM/>	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	No Auth Required	Surgery of musculoskeletal system			
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	No Auth Required	Surgery of musculoskeletal system			
24075	EXC ARM/ELBOW LES SC < 3 CM	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
24076	EX ARM/ELBOW TUM DEEP < 5 CM	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	No Auth Required	Surgery of musculoskeletal system			
24077	RESECT ARM/ELBOW TUM < 5 CM	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	No Auth Required	Surgery of musculoskeletal system			
24079	RESECT ARM/ELBOW TUM 5 CM/>	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	No Auth Required	Surgery of musculoskeletal system			
24100	BIOPSY ELBOW JOINT LINING	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	No Auth Required	Joint			
24101	EXPLORE/TREAT ELBOW JOINT	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	No Auth Required	Joint			
24102	REMOVE ELBOW JOINT LINING	ARTHROTOMY ELBOW W/SYNOVECTOMY	No Auth Required	Joint			

24105	REMOVAL OF ELBOW BURSA	EXCISION OLECRANON BURSA	No Auth Required	Surgery of musculoskeletal system			
24110	REMOVE HUMERUS LESION	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	No Auth Required	Surgery of musculoskeletal system			
24115	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	No Auth Required	Surgery of musculoskeletal system			
24116	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	No Auth Required	Surgery of musculoskeletal system			
24120	REMOVE ELBOW LESION	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	No Auth Required	Surgery of musculoskeletal system			
24125	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	No Auth Required	Surgery of musculoskeletal system			
24126	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	No Auth Required	Surgery of musculoskeletal system			
24130	REMOVAL OF HEAD OF RADIUS	EXCISION RADIAL HEAD	No Auth Required	Surgery of musculoskeletal system			
24134	REMOVAL OF ARM BONE LESION	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	No Auth Required	Surgery of musculoskeletal system			
24136	REMOVE RADIUS BONE LESION	SEQUESTRECTOMY RADIAL HEAD OR NECK	No Auth Required	Surgery of musculoskeletal system			
24138	REMOVE ELBOW BONE LESION	SEQUESTRECTOMY OLECRANON PROCESS	No Auth Required	Surgery of musculoskeletal system			
24140	PARTIAL REMOVAL OF ARM BONE	PARTIAL EXCISION BONE HUMERUS	No Auth Required	Surgery of musculoskeletal system			
24145	PARTIAL REMOVAL OF RADIUS	PARTIAL EXCISION BONE RADIAL HEAD/NECK	No Auth Required	Surgery of musculoskeletal system			
24147	PARTIAL REMOVAL OF ELBOW	PARTIAL EXCISION BONE OLECRANON PROCESS	No Auth Required	Surgery of musculoskeletal system			
24149	RADICAL RESECTION OF ELBOW	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	No Auth Required	Surgery of musculoskeletal system			
24150	RESECT DISTAL HUMERUS TUMOR	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	No Auth Required	Surgery of musculoskeletal system			
24152	RESECT RADIUS TUMOR	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	No Auth Required	Surgery of musculoskeletal system			
24155	REMOVAL OF ELBOW JOINT	RESECTION ELBOW JOINT ARTHRECTOMY	No Auth Required	Surgery of musculoskeletal system			
24160	REMOVE ELBOW JOINT IMPLANT	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	No Auth Required	Surgery of musculoskeletal system			
24164	REMOVE RADIUS HEAD IMPLANT	PROSTHESIS REMOVAL RADIAL HEAD	No Auth Required	Surgery of musculoskeletal system			
24200	REMOVAL OF ARM FOREIGN BODY	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	No Auth Required				
24201	REMOVAL OF ARM FOREIGN BODY	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	No Auth Required	Surgery of musculoskeletal system			
24220	INJECTION FOR ELBOW X-RAY	INJECTION ELBOW ARTHROGRAPHY	No Auth Required	Surgery of musculoskeletal system			
24300	MANIPULATE ELBOW W/ANESTH	MANIPULATION ELBOW UNDER ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
24301	MUSCLE/TENDON TRANSFER	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	No Auth Required	Surgery of musculoskeletal system			
24305	ARM TENDON LENGTHENING	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	No Auth Required	Surgery of musculoskeletal system			
24310	REVISION OF ARM TENDON	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
24320	REPAIR OF ARM TENDON	TENOPLASTY ELBOW TO SHOULDER SINGLE	No Auth Required	Surgery of musculoskeletal system			

24330	REVISION OF ARM MUSCLES	FLEXOR-PLASTY ELBOW	No Auth Required	Surgery of musculoskeletal system			
24331	REVISION OF ARM MUSCLES	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	No Auth Required	Surgery of musculoskeletal system			
24332	TENOLYSIS TRICEPS	TENOLYSIS TRICEPS	No Auth Required	Surgery of musculoskeletal system			
24340	REPAIR OF BICEPS TENDON	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
24341	REPAIR ARM TENDON/MUSCLE	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	No Auth Required	Surgery of musculoskeletal system			
24342	REPAIR OF RUPTURED TENDON	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	No Auth Required	Surgery of musculoskeletal system			
24343	REPR ELBOW LAT LIGMNT W/TISS	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	No Auth Required	Surgery of musculoskeletal system			
24344	RECONSTRUCT ELBOW LAT LIGMNT	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	No Auth Required	Surgery of musculoskeletal system			
24345	REPR ELBW MED LIGMNT W/TISSU	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	No Auth Required	Surgery of musculoskeletal system			
24346	RECONSTRUCT ELBOW MED LIGMNT	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	No Auth Required	Surgery of musculoskeletal system			
24357	REPAIR ELBOW PERC	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	No Auth Required	Surgery of musculoskeletal system			
24358	REPAIR ELBOW W/DEB OPEN	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	No Auth Required	Surgery of musculoskeletal system			
24359	REPAIR ELBOW DEB/ATTCH OPEN	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	No Auth Required	Surgery of musculoskeletal system			
24360	RECONSTRUCT ELBOW JOINT	ARTHROPLASTY ELBOW W/MEMBRANE	Authorization Required	Joint		Full Clinical Review	
24361	RECONSTRUCT ELBOW JOINT	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	Authorization Required	Joint		Full Clinical Review	
24362	RECONSTRUCT ELBOW JOINT	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	Authorization Required	Joint		Full Clinical Review	
24363	REPLACE ELBOW JOINT	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	Authorization Required	Joint		Full Clinical Review	
24365	RECONSTRUCT HEAD OF RADIUS	ARTHROPLASTY RADIAL HEAD	Authorization Required	Joint		Full Clinical Review	
24366	RECONSTRUCT HEAD OF RADIUS	ARTHROPLASTY RADIAL HEAD W/IMPLANT	Authorization Required	Joint		Full Clinical Review	
24370	REVISE RECONST ELBOW JOINT	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	Authorization Required	Joint		Full Clinical Review	
24371	REVISE RECONST ELBOW JOINT	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	Authorization Required	Joint		Full Clinical Review	
24400	REVISION OF HUMERUS	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
24410	REVISION OF HUMERUS	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	No Auth Required	Surgery of musculoskeletal system			
24420	REVISION OF HUMERUS	OSTEOPLASTY HUMERUS	No Auth Required	Surgery of musculoskeletal system			
24430	REPAIR OF HUMERUS	REPAIR NON/MALUNION HUMERUS W/O GRAFT	No Auth Required	Surgery of musculoskeletal system			
24435	REPAIR HUMERUS WITH GRAFT	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	No Auth Required	Surgery of musculoskeletal system			
24470	REVISION OF ELBOW JOINT	HEMIEPIPHYSEAL ARREST	No Auth Required	Surgery of musculoskeletal system			
24495	DECOMPRESSION OF FOREARM	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	No Auth Required	Surgery of musculoskeletal system			

24498	REINFORCE HUMERUS	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	No Auth Required	Surgery of musculoskeletal system			
24500	TREAT HUMERUS FRACTURE	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
24505	TREAT HUMERUS FRACTURE	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	No Auth Required	Surgery of musculoskeletal system			
24515	TREAT HUMERUS FRACTURE	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	No Auth Required	Surgery of musculoskeletal system			
24516	TREAT HUMERUS FRACTURE	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	No Auth Required	Surgery of musculoskeletal system			
24530	TREAT HUMERUS FRACTURE	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	No Auth Required	Surgery of musculoskeletal system			
24535	TREAT HUMERUS FRACTURE	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24538	TREAT HUMERUS FRACTURE	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	No Auth Required	Surgery of musculoskeletal system			
24545	TREAT HUMERUS FRACTURE	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	No Auth Required	Surgery of musculoskeletal system			
24546	TREAT HUMERUS FRACTURE	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	No Auth Required	Surgery of musculoskeletal system			
24560	TREAT HUMERUS FRACTURE	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
24565	TREAT HUMERUS FRACTURE	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24566	TREAT HUMERUS FRACTURE	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	No Auth Required	Surgery of musculoskeletal system			
24575	TREAT HUMERUS FRACTURE	OPEN TX HUMERAL EPICONDYLAR FRACTURE	No Auth Required	Surgery of musculoskeletal system			
24576	TREAT HUMERUS FRACTURE	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
24577	TREAT HUMERUS FRACTURE	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24579	TREAT HUMERUS FRACTURE	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	No Auth Required	Surgery of musculoskeletal system			
24582	TREAT HUMERUS FRACTURE	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24586	TREAT ELBOW FRACTURE	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	No Auth Required	Joint			
24587	TREAT ELBOW FRACTURE	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	Authorization Required	Joint		Full Clinical Review	
24600	TREAT ELBOW DISLOCATION	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	No Auth Required	Surgery of musculoskeletal system			
24605	TREAT ELBOW DISLOCATION	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	No Auth Required	Joint			
24615	TREAT ELBOW DISLOCATION	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	No Auth Required	Joint			
24620	TREAT ELBOW FRACTURE	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	No Auth Required	Joint			
24635	TREAT ELBOW FRACTURE	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	No Auth Required	Joint			
24640	TREAT ELBOW DISLOCATION	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24650	TREAT RADIUS FRACTURE	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	No Auth Required				

24655	TREAT RADIUS FRACTURE	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
24665	TREAT RADIUS FRACTURE	OPEN TX RADIAL HEAD/NECK FRACTURE	No Auth Required	Surgery of musculoskeletal system			
24666	TREAT RADIUS FRACTURE	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	No Auth Required	Surgery of musculoskeletal system			
24670	TREAT ULNAR FRACTURE	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
24675	TREAT ULNAR FRACTURE	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	No Auth Required	Surgery of musculoskeletal system			
24685	TREAT ULNAR FRACTURE	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	No Auth Required	Surgery of musculoskeletal system			
24800	FUSION OF ELBOW JOINT	ARTHRODESIS ELBOW JOINT LOCAL	No Auth Required	Surgery of musculoskeletal system			
24802	FUSION/GRAFT OF ELBOW JOINT	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	No Auth Required	Surgery of musculoskeletal system			
24900	AMPUTATION OF UPPER ARM	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	No Auth Required	Surgery of musculoskeletal system			
24920	AMPUTATION OF UPPER ARM	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	No Auth Required	Surgery of musculoskeletal system			
24925	AMPUTATION FOLLOW-UP SURGERY	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	No Auth Required	Surgery of musculoskeletal system			
24930	AMPUTATION FOLLOW-UP SURGERY	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
24931	AMPUTATE UPPER ARM & IMPLANT	AMPUTATION ARM THRU HUMERUS W/IMPLANT	No Auth Required	Surgery of musculoskeletal system			
24935	REVISION OF AMPUTATION	STUMP ELONGATION UPPER EXTREMITY	No Auth Required	Surgery of musculoskeletal system			
24940	REVISION OF UPPER ARM	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
24999	UPPER ARM/ELBOW SURGERY	UNLISTED PROCEDURE HUMERUS/ELBOW	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
25000	INCISION OF TENDON SHEATH	INCISION EXTENSOR TENDON SHEATH WRIST	No Auth Required	Surgery of musculoskeletal system			
25001	INCISE FLEXOR CARPI RADIALIS	INCISION FLEXOR TENDON SHEATH WRIST	No Auth Required	Surgery of musculoskeletal system			
25020	DECOMPRESS FOREARM 1 SPACE	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	No Auth Required	Surgery of musculoskeletal system			
25023	DECOMPRESS FOREARM 1 SPACE	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	No Auth Required	Surgery of musculoskeletal system			
25024	DECOMPRESS FOREARM 2 SPACES	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	No Auth Required	Surgery of musculoskeletal system			
25025	DECOMPRESS FOREARM 2 SPACES	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	No Auth Required	Surgery of musculoskeletal system			
25028	DRAINAGE OF FOREARM LESION	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	No Auth Required	Surgery of musculoskeletal system			
25031	DRAINAGE OF FOREARM BURSA	INCISION & DRAINAGE FOREARM&/WRIST BURSA	No Auth Required				
25035	TREAT FOREARM BONE LESION	INCISION DEEP BONE CORTEX FOREARM&/WRIST	No Auth Required	Surgery of musculoskeletal system			
25040	EXPLORE/TREAT WRIST JOINT	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	No Auth Required	Surgery of musculoskeletal system			
25065	BIOPSY FOREARM SOFT TISSUES	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
25066	BIOPSY FOREARM SOFT TISSUES	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	No Auth Required	Surgery of musculoskeletal system			

25071	EXC FOREARM LES SC 3 CM/>	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	No Auth Required	Surgery of musculoskeletal system			
25073	EXC FOREARM TUM DEEP 3 CM/>	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	No Auth Required	Surgery of musculoskeletal system			
25075	EXC FOREARM LES SC < 3 CM	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
25076	EXC FOREARM TUM DEEP < 3 CM	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	No Auth Required	Surgery of musculoskeletal system			
25077	RESECT FOREARM/WRIST TUM<3CM	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	No Auth Required	Surgery of musculoskeletal system			
25078	RESECT FORARM/WRIST TUM 3CM>	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
25085	INCISION OF WRIST CAPSULE	CAPSULOTOMY WRIST	No Auth Required	Surgery of musculoskeletal system			
25100	BIOPSY OF WRIST JOINT	ARTHROTOMY WRIST JOINT WITH BIOPSY	No Auth Required	Joint			
25101	EXPLORE/TREAT WRIST JOINT	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	No Auth Required	Joint			
25105	REMOVE WRIST JOINT LINING	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	No Auth Required	Joint			
25107	REMOVE WRIST JOINT CARTILAGE	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	No Auth Required	Joint			
25109	EXCISE TENDON FOREARM/WRIST	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	No Auth Required	Surgery of musculoskeletal system			
25110	REMOVE WRIST TENDON LESION	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	No Auth Required	Surgery of musculoskeletal system			
25111	REMOVE WRIST TENDON LESION	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	No Auth Required	Surgery of musculoskeletal system			
25112	REREMOVE WRIST TENDON LESION	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	No Auth Required	Surgery of musculoskeletal system			
25115	REMOVE WRIST/FOREARM LESION	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	No Auth Required	Surgery of musculoskeletal system			
25116	REMOVE WRIST/FOREARM LESION	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	No Auth Required	Surgery of musculoskeletal system			
25118	EXCISE WRIST TENDON SHEATH	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	No Auth Required	Surgery of musculoskeletal system			
25119	PARTIAL REMOVAL OF ULNA	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	No Auth Required	Surgery of musculoskeletal system			
25120	REMOVAL OF FOREARM LESION	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	No Auth Required	Surgery of musculoskeletal system			
25125	REMOVE/GRAFT FOREARM LESION	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25126	REMOVE/GRAFT FOREARM LESION	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25130	REMOVAL OF WRIST LESION	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	No Auth Required	Surgery of musculoskeletal system			
25135	REMOVE & GRAFT WRIST LESION	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25136	REMOVE & GRAFT WRIST LESION	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25145	REMOVE FOREARM BONE LESION	SEQUESTRECTOMY FOREARM &/WRIST	No Auth Required	Surgery of musculoskeletal system			
25150	PARTIAL REMOVAL OF ULNA	PARTIAL EXCISION BONE ULNA	No Auth Required	Surgery of musculoskeletal system			
25151	PARTIAL REMOVAL OF RADIUS	PARTIAL EXCISION BONE RADIUS	No Auth Required	Surgery of musculoskeletal system			

25170	RESECT RADIUS/ULNAR TUMOR	RADICAL RESECTION TUMOR RADIUS OR ULNA	No Auth Required	Surgery of musculoskeletal system			
25210	REMOVAL OF WRIST BONE	CARPECTOMY 1 BONE	No Auth Required	Surgery of musculoskeletal system			
25215	REMOVAL OF WRIST BONES	CARPECTOMY ALL BONES PROXIMAL ROW	No Auth Required	Surgery of musculoskeletal system			
25230	PARTIAL REMOVAL OF RADIUS	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
25240	PARTIAL REMOVAL OF ULNA	EXCISION DISTAL ULNA PARTIAL/COMPLETE	No Auth Required	Surgery of musculoskeletal system			
25246	INJECTION FOR WRIST X-RAY	INJECTION WRIST ARTHROGRAPHY	No Auth Required	Surgery of musculoskeletal system			
25248	REMOVE FOREARM FOREIGN BODY	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	No Auth Required	Surgery of musculoskeletal system			
25250	REMOVAL OF WRIST PROSTHESIS	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
25251	REMOVAL OF WRIST PROSTHESIS	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	No Auth Required	Surgery of musculoskeletal system			
25259	MANIPULATE WRIST W/ANESTHES	MANIPULATION WRIST UNDER ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
25260	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	No Auth Required	Surgery of musculoskeletal system			
25263	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	No Auth Required	Surgery of musculoskeletal system			
25265	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	No Auth Required	Surgery of musculoskeletal system			
25270	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	No Auth Required	Surgery of musculoskeletal system			
25272	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	No Auth Required	Surgery of musculoskeletal system			
25274	REPAIR FOREARM TENDON/MUSCLE	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	No Auth Required	Surgery of musculoskeletal system			
25275	REPAIR FOREARM TENDON SHEATH	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	No Auth Required	Surgery of musculoskeletal system			
25280	REVISE WRIST/FOREARM TENDON	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	No Auth Required	Surgery of musculoskeletal system			
25290	INCISE WRIST/FOREARM TENDON	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	No Auth Required	Surgery of musculoskeletal system			
25295	RELEASE WRIST/FOREARM TENDON	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	No Auth Required	Surgery of musculoskeletal system			
25300	FUSION OF TENDONS AT WRIST	TENODESIS WRIST FLEXORS FINGERS	No Auth Required	Surgery of musculoskeletal system			
25301	FUSION OF TENDONS AT WRIST	TENODESIS WRIST EXTENSORS FINGERS	No Auth Required	Surgery of musculoskeletal system			
25310	TRANSPLANT FOREARM TENDON	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	No Auth Required	Surgery of musculoskeletal system			
25312	TRANSPLANT FOREARM TENDON	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	No Auth Required	Surgery of musculoskeletal system			
25315	REVISE PALSY HAND TENDON(S)	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	No Auth Required	Surgery of musculoskeletal system			
25316	REVISE PALSY HAND TENDON(S)	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	No Auth Required	Surgery of musculoskeletal system			
25320	REPAIR/REVISE WRIST JOINT	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	No Auth Required	Surgery of musculoskeletal system			
25332	REVISE WRIST JOINT	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	Authorization Required	Joint		Full Clinical Review	

25335	REALIGNMENT OF HAND	CENTRALIZATION WRST ULNA	No Auth Required	Surgery of musculoskeletal system			
25337	RECONSTRUCT ULNA/RADIOULNAR	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	No Auth Required	Surgery of musculoskeletal system			
25350	REVISION OF RADIUS	OSTEOTOMY RADIUS DISTAL THIRD	No Auth Required	Surgery of musculoskeletal system			
25355	REVISION OF RADIUS	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	No Auth Required	Surgery of musculoskeletal system			
25360	REVISION OF ULNA	OSTEOTOMY ULNA	No Auth Required	Surgery of musculoskeletal system			
25365	REVISE RADIUS & ULNA	OSTEOTOMY RADIUS & ULNA	No Auth Required	Surgery of musculoskeletal system			
25370	REVISE RADIUS OR ULNA	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	No Auth Required	Surgery of musculoskeletal system			
25375	REVISE RADIUS & ULNA	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	No Auth Required	Surgery of musculoskeletal system			
25390	SHORTEN RADIUS OR ULNA	OSTEOPLASTY RADIUS/ULNA SHORTENING	No Auth Required	Surgery of musculoskeletal system			
25391	LENGTHEN RADIUS OR ULNA	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25392	SHORTEN RADIUS & ULNA	OSTEOPLASTY RADIUS & ULNA SHORTENING	No Auth Required	Surgery of musculoskeletal system			
25393	LENGTHEN RADIUS & ULNA	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	No Auth Required	Surgery of musculoskeletal system			
25394	REPAIR CARPAL BONE SHORTEN	OSTEOPLASTY CARPAL BONE SHORTENING	No Auth Required	Surgery of musculoskeletal system			
25400	REPAIR RADIUS OR ULNA	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25405	REPAIR/GRAFT RADIUS OR ULNA	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25415	REPAIR RADIUS & ULNA	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	No Auth Required	Surgery of musculoskeletal system			
25420	REPAIR/GRAFT RADIUS & ULNA	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25425	REPAIR/GRAFT RADIUS OR ULNA	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	No Auth Required	Surgery of musculoskeletal system			
25426	REPAIR/GRAFT RADIUS & ULNA	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	No Auth Required	Surgery of musculoskeletal system			
25430	VASC GRAFT INTO CARPAL BONE	INSERTION VASCULAR PEDICLE CARPAL BONE	No Auth Required	Surgery of musculoskeletal system			
25431	REPAIR NONUNION CARPAL BONE	REPAIR NONUNION CARPAL BONE EACH BONE	No Auth Required	Surgery of musculoskeletal system			
25440	REPAIR/GRAFT WRIST BONE	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	No Auth Required	Surgery of musculoskeletal system			
25441	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	Authorization Required	Joint		Full Clinical Review	
25442	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	Authorization Required	Joint		Full Clinical Review	
25443	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	Authorization Required	Joint		Full Clinical Review	
25444	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	Authorization Required	Joint		Full Clinical Review	
25445	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	Authorization Required	Joint		Full Clinical Review	
25446	WRIST REPLACEMENT	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	Authorization Required	Joint		Full Clinical Review	

25447	REPAIR WRIST JOINTS	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	Authorization Required	Joint		Full Clinical Review	
25449	REMOVE WRIST JOINT IMPLANT	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	Authorization Required	Joint		Full Clinical Review	
25450	REVISION OF WRIST JOINT	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	No Auth Required	Surgery of musculoskeletal system			
25455	REVISION OF WRIST JOINT	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	No Auth Required	Surgery of musculoskeletal system			
25490	REINFORCE RADIUS	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	No Auth Required	Surgery of musculoskeletal system			
25491	REINFORCE ULNA	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	No Auth Required	Surgery of musculoskeletal system			
25492	REINFORCE RADIUS AND ULNA	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	No Auth Required	Surgery of musculoskeletal system			
25500	TREAT FRACTURE OF RADIUS	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
25505	TREAT FRACTURE OF RADIUS	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
25515	TREAT FRACTURE OF RADIUS	OPEN TREATMENT RADIAL SHAFT FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25520	TREAT FRACTURE OF RADIUS	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	No Auth Required	Surgery of musculoskeletal system			
25525	TREAT FRACTURE OF RADIUS	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	No Auth Required	Surgery of musculoskeletal system			
25526	TREAT FRACTURE OF RADIUS	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	No Auth Required	Surgery of musculoskeletal system			
25530	TREAT FRACTURE OF ULNA	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
25535	TREAT FRACTURE OF ULNA	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
25545	TREAT FRACTURE OF ULNA	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25560	TREAT FRACTURE RADIUS & ULNA	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	No Auth Required	Surgery of musculoskeletal system			
25565	TREAT FRACTURE RADIUS & ULNA	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	No Auth Required	Surgery of musculoskeletal system			
25574	TREAT FRACTURE RADIUS & ULNA	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	No Auth Required	Surgery of musculoskeletal system			
25575	TREAT FRACTURE RADIUS/ULNA	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	No Auth Required	Surgery of musculoskeletal system			
25600	TREAT FRACTURE RADIUS/ULNA	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
25605	TREAT FRACTURE RADIUS/ULNA	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	No Auth Required	Surgery of musculoskeletal system			
25606	TREAT FX DISTAL RADIAL	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	No Auth Required	Surgery of musculoskeletal system			
25607	TREAT FX RAD EXTRA-ARTICUL	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	No Auth Required	Surgery of musculoskeletal system			
25608	TREAT FX RAD INTRA-ARTICUL	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	No Auth Required	Surgery of musculoskeletal system			
25609	TREAT FX RADIAL 3+ FRAG	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	No Auth Required	Surgery of musculoskeletal system			
25622	TREAT WRIST BONE FRACTURE	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
25624	TREAT WRIST BONE FRACTURE	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	No Auth Required	Surgery of musculoskeletal system			

25628	TREAT WRIST BONE FRACTURE	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25630	TREAT WRIST BONE FRACTURE	CLTX CARPAL BONE FX W/O MANJ EACH BONE	No Auth Required	Surgery of musculoskeletal system			
25635	TREAT WRIST BONE FRACTURE	CLTX CARPAL BONE FX W/MANJ EACH BONE	No Auth Required	Surgery of musculoskeletal system			
25645	TREAT WRIST BONE FRACTURE	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	No Auth Required	Surgery of musculoskeletal system			
25650	TREAT WRIST BONE FRACTURE	CLOSED TREATMENT ULNAR STYLOID FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25651	PIN ULNAR STYLOID FRACTURE	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25652	TREAT FRACTURE ULNAR STYLOID	OPEN TREATMENT ULNAR STYLOID FRACTURE	No Auth Required	Surgery of musculoskeletal system			
25660	TREAT WRIST DISLOCATION	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	No Auth Required	Surgery of musculoskeletal system			
25670	TREAT WRIST DISLOCATION	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	No Auth Required	Surgery of musculoskeletal system			
25671	PIN RADIOULNAR DISLOCATION	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	No Auth Required	Surgery of musculoskeletal system			
25675	TREAT WRIST DISLOCATION	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	No Auth Required	Surgery of musculoskeletal system			
25676	TREAT WRIST DISLOCATION	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	No Auth Required	Surgery of musculoskeletal system			
25680	TREAT WRIST FRACTURE	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	No Auth Required	Surgery of musculoskeletal system			
25685	TREAT WRIST FRACTURE	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	No Auth Required	Surgery of musculoskeletal system			
25690	TREAT WRIST DISLOCATION	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
25695	TREAT WRIST DISLOCATION	OPEN TREATMENT LUNATE DISLOCATION	No Auth Required	Surgery of musculoskeletal system			
25800	FUSION OF WRIST JOINT	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	No Auth Required	Joint			
25805	FUSION/GRAFT OF WRIST JOINT	ARTHRODESIS WRIST W/SLIDING GRAFT	No Auth Required	Joint			
25810	FUSION/GRAFT OF WRIST JOINT	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	No Auth Required	Joint			
25820	FUSION OF HAND BONES	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	No Auth Required	Joint			
25825	FUSE HAND BONES WITH GRAFT	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	No Auth Required	Joint			
25830	FUSION RADIOULNAR JNT/ULNA	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	No Auth Required	Joint			
25900	AMPUTATION OF FOREARM	AMPUTATION FOREARM THROUGH RADIUS & ULNA	No Auth Required	Surgery of musculoskeletal system			
25905	AMPUTATION OF FOREARM	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	No Auth Required	Surgery of musculoskeletal system			
25907	AMPUTATION FOLLOW-UP SURGERY	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	No Auth Required	Surgery of musculoskeletal system			
25909	AMPUTATION FOLLOW-UP SURGERY	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
25915	AMPUTATION OF FOREARM	KRUKENBERG PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
25920	AMPUTATE HAND AT WRIST	DISARTICULATION THROUGH WRIST	No Auth Required	Surgery of musculoskeletal system			

25922	AMPUTATE HAND AT WRIST	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	No Auth Required	Surgery of musculoskeletal system			
25924	AMPUTATION FOLLOW-UP SURGERY	DISARTICULATION THRU WRIST RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
25927	AMPUTATION OF HAND	TRANSMETACARPAL AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
25929	AMPUTATION FOLLOW-UP SURGERY	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	No Auth Required	Surgery of musculoskeletal system			
25931	AMPUTATION FOLLOW-UP SURGERY	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
25999	FOREARM OR WRIST SURGERY	UNLISTED PROCEDURE FOREARM/WRIST	Authorization Required	Surgery of musculoskeletal system		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				
26034	TREAT HAND BONE LESION	INCISION BONE CORTEX HAND/FINGER	No Auth Required	Surgery of musculoskeletal system			
26035	DECOMPRESS FINGERS/HAND	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	No Auth Required	Surgery of musculoskeletal system			
26037	DECOMPRESS FINGERS/HAND	DECOMPRESSIVE FASCIOTOMY HAND	No Auth Required	Surgery of musculoskeletal system			
26040	RELEASE PALM CONTRACTURE	FASCIOTOMY PALMAR PERCUTANEOUS	No Auth Required	Surgery of musculoskeletal system			
26045	RELEASE PALM CONTRACTURE	FASCIOTOMY PALMAR OPEN PARTIAL	No Auth Required	Surgery of musculoskeletal system			
26055	INCISE FINGER TENDON SHEATH	TENDON SHEATH INCISION	No Auth Required	Surgery of musculoskeletal system			
26060	INCISION OF FINGER TENDON	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	No Auth Required	Surgery of musculoskeletal system			
26070	EXPLORE/TREAT HAND JOINT	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	No Auth Required	Joint			
26075	EXPLORE/TREAT FINGER JOINT	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	No Auth Required	Surgery of musculoskeletal system			
26080	EXPLORE/TREAT FINGER JOINT	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	No Auth Required	Surgery of musculoskeletal system			
26100	BIOPSY HAND JOINT LINING	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	No Auth Required	Surgery of musculoskeletal system			
26105	BIOPSY FINGER JOINT LINING	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	No Auth Required	Surgery of musculoskeletal system			
26110	BIOPSY FINGER JOINT LINING	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	No Auth Required	Surgery of musculoskeletal system			
26111	EXC HAND LES SC 1.5 CM/>	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	No Auth Required	Surgery of musculoskeletal system			
26113	EXC HAND TUM DEEP 1.5 CM/>	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	No Auth Required	Surgery of musculoskeletal system			
26115	EXC HAND LES SC < 1.5 CM	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	No Auth Required	Surgery of musculoskeletal system			
26116	EXC HAND TUM DEEP < 1.5 CM	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	No Auth Required	Surgery of musculoskeletal system			
26117	RAD RESECT HAND TUMOR < 3 CM	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	No Auth Required	Surgery of musculoskeletal system			

26118	RAD RESECT HAND TUMOR 3 CM/>	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
26121	RELEASE PALM CONTRACTURE	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	No Auth Required	Surgery of musculoskeletal system			
26123	RELEASE PALM CONTRACTURE	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	No Auth Required	Surgery of musculoskeletal system			
26125	RELEASE PALM CONTRACTURE	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	No Auth Required	Surgery of musculoskeletal system			
26130	REMOVE WRIST JOINT LINING	SYNOVECTOMY CARPOMETACARPAL JOINT	No Auth Required	Surgery of musculoskeletal system			
26135	REVISE FINGER JOINT EACH	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	No Auth Required	Joint			
26140	REVISE FINGER JOINT EACH	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	No Auth Required	Joint			
26145	TENDON EXCISION PALM/FINGER	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	No Auth Required	Joint			
26160	REMOVE TENDON SHEATH LESION	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	No Auth Required	Surgery of musculoskeletal system			
26170	REMOVAL OF PALM TENDON EACH	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	No Auth Required	Surgery of musculoskeletal system			
26180	REMOVAL OF FINGER TENDON	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	No Auth Required	Surgery of musculoskeletal system			
26185	REMOVE FINGER BONE	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
26200	REMOVE HAND BONE LESION	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	No Auth Required	Surgery of musculoskeletal system			
26205	REMOVE/GRAFT BONE LESION	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
26210	REMOVAL OF FINGER LESION	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system			
26215	REMOVE/GRAFT FINGER LESION	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	No Auth Required	Surgery of musculoskeletal system			
26230	PARTIAL REMOVAL OF HAND BONE	PARTIAL EXCISION BONE METACARPAL	No Auth Required	Surgery of musculoskeletal system			
26235	PARTIAL REMOVAL FINGER BONE	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system			
26236	PARTIAL REMOVAL FINGER BONE	PARTIAL EXCISION DISTAL PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system			
26250	EXTENSIVE HAND SURGERY	RADICAL RESECTION TUMOR METACARPAL	No Auth Required	Surgery of musculoskeletal system			
26260	RESECT PROX FINGER TUMOR	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system			
26262	RESECT DISTAL FINGER TUMOR	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system			
26320	REMOVAL OF IMPLANT FROM HAND	REMOVAL IMPLANT FROM FINGER/HAND	No Auth Required	Surgery of musculoskeletal system			
26340	MANIPULATE FINGER W/ANESTH	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	No Auth Required	Surgery of musculoskeletal system			
26341	MANIPULAT PALM CORD POST INJ	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	No Auth Required	Surgery of musculoskeletal system			
26350	REPAIR FINGER/HAND TENDON	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
26352	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
26356	REPAIR FINGER/HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			

26357	REPAIR FINGER/HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
26358	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
26370	REPAIR FINGER/HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	No Auth Required	Surgery of musculoskeletal system			
26372	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	No Auth Required	Surgery of musculoskeletal system			
26373	REPAIR FINGER/HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	No Auth Required	Surgery of musculoskeletal system			
26390	REVISE HAND/FINGER TENDON	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	No Auth Required	Surgery of musculoskeletal system			
26392	REPAIR/GRAFT HAND TENDON	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	No Auth Required	Surgery of musculoskeletal system			
26410	REPAIR HAND TENDON	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26412	REPAIR/GRAFT HAND TENDON	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26415	EXCISION HAND/FINGER TENDON	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	No Auth Required	Surgery of musculoskeletal system			
26416	GRAFT HAND OR FINGER TENDON	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	No Auth Required	Surgery of musculoskeletal system			
26418	REPAIR FINGER TENDON	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26420	REPAIR/GRAFT FINGER TENDON	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26426	REPAIR FINGER/HAND TENDON	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	No Auth Required	Surgery of musculoskeletal system			
26428	REPAIR/GRAFT FINGER TENDON	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	No Auth Required	Surgery of musculoskeletal system			
26432	REPAIR FINGER TENDON	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	No Auth Required	Surgery of musculoskeletal system			
26433	REPAIR FINGER TENDON	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	No Auth Required	Surgery of musculoskeletal system			
26434	REPAIR/GRAFT FINGER TENDON	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	No Auth Required	Surgery of musculoskeletal system			
26437	REALIGNMENT OF TENDONS	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26440	RELEASE PALM/FINGER TENDON	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26442	RELEASE PALM & FINGER TENDON	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	No Auth Required	Surgery of musculoskeletal system			
26445	RELEASE HAND/FINGER TENDON	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26449	RELEASE FOREARM/HAND TENDON	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	No Auth Required	Surgery of musculoskeletal system			
26450	INCISION OF PALM TENDON	TENOTOMY FLEXOR PALM OPEN EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26455	INCISION OF FINGER TENDON	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26460	INCISE HAND/FINGER TENDON	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26471	FUSION OF FINGER TENDONS	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	No Auth Required	Surgery of musculoskeletal system			
26474	FUSION OF FINGER TENDONS	TENODESIS DISTAL JOINT EACH	No Auth Required	Surgery of musculoskeletal system			

26476	TENDON LENGTHENING	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26477	TENDON SHORTENING	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26478	LENGTHENING OF HAND TENDON	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26479	SHORTENING OF HAND TENDON	SHORTENING TENDON FLEXOR HAND/FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26480	TRANSPLANT HAND TENDON	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	No Auth Required	Surgery of musculoskeletal system			
26483	TRANSPLANT/GRAFT HAND TENDON	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	No Auth Required	Surgery of musculoskeletal system			
26485	TRANSPLANT PALM TENDON	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26489	TRANSPLANT/GRAFT PALM TENDON	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
26490	REVISE THUMB TENDON	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	No Auth Required	Surgery of musculoskeletal system			
26492	TENDON TRANSFER WITH GRAFT	OPPONENSPLASTY TDN TR W/GRF EA TDN	No Auth Required	Surgery of musculoskeletal system			
26494	HAND TENDON/MUSCLE TRANSFER	OPPONENSPLASTY HYPOTHENAR MUSC TR	No Auth Required	Surgery of musculoskeletal system			
26496	REVISE THUMB TENDON	OPPONENSPLASTY OTHER METHODS	No Auth Required	Surgery of musculoskeletal system			
26497	FINGER TENDON TRANSFER	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	No Auth Required	Surgery of musculoskeletal system			
26498	FINGER TENDON TRANSFER	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	No Auth Required	Surgery of musculoskeletal system			
26499	REVISION OF FINGER	CORRECTION CLAW FINGER OTHER METHODS	No Auth Required	Surgery of musculoskeletal system			
26500	HAND TENDON RECONSTRUCTION	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	No Auth Required	Surgery of musculoskeletal system			
26502	HAND TENDON RECONSTRUCTION	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	No Auth Required	Surgery of musculoskeletal system			
26508	RELEASE THUMB CONTRACTURE	RELEASE THENAR MUSCLE	No Auth Required	Surgery of musculoskeletal system			
26510	THUMB TENDON TRANSFER	CROSS INTRINSIC TRANSFER EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
26516	FUSION OF KNUCKLE JOINT	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	No Auth Required	Joint			
26517	FUSION OF KNUCKLE JOINTS	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	No Auth Required	Joint			
26518	FUSION OF KNUCKLE JOINTS	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	No Auth Required	Joint			
26520	RELEASE KNUCKLE CONTRACTURE	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	No Auth Required	Joint			
26525	RELEASE FINGER CONTRACTURE	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	No Auth Required	Joint			
26530	REVISE KNUCKLE JOINT	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	Authorization Required	Joint		Full Clinical Review	
26531	REVISE KNUCKLE WITH IMPLANT	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	Authorization Required	Joint		Full Clinical Review	
26535	REVISE FINGER JOINT	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	Authorization Required	Joint		Full Clinical Review	
26536	REVISE/IMPLANT FINGER JOINT	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	Authorization Required	Joint		Full Clinical Review	

26540	REPAIR HAND JOINT	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	No Auth Required	Joint			
26541	REPAIR HAND JOINT WITH GRAFT	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	No Auth Required	Joint			
26542	REPAIR HAND JOINT WITH GRAFT	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	No Auth Required	Joint			
26545	RECONSTRUCT FINGER JOINT	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	No Auth Required	Joint			
26546	REPAIR NONUNION HAND	RPR NON-UNION MTCRPL/PHALANX	No Auth Required	Surgery of musculoskeletal system			
26548	RECONSTRUCT FINGER JOINT	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	No Auth Required	Joint			
26550	CONSTRUCT THUMB REPLACEMENT	POLLICIZATION DIGIT	No Auth Required	Surgery of musculoskeletal system			
26551	GREAT TOE-HAND TRANSFER	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	No Auth Required	Surgery of musculoskeletal system			
26553	SINGLE TRANSFER TOE-HAND	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	No Auth Required	Surgery of musculoskeletal system			
26554	DOUBLE TRANSFER TOE-HAND	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	No Auth Required	Surgery of musculoskeletal system			
26555	POSITIONAL CHANGE OF FINGER	TR FNGR AXH POS W/O MVASC ANAST	No Auth Required	Surgery of musculoskeletal system			
26556	TOE JOINT TRANSFER	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	No Auth Required	Joint			
26560	REPAIR OF WEB FINGER	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	No Auth Required	Surgery of musculoskeletal system			
26561	REPAIR OF WEB FINGER	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	No Auth Required	Surgery of musculoskeletal system			
26562	REPAIR OF WEB FINGER	REPAIR SYNDACTYLY EACH SPACE COMPLEX	No Auth Required	Surgery of musculoskeletal system			
26565	CORRECT METACARPAL FLAW	OSTEOTOMY METACARPAL EACH	No Auth Required	Surgery of musculoskeletal system			
26567	CORRECT FINGER DEFORMITY	OSTEOTOMY PHALANX FINGER EACH	No Auth Required	Surgery of musculoskeletal system			
26568	LENGTHEN METACARPAL/FINGER	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	No Auth Required	Surgery of musculoskeletal system			
26580	REPAIR HAND DEFORMITY	REPAIR CLEFT HAND	No Auth Required	Surgery of musculoskeletal system			
26587	RECONSTRUCT EXTRA FINGER	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	No Auth Required	Surgery of musculoskeletal system			
26590	REPAIR FINGER DEFORMITY	REPAIR MACRODACTYLIA EACH DIGIT	No Auth Required	Reconstructive			
26591	REPAIR MUSCLES OF HAND	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	No Auth Required	Surgery of musculoskeletal system			
26593	RELEASE MUSCLES OF HAND	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	No Auth Required	Surgery of musculoskeletal system			
26596	EXCISION CONSTRICTING TISSUE	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	No Auth Required	Surgery of musculoskeletal system			
26600	TREAT METACARPAL FRACTURE	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	No Auth Required				
26605	TREAT METACARPAL FRACTURE	CLTX METACARPAL FX W/MANIPULATION EACH BONE	No Auth Required	Surgery of musculoskeletal system			
26607	TREAT METACARPAL FRACTURE	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	No Auth Required	Surgery of musculoskeletal system			
26608	TREAT METACARPAL FRACTURE	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	No Auth Required	Surgery of musculoskeletal system			
26615	TREAT METACARPAL FRACTURE	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	No Auth Required	Surgery of musculoskeletal system			

26641	TREAT THUMB DISLOCATION	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	No Auth Required	Surgery of musculoskeletal system			
26645	TREAT THUMB FRACTURE	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	No Auth Required	Surgery of musculoskeletal system			
26650	TREAT THUMB FRACTURE	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	No Auth Required	Surgery of musculoskeletal system			
26665	TREAT THUMB FRACTURE	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	No Auth Required	Surgery of musculoskeletal system			
26670	TREAT HAND DISLOCATION	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	No Auth Required	Surgery of musculoskeletal system			
26675	TREAT HAND DISLOCATION	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	No Auth Required	Surgery of musculoskeletal system			
26676	PIN HAND DISLOCATION	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	No Auth Required	Surgery of musculoskeletal system			
26685	TREAT HAND DISLOCATION	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	No Auth Required	Surgery of musculoskeletal system			
26686	TREAT HAND DISLOCATION	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	No Auth Required	Surgery of musculoskeletal system			
26700	TREAT KNUCKLE DISLOCATION	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	No Auth Required	Surgery of musculoskeletal system			
26705	TREAT KNUCKLE DISLOCATION	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	No Auth Required	Surgery of musculoskeletal system			
26706	PIN KNUCKLE DISLOCATION	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	No Auth Required	Surgery of musculoskeletal system			
26715	TREAT KNUCKLE DISLOCATION	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	No Auth Required	Surgery of musculoskeletal system			
26720	TREAT FINGER FRACTURE EACH	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	No Auth Required	Surgery of musculoskeletal system			
26725	TREAT FINGER FRACTURE EACH	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	No Auth Required	Surgery of musculoskeletal system			
26727	TREAT FINGER FRACTURE EACH	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	No Auth Required	Surgery of musculoskeletal system			
26735	TREAT FINGER FRACTURE EACH	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	No Auth Required	Surgery of musculoskeletal system			
26740	TREAT FINGER FRACTURE EACH	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
26742	TREAT FINGER FRACTURE EACH	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	No Auth Required	Surgery of musculoskeletal system			
26746	TREAT FINGER FRACTURE EACH	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	No Auth Required	Surgery of musculoskeletal system			
26750	TREAT FINGER FRACTURE EACH	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	No Auth Required	Surgery of musculoskeletal system			
26755	TREAT FINGER FRACTURE EACH	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	No Auth Required	Surgery of musculoskeletal system			
26756	PIN FINGER FRACTURE EACH	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	No Auth Required	Surgery of musculoskeletal system			
26765	TREAT FINGER FRACTURE EACH	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	No Auth Required	Surgery of musculoskeletal system			
26770	TREAT FINGER DISLOCATION	CLTX IPHAL JT DISLC W/MANJ W/O ANES	No Auth Required				
26775	TREAT FINGER DISLOCATION	CLTX IPHAL JT DISLC W/MANJ REQ ANES	No Auth Required	Joint			
26776	PIN FINGER DISLOCATION	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	No Auth Required	Joint			

26785	TREAT FINGER DISLOCATION	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	No Auth Required	Joint			
26820	THUMB FUSION WITH GRAFT	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	No Auth Required	Joint			
26841	FUSION OF THUMB	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	No Auth Required	Joint			
26842	THUMB FUSION WITH GRAFT	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	No Auth Required	Joint			
26843	FUSION OF HAND JOINT	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	No Auth Required	Joint			
26844	FUSION/GRAFT OF HAND JOINT	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	No Auth Required	Joint			
26850	FUSION OF KNUCKLE	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	No Auth Required	Joint			
26852	FUSION OF KNUCKLE WITH GRAFT	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	No Auth Required	Joint			
26860	FUSION OF FINGER JOINT	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	No Auth Required	Joint			
26861	FUSION OF FINGER JNT ADD-ON	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	No Auth Required	Joint			
26862	FUSION/GRAFT OF FINGER JOINT	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	No Auth Required	Joint			
26863	FUSE/GRAFT ADDED JOINT	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	No Auth Required	Joint			
26910	AMPUTATE METACARPAL BONE	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	No Auth Required	Surgery of musculoskeletal system			
26951	AMPUTATION OF FINGER/THUMB	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	No Auth Required	Surgery of musculoskeletal system			
26952	AMPUTATION OF FINGER/THUMB	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	No Auth Required	Surgery of musculoskeletal system			
26989	HAND/FINGER SURGERY	UNLISTED PROCEDURE HANDS/FINGERS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
26990	DRAINAGE OF PELVIS LESION	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	No Auth Required	Surgery of musculoskeletal system			
26991	DRAINAGE OF PELVIS BURSA	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	No Auth Required	Surgery of musculoskeletal system			
26992	DRAINAGE OF BONE LESION	INCISION BONE CORTEX PELVIS&/HIP JOINT	No Auth Required	Surgery of musculoskeletal system			
27000	INCISION OF HIP TENDON	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	No Auth Required	Surgery of musculoskeletal system			
27001	INCISION OF HIP TENDON	TENOTOMY ADDUCTOR HIP OPEN	No Auth Required	Surgery of musculoskeletal system			
27003	INCISION OF HIP TENDON	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	No Auth Required	Surgery of musculoskeletal system			
27005	INCISION OF HIP TENDON	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
27006	INCISION OF HIP TENDONS	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	No Auth Required	Surgery of musculoskeletal system			
27025	INCISION OF HIP/THIGH FASCIA	FASCIOTOMY HIP/THIGH ANY TYPE	No Auth Required	Surgery of musculoskeletal system			
27027	BUTTOCK FASCIOTOMY	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	No Auth Required	Surgery of musculoskeletal system			
27030	DRAINAGE OF HIP JOINT	ARTHROTOMY HIP W/DRAINAGE	No Auth Required	Joint			
27033	EXPLORATION OF HIP JOINT	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	No Auth Required	Joint			

27035	DENERVATION OF HIP JOINT	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	No Auth Required	Joint			
27036	EXCISION OF HIP JOINT/MUSCLE	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	No Auth Required	Joint			
27040	BIOPSY OF SOFT TISSUES	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
27041	BIOPSY OF SOFT TISSUES	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	No Auth Required	Surgery of musculoskeletal system			
27043	EXC HIP PELVIS LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	No Auth Required	Surgery of musculoskeletal system			
27045	EXC HIP/PELV TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	No Auth Required	Surgery of musculoskeletal system			
27047	EXC HIP/PELVIS LES SC < 3 CM	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
27048	EXC HIP/PELV TUM DEEP < 5 CM	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	No Auth Required	Surgery of musculoskeletal system			
27049	RESECT HIP/PELV TUM < 5 CM	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	No Auth Required	Surgery of musculoskeletal system			
27050	BIOPSY OF SACROILIAC JOINT	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	No Auth Required	Joint			
27052	BIOPSY OF HIP JOINT	ARTHROTOMY W/BIOPSY HIP JOINT	No Auth Required	Joint			
27054	REMOVAL OF HIP JOINT LINING	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	No Auth Required	Joint			
27057	BUTTOCK FASCIOTOMY W/DBRDMT	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	No Auth Required	Surgery of musculoskeletal system			
27059	RESECT HIP/PELV TUM 5 CM/>	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
27060	REMOVAL OF ISCHIAL BURSA	EXCISION ISCHIAL BURSA	No Auth Required	Joint			
27062	REMOVE FEMUR LESION/BURSA	EXCISION TROCHANTERIC BURSA/CALCIFICATION	No Auth Required	Joint			
27065	REMOVE HIP BONE LES SUPER	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
27066	REMOVE HIP BONE LES DEEP	EXCISION BONE CYST/BENIGN TUMOR DEEP	No Auth Required	Surgery of musculoskeletal system			
27067	REMOVE/GRAFT HIP BONE LESION	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	No Auth Required	Surgery of musculoskeletal system			
27070	PART REMOVE HIP BONE SUPER	PARTIAL EXCISION SUPERFICIAL PELVIS	No Auth Required	Surgery of musculoskeletal system			
27071	PART REMOVAL HIP BONE DEEP	PARTIAL EXCISION DEEP PELVIS	No Auth Required	Surgery of musculoskeletal system			
27075	RESECT HIP TUMOR	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	No Auth Required	Surgery of musculoskeletal system			
27076	RESECT HIP TUM INCL ACETABUL	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	No Auth Required	Surgery of musculoskeletal system			
27077	RESECT HIP TUM W/INNOM BONE	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	No Auth Required	Surgery of musculoskeletal system			
27078	RSECT HIP TUM INCL FEMUR	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	No Auth Required	Surgery of musculoskeletal system			
27080	REMOVAL OF TAIL BONE	COCCYGECTOMY PRIMARY	No Auth Required	Surgery of musculoskeletal system			
27086	REMOVE HIP FOREIGN BODY	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	No Auth Required				
27087	REMOVE HIP FOREIGN BODY	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	No Auth Required	Surgery of musculoskeletal system			
27090	REMOVAL OF HIP PROSTHESIS	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	Authorization Required	Joint		Full Clinical Review	

27091	REMOVAL OF HIP PROSTHESIS	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	Authorization Required	Joint		Full Clinical Review	
27093	INJECTION FOR HIP X-RAY	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	No Auth Required	Joint			
27095	INJECTION FOR HIP X-RAY	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	No Auth Required	Joint			
27096	INJECT SACROILIAC JOINT	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	Authorization Required	Joint		Full Clinical Review	
27097	REVISION OF HIP TENDON	RELEASE/RECESSION HAMSTRING PROXIMAL	No Auth Required	Surgery of musculoskeletal system			
27098	TRANSFER TENDON TO PELVIS	TRANSFER ADDUCTOR ISCHIUM	No Auth Required	Surgery of musculoskeletal system			
27100	TRANSFER OF ABDOMINAL MUSCLE	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	No Auth Required	Surgery of musculoskeletal system			
27105	TRANSFER OF SPINAL MUSCLE	TR PARASPI MUSC HIP FASC/TDN XTN GRF	No Auth Required	Surgery of musculoskeletal system			
27110	TRANSFER OF ILIOPSOAS MUSCLE	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	No Auth Required	Surgery of musculoskeletal system			
27111	TRANSFER OF ILIOPSOAS MUSCLE	TRANSFER ILIOPSOAS FEMORAL NECK	No Auth Required	Surgery of musculoskeletal system			
27120	RECONSTRUCTION OF HIP SOCKET	ACETABULOPLASTY	No Auth Required	Joint			
27122	RECONSTRUCTION OF HIP SOCKET	ACETABULOPLASTY RESECTION FEMORAL HEAD	No Auth Required	Joint			
27125	PARTIAL HIP REPLACEMENT	HEMIARTHROPLASTY HIP PARTIAL	Authorization Required	Joint		Full Clinical Review	
27130	TOTAL HIP ARTHROPLASTY	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Authorization Required	Joint		Full Clinical Review	
27132	TOTAL HIP ARTHROPLASTY	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	Authorization Required	Joint		Full Clinical Review	
27134	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	Authorization Required	Joint		Full Clinical Review	
27137	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	Authorization Required	Joint		Full Clinical Review	
27138	REVISE HIP JOINT REPLACEMENT	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	Authorization Required	Joint		Full Clinical Review	
27140	TRANSPLANT FEMUR RIDGE	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	No Auth Required	Joint			
27146	INCISION OF HIP BONE	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	No Auth Required	Joint			
27147	REVISION OF HIP BONE	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	No Auth Required	Joint			
27151	INCISION OF HIP BONES	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	No Auth Required	Joint			
27156	REVISION OF HIP BONES	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	No Auth Required	Joint			
27158	REVISION OF PELVIS	OSTEOTOMY PELVIS BILATERAL	No Auth Required	Surgery of musculoskeletal system			
27161	INCISION OF NECK OF FEMUR	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	No Auth Required	Surgery of musculoskeletal system			
27165	INCISION/FIXATION OF FEMUR	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	No Auth Required	Surgery of musculoskeletal system			
27170	REPAIR/GRAFT FEMUR HEAD/NECK	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	No Auth Required	Surgery of musculoskeletal system			

27175	TREAT SLIPPED EPIPHYSIS	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	No Auth Required	Surgery of musculoskeletal system			
27176	TREAT SLIPPED EPIPHYSIS	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	No Auth Required	Surgery of musculoskeletal system			
27177	TREAT SLIPPED EPIPHYSIS	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	No Auth Required	Surgery of musculoskeletal system			
27178	TREAT SLIPPED EPIPHYSIS	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	No Auth Required	Surgery of musculoskeletal system			
27179	REVISE HEAD/NECK OF FEMUR	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	No Auth Required	Surgery of musculoskeletal system			
27181	TREAT SLIPPED EPIPHYSIS	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	No Auth Required	Surgery of musculoskeletal system			
27185	REVISION OF FEMUR EPIPHYSIS	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	No Auth Required	Surgery of musculoskeletal system			
27187	REINFORCE HIP BONES	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	No Auth Required	Surgery of musculoskeletal system			
27197	CLSD TX PELVIC RING FX	CLSD TX PELVIC RING FX W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27198	CLSD TX PELVIC RING FX	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	No Auth Required	Surgery of musculoskeletal system			
27200	TREAT TAIL BONE FRACTURE	CLOSED TREATMENT COCCYGEAL FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27202	TREAT TAIL BONE FRACTURE	OPEN TREATMENT COCCYGEAL FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27215	TREAT PELVIC FRACTURE(S)	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	No Auth Required	Surgery of musculoskeletal system			
27216	TREAT PELVIC RING FRACTURE	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	No Auth Required	Surgery of musculoskeletal system			
27217	TREAT PELVIC RING FRACTURE	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	No Auth Required	Surgery of musculoskeletal system			
27218	TREAT PELVIC RING FRACTURE	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	No Auth Required	Surgery of musculoskeletal system			
27220	TREAT HIP SOCKET FRACTURE	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27222	TREAT HIP SOCKET FRACTURE	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27226	TREAT HIP WALL FRACTURE	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	No Auth Required	Surgery of musculoskeletal system			
27227	TREAT HIP FRACTURE(S)	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	No Auth Required	Surgery of musculoskeletal system			
27228	TREAT HIP FRACTURE(S)	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	No Auth Required	Surgery of musculoskeletal system			
27230	TREAT THIGH FRACTURE	CLTX FEM FX PROX END NCK W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27232	TREAT THIGH FRACTURE	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27235	TREAT THIGH FRACTURE	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	No Auth Required	Surgery of musculoskeletal system			
27236	TREAT THIGH FRACTURE	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	No Auth Required	Surgery of musculoskeletal system			
27238	TREAT THIGH FRACTURE	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27240	TREAT THIGH FRACTURE	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27244	TREAT THIGH FRACTURE	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	No Auth Required	Surgery of musculoskeletal system			

27245	TREAT THIGH FRACTURE	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	No Auth Required	Surgery of musculoskeletal system			
27246	TREAT THIGH FRACTURE	CLTX GREATER TROCHANTERIC FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27248	TREAT THIGH FRACTURE	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27250	TREAT HIP DISLOCATION	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27252	TREAT HIP DISLOCATION	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	No Auth Required	Joint			
27253	TREAT HIP DISLOCATION	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	No Auth Required	Joint			
27254	TREAT HIP DISLOCATION	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	No Auth Required	Joint			
27256	TREAT HIP DISLOCATION	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	No Auth Required	Joint			
27257	TREAT HIP DISLOCATION	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	No Auth Required	Joint			
27258	TREAT HIP DISLOCATION	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	No Auth Required	Joint			
27259	TREAT HIP DISLOCATION	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	No Auth Required	Joint			
27265	TREAT HIP DISLOCATION	CLTX POST HIP ARTHRP DISLC W/O ANES	No Auth Required	Surgery of musculoskeletal system			
27266	TREAT HIP DISLOCATION	CLTX POST HIP ARTHRP DISLC REQ ANES	No Auth Required	Surgery of musculoskeletal system			
27267	CLTX THIGH FX	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27268	CLTX THIGH FX W/MNPJ	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27269	OPTX THIGH FX	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	No Auth Required	Surgery of musculoskeletal system			
27275	MANIPULATION OF HIP JOINT	MANIPULATION HIP JOINT GENERAL ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27279	ARTHRODESIS SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27280	FUSION OF SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27282	FUSION OF PUBIC BONES	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	No Auth Required	Surgery of musculoskeletal system			
27284	FUSION OF HIP JOINT	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	No Auth Required	Surgery of musculoskeletal system			
27286	FUSION OF HIP JOINT	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	No Auth Required	Surgery of musculoskeletal system			
27290	AMPUTATION OF LEG AT HIP	INTERPELVIABDOMINAL AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
27295	AMPUTATION OF LEG AT HIP	DISARTICULATION HIP	No Auth Required	Surgery of musculoskeletal system			
27299	PELVIS/HIP JOINT SURGERY	UNLISTED PROCEDURE PELVIS/HIP JOINT	Authorization Required	Joint		Full Clinical Review	
27301	DRAIN THIGH/KNEE LESION	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	No Auth Required	Surgery of musculoskeletal system			
27303	DRAINAGE OF BONE LESION	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	No Auth Required	Surgery of musculoskeletal system			
27305	INCISE THIGH TENDON & FASCIA	FASCIOTOMY ILIOTIBIAL OPEN	No Auth Required	Surgery of musculoskeletal system			

27306	INCISION OF THIGH TENDON	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	No Auth Required	Surgery of musculoskeletal system			
27307	INCISION OF THIGH TENDONS	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	No Auth Required	Surgery of musculoskeletal system			
27310	EXPLORATION OF KNEE JOINT	ARTHRT KNE W/EXPL DRG/RMVL FB	No Auth Required	Joint			
27323	BIOPSY THIGH SOFT TISSUES	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
27324	BIOPSY THIGH SOFT TISSUES	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27325	NEURECTOMY HAMSTRING	NEURECTOMY HAMSTRING MUSCLE	No Auth Required	Surgery of musculoskeletal system			
27326	NEURECTOMY POPLITEAL	NEURECTOMY POPLITEAL	No Auth Required	Surgery of musculoskeletal system			
27327	EXC THIGH/KNEE LES SC < 3 CM	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27328	EXC THIGH/KNEE TUM DEEP <5CM	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27329	RESECT THIGH/KNEE TUM < 5 CM	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27330	BIOPSY KNEE JOINT LINING	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	Authorization Required	Joint		Full Clinical Review	
27331	EXPLORE/TREAT KNEE JOINT	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	Authorization Required	Joint		Full Clinical Review	
27332	REMOVAL OF KNEE CARTILAGE	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Authorization Required	Joint		Full Clinical Review	
27333	REMOVAL OF KNEE CARTILAGE	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	Authorization Required	Joint		Full Clinical Review	
27334	REMOVE KNEE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	Authorization Required	Joint		Full Clinical Review	
27335	REMOVE KNEE JOINT LINING	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	Authorization Required	Joint		Full Clinical Review	
27337	EXC THIGH/KNEE LES SC 3 CM/>	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	Authorization Required	Joint		Full Clinical Review	
27339	EXC THIGH/KNEE TUM DEP 5CM/>	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	Authorization Required	Joint		Full Clinical Review	
27340	REMOVAL OF KNEECAP BURSA	EXCISION PREPATELLAR BURSA	Authorization Required	Joint		Full Clinical Review	
27345	REMOVAL OF KNEE CYST	EXCISION SYNOVIAL CYST POPLITEAL SPACE	No Auth Required	Joint			
27347	REMOVE KNEE CYST	EXCISION LESION MENISCUS/CAPSULE KNEE	Authorization Required	Joint		Full Clinical Review	
27350	REMOVAL OF KNEECAP	PATELLECTOMY/HEMIPATELLECTOMY	No Auth Required	Joint			
27355	REMOVE FEMUR LESION	EXCISION/CURETTAGE CYST/TUMOR FEMUR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27356	REMOVE FEMUR LESION/GRAFT	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27357	REMOVE FEMUR LESION/GRAFT	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27358	REMOVE FEMUR LESION/FIXATION	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27360	PARTIAL REMOVAL LEG BONE(S)	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27364	RESECT THIGH/KNEE TUM 5 CM/>	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	

27365	RESECT FEMUR/KNEE TUMOR	RADICAL RESECTION TUMOR FEMOR OR KNEE	Authorization Required	Surgery of musculoskeletal system		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		Full Clinical Review	
27372	REMOVAL OF FOREIGN BODY	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27380	REPAIR OF KNEECAP TENDON	SUTURE INFRAPATELLAR TENDON PRIMARY	No Auth Required	Surgery of musculoskeletal system			
27381	REPAIR/GRAFT KNEECAP TENDON	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	No Auth Required	Surgery of musculoskeletal system			
27385	REPAIR OF THIGH MUSCLE	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	No Auth Required	Surgery of musculoskeletal system			
27386	REPAIR/GRAFT OF THIGH MUSCLE	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	No Auth Required	Surgery of musculoskeletal system			
27390	INCISION OF THIGH TENDON	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	No Auth Required	Surgery of musculoskeletal system			
27391	INCISION OF THIGH TENDONS	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	No Auth Required	Surgery of musculoskeletal system			
27392	INCISION OF THIGH TENDONS	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	No Auth Required	Surgery of musculoskeletal system			
27393	LENGTHENING OF THIGH TENDON	LENGTHENING HAMSTRING TENDON SINGLE	No Auth Required	Surgery of musculoskeletal system			
27394	LENGTHENING OF THIGH TENDONS	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	No Auth Required	Surgery of musculoskeletal system			
27395	LENGTHENING OF THIGH TENDONS	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	No Auth Required	Surgery of musculoskeletal system			
27396	TRANSPLANT OF THIGH TENDON	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	No Auth Required	Surgery of musculoskeletal system			
27397	TRANSPLANTS OF THIGH TENDONS	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	No Auth Required	Surgery of musculoskeletal system			
27400	REVISE THIGH MUSCLES/TENDONS	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	No Auth Required	Surgery of musculoskeletal system			
27403	REPAIR OF KNEE CARTILAGE	ARTHROTOMY W/MENISCUS REPAIR KNEE	Authorization Required	Joint		Full Clinical Review	
27405	REPAIR OF KNEE LIGAMENT	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	Authorization Required	Joint		Full Clinical Review	
27407	REPAIR OF KNEE LIGAMENT	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	Authorization Required	Joint		Full Clinical Review	
27409	REPAIR OF KNEE LIGAMENTS	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	Authorization Required	Joint		Full Clinical Review	
27412	AUTOCHONDROCYTE IMPLANT KNEE	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Authorization Required	Joint		Full Clinical Review	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Authorization Required	Joint		Full Clinical Review	
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Authorization Required	Joint		Full Clinical Review	
27418	REPAIR DEGENERATED KNEECAP	ANTERIOR TIBIAL TUBERCLEPLASTY	Authorization Required	Joint		Full Clinical Review	
27420	REVISION OF UNSTABLE KNEECAP	RCNSTJ DISLOCATING PATELLA	Authorization Required	Joint		Full Clinical Review	
27422	REVISION OF UNSTABLE KNEECAP	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	Authorization Required	Joint		Full Clinical Review	
27424	REVISION/REMOVAL OF KNEECAP	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Authorization Required	Joint		Full Clinical Review	
27425	LAT RETINACULAR RELEASE OPEN	LATERAL RETINACULAR RELEASE OPEN	Authorization Required	Joint		Full Clinical Review	
27427	RECONSTRUCTION KNEE	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Authorization Required	Joint		Full Clinical Review	

27428	RECONSTRUCTION KNEE	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Authorization Required	Joint		Full Clinical Review	
27429	RECONSTRUCTION KNEE	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Authorization Required	Joint		Full Clinical Review	
27430	REVISION OF THIGH MUSCLES	QUADRICEPSPLASTY	No Auth Required	Joint			
27435	INCISION OF KNEE JOINT	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	No Auth Required	Joint			
27437	REVISE KNEECAP	ARTHROPLASTY PATELLA W/O PROSTHESIS	Authorization Required	Joint		Full Clinical Review	
27438	REVISE KNEECAP WITH IMPLANT	ARTHROPLASTY PATELLA W/PROSTHESIS	Authorization Required	Joint		Full Clinical Review	
27440	REVISION OF KNEE JOINT	ARTHROPLASTY KNEE TIBIAL PLATEAU	Authorization Required	Joint		Full Clinical Review	
27441	REVISION OF KNEE JOINT	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	Authorization Required	Joint		Full Clinical Review	
27442	REVISION OF KNEE JOINT	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	Authorization Required	Joint		Full Clinical Review	
27443	REVISION OF KNEE JOINT	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	Authorization Required	Joint		Full Clinical Review	
27445	REVISION OF KNEE JOINT	ARTHROPLASTY KNEE HINGE PROSTHESIS	Authorization Required	Joint		Full Clinical Review	
27446	REVISION OF KNEE JOINT	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	Authorization Required	Joint		Full Clinical Review	
27447	TOTAL KNEE ARTHROPLASTY	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	Authorization Required	Joint		Full Clinical Review	
27448	INCISION OF THIGH	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	No Auth Required	Surgery of musculoskeletal system			
27450	INCISION OF THIGH	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	No Auth Required	Surgery of musculoskeletal system			
27454	REALIGNMENT OF THIGH BONE	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27455	REALIGNMENT OF KNEE	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27457	REALIGNMENT OF KNEE	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27465	SHORTENING OF THIGH BONE	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27466	LENGTHENING OF THIGH BONE	OSTEOPLASTY FEMUR LENGTHENING	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27468	SHORTEN/LENGTHEN THIGHS	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27470	REPAIR OF THIGH	RPR NON/MAL FEMUR DSTL H/N W/O GRF	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27472	REPAIR/GRAFT OF THIGH	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27475	SURGERY TO STOP LEG GROWTH	ARREST EPIPHYSEAL DISTAL FEMUR	No Auth Required	Surgery of musculoskeletal system			
27477	SURGERY TO STOP LEG GROWTH	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	No Auth Required	Surgery of musculoskeletal system			
27479	SURGERY TO STOP LEG GROWTH	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	No Auth Required	Surgery of musculoskeletal system			
27485	SURGERY TO STOP LEG GROWTH	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	No Auth Required	Surgery of musculoskeletal system			
27486	REVISE/REPLACE KNEE JOINT	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	Authorization Required	Joint		Full Clinical Review	

27487	REVISE/REPLACE KNEE JOINT	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	Authorization Required	Joint		Full Clinical Review	
27488	REMOVAL OF KNEE PROSTHESIS	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	Authorization Required	Joint		Full Clinical Review	
27495	REINFORCE THIGH	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27496	DECOMPRESSION OF THIGH/KNEE	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	No Auth Required	Surgery of musculoskeletal system			
27497	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	No Auth Required	Surgery of musculoskeletal system			
27498	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	No Auth Required	Surgery of musculoskeletal system			
27499	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	No Auth Required	Surgery of musculoskeletal system			
27500	TREATMENT OF THIGH FRACTURE	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27501	TREATMENT OF THIGH FRACTURE	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27502	TREATMENT OF THIGH FRACTURE	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27503	TREATMENT OF THIGH FRACTURE	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27506	TREATMENT OF THIGH FRACTURE	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	No Auth Required	Surgery of musculoskeletal system			
27507	TREATMENT OF THIGH FRACTURE	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	No Auth Required	Surgery of musculoskeletal system			
27508	TREATMENT OF THIGH FRACTURE	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27509	TREATMENT OF THIGH FRACTURE	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	No Auth Required	Surgery of musculoskeletal system			
27510	TREATMENT OF THIGH FRACTURE	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27511	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	No Auth Required	Surgery of musculoskeletal system			
27513	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	No Auth Required	Surgery of musculoskeletal system			
27514	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	No Auth Required	Surgery of musculoskeletal system			
27516	TREAT THIGH FX GROWTH PLATE	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27517	TREAT THIGH FX GROWTH PLATE	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	No Auth Required	Surgery of musculoskeletal system			
27519	TREAT THIGH FX GROWTH PLATE	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	No Auth Required	Surgery of musculoskeletal system			
27520	TREAT KNEECAP FRACTURE	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27524	TREAT KNEECAP FRACTURE	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	No Auth Required	Surgery of musculoskeletal system			
27530	TREAT KNEE FRACTURE	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27532	TREAT KNEE FRACTURE	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27535	TREAT KNEE FRACTURE	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	No Auth Required	Surgery of musculoskeletal system			
27536	TREAT KNEE FRACTURE	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	No Auth Required	Surgery of musculoskeletal system			

27538	TREAT KNEE FRACTURE(S)	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	No Auth Required	Surgery of musculoskeletal system			
27540	TREAT KNEE FRACTURE	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	No Auth Required	Surgery of musculoskeletal system			
27550	TREAT KNEE DISLOCATION	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27552	TREAT KNEE DISLOCATION	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	No Auth Required	Joint			
27556	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	No Auth Required	Joint			
27557	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	No Auth Required	Joint			
27558	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	No Auth Required	Joint			
27560	TREAT KNEECAP DISLOCATION	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27562	TREAT KNEECAP DISLOCATION	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	No Auth Required	Joint			
27566	TREAT KNEECAP DISLOCATION	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	No Auth Required	Joint			
27570	FIXATION OF KNEE JOINT	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27580	FUSION OF KNEE	ARTHRODESIS KNEE ANY TECHNIQUE	No Auth Required	Joint			
27590	AMPUTATE LEG AT THIGH	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	No Auth Required	Surgery of musculoskeletal system			
27591	AMPUTATE LEG AT THIGH	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	No Auth Required	Surgery of musculoskeletal system			
27592	AMPUTATE LEG AT THIGH	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	No Auth Required	Surgery of musculoskeletal system			
27594	AMPUTATION FOLLOW-UP SURGERY	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	No Auth Required	Surgery of musculoskeletal system			
27596	AMPUTATION FOLLOW-UP SURGERY	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
27598	AMPUTATE LOWER LEG AT KNEE	DISARTICULATION KNEE	No Auth Required	Surgery of musculoskeletal system			
27599	LEG SURGERY PROCEDURE	UNLISTED PROCEDURE FEMUR/KNEE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
27600	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	No Auth Required	Surgery of musculoskeletal system			
27601	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG POST COMPARTMENT ONLY	No Auth Required	Surgery of musculoskeletal system			
27602	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	No Auth Required	Surgery of musculoskeletal system			
27603	DRAIN LOWER LEG LESION	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	No Auth Required	Surgery of musculoskeletal system			
27604	DRAIN LOWER LEG BURSA	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	No Auth Required	Surgery of musculoskeletal system			
27605	INCISION OF ACHILLES TENDON	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	No Auth Required	Surgery of musculoskeletal system			
27606	INCISION OF ACHILLES TENDON	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	No Auth Required	Surgery of musculoskeletal system			
27607	TREAT LOWER LEG BONE LESION	INCISION LEG/ANKLE	No Auth Required	Surgery of musculoskeletal system			
27610	EXPLORE/TREAT ANKLE JOINT	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	No Auth Required	Joint			
27612	EXPLORATION OF ANKLE JOINT	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	No Auth Required	Joint			

27613	BIOPSY LOWER LEG SOFT TISSUE	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	No Auth Required	Surgery of musculoskeletal system			
27614	BIOPSY LOWER LEG SOFT TISSUE	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	No Auth Required	Surgery of musculoskeletal system			
27615	RESECT LEG/ANKLE TUM < 5 CM	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	No Auth Required	Surgery of musculoskeletal system			
27616	RESECT LEG/ANKLE TUM 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
27618	EXC LEG/ANKLE TUM < 3 CM	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	No Auth Required	Surgery of musculoskeletal system			
27619	EXC LEG/ANKLE TUM DEEP <5 CM	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	No Auth Required	Surgery of musculoskeletal system			
27620	EXPLORE/TREAT ANKLE JOINT	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	No Auth Required	Joint			
27625	REMOVE ANKLE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY ANKLE	No Auth Required	Joint			
27626	REMOVE ANKLE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	No Auth Required	Joint			
27630	REMOVAL OF TENDON LESION	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	No Auth Required	Surgery of musculoskeletal system			
27632	EXC LEG/ANKLE LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	No Auth Required	Surgery of musculoskeletal system			
27635	REMOVE LOWER LEG BONE LESION	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	No Auth Required	Surgery of musculoskeletal system			
27637	REMOVE/GRAFT LEG BONE LESION	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	No Auth Required	Surgery of musculoskeletal system			
27638	REMOVE/GRAFT LEG BONE LESION	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	No Auth Required	Surgery of musculoskeletal system			
27640	PARTIAL REMOVAL OF TIBIA	PARTIAL EXCISION BONE TIBIA	No Auth Required	Surgery of musculoskeletal system			
27641	PARTIAL REMOVAL OF FIBULA	PARTIAL EXCISION BONE FIBULA	No Auth Required	Surgery of musculoskeletal system			
27645	RESECT TIBIA TUMOR	RADICAL RESECTION OF TUMOR TIBIA	No Auth Required	Surgery of musculoskeletal system			
27646	RESECT FIBULA TUMOR	RADICAL RESECTION TUMOR BONE FIBULA	No Auth Required	Surgery of musculoskeletal system			
27647	RESECT TALUS/CALCANEUS TUM	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
27648	INJECTION FOR ANKLE X-RAY	INJECTION ANKLE ARTHROGRAPHY	No Auth Required	Joint			
27650	REPAIR ACHILLES TENDON	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	No Auth Required	Surgery of musculoskeletal system			
27652	REPAIR/GRAFT ACHILLES TENDON	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	No Auth Required	Surgery of musculoskeletal system			
27654	REPAIR OF ACHILLES TENDON	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	No Auth Required	Surgery of musculoskeletal system			
27656	REPAIR LEG FASCIA DEFECT	REPAIR FASCIAL DEFECT LEG	No Auth Required	Surgery of musculoskeletal system			
27658	REPAIR OF LEG TENDON EACH	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
27659	REPAIR OF LEG TENDON EACH	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
27664	REPAIR OF LEG TENDON EACH	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			
27665	REPAIR OF LEG TENDON EACH	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	No Auth Required	Surgery of musculoskeletal system			

27675	REPAIR LOWER LEG TENDONS	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	No Auth Required	Surgery of musculoskeletal system			
27676	REPAIR LOWER LEG TENDONS	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	No Auth Required	Surgery of musculoskeletal system			
27680	RELEASE OF LOWER LEG TENDON	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	No Auth Required	Surgery of musculoskeletal system			
27681	RELEASE OF LOWER LEG TENDONS	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	No Auth Required	Surgery of musculoskeletal system			
27685	REVISION OF LOWER LEG TENDON	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	No Auth Required	Surgery of musculoskeletal system			
27686	REVISE LOWER LEG TENDONS	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	No Auth Required	Surgery of musculoskeletal system			
27687	REVISION OF CALF TENDON	GASTROCNEMIUS RECESSION	No Auth Required	Surgery of musculoskeletal system			
27690	REVISE LOWER LEG TENDON	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	No Auth Required	Surgery of musculoskeletal system			
27691	REVISE LOWER LEG TENDON	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	No Auth Required	Surgery of musculoskeletal system			
27692	REVISE ADDITIONAL LEG TENDON	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	No Auth Required	Surgery of musculoskeletal system			
27695	REPAIR OF ANKLE LIGAMENT	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	No Auth Required	Surgery of musculoskeletal system			
27696	REPAIR OF ANKLE LIGAMENTS	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	No Auth Required	Surgery of musculoskeletal system			
27698	REPAIR OF ANKLE LIGAMENT	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	No Auth Required	Surgery of musculoskeletal system			
27700	REVISION OF ANKLE JOINT	ARTHROPLASTY ANKLE	Authorization Required	Joint		Full Clinical Review	
27702	RECONSTRUCT ANKLE JOINT	ARTHROPLASTY ANKLE W/IMPLANT	Authorization Required	Joint		Full Clinical Review	
27703	RECONSTRUCTION ANKLE JOINT	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	Authorization Required	Joint		Full Clinical Review	
27704	REMOVAL OF ANKLE IMPLANT	REMOVAL ANKLE IMPLANT	Authorization Required	Joint		Full Clinical Review	
27705	INCISION OF TIBIA	OSTEOTOMY TIBIA	No Auth Required	Surgery of musculoskeletal system			
27707	INCISION OF FIBULA	OSTEOTOMY FIBULA	No Auth Required	Surgery of musculoskeletal system			
27709	INCISION OF TIBIA & FIBULA	OSTEOTOMY TIBIA & FIBULA	No Auth Required	Surgery of musculoskeletal system			
27712	REALIGNMENT OF LOWER LEG	OSTEOT MLT W/RELIGNMT IMED ROD	No Auth Required	Surgery of musculoskeletal system			
27715	REVISION OF LOWER LEG	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	No Auth Required	Surgery of musculoskeletal system			
27720	REPAIR OF TIBIA	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	No Auth Required	Surgery of musculoskeletal system			
27722	REPAIR/GRAFT OF TIBIA	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	No Auth Required	Surgery of musculoskeletal system			
27724	REPAIR/GRAFT OF TIBIA	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	No Auth Required	Surgery of musculoskeletal system			
27725	REPAIR OF LOWER LEG	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	No Auth Required	Surgery of musculoskeletal system			
27726	REPAIR FIBULA NONUNION	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	No Auth Required	Surgery of musculoskeletal system			
27727	REPAIR OF LOWER LEG	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	No Auth Required	Surgery of musculoskeletal system			
27730	REPAIR OF TIBIA EPIPHYSIS	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	No Auth Required	Surgery of musculoskeletal system			

27732	REPAIR OF FIBULA EPIPHYSIS	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	No Auth Required	Surgery of musculoskeletal system			
27734	REPAIR LOWER LEG EPIPHYSES	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	No Auth Required	Surgery of musculoskeletal system			
27740	REPAIR OF LEG EPIPHYSES	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	No Auth Required	Surgery of musculoskeletal system			
27742	REPAIR OF LEG EPIPHYSES	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	No Auth Required	Surgery of musculoskeletal system			
27745	REINFORCE TIBIA	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	No Auth Required	Surgery of musculoskeletal system			
27750	TREATMENT OF TIBIA FRACTURE	CLTX TIBIAL SHAFT FX W/O MANIPULATION	No Auth Required				
27752	TREATMENT OF TIBIA FRACTURE	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27756	TREATMENT OF TIBIA FRACTURE	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27758	TREATMENT OF TIBIA FRACTURE	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	No Auth Required	Surgery of musculoskeletal system			
27759	TREATMENT OF TIBIA FRACTURE	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	No Auth Required	Surgery of musculoskeletal system			
27760	CLTX MEDIAL ANKLE FX	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	No Auth Required				
27762	CLTX MED ANKLE FX W/MNPJ	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27766	OPTX MEDIAL ANKLE FX	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27767	CLTX POST ANKLE FX	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27768	CLTX POST ANKLE FX W/MNPJ	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27769	OPTX POST ANKLE FX	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27780	TREATMENT OF FIBULA FRACTURE	CLTX PROX FIBULA/SHFT FX W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27781	TREATMENT OF FIBULA FRACTURE	CLTX PROX FIBULA/SHFT FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27784	TREATMENT OF FIBULA FRACTURE	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27786	TREATMENT OF ANKLE FRACTURE	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	No Auth Required				
27788	TREATMENT OF ANKLE FRACTURE	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27792	TREATMENT OF ANKLE FRACTURE	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	No Auth Required	Surgery of musculoskeletal system			
27808	TREATMENT OF ANKLE FRACTURE	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27810	TREATMENT OF ANKLE FRACTURE	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
27814	TREATMENT OF ANKLE FRACTURE	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	No Auth Required	Surgery of musculoskeletal system			
27816	TREATMENT OF ANKLE FRACTURE	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27818	TREATMENT OF ANKLE FRACTURE	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
27822	TREATMENT OF ANKLE FRACTURE	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	No Auth Required	Surgery of musculoskeletal system			

27823	TREATMENT OF ANKLE FRACTURE	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	No Auth Required	Surgery of musculoskeletal system			
27824	TREAT LOWER LEG FRACTURE	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
27825	TREAT LOWER LEG FRACTURE	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	No Auth Required	Surgery of musculoskeletal system			
27826	TREAT LOWER LEG FRACTURE	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	No Auth Required	Surgery of musculoskeletal system			
27827	TREAT LOWER LEG FRACTURE	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	No Auth Required	Surgery of musculoskeletal system			
27828	TREAT LOWER LEG FRACTURE	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	No Auth Required	Surgery of musculoskeletal system			
27829	TREAT LOWER LEG JOINT	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	No Auth Required	Joint			
27830	TREAT LOWER LEG DISLOCATION	CLTX PROX TIBFIB JT DISLC W/O ANES	No Auth Required	Joint			
27831	TREAT LOWER LEG DISLOCATION	CLTX PROX TIBFIB JT DISLC REQ ANES	No Auth Required	Joint			
27832	TREAT LOWER LEG DISLOCATION	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	No Auth Required	Joint			
27840	TREAT ANKLE DISLOCATION	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	No Auth Required	Joint			
27842	TREAT ANKLE DISLOCATION	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	No Auth Required	Joint			
27846	TREAT ANKLE DISLOCATION	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	No Auth Required	Joint			
27848	TREAT ANKLE DISLOCATION	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	No Auth Required	Joint			
27860	FIXATION OF ANKLE JOINT	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	No Auth Required	Surgery of musculoskeletal system			
27870	FUSION OF ANKLE JOINT OPEN	ARTHRODESIS ANKLE OPEN	No Auth Required	Joint			
27871	FUSION OF TIBIOFIBULAR JOINT	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	No Auth Required	Joint			
27880	AMPUTATION OF LOWER LEG	AMPUTATION LEG THROUGH TIBIA&FIBULA	No Auth Required	Surgery of musculoskeletal system			
27881	AMPUTATION OF LOWER LEG	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	No Auth Required	Surgery of musculoskeletal system			
27882	AMPUTATION OF LOWER LEG	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	No Auth Required	Surgery of musculoskeletal system			
27884	AMPUTATION FOLLOW-UP SURGERY	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	No Auth Required	Surgery of musculoskeletal system			
27886	AMPUTATION FOLLOW-UP SURGERY	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	No Auth Required	Surgery of musculoskeletal system			
27888	AMPUTATION OF FOOT AT ANKLE	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	No Auth Required	Surgery of musculoskeletal system			
27889	AMPUTATION OF FOOT AT ANKLE	ANKLE DISARTICULATION	No Auth Required	Surgery of musculoskeletal system			
27892	DECOMPRESSION OF LEG	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	No Auth Required	Surgery of musculoskeletal system			
27893	DECOMPRESSION OF LEG	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	No Auth Required	Surgery of musculoskeletal system			
27894	DECOMPRESSION OF LEG	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	No Auth Required	Surgery of musculoskeletal system			
27899	LEG/ANKLE SURGERY PROCEDURE	UNLISTED PROCEDURE LEG/ANKLE	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
28001	DRAINAGE OF BURSA OF FOOT	INCISION&DRAINAGE BURSA FOOT	No Auth Required	Surgery of musculoskeletal system			
28002	TREATMENT OF FOOT INFECTION	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	No Auth Required	Surgery of musculoskeletal system			

28003	TREATMENT OF FOOT INFECTION	I&D BELOW FASCIA FOOT MULTIPLE AREAS	No Auth Required	Surgery of musculoskeletal system			
28005	TREAT FOOT BONE LESION	INCISION BONE CORTEX FOOT	No Auth Required	Surgery of musculoskeletal system			
28008	INCISION OF FOOT FASCIA	FASCIOTOMY FOOT&/TOE	No Auth Required	Surgery of musculoskeletal system			
28010	INCISION OF TOE TENDON	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	No Auth Required	Surgery of musculoskeletal system			
28011	INCISION OF TOE TENDONS	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	No Auth Required	Surgery of musculoskeletal system			
28020	EXPLORATION OF FOOT JOINT	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	No Auth Required	Surgery of musculoskeletal system			
28022	EXPLORATION OF FOOT JOINT	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	No Auth Required	Surgery of musculoskeletal system			
28024	EXPLORATION OF TOE JOINT	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	No Auth Required	Surgery of musculoskeletal system			
28035	DECOMPRESSION OF TIBIA NERVE	RELEASE TARSAL TUNNEL	No Auth Required	Surgery of musculoskeletal system			
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	No Auth Required	Surgery of musculoskeletal system			
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	No Auth Required	Surgery of musculoskeletal system			
28043	EXC FOOT/TOE TUM SC < 1.5 CM	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	No Auth Required	Surgery of musculoskeletal system			
28045	EXC FOOT/TOE TUM DEEP <1.5CM	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	No Auth Required	Surgery of musculoskeletal system			
28046	RESECT FOOT/TOE TUMOR < 3 CM	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	No Auth Required	Surgery of musculoskeletal system			
28047	RESECT FOOT/TOE TUMOR 3 CM/>	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	No Auth Required	Surgery of musculoskeletal system			
28050	BIOPSY OF FOOT JOINT LINING	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	No Auth Required	Surgery of musculoskeletal system			
28052	BIOPSY OF FOOT JOINT LINING	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	No Auth Required	Surgery of musculoskeletal system			
28054	BIOPSY OF TOE JOINT LINING	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	No Auth Required	Surgery of musculoskeletal system			
28055	NEURECTOMY FOOT	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	No Auth Required	Surgery of musculoskeletal system			
28060	PARTIAL REMOVAL FOOT FASCIA	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	No Auth Required	Surgery of musculoskeletal system			
28062	REMOVAL OF FOOT FASCIA	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	No Auth Required	Surgery of musculoskeletal system			
28070	REMOVAL OF FOOT JOINT LINING	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	No Auth Required	Joint			
28072	REMOVAL OF FOOT JOINT LINING	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	Authorization Required	Joint		Network Validation	
28080	REMOVAL OF FOOT LESION	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	No Auth Required	Surgery of musculoskeletal system			
28086	EXCISE FOOT TENDON SHEATH	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	No Auth Required	Surgery of musculoskeletal system			
28088	EXCISE FOOT TENDON SHEATH	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	No Auth Required	Surgery of musculoskeletal system			
28090	REMOVAL OF FOOT LESION	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	No Auth Required	Surgery of musculoskeletal system			

28092	REMOVAL OF TOE LESIONS	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	No Auth Required	Surgery of musculoskeletal system			
28100	REMOVAL OF ANKLE/HEEL LESION	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
28102	REMOVE/GRAFT FOOT LESION	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	No Auth Required	Surgery of musculoskeletal system			
28103	REMOVE/GRAFT FOOT LESION	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	No Auth Required	Surgery of musculoskeletal system			
28104	REMOVAL OF FOOT LESION	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	No Auth Required	Surgery of musculoskeletal system			
28106	REMOVE/GRAFT FOOT LESION	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	No Auth Required	Surgery of musculoskeletal system			
28107	REMOVE/GRAFT FOOT LESION	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	No Auth Required	Surgery of musculoskeletal system			
28108	REMOVAL OF TOE LESIONS	EXC/CURTG CST/B9 TUM PHALANGES FOOT	No Auth Required	Surgery of musculoskeletal system			
28110	PART REMOVAL OF METATARSAL	OSTECTOMY PRTL 5TH METAR HEAD SPX	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
28111	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	No Auth Required	Surgery of musculoskeletal system			
28112	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	No Auth Required	Surgery of musculoskeletal system			
28113	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	No Auth Required	Surgery of musculoskeletal system			
28114	REMOVAL OF METATARSAL HEADS	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	No Auth Required	Surgery of musculoskeletal system			
28116	REVISION OF FOOT	OSTECTOMY TARSAL COALITION	No Auth Required	Surgery of musculoskeletal system			
28118	REMOVAL OF HEEL BONE	OSTECTOMY CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
28119	REMOVAL OF HEEL SPUR	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	No Auth Required	Surgery of musculoskeletal system			
28120	PART REMOVAL OF ANKLE/HEEL	PARTIAL EXCISION BONE TALUS/CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
28122	PARTIAL REMOVAL OF FOOT BONE	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
28124	PARTIAL REMOVAL OF TOE	PARTICAL EXCISION BONE PHALANX TOE	No Auth Required	Surgery of musculoskeletal system			
28126	PARTIAL REMOVAL OF TOE	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	No Auth Required	Surgery of musculoskeletal system			
28130	REMOVAL OF ANKLE BONE	TALECTOMY ASTRAGALECTOMY	No Auth Required	Surgery of musculoskeletal system			
28140	REMOVAL OF METATARSAL	METATARSECTOMY	No Auth Required	Surgery of musculoskeletal system			
28150	REMOVAL OF TOE	PHALANGECTOMY TOE EACH TOE	No Auth Required	Surgery of musculoskeletal system			
28153	PARTIAL REMOVAL OF TOE	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	No Auth Required	Surgery of musculoskeletal system			
28160	PARTIAL REMOVAL OF TOE	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	No Auth Required	Surgery of musculoskeletal system			
28171	RESECT TARSAL TUMOR	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	No Auth Required	Surgery of musculoskeletal system			
28173	RESECT METATARSAL TUMOR	RADICAL RESECTION TUMOR METATARSAL	No Auth Required	Surgery of musculoskeletal system			
28175	RESECT PHALANX OF TOE TUMOR	RADICAL RESECTION TUMOR PHALANX OR TOE	No Auth Required	Surgery of musculoskeletal system			

28190	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	No Auth Required				
28192	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT DEEP	No Auth Required	Surgery of musculoskeletal system			
28193	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT COMPLICATED	No Auth Required				
28200	REPAIR OF FOOT TENDON	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
28202	REPAIR/GRAFT OF FOOT TENDON	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
28208	REPAIR OF FOOT TENDON	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
28210	REPAIR/GRAFT OF FOOT TENDON	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system			
28220	RELEASE OF FOOT TENDON	TENOLYSIS FLEXOR FOOT SINGLE TENDON	No Auth Required	Surgery of musculoskeletal system			
28222	RELEASE OF FOOT TENDONS	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	No Auth Required	Surgery of musculoskeletal system			
28225	RELEASE OF FOOT TENDON	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	No Auth Required	Surgery of musculoskeletal system			
28226	RELEASE OF FOOT TENDONS	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	No Auth Required	Surgery of musculoskeletal system			
28230	INCISION OF FOOT TENDON(S)	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	No Auth Required	Surgery of musculoskeletal system			
28232	INCISION OF TOE TENDON	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	No Auth Required	Surgery of musculoskeletal system			
28234	INCISION OF FOOT TENDON	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	No Auth Required	Surgery of musculoskeletal system			
28238	REVISION OF FOOT TENDON	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	No Auth Required	Surgery of musculoskeletal system			
28240	RELEASE OF BIG TOE	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	No Auth Required	Surgery of musculoskeletal system			
28250	REVISION OF FOOT FASCIA	DIVISION PLANTAR FASCIA & MUSCLE SPX	No Auth Required	Surgery of musculoskeletal system			
28260	RELEASE OF MIDFOOT JOINT	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	No Auth Required	Joint			
28261	REVISION OF FOOT TENDON	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	No Auth Required	Joint			
28262	REVISION OF FOOT AND ANKLE	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	No Auth Required	Joint			
28264	RELEASE OF MIDFOOT JOINT	CAPSULOTOMY MIDTARSAL	No Auth Required	Joint			
28270	RELEASE OF FOOT CONTRACTURE	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	No Auth Required	Joint			
28272	RELEASE OF TOE JOINT EACH	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	No Auth Required	Joint			
28280	FUSION OF TOES	SYNDACTYLIZATION TOES	No Auth Required	Surgery of musculoskeletal system			
28285	REPAIR OF HAMMERTOE	CORRECTION HAMMERTOE	Authorization Required	Joint		Full Clinical Review	
28286	REPAIR OF HAMMERTOE	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	Authorization Required	Joint		Full Clinical Review	
28288	PARTIAL REMOVAL OF FOOT BONE	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	Authorization Required	Joint		Full Clinical Review	
28289	CORRJ HALUX RIGDUS W/O IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	Authorization Required	Joint		Full Clinical Review	
28291	CORRJ HALUX RIGDUS W/IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	Authorization Required	Joint		Full Clinical Review	

28292	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	Authorization Required	Joint		Full Clinical Review	
28295	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	Authorization Required	Joint		Full Clinical Review	
28296	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	Authorization Required	Joint		Full Clinical Review	
28297	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	Authorization Required	Joint		Full Clinical Review	
28298	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	Authorization Required	Joint		Full Clinical Review	
28299	CORRECTION HALLUX VALGUS	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	Authorization Required	Joint		Full Clinical Review	
28300	INCISION OF HEEL BONE	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	No Auth Required	Joint			
28302	INCISION OF ANKLE BONE	OSTEOTOMY TALUS	No Auth Required	Joint			
28304	INCISION OF MIDFOOT BONES	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	No Auth Required	Joint			
28305	INCISE/GRAFT MIDFOOT BONES	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	No Auth Required	Joint			
28306	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	Authorization Required	Joint		Full Clinical Review	
28307	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	Authorization Required	Joint		Full Clinical Review	
28308	INCISION OF METATARSAL	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	Authorization Required	Joint		Full Clinical Review	
28309	INCISION OF METATARSALS	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	Authorization Required	Joint		Full Clinical Review	
28310	REVISION OF BIG TOE	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	No Auth Required	Surgery of musculoskeletal system			
28312	REVISION OF TOE	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	No Auth Required	Surgery of musculoskeletal system			
28313	REPAIR DEFORMITY OF TOE	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	No Auth Required	Surgery of musculoskeletal system			
28315	REMOVAL OF SESAMOID BONE	SESAMOIDECTOMY FIRST TOE SPX	No Auth Required	Surgery of musculoskeletal system			
28320	REPAIR OF FOOT BONES	REPAIR NONUNION/MALUNION TARSAL BONES	No Auth Required	Surgery of musculoskeletal system			
28322	REPAIR OF METATARSALS	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
28340	RESECT ENLARGED TOE TISSUE	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	No Auth Required	Surgery of musculoskeletal system			
28341	RESECT ENLARGED TOE	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	No Auth Required	Surgery of musculoskeletal system			
28344	REPAIR EXTRA TOE(S)	RECONSTRUCTION TOE POLYDACTYLY	No Auth Required	Surgery of musculoskeletal system			
28345	REPAIR WEBBED TOE(S)	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	No Auth Required	Surgery of musculoskeletal system			
28360	RECONSTRUCT CLEFT FOOT	RECONSTRUCTION CLEFT FOOT	No Auth Required	Surgery of musculoskeletal system			
28400	TREATMENT OF HEEL FRACTURE	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
28405	TREATMENT OF HEEL FRACTURE	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
28406	TREATMENT OF HEEL FRACTURE	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28415	TREAT HEEL FRACTURE	OPEN TREATMENT CALCANEAL FRACTURE	Authorization Required	Surgery of musculoskeletal system		Network Validation	

28420	TREAT/GRAFT HEEL FRACTURE	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	No Auth Required	Surgery of musculoskeletal system			
28430	TREATMENT OF ANKLE FRACTURE	CLOSED TX TALUS FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
28435	TREATMENT OF ANKLE FRACTURE	CLOSED TX TALUS FRACTURE W/MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
28436	TREATMENT OF ANKLE FRACTURE	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28445	TREAT ANKLE FRACTURE	OPEN TREATMENT TALUS FRACTURE	No Auth Required	Surgery of musculoskeletal system			
28446	OSTEOCHONDRAL TALUS AUTOGRFT	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	No Auth Required	Surgery of musculoskeletal system			
28450	TREAT MIDFOOT FRACTURE EACH	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	No Auth Required				
28455	TREAT MIDFOOT FRACTURE EACH	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28456	TREAT MIDFOOT FRACTURE	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28465	TREAT MIDFOOT FRACTURE EACH	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	No Auth Required	Surgery of musculoskeletal system			
28470	TREAT METATARSAL FRACTURE	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	No Auth Required	Surgery of musculoskeletal system			
28475	TREAT METATARSAL FRACTURE	CLTX METAR FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28476	TREAT METATARSAL FRACTURE	PRQ SKEL FIXJ METAR FX W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28485	TREAT METATARSAL FRACTURE	OPEN TREATMENT METATARSAL FRACTURE EACH	No Auth Required	Surgery of musculoskeletal system			
28490	TREAT BIG TOE FRACTURE	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
28495	TREAT BIG TOE FRACTURE	CLTX FX GRT TOE PHLX/PHLG W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28496	TREAT BIG TOE FRACTURE	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28505	TREAT BIG TOE FRACTURE	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	No Auth Required	Surgery of musculoskeletal system			
28510	TREATMENT OF TOE FRACTURE	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	No Auth Required	Surgery of musculoskeletal system			
28515	TREATMENT OF TOE FRACTURE	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	No Auth Required	Surgery of musculoskeletal system			
28525	TREAT TOE FRACTURE	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	No Auth Required	Surgery of musculoskeletal system			
28530	TREAT SESAMOID BONE FRACTURE	CLOSED TREATMENT SESAMOID FRACTURE	No Auth Required	Surgery of musculoskeletal system			
28531	TREAT SESAMOID BONE FRACTURE	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	No Auth Required	Surgery of musculoskeletal system			
28540	TREAT FOOT DISLOCATION	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	No Auth Required	Joint			
28545	TREAT FOOT DISLOCATION	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	No Auth Required	Joint			
28546	TREAT FOOT DISLOCATION	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	No Auth Required	Joint			
28555	REPAIR FOOT DISLOCATION	OPEN TREATMENT TARSAL BONE DISLOCATION	No Auth Required	Joint			
28570	TREAT FOOT DISLOCATION	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	No Auth Required	Joint			

28575	TREAT FOOT DISLOCATION	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	No Auth Required	Joint			
28576	TREAT FOOT DISLOCATION	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	No Auth Required	Joint			
28585	REPAIR FOOT DISLOCATION	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	No Auth Required	Joint			
28600	TREAT FOOT DISLOCATION	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	No Auth Required	Joint			
28605	TREAT FOOT DISLOCATION	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	No Auth Required	Joint			
28606	TREAT FOOT DISLOCATION	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	No Auth Required	Joint			
28615	REPAIR FOOT DISLOCATION	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	No Auth Required	Joint			
28630	TREAT TOE DISLOCATION	CLTX METATARSOPHLNGL JT DISLC W/O ANES	No Auth Required	Joint			
28635	TREAT TOE DISLOCATION	CLTX METATARSOPHLNGL JT DISLC REQ ANES	No Auth Required	Joint			
28636	TREAT TOE DISLOCATION	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	No Auth Required	Joint			
28645	REPAIR TOE DISLOCATION	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	No Auth Required	Joint			
28660	TREAT TOE DISLOCATION	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	No Auth Required	Joint			
28665	TREAT TOE DISLOCATION	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	No Auth Required	Joint			
28666	TREAT TOE DISLOCATION	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	No Auth Required	Joint			
28675	REPAIR OF TOE DISLOCATION	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	No Auth Required	Joint			
28705	FUSION OF FOOT BONES	ARTHRODESIS PANTALAR	Authorization Required	Joint		Full Clinical Review	
28715	FUSION OF FOOT BONES	ARTHRODESIS TRIPLE	Authorization Required	Joint		Full Clinical Review	
28725	FUSION OF FOOT BONES	ARTHRODESIS SUBTALAR	Authorization Required	Joint		Full Clinical Review	
28730	FUSION OF FOOT BONES	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	Authorization Required	Joint		Full Clinical Review	
28735	FUSION OF FOOT BONES	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	Authorization Required	Joint		Full Clinical Review	
28737	REVISION OF FOOT BONES	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	Authorization Required	Joint		Full Clinical Review	
28740	FUSION OF FOOT BONES	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Authorization Required	Joint		Full Clinical Review	
28750	FUSION OF BIG TOE JOINT	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Authorization Required	Joint		Full Clinical Review	
28755	FUSION OF BIG TOE JOINT	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Authorization Required	Joint		Full Clinical Review	
28760	FUSION OF BIG TOE JOINT	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Authorization Required	Joint		Full Clinical Review	
28800	AMPUTATION OF MIDFOOT	AMPUTATION FOOT MIDTARSAL	No Auth Required	Surgery of musculoskeletal system			
28805	AMPUTATION THRU METATARSAL	AMPUTATION FOOT TRANSMETARSAL	No Auth Required	Surgery of musculoskeletal system			
28810	AMPUTATION TOE & METATARSAL	AMPUTATION METATARSAL W/TOE SINGLE	No Auth Required	Surgery of musculoskeletal system			

28820	AMPUTATION OF TOE	AMPUTATION TOE METATARSOPHALANGEAL JOINT	Authorization Required	Joint		Full Clinical Review	
28825	PARTIAL AMPUTATION OF TOE	AMPUTATION TOE INTERPHALANGEAL JOINT	Authorization Required	Joint		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		Full Clinical Review	
28899	FOOT/TOES SURGERY PROCEDURE	UNLISTED PROCEDURE FOOT/TOES	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
29000	APPLICATION OF BODY CAST	APPLICATION HALO TYPE BODY CAST	No Auth Required	Surgery of musculoskeletal system			
29010	APPLICATION OF BODY CAST	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	No Auth Required	Surgery of musculoskeletal system			
29015	APPLICATION OF BODY CAST	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	No Auth Required	Surgery of musculoskeletal system			
29035	APPLICATION OF BODY CAST	APPLICATION BODY CAST SHOULDER HIPS	No Auth Required	Surgery of musculoskeletal system			
29040	APPLICATION OF BODY CAST	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	No Auth Required	Surgery of musculoskeletal system			
29044	APPLICATION OF BODY CAST	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	No Auth Required	Surgery of musculoskeletal system			
29046	APPLICATION OF BODY CAST	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	No Auth Required	Surgery of musculoskeletal system			
29049	APPLICATION OF FIGURE EIGHT	APPLICATION CAST FIGURE-OF-8	No Auth Required	Surgery of musculoskeletal system			
29055	APPLICATION OF SHOULDER CAST	APPLICATION CAST SHOULDER SPICA	No Auth Required	Surgery of musculoskeletal system			
29058	APPLICATION OF SHOULDER CAST	APPLICATION CAST PLASTER VELPEAU	No Auth Required	Surgery of musculoskeletal system			
29065	APPLICATION OF LONG ARM CAST	APPLICATION CAST SHOULDER HAND LONG ARM	No Auth Required	Surgery of musculoskeletal system			
29075	APPLICATION OF FOREARM CAST	APPLICATION CAST ELBOW FINGER SHORT ARM	No Auth Required	Surgery of musculoskeletal system			
29085	APPLY HAND/WRIST CAST	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	No Auth Required	Surgery of musculoskeletal system			
29086	APPLY FINGER CAST	APPLICATION CAST FINGER	No Auth Required	Surgery of musculoskeletal system			
29105	APPLY LONG ARM SPLINT	APPLICATION LONG ARM SPLINT SHOULDER HAND	No Auth Required	Surgery of musculoskeletal system			
29125	APPLY FOREARM SPLINT	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	No Auth Required				
29126	APPLY FOREARM SPLINT	APPLICATION SHORT ARM SPLINT DYNAMIC	No Auth Required	Surgery of musculoskeletal system			
29130	APPLICATION OF FINGER SPLINT	APPLICATION FINGER SPLINT STATIC	No Auth Required	Surgery of musculoskeletal system			
29131	APPLICATION OF FINGER SPLINT	APPLICATION FINGER SPLINT DYNAMIC	No Auth Required	Surgery of musculoskeletal system			
29200	STRAPPING OF CHEST	STRAPPING THORAX	No Auth Required	Surgery of musculoskeletal system			
29240	STRAPPING OF SHOULDER	STRAPPING SHOULDER	No Auth Required	Surgery of musculoskeletal system			
29260	STRAPPING OF ELBOW OR WRIST	STRAPPING ELBOW/WRIST	No Auth Required	Surgery of musculoskeletal system			
29280	STRAPPING OF HAND OR FINGER	STRAPPING HAND/FINGER	No Auth Required	Surgery of musculoskeletal system			
29305	APPLICATION OF HIP CAST	APPLICATION HIP SPICA CAST 1 LEG	No Auth Required	Surgery of musculoskeletal system			

29325	APPLICATION OF HIP CASTS	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	No Auth Required	Surgery of musculoskeletal system			
29345	APPLICATION OF LONG LEG CAST	APPLICATION LONG LEG CAST THIGH-TOE	No Auth Required	Surgery of musculoskeletal system			
29355	APPLICATION OF LONG LEG CAST	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	No Auth Required	Surgery of musculoskeletal system			
29358	APPLY LONG LEG CAST BRACE	APPLICATION LONG LEG CAST BRACE	No Auth Required	Surgery of musculoskeletal system			
29365	APPLICATION OF LONG LEG CAST	APPLICATION CYLINDER CAST THIGH ANKLE	No Auth Required	Surgery of musculoskeletal system			
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				
29435	APPLY SHORT LEG CAST	APPLICATION PATELLAR TENDON BEARING CAST	No Auth Required	Surgery of musculoskeletal system			
29440	ADDITION OF WALKER TO CAST	ADDING WALKER PREVIOUSLY APPLIED CAST	No Auth Required	Surgery of musculoskeletal system			
29445	APPLY RIGID LEG CAST	APPLICATION RIGID TOTAL CONTACT LEG CAST	No Auth Required	Surgery of musculoskeletal system			
29450	APPLICATION OF LEG CAST	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	No Auth Required	Surgery of musculoskeletal system			
29505	APPLICATION LONG LEG SPLINT	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	No Auth Required	Surgery of musculoskeletal system			
29515	APPLICATION LOWER LEG SPLINT	APPLICATION SHORT LEG SPLINT CALF FOOT	No Auth Required				
29520	STRAPPING OF HIP	STRAPPING HIP	No Auth Required	Surgery of musculoskeletal system			
29530	STRAPPING OF KNEE	STRAPPING KNEE	No Auth Required	Surgery of musculoskeletal system			
29540	STRAPPING OF ANKLE AND/OR FT	STRAPPING ANKLE &/FOOT	No Auth Required				
29550	STRAPPING OF TOES	STRAPPING TOES	No Auth Required	Surgery of musculoskeletal system			
29580	APPLICATION OF PASTE BOOT	STRAPPING UNNA BOOT	No Auth Required	Surgery of musculoskeletal system			
29581	APPLY MULTLAY COMPRS LWR LEG	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	Authorization Required	Surgery of musculoskeletal system		Network Validation	
29584	APPL MULTLAY COMPRS ARM/HAND	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	No Auth Required	Surgery of musculoskeletal system			
29700	REMOVAL/REVISION OF CAST	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	No Auth Required	Surgery of musculoskeletal system			
29705	REMOVAL/REVISION OF CAST	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	No Auth Required	Surgery of musculoskeletal system			
29710	REMOVAL/REVISION OF CAST	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	No Auth Required	Surgery of musculoskeletal system			
29720	REPAIR OF BODY CAST	REPAIR SPICA BODY CAST/JACKET	No Auth Required	Surgery of musculoskeletal system			
29730	WINDOWING OF CAST	WINDOWING CAST	No Auth Required	Surgery of musculoskeletal system			
29740	WEDGING OF CAST	WEDGING CAST EXCEPT CLUBFOOT CASTS	No Auth Required	Surgery of musculoskeletal system			
29750	WEDGING OF CLUBFOOT CAST	WEDGING CLUBFOOT CAST	No Auth Required	Surgery of musculoskeletal system			
29799	CASTING/STRAPPING PROCEDURE	UNLISTED PROCEDURE CASTING/STRAPPING	Authorization Required	Surgery of musculoskeletal system		Full Clinical Review	
29800	JAW ARTHROSCOPY/SURGERY	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	Authorization Required	Joint		Full Clinical Review	

29804	JAW ARTHROSCOPY/SURGERY	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	Authorization Required	Joint		Full Clinical Review	
29805	SHOULDER ARTHROSCOPY DX	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	No Auth Required	Joint			
29806	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Authorization Required	Joint		Network Validation	
29807	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	No Auth Required	Joint			
29819	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	No Auth Required	Joint			
29820	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	No Auth Required	Joint			
29821	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	No Auth Required	Joint			
29822	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	No Auth Required	Joint			
29823	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Authorization Required	Joint		Network Validation	
29824	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Authorization Required	Joint		Network Validation	
29825	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	No Auth Required	Joint			
29826	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	Authorization Required	Joint		Network Validation	
29827	ARTHROSCOP ROTATOR CUFF REPR	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Authorization Required	Joint		Network Validation	
29828	ARTHROSCOPY BICEPS TENODESIS	ARTHROSCOPY SHOULDER BICEPS TENODESIS	No Auth Required	Joint			
29830	ELBOW ARTHROSCOPY	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	No Auth Required	Joint			
29834	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	No Auth Required	Joint			
29835	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	No Auth Required	Joint			
29836	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	No Auth Required	Joint			
29837	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	No Auth Required	Joint			
29838	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	No Auth Required	Joint			
29840	WRIST ARTHROSCOPY	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	No Auth Required	Joint			
29843	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	No Auth Required	Joint			
29844	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	No Auth Required	Joint			
29845	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	No Auth Required	Joint			
29846	WRIST ARTHROSCOPY/SURGERY	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	No Auth Required	Joint			
29847	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	No Auth Required	Joint			
29848	WRIST ENDOSCOPY/SURGERY	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	Authorization Required	Joint		Network Validation	
29850	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	Authorization Required	Joint		Full Clinical Review	

29851	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	Authorization Required	Joint		Full Clinical Review	
29855	TIBIAL ARTHROSCOPY/SURGERY	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	Authorization Required	Joint		Full Clinical Review	
29856	TIBIAL ARTHROSCOPY/SURGERY	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	Authorization Required	Joint		Full Clinical Review	
29860	HIP ARTHROSCOPY DX	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	No Auth Required	Joint		Full Clinical Review	
29861	HIP ARTHRO W/FB REMOVAL	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	No Auth Required	Joint			
29862	HIP ARTHR0 W/DEBRIDEMENT	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Authorization Required	Joint		Full Clinical Review	
29863	HIP ARTHR0 W/SYNOVECTOMY	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	No Auth Required	Joint			
29866	AUTGRFT IMPLNT KNEE W/SCOPE	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Authorization Required	Joint		Full Clinical Review	
29867	ALLGRFT IMPLNT KNEE W/SCOPE	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Authorization Required	Joint		Full Clinical Review	
29868	MENISCAL TRNSPL KNEE W/SCPE	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Authorization Required	Joint		Full Clinical Review	
29870	KNEE ARTHROSCOPY DX	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Authorization Required	Joint		Full Clinical Review	
29871	KNEE ARTHROSCOPY/DRAINAGE	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	Authorization Required	Joint		Full Clinical Review	
29873	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE LATERAL RELEASE	Authorization Required	Joint		Full Clinical Review	
29874	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	Authorization Required	Joint		Full Clinical Review	
29875	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Authorization Required	Joint		Full Clinical Review	
29876	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	Authorization Required	Joint		Full Clinical Review	
29877	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	Authorization Required	Joint		Full Clinical Review	
29879	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	Authorization Required	Joint		Full Clinical Review	
29880	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	Authorization Required	Joint		Full Clinical Review	
29881	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	Authorization Required	Joint		Full Clinical Review	
29882	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	Authorization Required	Joint		Full Clinical Review	
29883	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	Authorization Required	Joint		Full Clinical Review	
29884	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	Authorization Required	Joint		Full Clinical Review	
29885	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Authorization Required	Joint		Full Clinical Review	
29886	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Authorization Required	Joint		Full Clinical Review	
29887	KNEE ARTHROSCOPY/SURGERY	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Authorization Required	Joint		Full Clinical Review	
29888	KNEE ARTHROSCOPY/SURGERY	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Authorization Required	Joint		Full Clinical Review	

29889	KNEE ARTHROSCOPY/SURGERY	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	Authorization Required	Joint		Full Clinical Review	
29891	ANKLE ARTHROSCOPY/SURGERY	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	No Auth Required	Joint			
29892	ANKLE ARTHROSCOPY/SURGERY	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	No Auth Required	Joint			
29893	SCOPE PLANTAR FASCIOTOMY	ENDOSCOPIC PLANTAR FASCIOTOMY	No Auth Required	Joint			
29894	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	No Auth Required	Joint			
29895	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	No Auth Required	Joint			
29897	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	No Auth Required	Joint			
29898	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	No Auth Required	Joint			
29899	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	No Auth Required	Joint			
29900	MCP JOINT ARTHROSCOPY DX	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	No Auth Required	Joint			
29901	MCP JOINT ARTHROSCOPY SURG	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	No Auth Required	Joint			
29902	MCP JOINT ARTHROSCOPY SURG	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	No Auth Required	Joint			
29904	SUBTALAR ARTHRO W/FB RMVL	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	No Auth Required	Joint			
29905	SUBTALAR ARTHRO W/EXC	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	No Auth Required	Joint			
29906	SUBTALAR ARTHRO W/DEB	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	No Auth Required	Joint			
29907	SUBTALAR ARTHRO W/FUSION	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	No Auth Required	Joint			
29914	HIP ARTHRO W/FEMOROPLASTY	ARTHROSCOPY HIP W/FEMOROPLASTY	No Auth Required	Joint			
29915	HIP ARTHRO ACETABULOPLASTY	ARTHROSCOPY HIP W/ACETABULOPLASTY	No Auth Required	Joint			
29916	HIP ARTHRO W/LABRAL REPAIR	ARTHROSCOPY HIP W/LABRAL REPAIR	No Auth Required	Joint			
29999	ARTHROSCOPY OF JOINT	UNLISTED PROCEDURE ARTHROSCOPY	Authorization Required	Joint		Full Clinical Review	
30000	DRAINAGE OF NOSE LESION	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	No Auth Required	Surgery of respiratory system			
30020	DRAINAGE OF NOSE LESION	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	No Auth Required				
30100	INTRANASAL BIOPSY	BIOPSY INTRANASAL	No Auth Required	Surgery of respiratory system			
30110	REMOVAL OF NOSE POLYP(S)	EXCISION NASAL POLYP SIMPLE	No Auth Required	Surgery of respiratory system			
30115	REMOVAL OF NOSE POLYP(S)	EXCISION NASAL POLYP EXTENSIVE	No Auth Required	Surgery of respiratory system			
30117	REMOVAL OF INTRANASAL LESION	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	No Auth Required	Surgery of respiratory system			
30118	REMOVAL OF INTRANASAL LESION	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	No Auth Required	Surgery of respiratory system			
30120	REVISION OF NOSE	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	No Auth Required	Reconstructive			
30124	REMOVAL OF NOSE LESION	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	No Auth Required	Surgery of respiratory system			

30125	REMOVAL OF NOSE LESION	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	No Auth Required	Surgery of respiratory system			
30130	EXCISE INFERIOR TURBINATE	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	No Auth Required	Surgery of respiratory system			
30140	RESECT INFERIOR TURBINATE	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	Authorization Required	Surgery of respiratory system		Network Validation	
30150	PARTIAL REMOVAL OF NOSE	RHINECTOMY PARTIAL	No Auth Required	Surgery of respiratory system			
30160	REMOVAL OF NOSE	RHINECTOMY TOTAL	No Auth Required	Surgery of respiratory system			
30200	INJECTION TREATMENT OF NOSE	INJECTION TURBINATE THERAPEUTIC	No Auth Required	Surgery of respiratory system			
30210	NASAL SINUS THERAPY	DISPLACEMENT THERAPY PROETZ TYPE	No Auth Required	Surgery of respiratory system			
30220	INSERT NASAL SEPTAL BUTTON	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	No Auth Required	Surgery of respiratory system			
30300	REMOVE NASAL FOREIGN BODY	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	No Auth Required				
30310	REMOVE NASAL FOREIGN BODY	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	No Auth Required	Surgery of respiratory system			
30320	REMOVE NASAL FOREIGN BODY	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	No Auth Required	Surgery of respiratory system			
30400	RECONSTRUCTION OF NOSE	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30410	RECONSTRUCTION OF NOSE	RHINP PRIM COMPLETE XTRNL PARTS	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30420	RECONSTRUCTION OF NOSE	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30430	REVISION OF NOSE	RHINOPLASTY SECONDARY MINOR REVISION	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30435	REVISION OF NOSE	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30450	REVISION OF NOSE	RHINOPLASTY SECONDARY MAJOR REVISION	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30460	REVISION OF NOSE	RHINP DFRM W/COLUM LNGTH TIP ONLY	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30462	REVISION OF NOSE	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30465	REPAIR NASAL STENOSIS	REPAIR NASAL VESTIBULAR STENOSIS	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30468	RPR NSL VLV COLLAPSE W/IMPLT	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Authorization Required			Full Clinical Review	
30520	REPAIR OF NASAL SEPTUM	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30540	REPAIR NASAL DEFECT	REPAIR CHOANAL ATRESIA INTRANASAL	No Auth Required	Surgery of respiratory system			
30545	REPAIR NASAL DEFECT	REPAIR CHOANAL ATRESIA TRANSPALATINE	No Auth Required	Surgery of respiratory system			
30560	RELEASE OF NASAL ADHESIONS	LYSIS INTRANASAL SYNECHIA	No Auth Required	Surgery of respiratory system			
30580	REPAIR UPPER JAW FISTULA	REPAIR FISTULA OROMAXILLARY	No Auth Required	Surgery of respiratory system			
30600	REPAIR MOUTH/NOSE FISTULA	REPAIR FISTULA ORONASAL	No Auth Required	Surgery of respiratory system			
30620	INTRANASAL RECONSTRUCTION	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	Authorization Required	Surgery of respiratory system		Full Clinical Review	

30630	REPAIR NASAL SEPTUM DEFECT	REPAIR NASAL SEPTAL PERFORATIONS	Authorization Required	Surgery of respiratory system		Full Clinical Review	
30801	ABLATE INF TURBINATE SUPERF	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	No Auth Required	Surgery of respiratory system			
30802	ABLATE INF TURBINATE SUBMUC	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	No Auth Required	Surgery of respiratory system			
30901	CONTROL OF NOSEBLEED	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	No Auth Required	Surgery of respiratory system			
30903	CONTROL OF NOSEBLEED	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	No Auth Required	Surgery of respiratory system			
30905	CONTROL OF NOSEBLEED	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	No Auth Required	Surgery of respiratory system			
30906	REPEAT CONTROL OF NOSEBLEED	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	No Auth Required	Surgery of respiratory system			
30915	LIGATION NASAL SINUS ARTERY	LIGATION ARTERIES ETHMOIDAL	No Auth Required	Surgery of respiratory system			
30920	LIGATION UPPER JAW ARTERY	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	No Auth Required	Surgery of respiratory system			
30930	THER FX NASAL INF TURBINATE	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	No Auth Required	Surgery of respiratory system			
30999	NASAL SURGERY PROCEDURE	UNLISTED PROCEDURE NOSE	Authorization Required	Surgery of respiratory system		Full Clinical Review	
31000	IRRIGATION MAXILLARY SINUS	LAVAGE CANNULATION MAXILLARY SINUS	No Auth Required	Surgery of respiratory system			
31002	IRRIGATION SPHENOID SINUS	LAVAGE CANNULATION SPHENOID SINUS	No Auth Required	Surgery of respiratory system			
31020	EXPLORATION MAXILLARY SINUS	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	No Auth Required	Surgery of respiratory system			
31030	EXPLORATION MAXILLARY SINUS	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	No Auth Required	Surgery of respiratory system			
31032	EXPLORE SINUS REMOVE POLYPS	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	No Auth Required	Surgery of respiratory system			
31040	EXPLORATION BEHIND UPPER JAW	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	No Auth Required	Surgery of respiratory system			
31050	EXPLORATION SPHENOID SINUS	SINUSOTOMY SPHENOID W/WO BIOPSY	No Auth Required	Surgery of respiratory system			
31051	SPHENOID SINUS SURGERY	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	No Auth Required	Surgery of respiratory system			
31070	EXPLORATION OF FRONTAL SINUS	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	No Auth Required	Surgery of respiratory system			
31075	EXPLORATION OF FRONTAL SINUS	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	No Auth Required	Surgery of respiratory system			
31080	REMOVAL OF FRONTAL SINUS	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	No Auth Required	Surgery of respiratory system			
31081	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	No Auth Required	Surgery of respiratory system			
31084	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	No Auth Required	Surgery of respiratory system			
31085	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	No Auth Required	Surgery of respiratory system			
31086	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	No Auth Required	Surgery of respiratory system			
31087	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	No Auth Required	Surgery of respiratory system			
31090	EXPLORATION OF SINUSES	SINUSOT UNI 3/> PARANSL SINUSES	No Auth Required	Surgery of respiratory system			

31200	REMOVAL OF ETHMOID SINUS	ETHMOIDECTOMY INTRANASAL ANTERIOR	No Auth Required	Surgery of respiratory system			
31201	REMOVAL OF ETHMOID SINUS	ETHMOIDECTOMY INTRANASAL TOTAL	No Auth Required	Surgery of respiratory system			
31205	REMOVAL OF ETHMOID SINUS	ETHMOIDECTOMY EXTRANASAL TOTAL	No Auth Required	Surgery of respiratory system			
31225	REMOVAL OF UPPER JAW	MAXILLECTOMY W/O ORBITAL EXENTERATION	No Auth Required	Surgery of respiratory system			
31230	REMOVAL OF UPPER JAW	MAXILLECTOMY W/ORBITAL EXENTERATION	No Auth Required	Surgery of respiratory system			
31231	NASAL ENDOSCOPY DX	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	No Auth Required	Surgery of respiratory system			
31233	NSL/SINS NDSC DX MAX SINUSC	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	No Auth Required	Surgery of respiratory system			
31235	NSL/SINS NDSC DX SPHN SINUSC	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	No Auth Required	Surgery of respiratory system			
31237	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	No Auth Required	Surgery of respiratory system			
31238	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	No Auth Required	Surgery of respiratory system			
31239	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	No Auth Required	Surgery of respiratory system			
31240	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	No Auth Required	Surgery of respiratory system			
31241	NSL/SINS NDSC W/ARTERY LIG	NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY	No Auth Required	Surgery of respiratory system			
31253	NSL/SINS NDSC TOTAL	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	No Auth Required	Surgery of respiratory system			
31254	NSL/SINS NDSC W/PRTL ETHMDCT	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	No Auth Required	Surgery of respiratory system			
31255	NSL/SINS NDSC W/TOT ETHMDCT	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	Authorization Required	Surgery of respiratory system		Network Validation	
31256	EXPLORATION MAXILLARY SINUS	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	No Auth Required	Surgery of respiratory system			
31257	NSL/SINS NDSC TOT W/SPHENDT	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	No Auth Required	Surgery of respiratory system			
31259	NSL/SINS NDSC SPHN TISS RMVL	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	Authorization Required	Surgery of respiratory system		Network Validation	
31267	ENDOSCOPY MAXILLARY SINUS	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31276	NSL/SINS NDSC FRNT TISS RMVL	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31287	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	No Auth Required	Surgery of respiratory system			
31288	NASAL/SINUS ENDOSCOPY SURG	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31290	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	No Auth Required	Surgery of respiratory system			
31291	NASAL/SINUS ENDOSCOPY SURG	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	No Auth Required	Surgery of respiratory system			
31292	NSL/SINS NDSC MED/INF DCMPRN	NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	No Auth Required	Surgery of respiratory system			
31293	NSL/SINS NDSC MED&INF DCMPRN	NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	No Auth Required	Surgery of respiratory system			
31294	NSL/SINS NDSC SURG ON DCMPRN	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	No Auth Required	Surgery of respiratory system			

31295	NSL/SINS NDSC SURG MAX SINS	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31296	NSL/SINS NDSC SURG FRNT SINS	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31297	NSL/SINS NDSC SURG SPHN SINS	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31298	NSL/SINS NDSC SURG FRNT&SPHN	NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	Authorization Required	Surgery of respiratory system		Network Validation	
31299	SINUS SURGERY PROCEDURE	UNLISTED PROCEDURE ACCESSORY SINUSES	Authorization Required	Surgery of respiratory system		Full Clinical Review	
31300	REMOVAL OF LARYNX LESION	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	No Auth Required	Surgery of respiratory system			
31360	REMOVAL OF LARYNX	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	No Auth Required	Surgery of respiratory system			
31365	REMOVAL OF LARYNX	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	No Auth Required	Surgery of respiratory system			
31367	PARTIAL REMOVAL OF LARYNX	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	No Auth Required	Surgery of respiratory system			
31368	PARTIAL REMOVAL OF LARYNX	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	No Auth Required	Surgery of respiratory system			
31370	PARTIAL REMOVAL OF LARYNX	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	No Auth Required	Surgery of respiratory system			
31375	PARTIAL REMOVAL OF LARYNX	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	No Auth Required	Surgery of respiratory system			
31380	PARTIAL REMOVAL OF LARYNX	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	No Auth Required	Surgery of respiratory system			
31382	PARTIAL REMOVAL OF LARYNX	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	No Auth Required	Surgery of respiratory system			
31390	REMOVAL OF LARYNX & PHARYNX	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	No Auth Required	Surgery of respiratory system			
31395	RECONSTRUCT LARYNX & PHARYNX	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	No Auth Required	Surgery of respiratory system			
31400	REVISION OF LARYNX	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	No Auth Required	Surgery of respiratory system			
31420	REMOVAL OF EPIGLOTTIS	EPIGLOTTIDECTOMY	No Auth Required	Surgery of respiratory system			
31500	INSERT EMERGENCY AIRWAY	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	No Auth Required	Surgery of respiratory system			
31502	CHANGE OF WINDPIPE AIRWAY	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	No Auth Required	Surgery of respiratory system			
31505	DIAGNOSTIC LARYNGOSCOPY	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	No Auth Required	Surgery of respiratory system			
31510	LARYNGOSCOPY WITH BIOPSY	LARYNGOSCOPY INDIRECT W/BIOPSY	No Auth Required	Surgery of respiratory system			
31511	REMOVE FOREIGN BODY LARYNX	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	No Auth Required	Surgery of respiratory system			
31512	REMOVAL OF LARYNX LESION	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	No Auth Required	Surgery of respiratory system			
31513	INJECTION INTO VOCAL CORD	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	No Auth Required	Surgery of respiratory system			
31515	LARYNGOSCOPY FOR ASPIRATION	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	No Auth Required	Surgery of respiratory system			
31520	DX LARYNGOSCOPY NEWBORN	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	No Auth Required	Surgery of respiratory system			

31525	DX LARYNGOSCOPY EXCL NB	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	No Auth Required	Surgery of respiratory system			
31526	DX LARYNGOSCOPY W/OPER SCOPE	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	No Auth Required	Surgery of respiratory system			
31527	LARYNGOSCOPY FOR TREATMENT	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	No Auth Required	Surgery of respiratory system			
31528	LARYNGOSCOPY AND DILATION	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	No Auth Required	Surgery of respiratory system			
31529	LARYNGOSCOPY AND DILATION	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	No Auth Required	Surgery of respiratory system			
31530	LARYNGOSCOPY W/FB REMOVAL	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	No Auth Required	Surgery of respiratory system			
31531	LARYNGOSCOPY W/FB & OP SCOPE	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	No Auth Required	Surgery of respiratory system			
31535	LARYNGOSCOPY W/BIOPSY	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	No Auth Required	Surgery of respiratory system			
31536	LARYNGOSCOPY W/BX & OP SCOPE	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	No Auth Required	Surgery of respiratory system			
31540	LARYNGOSCOPY W/EXC OF TUMOR	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	No Auth Required	Surgery of respiratory system			
31541	LARYNSCOP W/TUMR EXC + SCOPE	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	No Auth Required	Surgery of respiratory system			
31545	REMOVE VC LESION W/SCOPE	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	No Auth Required	Surgery of respiratory system			
31546	REMOVE VC LESION SCOPE/GRAFT	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	No Auth Required	Surgery of respiratory system			
31551	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	No Auth Required	Surgery of respiratory system			
31552	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	No Auth Required	Surgery of respiratory system			
31553	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	No Auth Required	Surgery of respiratory system			
31554	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	No Auth Required	Surgery of respiratory system			
31560	LARYNGOSCOP W/ARYTENOIDECTOM	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	No Auth Required	Surgery of respiratory system			
31561	LARYNSCOP REMVE CART + SCOP	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	No Auth Required	Surgery of respiratory system			
31570	LARYNGOSCOPE W/VC INJ	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	No Auth Required	Surgery of respiratory system			
31571	LARYNGOSCOP W/VC INJ + SCOPE	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	No Auth Required	Surgery of respiratory system			
31572	LARGSC W/LASER DSTRJ LES	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	No Auth Required	Surgery of respiratory system			
31573	LARGSC W/THER INJECTION	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	No Auth Required	Surgery of respiratory system			
31574	LARGSC W/NJX AUGMENTATION	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	No Auth Required	Surgery of respiratory system			
31575	DIAGNOSTIC LARYNGOSCOPY	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	No Auth Required	Surgery of respiratory system			
31576	LARYNGOSCOPY WITH BIOPSY	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	No Auth Required	Surgery of respiratory system			
31577	LARGSC W/RMVL FOREIGN BDY(S)	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	No Auth Required	Surgery of respiratory system			

31578	LARGSC W/REMOVAL LESION	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	No Auth Required	Surgery of respiratory system			
31579	LARYNGOSCOPY TELESCOPIC	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	No Auth Required	Surgery of respiratory system			
31580	LARYNGOPLASTY LARYNGEAL WEB	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	No Auth Required	Surgery of respiratory system			
31584	LARYNGOPLASTY FX RDCTJ FIXJ	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	No Auth Required	Surgery of respiratory system			
31587	LARYNGOPLASTY CRICOID SPLIT	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	No Auth Required	Surgery of respiratory system			
31590	REINNERVATE LARYNX	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	No Auth Required	Surgery of respiratory system			
31591	LARYNGOPLASTY MEDIALIZATION	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	No Auth Required	Surgery of respiratory system			
31592	CRICOTRACHEAL RESECTION	CRICOTRACHEAL RESECTION	No Auth Required	Surgery of respiratory system			
31599	LARYNX SURGERY PROCEDURE	UNLISTED PROCEDURE LARYNX	Authorization Required	Surgery of respiratory system		Full Clinical Review	
31600	INCISION OF WINDPIPE	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	No Auth Required	Surgery of respiratory system			
31601	INCISION OF WINDPIPE	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	No Auth Required	Surgery of respiratory system			
31603	INCISION OF WINDPIPE	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	No Auth Required	Surgery of respiratory system			
31605	INCISION OF WINDPIPE	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	No Auth Required	Surgery of respiratory system			
31610	INCISION OF WINDPIPE	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	No Auth Required	Surgery of respiratory system			
31611	SURGERY/SPEECH PROSTHESIS	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	No Auth Required	Surgery of respiratory system			
31612	PUNCTURE/CLEAR WINDPIPE	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	No Auth Required	Surgery of respiratory system			
31613	REPAIR WINDPIPE OPENING	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	No Auth Required	Surgery of respiratory system			
31614	REPAIR WINDPIPE OPENING	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	No Auth Required	Surgery of respiratory system			
31615	VISUALIZATION OF WINDPIPE	TRACHEOBRNCHSC THRU EST TRACHS INC	No Auth Required	Surgery of respiratory system			
31622	DX BRONCHOSCOPE/WASH	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	No Auth Required	Surgery of respiratory system			
31623	DX BRONCHOSCOPE/BRUSH	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	No Auth Required	Surgery of respiratory system			
31624	DX BRONCHOSCOPE/LAVAGE	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	No Auth Required	Surgery of respiratory system			
31625	BRONCHOSCOPY W/BIOPSY(S)	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	No Auth Required	Surgery of respiratory system			
31626	BRONCHOSCOPY W/MARKERS	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	No Auth Required	Surgery of respiratory system			
31627	NAVIGATIONAL BRONCHOSCOPY	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	No Auth Required	Surgery of respiratory system			
31628	BRONCHOSCOPY/LUNG BX EACH	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	No Auth Required	Surgery of respiratory system			
31629	BRONCHOSCOPY/NEEDLE BX EACH	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	No Auth Required	Surgery of respiratory system			
31630	BRONCHOSCOPY DILATE/FX REPR	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	No Auth Required	Surgery of respiratory system			

31631	BRONCHOSCOPY DILATE W/STENT	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	No Auth Required	Surgery of respiratory system			
31632	BRONCHOSCOPY/LUNG BX ADDL	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	No Auth Required	Surgery of respiratory system			
31633	BRONCHOSCOPY/NEEDLE BX ADDL	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	No Auth Required	Surgery of respiratory system			
31634	BRONCH W/BALLOON OCCLUSION	BRONCHOSCOPY BALLOON OCCLUSION	No Auth Required	Surgery of respiratory system			
31635	BRONCHOSCOPY W/FB REMOVAL	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	No Auth Required	Surgery of respiratory system			
31636	BRONCHOSCOPY BRONCH STENTS	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	No Auth Required	Surgery of respiratory system			
31637	BRONCHOSCOPY STENT ADD-ON	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	No Auth Required	Surgery of respiratory system			
31638	BRONCHOSCOPY REVISE STENT	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	No Auth Required	Surgery of respiratory system			
31640	BRONCHOSCOPY W/TUMOR EXCISE	BRONCHOSCOPY W/EXCISION TUMOR	No Auth Required	Surgery of respiratory system			
31641	BRONCHOSCOPY TREAT BLOCKAGE	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	No Auth Required	Surgery of respiratory system			
31643	DIAG BRONCHOSCOPE/CATHETER	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	No Auth Required	Surgery of respiratory system			
31645	BRNCHSC W/THER ASPIR 1ST	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	No Auth Required	Surgery of respiratory system			
31646	BRNCHSC W/THER ASPIR SBSQ	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	No Auth Required	Surgery of respiratory system			
31647	BRONCHIAL VALVE INIT INSERT	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	No Auth Required	Surgery of respiratory system			
31648	BRONCHIAL VALVE REMOV INIT	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	No Auth Required	Surgery of respiratory system			
31649	BRONCHIAL VALVE REMOV ADDL	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	No Auth Required	Surgery of respiratory system			
31651	BRONCHIAL VALVE ADDL INSERT	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	No Auth Required	Surgery of respiratory system			
31652	BRONCH EBUS SAMPLNG 1/2 NODE	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	No Auth Required	Surgery of respiratory system			
31653	BRONCH EBUS SAMPLNG 3/> NODE	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	No Auth Required	Surgery of respiratory system			
31654	BRONCH EBUS IVNTJ PERPH LES	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	No Auth Required	Surgery of respiratory system			
31660	BRONCH THERMOPLSTY 1 LOBE	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Authorization Required	Surgery of respiratory system		Full Clinical Review	
31661	BRONCH THERMOPLSTY 2/> LOBES	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	Authorization Required	Surgery of respiratory system		Full Clinical Review	
31717	BRONCHIAL BRUSH BIOPSY	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	No Auth Required	Surgery of respiratory system			
31720	CLEARANCE OF AIRWAYS	CATHETER ASPIRATION NASOTRACHEAL SPX	No Auth Required	Surgery of respiratory system			
31725	CLEARANCE OF AIRWAYS	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	No Auth Required	Surgery of respiratory system			
31730	INTRO WINDPIPE WIRE/TUBE	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	No Auth Required	Surgery of respiratory system			
31750	REPAIR OF WINDPIPE	TRACHEOPLASTY CERVICAL	No Auth Required	Surgery of respiratory system			
31755	REPAIR OF WINDPIPE	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	No Auth Required	Surgery of respiratory system			

31760	REPAIR OF WINDPIPE	TRACHEOPLASTY INTRATHORACIC	No Auth Required	Surgery of respiratory system			
31766	RECONSTRUCTION OF WINDPIPE	CARINAL RECONSTRUCTION	No Auth Required	Surgery of respiratory system			
31770	REPAIR/GRAFT OF BRONCHUS	BRONCHOPLASTY GRAFT REPAIR	No Auth Required	Surgery of respiratory system			
31775	RECONSTRUCT BRONCHUS	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	No Auth Required	Surgery of respiratory system			
31780	RECONSTRUCT WINDPIPE	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	No Auth Required	Surgery of respiratory system			
31781	RECONSTRUCT WINDPIPE	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	No Auth Required	Surgery of respiratory system			
31785	REMOVE WINDPIPE LESION	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	No Auth Required	Surgery of respiratory system			
31786	REMOVE WINDPIPE LESION	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	No Auth Required	Surgery of respiratory system			
31800	REPAIR OF WINDPIPE INJURY	SUTURE TRACHEAL WOUND/INJURY CERVICAL	No Auth Required	Surgery of respiratory system			
31805	REPAIR OF WINDPIPE INJURY	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	No Auth Required	Surgery of respiratory system			
31820	CLOSURE OF WINDPIPE LESION	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	No Auth Required	Surgery of respiratory system			
31825	REPAIR OF WINDPIPE DEFECT	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	No Auth Required	Surgery of respiratory system			
31830	REVISE WINDPIPE SCAR	REVISION TRACHEOSTOMY SCAR	No Auth Required	Surgery of respiratory system			
31899	AIRWAYS SURGICAL PROCEDURE	UNLISTED PROCEDURE TRACHEA BRONCHI	Authorization Required	Surgery of respiratory system		Full Clinical Review	
32035	THORACOSTOMY W/RIB RESECTION	THORACOSTOMY W/RIB RESECTION EMPYEMA	No Auth Required	Surgery of respiratory system			
32036	THORACOSTOMY W/FLAP DRAINAGE	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	No Auth Required	Surgery of respiratory system			
32096	OPEN WEDGE/BX LUNG INFILTR	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	No Auth Required	Surgery of respiratory system			
32097	OPEN WEDGE/BX LUNG NODULE	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	No Auth Required	Surgery of respiratory system			
32098	OPEN BIOPSY OF LUNG PLEURA	THORACOTOMY W/BIOPSY OF PLEURA	No Auth Required	Surgery of respiratory system			
32100	EXPLORATION OF CHEST	THORACOTOMY WITH EXPLORATION	No Auth Required	Surgery of respiratory system			
32110	EXPLORE/REPAIR CHEST	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	No Auth Required	Surgery of respiratory system			
32120	RE-EXPLORATION OF CHEST	THORACOTOMY POSTOPERATIVE COMPLICATIONS	No Auth Required	Surgery of respiratory system			
32124	EXPLORE CHEST FREE ADHESIONS	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	No Auth Required	Surgery of respiratory system			
32140	REMOVAL OF LUNG LESION(S)	THORCOM W/REMOVAL OF CYST	No Auth Required	Surgery of respiratory system			
32141	REMOVE/TREAT LUNG LESIONS	THORACOTOMY W/RESECTION BULLAE	No Auth Required	Surgery of respiratory system			
32150	REMOVAL OF LUNG LESION(S)	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	No Auth Required	Surgery of respiratory system			
32151	REMOVE LUNG FOREIGN BODY	THORCOM W/RMVL IPUL FB	No Auth Required	Surgery of respiratory system			
32160	OPEN CHEST HEART MASSAGE	THORACOTOMY W/CARDIAC MASSAGE	No Auth Required	Surgery of respiratory system			

32200	DRAIN OPEN LUNG LESION	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	No Auth Required	Surgery of respiratory system			
32215	TREAT CHEST LINING	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	No Auth Required	Surgery of respiratory system			
32220	RELEASE OF LUNG	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	No Auth Required	Surgery of respiratory system			
32225	PARTIAL RELEASE OF LUNG	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	No Auth Required	Surgery of respiratory system			
32310	REMOVAL OF CHEST LINING	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	No Auth Required	Surgery of respiratory system			
32320	FREE/REMOVE CHEST LINING	DECORTICATION & PARIETAL PLEURECTOMY	No Auth Required	Surgery of respiratory system			
32400	NEEDLE BIOPSY CHEST LINING	BIOPSY PLEURA PERCUTANEOUS NEEDLE	No Auth Required	Surgery of respiratory system			
32405	PERCUT BX LUNG/MEDIASTINUM	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	No Auth Required	Surgery of respiratory system			
32408	CORE NDL BX LNG/MED PERQ	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	No Auth Required				
32440	REMOVE LUNG PNEUMONECTOMY	REMOVAL OF LUNG PNEUMONECTOMY	No Auth Required	Surgery of respiratory system			
32442	SLEEVE PNEUMONECTOMY	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	No Auth Required	Surgery of respiratory system			
32445	REMOVAL OF LUNG EXTRAPLEURAL	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	No Auth Required	Surgery of respiratory system			
32480	PARTIAL REMOVAL OF LUNG	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	No Auth Required	Surgery of respiratory system			
32482	BILOBECTOMY	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	No Auth Required	Surgery of respiratory system			
32484	SEGMENTECTOMY	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	No Auth Required	Surgery of respiratory system			
32486	SLEEVE LOBECTOMY	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	No Auth Required	Surgery of respiratory system			
32488	COMPLETION PNEUMONECTOMY	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	No Auth Required	Surgery of respiratory system			
32491	LUNG VOLUME REDUCTION	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	No Auth Required	Surgery of respiratory system			
32501	REPAIR BRONCHUS ADD-ON	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	No Auth Required	Surgery of respiratory system			
32503	RESECT APICAL LUNG TUMOR	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	No Auth Required	Surgery of respiratory system			
32504	RESECT APICAL LUNG TUM/CHEST	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	No Auth Required	Surgery of respiratory system			
32505	WEDGE RESECT OF LUNG INITIAL	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	No Auth Required	Surgery of respiratory system			
32506	WEDGE RESECT OF LUNG ADD-ON	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	No Auth Required	Surgery of respiratory system			
32507	WEDGE RESECT OF LUNG DIAG	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	No Auth Required	Surgery of respiratory system			
32540	REMOVAL OF LUNG LESION	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	No Auth Required	Surgery of respiratory system			
32550	INSERT PLEURAL CATH	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	No Auth Required	Surgery of respiratory system			
32551	INSERTION OF CHEST TUBE	TUBE THORACOSTOMY INCLUDES WATER SEAL	No Auth Required	Surgery of respiratory system			
32552	REMOVE LUNG CATHETER	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	No Auth Required	Surgery of respiratory system			

32553	INS MARK THOR FOR RT PERQ	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	No Auth Required	Surgery of respiratory system			
32554	ASPIRATE PLEURA W/O IMAGING	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	No Auth Required	Surgery of respiratory system			
32555	ASPIRATE PLEURA W/ IMAGING	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	No Auth Required	Surgery of respiratory system			
32556	INSERT CATH PLEURA W/O IMAGE	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	No Auth Required	Surgery of respiratory system			
32557	INSERT CATH PLEURA W/ IMAGE	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	No Auth Required	Surgery of respiratory system			
32560	TREAT PLEURODESIS W/AGENT	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	No Auth Required	Surgery of respiratory system			
32561	LYSE CHEST FIBRIN INIT DAY	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	No Auth Required	Surgery of respiratory system			
32562	LYSE CHEST FIBRIN SUBQ DAY	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	No Auth Required	Surgery of respiratory system			
32601	THORACOSCOPY DIAGNOSTIC	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	No Auth Required	Surgery of respiratory system			
32604	THORACOSCOPY WBX SAC	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	No Auth Required	Surgery of respiratory system			
32606	THORACOSCOPY W/BX MED SPACE	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	No Auth Required	Surgery of respiratory system			
32607	THORACOSCOPY W/BX INFILTRATE	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	No Auth Required	Surgery of respiratory system			
32608	THORACOSCOPY W/BX NODULE	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	No Auth Required	Surgery of respiratory system			
32609	THORACOSCOPY W/BX PLEURA	THORACOSCOPY WITH BIOPSYIES OF PLEURA	No Auth Required	Surgery of respiratory system			
32650	THORACOSCOPY W/PLEURODESIS	THORACOSCOPY W/PLEURODESIS	No Auth Required	Surgery of respiratory system			
32651	THORACOSCOPY REMOVE CORTEX	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	No Auth Required	Surgery of respiratory system			
32652	THORACOSCOPY REM TOTL CORTEX	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	No Auth Required	Surgery of respiratory system			
32653	THORACOSCOPY REMOV FB/FIBRIN	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	No Auth Required	Surgery of respiratory system			
32654	THORACOSCOPY CONTRL BLEEDING	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	No Auth Required	Surgery of respiratory system			
32655	THORACOSCOPY RESECT BULLAE	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	No Auth Required	Surgery of respiratory system			
32656	THORACOSCOPY W/PLEURECTOMY	THORACOSCOPY W/PARIETAL PLEURECTOMY	No Auth Required	Surgery of respiratory system			
32658	THORACOSCOPY W/SAC FB REMOVE	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	No Auth Required	Surgery of respiratory system			
32659	THORACOSCOPY W/SAC DRAINAGE	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	No Auth Required	Surgery of respiratory system			
32661	THORACOSCOPY W/PERICARD EXC	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	No Auth Required	Surgery of respiratory system			
32662	THORACOSCOPY W/MEDIAST EXC	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	No Auth Required	Surgery of respiratory system			
32663	THORACOSCOPY W/LOBECTOMY	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	No Auth Required	Surgery of respiratory system			
32664	THORACOSCOPY W/ TH NRV EXC	THORACOSCOPY W/THORACIC SYMPATHECTOMY	No Auth Required	Surgery of respiratory system			

32665	THORACOSCOP W/ESOPH MUSC EXC	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	No Auth Required	Surgery of respiratory system			
32666	THORACOSCOPY W/WEDGE RESECT	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	No Auth Required	Surgery of respiratory system			
32667	THORACOSCOPY W/W RESECT ADDL	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	No Auth Required	Surgery of respiratory system			
32668	THORACOSCOPY W/W RESECT DIAG	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	No Auth Required	Surgery of respiratory system			
32669	THORACOSCOPY REMOVE SEGMENT	THORACOSCOPY W/SEGMENTECTOMY	No Auth Required	Surgery of respiratory system			
32670	THORACOSCOPY BILOBECTOMY	THORACOSCOPY W/BILOBECTOMY	No Auth Required	Surgery of respiratory system			
32671	THORACOSCOPY PNEUMONECTOMY	THORACOSCOPY W/PNEUMONECTOMY	No Auth Required	Surgery of respiratory system			
32672	THORACOSCOPY FOR LVRS	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	No Auth Required	Surgery of respiratory system			
32673	THORACOSCOPY W/THYMUS RESECT	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	No Auth Required	Surgery of respiratory system			
32674	THORACOSCOPY LYMPH NODE EXC	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	No Auth Required	Surgery of respiratory system			
32701	THORAX STEREO RAD TARGETW/TX	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	No Auth Required	Surgery of respiratory system			
32800	REPAIR LUNG HERNIA	REPAIR LUNG HERNIA THROUGH CHEST WALL	No Auth Required	Surgery of respiratory system			
32810	CLOSE CHEST AFTER DRAINAGE	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	No Auth Required	Surgery of respiratory system			
32815	CLOSE BRONCHIAL FISTULA	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	No Auth Required	Surgery of respiratory system			
32820	RECONSTRUCT INJURED CHEST	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	No Auth Required	Surgery of respiratory system			
32850	DONOR PNEUMONECTOMY	DONOR PNEUMONECTOMY FROM CADAVER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		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)		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)		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)		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)		Full Clinical Review	
32900	REMOVAL OF RIB(S)	RESECTION RIBS EXTRAPLEURAL ALL STAGES	No Auth Required	Surgery of respiratory system			
32905	REVISE & REPAIR CHEST WALL	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	No Auth Required	Surgery of respiratory system			
32906	REVISE & REPAIR CHEST WALL	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	No Auth Required	Surgery of respiratory system			
32940	REVISION OF LUNG	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	No Auth Required	Surgery of respiratory system			
32960	THERAPEUTIC PNEUMOTHORAX	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	No Auth Required	Surgery of respiratory system			
32994	ABLATE PULM TUMOR PERQ CRYBL	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	No Auth Required	Surgery of respiratory system			
32997	TOTAL LUNG LAVAGE	TOTAL LUNG LAVAGE UNILATERAL	No Auth Required	Surgery of respiratory system			
32998	ABLATE PULM TUMOR PERQ RF	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	No Auth Required	Surgery of respiratory system			
32999	CHEST SURGERY PROCEDURE	UNLISTED PROCEDURE LUNGS & PLEURA	Authorization Required	Surgery of respiratory system		Full Clinical Review	
33016	PERICARDIOCENTESIS W/IMAGING	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	No Auth Required				
33017	PRCRD DRG 6YR+ W/O CGEN CAR	PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	No Auth Required				
33018	PRCRD DRG 0-5YR OR W/ANOMLY	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	No Auth Required				
33019	PERQ PRCRD DRG INSJ CATH CT	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	No Auth Required				
33020	INCISION OF HEART SAC	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	No Auth Required	Surgery of cardiovascular system			
33025	INCISION OF HEART SAC	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	No Auth Required	Surgery of cardiovascular system			
33030	PARTIAL REMOVAL OF HEART SAC	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	No Auth Required	Surgery of cardiovascular system			
33031	PARTIAL REMOVAL OF HEART SAC	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	No Auth Required	Surgery of cardiovascular system			
33050	RESECT HEART SAC LESION	RESECTION PERICARDIAL CYST/TUMOR	No Auth Required	Surgery of cardiovascular system			
33120	REMOVAL OF HEART LESION	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	No Auth Required	Surgery of cardiovascular system			
33130	REMOVAL OF HEART LESION	RESECTION EXTERNAL CARDIAC TUMOR	No Auth Required	Surgery of cardiovascular system			
33140	HEART REVASCULARIZE (TMR)	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	No Auth Required	Surgery of cardiovascular system			
33141	HEART TMR W/OTHER PROCEDURE	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	No Auth Required	Surgery of cardiovascular system			
33202	INSERT EPICARD ELTRD OPEN	INSERTION EPICARDIAL ELECTRODE OPEN	No Auth Required	Surgery of cardiovascular system			

33203	INSERT EPICARD ELTRD ENDO	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	No Auth Required	Surgery of cardiovascular system			
33206	INSERT HEART PM ATRIAL	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	No Auth Required	Surgery of cardiovascular system			
33207	INSERT HEART PM VENTRICULAR	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	No Auth Required	Surgery of cardiovascular system			
33208	INSRT HEART PM ATRIAL & VENT	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	No Auth Required	Surgery of cardiovascular system			
33210	INSERT ELECTRD/PM CATH SNGL	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	No Auth Required	Surgery of cardiovascular system			
33211	INSERT CARD ELECTRODES DUAL	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	No Auth Required	Surgery of cardiovascular system			
33212	INSERT PULSE GEN SNGL LEAD	INS PM PLS GEN W/EXIST SINGLE LEAD	No Auth Required	Surgery of cardiovascular system			
33213	INSERT PULSE GEN DUAL LEADS	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	No Auth Required	Surgery of cardiovascular system			
33214	UPGRADE OF PACEMAKER SYSTEM	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	No Auth Required	Surgery of cardiovascular system			
33215	REPOSITION PACING-DEFIB LEAD	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	No Auth Required	Surgery of cardiovascular system			
33216	INSERT 1 ELECTRODE PM-DEFIB	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	No Auth Required	Surgery of cardiovascular system			
33217	INSERT 2 ELECTRODE PM-DEFIB	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	No Auth Required	Surgery of cardiovascular system			
33218	REPAIR LEAD PACE-DEFIB ONE	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	No Auth Required	Surgery of cardiovascular system			
33220	REPAIR LEAD PACE-DEFIB DUAL	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	No Auth Required	Surgery of cardiovascular system			
33221	INSERT PULSE GEN MULT LEADS	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	No Auth Required	Surgery of cardiovascular system			
33222	RELOCATION POCKET PACEMAKER	RELOCATION OF SKIN POCKET FOR PACEMAKER	No Auth Required	Surgery of cardiovascular system			
33223	RELOCATE POCKET FOR DEFIB	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	No Auth Required	Surgery of cardiovascular system			
33224	INSERT PACING LEAD & CONNECT	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	No Auth Required	Surgery of cardiovascular system			
33225	L VENTRIC PACING LEAD ADD-ON	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	Authorization Required	Surgery of cardiovascular system		Network Validation	
33226	REPOSITION L VENTRIC LEAD	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	No Auth Required	Surgery of cardiovascular system			
33227	REMOVE&REPLACE PM GEN SINGL	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	No Auth Required	Surgery of cardiovascular system			
33228	REMV&REPLC PM GEN DUAL LEAD	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	No Auth Required	Surgery of cardiovascular system			
33229	REMV&REPLC PM GEN MULT LEADS	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	No Auth Required	Surgery of cardiovascular system			
33230	INSRT PULSE GEN W/DUAL LEADS	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	No Auth Required	Surgery of cardiovascular system			
33231	INSRT PULSE GEN W/MULT LEADS	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	No Auth Required	Surgery of cardiovascular system			
33233	REMOVAL OF PM GENERATOR	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	No Auth Required	Surgery of cardiovascular system			
33234	REMOVAL OF PACEMAKER SYSTEM	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	No Auth Required	Surgery of cardiovascular system			
33235	REMOVAL PACEMAKER ELECTRODE	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	No Auth Required	Surgery of cardiovascular system			

33236	REMOVE ELECTRODE/THORACOTOMY	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	No Auth Required	Surgery of cardiovascular system			
33237	REMOVE ELECTRODE/THORACOTOMY	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	No Auth Required	Surgery of cardiovascular system			
33238	REMOVE ELECTRODE/THORACOTOMY	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	No Auth Required	Surgery of cardiovascular system			
33240	INSRT PULSE GEN W/SINGL LEAD	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	No Auth Required	Surgery of cardiovascular system			
33241	REMOVE PULSE GENERATOR	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	No Auth Required	Surgery of cardiovascular system			
33243	REMOVE ELTRD/THORACOTOMY	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	No Auth Required	Surgery of cardiovascular system			
33244	REMOVE ELCTRD TRANSVENOUSLY	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	No Auth Required	Surgery of cardiovascular system			
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	Authorization Required	Surgery of cardiovascular system		Network Validation	
33250	ABLATE HEART DYSRHYTHM FOCUS	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33251	ABLATE HEART DYSRHYTHM FOCUS	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33254	ABLATE ATRIA LMTD	ABLATION & RECONSTRUCTION ATRIA LIMITED	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33255	ABLATE ATRIA W/O BYPASS EXT	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33256	ABLATE ATRIA W/BYPASS EXTEN	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33257	ABLATE ATRIA LMTD ADD-ON	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	Authorization Required	Surgery of cardiovascular system		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		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		Full Clinical Review	
33261	ABLATE HEART DYSRHYTHM FOCUS	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33262	RMVL& REPLC PULSE GEN 1 LEAD	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	No Auth Required	Surgery of cardiovascular system			
33263	RMVL & RPLCMT DFB GEN 2 LEAD	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	Authorization Required	Surgery of cardiovascular system		Network Validation	
33264	RMVL & RPLCMT DFB GEN MLT LD	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	No Auth Required	Surgery of cardiovascular system			
33265	ABLATE ATRIA LMTD ENDO	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33266	ABLATE ATRIA X10SV ENDO	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33270	INS/REP SUBQ DEFIBRILLATOR	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	No Auth Required	Surgery of cardiovascular system			
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No Auth Required	Surgery of cardiovascular system			
33272	RMVL OF SUBQ DEFIBRILLATOR	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No Auth Required	Surgery of cardiovascular system			
33273	REPOS PREV IMPLTBL SUBQ DFB	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	No Auth Required	Surgery of cardiovascular system			
33274	TCAT INSJ/RPL PERM LDLS PM	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	No Auth Required	Surgery of cardiovascular system			
33275	TCAT RMVL PERM LDLS PM W/IMG	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	No Auth Required	Surgery of cardiovascular system			

33285	INSJ SUBQ CAR RHYTHM MNTR	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33286	RMVL SUBQ CAR RHYTHM MNTR	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	Authorization Required	Surgery of cardiovascular system		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		Full Clinical Review	
33300	REPAIR OF HEART WOUND	REPAIR CARDIAC WOUND W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33305	REPAIR OF HEART WOUND	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	No Auth Required	Surgery of cardiovascular system			
33310	EXPLORATORY HEART SURGERY	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	No Auth Required	Surgery of cardiovascular system			
33315	EXPLORATORY HEART SURGERY	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	No Auth Required	Surgery of cardiovascular system			
33320	REPAIR MAJOR BLOOD VESSEL(S)	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	No Auth Required	Surgery of cardiovascular system			
33321	REPAIR MAJOR VESSEL	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	No Auth Required	Surgery of cardiovascular system			
33322	REPAIR MAJOR BLOOD VESSEL(S)	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33330	INSERT MAJOR VESSEL GRAFT	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	No Auth Required	Surgery of cardiovascular system			
33335	INSERT MAJOR VESSEL GRAFT	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33340	PERQ CLSR TCAT L ATR APNDGE	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33361	REPLACE AORTIC VALVE PERQ	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	No Auth Required	Surgery of cardiovascular system			
33362	REPLACE AORTIC VALVE OPEN	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	No Auth Required	Surgery of cardiovascular system			
33363	REPLACE AORTIC VALVE OPEN	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	No Auth Required	Surgery of cardiovascular system			
33364	REPLACE AORTIC VALVE OPEN	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	No Auth Required	Surgery of cardiovascular system			
33365	REPLACE AORTIC VALVE OPEN	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	No Auth Required	Surgery of cardiovascular system			
33366	TRCATH REPLACE AORTIC VALVE	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	No Auth Required	Surgery of cardiovascular system			
33367	REPLACE AORTIC VALVE W/BYP	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	No Auth Required	Surgery of cardiovascular system			
33368	REPLACE AORTIC VALVE W/BYP	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	No Auth Required	Surgery of cardiovascular system			
33369	REPLACE AORTIC VALVE W/BYP	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	No Auth Required	Surgery of cardiovascular system			
33390	VALVULOPLASTY AORTIC VALVE	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	No Auth Required	Surgery of cardiovascular system			
33391	VALVULOPLASTY AORTIC VALVE	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	No Auth Required	Surgery of cardiovascular system			
33404	PREPARE HEART-AORTA CONDUIT	CONSTRUCTION APICAL-AORTIC CONDUIT	No Auth Required	Surgery of cardiovascular system			
33405	REPLACEMENT AORTIC VALVE OPN	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	No Auth Required	Surgery of cardiovascular system			
33406	REPLACEMENT AORTIC VALVE OPN	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	No Auth Required	Surgery of cardiovascular system			
33410	REPLACEMENT AORTIC VALVE OPN	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	No Auth Required	Surgery of cardiovascular system			

33411	REPLACEMENT OF AORTIC VALVE	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	No Auth Required	Surgery of cardiovascular system			
33412	REPLACEMENT OF AORTIC VALVE	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	No Auth Required	Surgery of cardiovascular system			
33413	REPLACEMENT OF AORTIC VALVE	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	No Auth Required	Surgery of cardiovascular system			
33414	REPAIR OF AORTIC VALVE	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	No Auth Required	Surgery of cardiovascular system			
33415	REVISION SUBVALVULAR TISSUE	RESECTION/INCISION SUBVALVULAR TISSUE	No Auth Required	Surgery of cardiovascular system			
33416	REVISE VENTRICLE MUSCLE	VENTRICULOMYOTOMY-MYECTOMY	No Auth Required	Surgery of cardiovascular system			
33417	REPAIR OF AORTIC VALVE	AORTOPLASTY SUPRAVALVULAR STENOSIS	No Auth Required	Surgery of cardiovascular system			
33418	REPAIR TCAT MITRAL VALVE	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
33419	REPAIR TCAT MITRAL VALVE	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
33420	REVISION OF MITRAL VALVE	VALVOTOMY MITRAL VALVE CLOSED HEART	No Auth Required	Surgery of cardiovascular system			
33422	REVISION OF MITRAL VALVE	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33425	REPAIR OF MITRAL VALVE	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	No Auth Required	Surgery of cardiovascular system			
33426	REPAIR OF MITRAL VALVE	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	No Auth Required	Surgery of cardiovascular system			
33427	REPAIR OF MITRAL VALVE	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	No Auth Required	Surgery of cardiovascular system			
33430	REPLACEMENT OF MITRAL VALVE	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	No Auth Required	Surgery of cardiovascular system			
33440	RPLCMT A-VALVE TLCJ AUTOL PV	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	No Auth Required	Surgery of cardiovascular system			
33460	REVISION OF TRICUSPID VALVE	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	No Auth Required	Surgery of cardiovascular system			
33463	VALVULOPLASTY TRICUSPID	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	No Auth Required	Surgery of cardiovascular system			
33464	VALVULOPLASTY TRICUSPID	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	No Auth Required	Surgery of cardiovascular system			
33465	REPLACE TRICUSPID VALVE	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	No Auth Required	Surgery of cardiovascular system			
33468	REVISION OF TRICUSPID VALVE	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	No Auth Required	Surgery of cardiovascular system			
33470	REVISION OF PULMONARY VALVE	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	No Auth Required	Surgery of cardiovascular system			
33471	VALVOTOMY PULMONARY VALVE	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	No Auth Required	Surgery of cardiovascular system			
33474	REVISION OF PULMONARY VALVE	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33475	REPLACEMENT PULMONARY VALVE	REPLACEMENT PULMONARY VALVE	No Auth Required	Surgery of cardiovascular system			
33476	REVISION OF HEART CHAMBER	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	No Auth Required	Surgery of cardiovascular system			
33477	IMPLANT TCAT PULM VLV PERQ	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	No Auth Required	Surgery of cardiovascular system			
33478	REVISION OF HEART CHAMBER	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	No Auth Required	Surgery of cardiovascular system			

33496	REPAIR PROSTH VALVE CLOT	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33500	REPAIR HEART VESSEL FISTULA	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33501	REPAIR HEART VESSEL FISTULA	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33502	CORONARY ARTERY CORRECTION	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	No Auth Required	Surgery of cardiovascular system			
33503	CORONARY ARTERY GRAFT	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	No Auth Required	Surgery of cardiovascular system			
33504	CORONARY ARTERY GRAFT	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	No Auth Required	Surgery of cardiovascular system			
33505	REPAIR ARTERY W/TUNNEL	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	No Auth Required	Surgery of cardiovascular system			
33506	REPAIR ARTERY TRANSLOCATION	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	No Auth Required	Surgery of cardiovascular system			
33507	REPAIR ART INTRAMURAL	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	No Auth Required	Surgery of cardiovascular system			
33508	ENDOSCOPIC VEIN HARVEST	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	No Auth Required	Surgery of cardiovascular system			
33510	CABG VEIN SINGLE	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	No Auth Required	Surgery of cardiovascular system			
33511	CABG VEIN TWO	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	No Auth Required	Surgery of cardiovascular system			
33512	CABG VEIN THREE	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	No Auth Required	Surgery of cardiovascular system			
33513	CABG VEIN FOUR	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	No Auth Required	Surgery of cardiovascular system			
33514	CABG VEIN FIVE	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	No Auth Required	Surgery of cardiovascular system			
33516	CABG VEIN SIX OR MORE	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	No Auth Required	Surgery of cardiovascular system			
33517	CABG ARTERY-VEIN SINGLE	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	No Auth Required	Surgery of cardiovascular system			
33518	CABG ARTERY-VEIN TWO	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	No Auth Required	Surgery of cardiovascular system			
33519	CABG ARTERY-VEIN THREE	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	No Auth Required	Surgery of cardiovascular system			
33521	CABG ARTERY-VEIN FOUR	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	No Auth Required	Surgery of cardiovascular system			
33522	CABG ARTERY-VEIN FIVE	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	No Auth Required	Surgery of cardiovascular system			
33523	CABG ART-VEIN SIX OR MORE	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	No Auth Required	Surgery of cardiovascular system			
33530	CORONARY ARTERY BYPASS/REOP	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	No Auth Required	Surgery of cardiovascular system			
33533	CABG ARTERIAL SINGLE	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	No Auth Required	Surgery of cardiovascular system			
33534	CABG ARTERIAL TWO	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	No Auth Required	Surgery of cardiovascular system			
33535	CABG ARTERIAL THREE	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	No Auth Required	Surgery of cardiovascular system			
33536	CABG ARTERIAL FOUR OR MORE	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	No Auth Required	Surgery of cardiovascular system			
33542	REMOVAL OF HEART LESION	MYOCARDIAL RESECTION	No Auth Required	Surgery of cardiovascular system			

33545	REPAIR OF HEART DAMAGE	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	No Auth Required	Surgery of cardiovascular system			
33548	RESTORE/REMODEL VENTRICLE	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	No Auth Required	Surgery of cardiovascular system			
33572	OPEN CORONARY ENDARTERECTOMY	CORONARY ENDARTERCOMY OPEN ANY METHOD	No Auth Required	Surgery of cardiovascular system			
33600	CLOSURE OF VALVE	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	No Auth Required	Surgery of cardiovascular system			
33602	CLOSURE OF VALVE	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	No Auth Required	Surgery of cardiovascular system			
33606	ANASTOMOSIS/ARTERY-AORTA	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	No Auth Required	Surgery of cardiovascular system			
33608	REPAIR ANOMALY W/CONDUIT	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33610	REPAIR BY ENLARGEMENT	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33611	REPAIR DOUBLE VENTRICLE	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	No Auth Required	Surgery of cardiovascular system			
33612	REPAIR DOUBLE VENTRICLE	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	No Auth Required	Surgery of cardiovascular system			
33615	REPAIR MODIFIED FONTAN	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	No Auth Required	Surgery of cardiovascular system			
33617	REPAIR SINGLE VENTRICLE	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	No Auth Required	Surgery of cardiovascular system			
33619	REPAIR SINGLE VENTRICLE	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	No Auth Required	Surgery of cardiovascular system			
33620	APPLY R&L PULM ART BANDS	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	No Auth Required	Surgery of cardiovascular system			
33621	TRANSTHOR CATH FOR STENT	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	No Auth Required	Surgery of cardiovascular system			
33622	REDO COMPL CARDIAC ANOMALY	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	No Auth Required	Surgery of cardiovascular system			
33641	REPAIR HEART SEPTUM DEFECT	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	No Auth Required	Surgery of cardiovascular system			
33645	REVISION OF HEART VEINS	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	No Auth Required	Surgery of cardiovascular system			
33647	REPAIR HEART SEPTUM DEFECTS	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	No Auth Required	Surgery of cardiovascular system			
33660	REPAIR OF HEART DEFECTS	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	No Auth Required	Surgery of cardiovascular system			
33665	REPAIR OF HEART DEFECTS	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	No Auth Required	Surgery of cardiovascular system			
33670	REPAIR OF HEART CHAMBERS	RPR COMPL AV CANAL W/WO PROSTC VALVE	No Auth Required	Surgery of cardiovascular system			
33675	CLOSE MULT VSD	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	No Auth Required	Surgery of cardiovascular system			
33676	CLOSE MULT VSD W/RESECTION	CLOSURE MULTIPLE VSD W/RESECTION	No Auth Required	Surgery of cardiovascular system			
33677	CL MULT VSD W/REM PUL BAND	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	No Auth Required	Surgery of cardiovascular system			
33681	REPAIR HEART SEPTUM DEFECT	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	No Auth Required	Surgery of cardiovascular system			
33684	REPAIR HEART SEPTUM DEFECT	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	No Auth Required	Surgery of cardiovascular system			
33688	REPAIR HEART SEPTUM DEFECT	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	No Auth Required	Surgery of cardiovascular system			

33690	REINFORCE PULMONARY ARTERY	BANDING PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
33692	REPAIR OF HEART DEFECTS	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	No Auth Required	Surgery of cardiovascular system			
33694	REPAIR OF HEART DEFECTS	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	No Auth Required	Surgery of cardiovascular system			
33697	REPAIR OF HEART DEFECTS	COMPL RPR T-FALLOT W/PULM ATRESIA	No Auth Required	Surgery of cardiovascular system			
33702	REPAIR OF HEART DEFECTS	RPR SINUS VALSALVA FISTULA	No Auth Required	Surgery of cardiovascular system			
33710	REPAIR OF HEART DEFECTS	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	No Auth Required	Surgery of cardiovascular system			
33720	REPAIR OF HEART DEFECT	RPR SINUS VALSALVA ANEURYSM	No Auth Required	Surgery of cardiovascular system			
33722	REPAIR OF HEART DEFECT	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	No Auth Required	Surgery of cardiovascular system			
33724	REPAIR VENOUS ANOMALY	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	No Auth Required	Surgery of cardiovascular system			
33726	REPAIR PUL VENOUS STENOSIS	REPAIR PULMONARY VENOUS STENOSIS	No Auth Required	Surgery of cardiovascular system			
33730	REPAIR HEART-VEIN DEFECT(S)	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	No Auth Required	Surgery of cardiovascular system			
33732	REPAIR HEART-VEIN DEFECT	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	No Auth Required	Surgery of cardiovascular system			
33735	REVISION OF HEART CHAMBER	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	No Auth Required	Surgery of cardiovascular system			
33736	REVISION OF HEART CHAMBER	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33737	REVISION OF HEART CHAMBER	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	No Auth Required	Surgery of cardiovascular system			
33741	TAS CONGENITAL CAR ANOMAL	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	No Auth Required				
33745	TIS CGEN CAR ANOMAL 1ST SHNT	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	No Auth Required				
33746	TIS CGEN CAR ANOMAL EA ADDL	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	No Auth Required				
33750	MAJOR VESSEL SHUNT	SHUNT SUBCLAVIAN PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
33755	MAJOR VESSEL SHUNT	SHUNT ASCENDING AORTA PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
33762	MAJOR VESSEL SHUNT	SHUNT DESCENDING AORTA PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
33764	MAJOR VESSEL SHUNT & GRAFT	SHUNT CENTRAL W/PROSTHETIC GRAFT	No Auth Required	Surgery of cardiovascular system			
33766	MAJOR VESSEL SHUNT	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	No Auth Required	Surgery of cardiovascular system			
33767	MAJOR VESSEL SHUNT	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	No Auth Required	Surgery of cardiovascular system			
33768	CAVOPULMONARY SHUNTING	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	No Auth Required	Surgery of cardiovascular system			
33770	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33771	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33774	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	No Auth Required	Surgery of cardiovascular system			

33775	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	No Auth Required	Surgery of cardiovascular system			
33776	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33777	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	No Auth Required	Surgery of cardiovascular system			
33778	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	No Auth Required	Surgery of cardiovascular system			
33779	REPAIR GREAT VESSELS DEFECT	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	No Auth Required	Surgery of cardiovascular system			
33780	REPAIR GREAT VESSELS DEFECT	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	No Auth Required	Surgery of cardiovascular system			
33781	REPAIR GREAT VESSELS DEFECT	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	No Auth Required	Surgery of cardiovascular system			
33782	NIKAIDOH PROC	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	No Auth Required	Surgery of cardiovascular system			
33783	NIKAIDOH PROC W/OSTIA IMPLT	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	No Auth Required	Surgery of cardiovascular system			
33786	REPAIR ARTERIAL TRUNK	TOTAL REPAIR TRUNCUS ARTERIOSUS	No Auth Required	Surgery of cardiovascular system			
33788	REVISION OF PULMONARY ARTERY	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
33800	AORTIC SUSPENSION	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	No Auth Required	Surgery of cardiovascular system			
33802	REPAIR VESSEL DEFECT	DIVISION ABERRANT VESSEL VASCULAR RING	No Auth Required	Surgery of cardiovascular system			
33803	REPAIR VESSEL DEFECT	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	No Auth Required	Surgery of cardiovascular system			
33813	REPAIR SEPTAL DEFECT	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33814	REPAIR SEPTAL DEFECT	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33820	REVISE MAJOR VESSEL	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	No Auth Required	Surgery of cardiovascular system			
33822	REVISE MAJOR VESSEL	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	No Auth Required	Surgery of cardiovascular system			
33824	REVISE MAJOR VESSEL	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	No Auth Required	Surgery of cardiovascular system			
33840	REMOVE AORTA CONSTRICTION	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	No Auth Required	Surgery of cardiovascular system			
33845	REMOVE AORTA CONSTRICTION	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	No Auth Required	Surgery of cardiovascular system			
33851	REMOVE AORTA CONSTRICTION	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	No Auth Required	Surgery of cardiovascular system			
33852	REPAIR SEPTAL DEFECT	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33853	REPAIR SEPTAL DEFECT	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33858	AS-AORT GRF F/AORTIC DSJ	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	No Auth Required				
33859	AS-AORT GRF F/DS OTH/THN DSJ	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	No Auth Required				
33863	ASCENDING AORTIC GRAFT	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	No Auth Required	Surgery of cardiovascular system			
33864	ASCENDING AORTIC GRAFT	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	No Auth Required	Surgery of cardiovascular system			

33866	AORTIC HEMIARCH GRAFT	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	No Auth Required	Surgery of cardiovascular system			
33871	TRANSVRS A-ARCH GRF HYPTHRM	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	No Auth Required				
33875	THORACIC AORTIC GRAFT	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	No Auth Required	Surgery of cardiovascular system			
33877	THORACOABDOMINAL GRAFT	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	No Auth Required	Surgery of cardiovascular system			
33880	ENDOVASC TAA REPR INCL SUBCL	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	No Auth Required	Surgery of cardiovascular system			
33881	ENDOVASC TAA REPR W/O SUBCL	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	No Auth Required	Surgery of cardiovascular system			
33883	INSERT ENDOVASC PROSTH TAA	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	No Auth Required	Surgery of cardiovascular system			
33884	ENDOVASC PROSTH TAA ADD-ON	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	No Auth Required	Surgery of cardiovascular system			
33886	ENDOVASC PROSTH DELAYED	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	No Auth Required	Surgery of cardiovascular system			
33889	ARTERY TRANSPOSE/ENDOVAS TAA	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	No Auth Required	Surgery of cardiovascular system			
33891	CAR-CAR BP GRFT/ENDOVAS TAA	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	No Auth Required	Surgery of cardiovascular system			
33910	REMOVE LUNG ARTERY EMBOLI	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	No Auth Required	Surgery of cardiovascular system			
33915	REMOVE LUNG ARTERY EMBOLI	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	No Auth Required	Surgery of cardiovascular system			
33916	SURGERY OF GREAT VESSEL	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33917	REPAIR PULMONARY ARTERY	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	No Auth Required	Surgery of cardiovascular system			
33920	REPAIR PULMONARY ATRESIA	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	No Auth Required	Surgery of cardiovascular system			
33922	TRANSECT PULMONARY ARTERY	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	No Auth Required	Surgery of cardiovascular system			
33924	REMOVE PULMONARY SHUNT	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	No Auth Required	Surgery of cardiovascular system			
33925	RPR PUL ART UNIFOCAL W/O CPB	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33926	REPR PUL ART UNIFOCAL W/CPB	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33927	IMPLTJ TOT RPLCMT HRT SYS	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33928	RMVL & RPLCMT TOT HRT SYS	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33929	RMVL RPLCMT HRT SYS F/TRNSPL	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33930	REMOVAL OF DONOR HEART/LUNG	DONOR CARDIECTOMY-PNEUMONECTOMY	Authorization Required	Surgery of cardiovascular system		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)		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)		Full Clinical Review	
33940	REMOVAL OF DONOR HEART	DONOR CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		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)		Full Clinical Review	
33945	TRANSPLANTATION OF HEART	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33946	ECMO/ECLS INITIATION VENOUS	ECMO/ECLS INITIATION VENO-VENOUS	No Auth Required	Surgery of cardiovascular system			
33947	ECMO/ECLS INITIATION ARTERY	ECMO/ECLS INITIATION VENO-ARTERIAL	No Auth Required	Surgery of cardiovascular system			
33948	ECMO/ECLS DAILY MGMT-VENOUS	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	No Auth Required	Surgery of cardiovascular system			
33949	ECMO/ECLS DAILY MGMT ARTERY	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	No Auth Required	Surgery of cardiovascular system			
33951	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	No Auth Required	Surgery of cardiovascular system			
33952	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	No Auth Required	Surgery of cardiovascular system			
33953	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	No Auth Required	Surgery of cardiovascular system			
33954	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	No Auth Required	Surgery of cardiovascular system			
33955	ECMO/ECLS INSJ CTR CANNULA	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			
33956	ECMO/ECLS INSJ CTR CANNULA	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33957	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			
33958	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33959	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			
33962	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33963	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	No Auth Required	Surgery of cardiovascular system			
33964	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33965	ECMO/ECLS RMVL PERPH CANNULA	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			
33966	ECMO/ECLS RMVL PRPH CANNULA	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33967	INSERT I-AORT PERCUT DEVICE	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	No Auth Required	Surgery of cardiovascular system			
33968	REMOVE AORTIC ASSIST DEVICE	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	No Auth Required	Surgery of cardiovascular system			
33969	ECMO/ECLS RMVL PERPH CANNULA	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			

33970	AORTIC CIRCULATION ASSIST	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	No Auth Required	Surgery of cardiovascular system			
33971	AORTIC CIRCULATION ASSIST	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	No Auth Required	Surgery of cardiovascular system			
33973	INSERT BALLOON DEVICE	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	No Auth Required	Surgery of cardiovascular system			
33974	REMOVE INTRA-AORTIC BALLOON	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	No Auth Required	Surgery of cardiovascular system			
33975	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33976	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
33977	REMOVE VENTRICULAR DEVICE	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	No Auth Required	Surgery of cardiovascular system			
33978	REMOVE VENTRICULAR DEVICE	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	No Auth Required	Surgery of cardiovascular system			
33979	INSERT INTRACORPOREAL DEVICE	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	No Auth Required	Surgery of cardiovascular system			
33980	REMOVE INTRACORPOREAL DEVICE	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	No Auth Required	Surgery of cardiovascular system			
33981	REPLACE VAD PUMP EXT	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	No Auth Required	Surgery of cardiovascular system			
33982	REPLACE VAD INTRA W/O BP	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
33983	REPLACE VAD INTRA W/BP	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	No Auth Required	Surgery of cardiovascular system			
33984	ECMO/ECLS RMVL PRPH CANNULA	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33985	ECMO/ECLS RMVL CTR CANNULA	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	No Auth Required	Surgery of cardiovascular system			
33986	ECMO/ECLS RMVL CTR CANNULA	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	No Auth Required	Surgery of cardiovascular system			
33987	ARTERY EXPOS/GRAFT ARTERY	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	No Auth Required	Surgery of cardiovascular system			
33988	INSERTION OF LEFT HEART VENT	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	No Auth Required	Surgery of cardiovascular system			
33989	REMOVAL OF LEFT HEART VENT	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	No Auth Required	Surgery of cardiovascular system			
33990	INSERT VAD ARTERY ACCESS	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	No Auth Required	Surgery of cardiovascular system			
33991	INSERT VAD ART&VEIN ACCESS	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	No Auth Required	Surgery of cardiovascular system			
33992	REMOVE VAD DIFFERENT SESSION	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	No Auth Required	Surgery of cardiovascular system			
33993	REPOSITION VAD DIFF SESSION	REPOSITION VAD W/IMAGING DIFFERENT SESSION	No Auth Required	Surgery of cardiovascular system			
33995	INSJ PERQ VAD R HRT VENOUS	INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	No Auth Required				
33997	RMVL PERQ RIGHT HEART VAD	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	No Auth Required				
33999	CARDIAC SURGERY PROCEDURE	UNLISTED CARDIAC SURGERY	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
34001	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	No Auth Required	Surgery of cardiovascular system			
34051	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	No Auth Required	Surgery of cardiovascular system			

34101	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	No Auth Required	Surgery of cardiovascular system			
34111	REMOVAL OF ARM ARTERY CLOT	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	No Auth Required	Surgery of cardiovascular system			
34151	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	No Auth Required	Surgery of cardiovascular system			
34201	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	No Auth Required	Surgery of cardiovascular system			
34203	REMOVAL OF LEG ARTERY CLOT	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	No Auth Required	Surgery of cardiovascular system			
34401	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	No Auth Required	Surgery of cardiovascular system			
34421	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	No Auth Required	Surgery of cardiovascular system			
34451	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	No Auth Required	Surgery of cardiovascular system			
34471	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	No Auth Required	Surgery of cardiovascular system			
34490	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	No Auth Required	Surgery of cardiovascular system			
34501	REPAIR VALVE FEMORAL VEIN	VALVULOPLASTY FEMORAL VEIN	No Auth Required	Surgery of cardiovascular system			
34502	RECONSTRUCT VENA CAVA	RECONSTRUCTION VENA CAVA ANY METHOD	No Auth Required	Surgery of cardiovascular system			
34510	TRANSPOSITION OF VEIN VALVE	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	No Auth Required	Surgery of cardiovascular system			
34520	CROSS-OVER VEIN GRAFT	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	No Auth Required	Surgery of cardiovascular system			
34530	LEG VEIN FUSION	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	No Auth Required	Surgery of cardiovascular system			
34701	EVASC RPR A-AO NDGFT	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	No Auth Required	Surgery of cardiovascular system			
34702	EVASC RPR A-AO NDGFT RPT	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	No Auth Required	Surgery of cardiovascular system			
34703	EVASC RPR A-UNILAC NDGFT	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	No Auth Required	Surgery of cardiovascular system			
34704	EVASC RPR A-UNILAC NDGFT RPT	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	No Auth Required	Surgery of cardiovascular system			
34705	EVAC RPR A-BIILIAC NDGFT	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	No Auth Required	Surgery of cardiovascular system			
34706	EVASC RPR A-BIILIAC RPT	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	No Auth Required	Surgery of cardiovascular system			
34707	EVASC RPR ILIO-ILIAC NDGFT	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	No Auth Required	Surgery of cardiovascular system			
34708	EVASC RPR ILIO-ILIAC RPT	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	No Auth Required	Surgery of cardiovascular system			
34709	PLMT XTN PROSTH EVASC RPR	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			

34710	DLYD PLMT XTN PROSTH 1ST VSL	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
34711	DLYD PLMT XTN PROSTH EA ADDL	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
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		Full Clinical Review	
34713	PERQ ACCESS & CLSR FEM ART	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	No Auth Required	Surgery of cardiovascular system			
34714	OPN FEM ART EXPOS CNDT CRTJ	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	No Auth Required	Surgery of cardiovascular system			
34715	OPN AX/SUBCLA ART EXPOS	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	No Auth Required	Surgery of cardiovascular system			
34716	OPN AX/SUBCLA ART EXPOS CNDT	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	No Auth Required	Surgery of cardiovascular system			
34717	EVASC RPR A-ILIAC NDGFT	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	No Auth Required				
34718	EVASC RPR N/A A-ILIAC NDGFT	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	No Auth Required				
34808	ENDOVAS ILIAC A DEVICE ADDON	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	No Auth Required	Surgery of cardiovascular system			
34812	OPN FEM ART EXPOS	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	No Auth Required	Surgery of cardiovascular system			
34813	FEMORAL ENDOVAS GRAFT ADD-ON	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	No Auth Required	Surgery of cardiovascular system			
34820	OPN ILIAC ART EXPOS	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	No Auth Required	Surgery of cardiovascular system			
34830	OPEN AORTIC TUBE PROSTH REPR	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	No Auth Required	Surgery of cardiovascular system			
34831	OPEN AORTOILIAC PROSTH REPR	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	No Auth Required	Surgery of cardiovascular system			
34832	OPEN AORTOFEMOR PROSTH REPR	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	No Auth Required	Surgery of cardiovascular system			
34833	OPN ILAC ART EXPOS CNDT CRTJ	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	No Auth Required	Surgery of cardiovascular system			
34834	OPN BRACH ART EXPOS	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	No Auth Required	Surgery of cardiovascular system			
34839	PLNNING PT SPEC FENEST GRAFT	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	No Auth Required	Surgery of cardiovascular system			
34841	ENDOVASC VISC AORTA 1 GRAFT	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	No Auth Required	Surgery of cardiovascular system			
34842	ENDOVASC VISC AORTA 2 GRAFT	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	No Auth Required	Surgery of cardiovascular system			

34843	ENDOVASC VISC AORTA 3 GRAFT	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	No Auth Required	Surgery of cardiovascular system			
34844	ENDOVASC VISC AORTA 4 GRAFT	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	No Auth Required	Surgery of cardiovascular system			
34845	VISC & INFRAREN ABD 1 PROSTH	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
34846	VISC & INFRAREN ABD 2 PROSTH	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
34847	VISC & INFRAREN ABD 3 PROSTH	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
34848	VISC & INFRAREN ABD 4+ PROST	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	No Auth Required	Surgery of cardiovascular system			
35001	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	No Auth Required	Surgery of cardiovascular system			
35002	REPAIR ARTERY RUPTURE NECK	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	No Auth Required	Surgery of cardiovascular system			
35005	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM VERTEBRAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35011	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	No Auth Required	Surgery of cardiovascular system			
35013	REPAIR ARTERY RUPTURE ARM	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	No Auth Required	Surgery of cardiovascular system			
35021	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	No Auth Required	Surgery of cardiovascular system			
35022	REPAIR ARTERY RUPTURE CHEST	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	No Auth Required	Surgery of cardiovascular system			
35045	REPAIR DEFECT OF ARM ARTERY	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	No Auth Required	Surgery of cardiovascular system			
35081	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM ABDOMINAL AORTA	No Auth Required	Surgery of cardiovascular system			
35082	REPAIR ARTERY RUPTURE AORTA	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	No Auth Required	Surgery of cardiovascular system			
35091	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	No Auth Required	Surgery of cardiovascular system			
35092	REPAIR ARTERY RUPTURE AORTA	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	No Auth Required	Surgery of cardiovascular system			
35102	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	No Auth Required	Surgery of cardiovascular system			
35103	REPAIR ARTERY RUPTURE AORTA	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	No Auth Required	Surgery of cardiovascular system			
35111	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM SPLENIC ARTERY	No Auth Required	Surgery of cardiovascular system			
35112	REPAIR ARTERY RUPTURE SPLEEN	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	No Auth Required	Surgery of cardiovascular system			
35121	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	No Auth Required	Surgery of cardiovascular system			
35122	REPAIR ARTERY RUPTURE BELLY	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	No Auth Required	Surgery of cardiovascular system			
35131	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	No Auth Required	Surgery of cardiovascular system			
35132	REPAIR ARTERY RUPTURE GROIN	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	No Auth Required	Surgery of cardiovascular system			
35141	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35142	REPAIR ARTERY RUPTURE THIGH	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	No Auth Required	Surgery of cardiovascular system			

35151	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35152	REPAIR RUPTD POPLITEAL ART	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35180	REPAIR BLOOD VESSEL LESION	REPAIR CONGENITAL AV FISTULA HEAD & NECK	No Auth Required	Surgery of cardiovascular system			
35182	REPAIR BLOOD VESSEL LESION	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	No Auth Required	Surgery of cardiovascular system			
35184	REPAIR BLOOD VESSEL LESION	RPR CONGENITAL AV FISTULA EXTREMITIES	No Auth Required	Surgery of cardiovascular system			
35188	REPAIR BLOOD VESSEL LESION	RPR/TRAUMATIC AV FISTULA HEAD & NECK	No Auth Required	Surgery of cardiovascular system			
35189	REPAIR BLOOD VESSEL LESION	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	No Auth Required	Surgery of cardiovascular system			
35190	REPAIR BLOOD VESSEL LESION	RPR/TRAUMATIC AV FISTULA EXTREMITIES	No Auth Required	Surgery of cardiovascular system			
35201	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT NECK	No Auth Required	Surgery of cardiovascular system			
35206	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35207	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT HAND FINGER	No Auth Required	Surgery of cardiovascular system			
35211	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	No Auth Required	Surgery of cardiovascular system			
35216	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	No Auth Required	Surgery of cardiovascular system			
35221	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	No Auth Required	Surgery of cardiovascular system			
35226	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35231	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	No Auth Required	Surgery of cardiovascular system			
35236	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35241	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	No Auth Required	Surgery of cardiovascular system			
35246	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	No Auth Required	Surgery of cardiovascular system			
35251	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	No Auth Required	Surgery of cardiovascular system			
35256	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35261	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	No Auth Required	Surgery of cardiovascular system			
35266	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35271	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	No Auth Required	Surgery of cardiovascular system			
35276	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	No Auth Required	Surgery of cardiovascular system			
35281	REPAIR BLOOD VESSEL LESION	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	No Auth Required	Surgery of cardiovascular system			
35286	REPAIR BLOOD VESSEL LESION	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35301	RECHANNELING OF ARTERY	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	No Auth Required	Surgery of cardiovascular system			

35302	RECHANNELING OF ARTERY	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35303	RECHANNELING OF ARTERY	TEAEC W/GRAFT POPLITEAL ARTERY	No Auth Required	Surgery of cardiovascular system			
35304	RECHANNELING OF ARTERY	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	No Auth Required	Surgery of cardiovascular system			
35305	RECHANNELING OF ARTERY	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	No Auth Required	Surgery of cardiovascular system			
35306	RECHANNELING OF ARTERY	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	No Auth Required	Surgery of cardiovascular system			
35311	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	No Auth Required	Surgery of cardiovascular system			
35321	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	No Auth Required	Surgery of cardiovascular system			
35331	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	No Auth Required	Surgery of cardiovascular system			
35341	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	No Auth Required	Surgery of cardiovascular system			
35351	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT ILIAC	No Auth Required	Surgery of cardiovascular system			
35355	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35361	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	No Auth Required	Surgery of cardiovascular system			
35363	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35371	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	No Auth Required	Surgery of cardiovascular system			
35372	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	No Auth Required	Surgery of cardiovascular system			
35390	REOPERATION CAROTID ADD-ON	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	No Auth Required	Surgery of cardiovascular system			
35400	ANGIOSCOPY	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	No Auth Required	Surgery of cardiovascular system			
35500	HARVEST VEIN FOR BYPASS	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	No Auth Required	Surgery of cardiovascular system			
35501	ART BYP GRFT IPSILAT CAROTID	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	No Auth Required	Surgery of cardiovascular system			
35506	ART BYP GRFT SUBCLAV-CAROTID	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	No Auth Required	Surgery of cardiovascular system			
35508	ART BYP GRFT CAROTID-VERTBRL	BYPASS W/VEIN CAROTID-VERTEBRAL	No Auth Required	Surgery of cardiovascular system			
35509	ART BYP GRFT CONTRAL CAROTID	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	No Auth Required	Surgery of cardiovascular system			
35510	ART BYP GRFT CAROTID-BRCHIAL	BYPASS W/VEIN CAROTID-BRACHIAL	No Auth Required	Surgery of cardiovascular system			
35511	ART BYP GRFT SUBCLAV-SUBCLAV	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	No Auth Required	Surgery of cardiovascular system			
35512	ART BYP GRFT SUBCLAV-BRCHIAL	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	No Auth Required	Surgery of cardiovascular system			
35515	ART BYP GRFT SUBCLAV-VERTBRL	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	No Auth Required	Surgery of cardiovascular system			
35516	ART BYP GRFT SUBCLAV-AXILARY	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	No Auth Required	Surgery of cardiovascular system			
35518	ART BYP GRFT AXILLARY-AXILRY	BYPASS W/VEIN AXILLARY-AXILLARY	No Auth Required	Surgery of cardiovascular system			

35521	ART BYP GRFT AXILL-FEMORAL	BYPASS W/VEIN AXILLARY-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35522	ART BYP GRFT AXILL-BRACHIAL	BYPASS W/VEIN AXILLARY-BRACHIAL	No Auth Required	Surgery of cardiovascular system			
35523	ART BYP GRFT BRCHL-ULNR-RDL	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	No Auth Required	Surgery of cardiovascular system			
35525	ART BYP GRFT BRACHIAL-BRCHL	BYPASS W/VEIN BRACHIAL-BRACHIAL	No Auth Required	Surgery of cardiovascular system			
35526	ART BYP GRFT AOR/CAROT/INNOM	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	No Auth Required	Surgery of cardiovascular system			
35531	ART BYP GRFT AORCEL/AORMESEN	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	No Auth Required	Surgery of cardiovascular system			
35533	ART BYP GRFT AXILL/FEM/FEM	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35535	ART BYP GRFT HEPATORENAL	BYPASS W/VEIN HEPATORENAL	No Auth Required	Surgery of cardiovascular system			
35536	ART BYP GRFT SPLENORENAL	BYPASS W/VEIN SPLENORENAL	No Auth Required	Surgery of cardiovascular system			
35537	ART BYP GRFT AORTOILIAC	BYPASS W/VEIN AORTOILIAC	No Auth Required	Surgery of cardiovascular system			
35538	ART BYP GRFT AORTOBI-ILIAC	BYPASS W/VEIN AORTOBI-ILIAC	No Auth Required	Surgery of cardiovascular system			
35539	ART BYP GRFT AORTOFEMORAL	BYPASS W/VEIN AORTOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35540	ART BYP GRFT AORTBIFEMORAL	BYPASS W/VEIN AORTOBIFEMORAL	No Auth Required	Surgery of cardiovascular system			
35556	ART BYP GRFT FEM-POPLITEAL	BYPASS W/VEIN FEMORAL-POPLITEAL	No Auth Required	Surgery of cardiovascular system			
35558	ART BYP GRFT FEM-FEMORAL	BYPASS W/VEIN FEMORAL-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35560	ART BYP GRFT AORTORENAL	BYPASS W/VEIN AORTORENAL	No Auth Required	Surgery of cardiovascular system			
35563	ART BYP GRFT ILIOILIAC	BYPASS W/VEIN ILIOILIAC	No Auth Required	Surgery of cardiovascular system			
35565	ART BYP GRFT ILIOFEMORAL	BYPASS W/VEIN ILIOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35566	ART BYP FEM-ANT-POST TIB/PRL	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	No Auth Required	Surgery of cardiovascular system			
35570	ART BYP TIBIAL-TIB/PERONEAL	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	No Auth Required	Surgery of cardiovascular system			
35571	ART BYP POP-TIBL-PRL-OTHER	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	No Auth Required	Surgery of cardiovascular system			
35572	HARVEST FEMOROPOPLITEAL VEIN	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	No Auth Required	Surgery of cardiovascular system			
35583	VEIN BYP GRFT FEM-POPLITEAL	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	No Auth Required	Surgery of cardiovascular system			
35585	VEIN BYP FEM-TIBIAL PERONEAL	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	No Auth Required	Surgery of cardiovascular system			
35587	VEIN BYP POP-TIBL PERONEAL	IN-SITU VEIN BYP POP-TIBL PRONEAL	No Auth Required	Surgery of cardiovascular system			
35600	HARVEST ART FOR CABG ADD-ON	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	No Auth Required	Surgery of cardiovascular system			
35601	ART BYP COMMON IPSI CAROTID	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	No Auth Required	Surgery of cardiovascular system			
35606	ART BYP CAROTID-SUBCLAVIAN	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	No Auth Required	Surgery of cardiovascular system			

35612	ART BYP SUBCLAV-SUBCLAVIAN	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	No Auth Required	Surgery of cardiovascular system			
35616	ART BYP SUBCLAV-AXILLARY	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	No Auth Required	Surgery of cardiovascular system			
35621	ART BYP AXILLARY-FEMORAL	BYP OTH/THN VEIN AXILLARY-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35623	ART BYP AXILLARY-POP-TIBIAL	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	No Auth Required	Surgery of cardiovascular system			
35626	ART BYP AORSUBCL/CAROT/INNOM	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	No Auth Required	Surgery of cardiovascular system			
35631	ART BYP AOR-CELIAC-MSN-RENAL	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	No Auth Required	Surgery of cardiovascular system			
35632	ART BYP ILIO-CELIAC	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	No Auth Required	Surgery of cardiovascular system			
35633	ART BYP ILIO-MESENTERIC	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	No Auth Required	Surgery of cardiovascular system			
35634	ART BYP ILIORENAL	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	No Auth Required	Surgery of cardiovascular system			
35636	ART BYP SPENORENAL	BYP OTH/THN VEIN SPLENORENAL	No Auth Required	Surgery of cardiovascular system			
35637	ART BYP AORTOILIAC	BYP OTH/THN VEIN AORTOILIAC	No Auth Required	Surgery of cardiovascular system			
35638	ART BYP AORTOBI-ILIAC	BYP OTH/THN VEIN AORTOBI-ILIAC	No Auth Required	Surgery of cardiovascular system			
35642	ART BYP CAROTID-VERTEBRAL	BYP OTH/THN VEIN CAROTID-VERTEBRAL	No Auth Required	Surgery of cardiovascular system			
35645	ART BYP SUBCLAV-VERTEBRL	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	No Auth Required	Surgery of cardiovascular system			
35646	ART BYP AORTOBIFEMORAL	BYP OTH/THN VEIN AORTOBIFEMORAL	No Auth Required	Surgery of cardiovascular system			
35647	ART BYP AORTOFEMORAL	BYP OTH/THN VEIN AORTOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35650	ART BYP AXILLARY-AXILLARY	BYP OTH/THN VEIN AXILLARY-AXILLARY	No Auth Required	Surgery of cardiovascular system			
35654	ART BYP AXILL-FEM-FEMORAL	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35656	ART BYP FEMORAL-POPLITEAL	BYP OTH/THN VEIN FEMORAL-POPLITEAL	No Auth Required	Surgery of cardiovascular system			
35661	ART BYP FEMORAL-FEMORAL	BYP OTH/THN VEIN FEMORAL-FEMORAL	No Auth Required	Surgery of cardiovascular system			
35663	ART BYP ILIOILIAC	BYP OTH/THN VEIN ILIOILIAC	No Auth Required	Surgery of cardiovascular system			
35665	ART BYP ILIOFEMORAL	BYP OTH/THN VEIN ILIOFEMORAL	No Auth Required	Surgery of cardiovascular system			
35666	ART BYP FEM-ANT-POST TIB/PRL	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	No Auth Required	Surgery of cardiovascular system			
35671	ART BYP POP-TIBL-PRL-OTHER	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	No Auth Required	Surgery of cardiovascular system			
35681	COMPOSITE BYP GRFT PROS&VEIN	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	No Auth Required	Surgery of cardiovascular system			
35682	COMPOSITE BYP GRFT 2 VEINS	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	No Auth Required	Surgery of cardiovascular system			
35683	COMPOSITE BYP GRFT 3/> SEGMT	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	No Auth Required	Surgery of cardiovascular system			
35685	BYPASS GRAFT PATENCY/PATCH	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	No Auth Required	Surgery of cardiovascular system			

35686	BYPASS GRAFT/AV FIST PATENCY	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	No Auth Required	Surgery of cardiovascular system			
35691	ART TRNSPOSJ VERTBRL CAROTID	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	No Auth Required	Surgery of cardiovascular system			
35693	ART TRNSPOSJ SUBCLAVIAN	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	No Auth Required	Surgery of cardiovascular system			
35694	ART TRNSPOSJ SUBCLAV CAROTID	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	No Auth Required	Surgery of cardiovascular system			
35695	ART TRNSPOSJ CAROTID SUBCLAV	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	No Auth Required	Surgery of cardiovascular system			
35697	REIMPLANT ARTERY EACH	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	No Auth Required	Surgery of cardiovascular system			
35700	REOPERATION BYPASS GRAFT	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	No Auth Required	Surgery of cardiovascular system			
35701	EXPL N/FLWD SURG NECK ART	EXPLORATION N/FLWD SURG NECK ARTERY	No Auth Required	Surgery of cardiovascular system			
35702	EXPL N/FLWD SURG UXTR ART	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	No Auth Required				
35703	EXPL N/FLWD SURG LXTR ART	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	No Auth Required				
35800	EXPLORE NECK VESSELS	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	No Auth Required	Surgery of cardiovascular system			
35820	EXPLORE CHEST VESSELS	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	No Auth Required	Surgery of cardiovascular system			
35840	EXPLORE ABDOMINAL VESSELS	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	No Auth Required	Surgery of cardiovascular system			
35860	EXPLORE LIMB VESSELS	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	No Auth Required	Surgery of cardiovascular system			
35870	REPAIR VESSEL GRAFT DEFECT	RPR GRF-ENTERIC FSTL	No Auth Required	Surgery of cardiovascular system			
35875	REMOVAL OF CLOT IN GRAFT	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	No Auth Required	Surgery of cardiovascular system			
35876	REMOVAL OF CLOT IN GRAFT	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	No Auth Required	Surgery of cardiovascular system			
35879	REVISE GRAFT W/VEIN	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	No Auth Required	Surgery of cardiovascular system			
35881	REVISE GRAFT W/VEIN	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	No Auth Required	Surgery of cardiovascular system			
35883	REVISE GRAFT W/NONAUTO GRAFT	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	No Auth Required	Surgery of cardiovascular system			
35884	REVISE GRAFT W/VEIN	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	No Auth Required	Surgery of cardiovascular system			
35901	EXCISION GRAFT NECK	EXCISION INFECTED NECK GRAFT	No Auth Required	Surgery of cardiovascular system			
35903	EXCISION GRAFT EXTREMITY	EXCISION INFECTED GRAFT EXTREMITY	No Auth Required	Surgery of cardiovascular system			
35905	EXCISION GRAFT THORAX	EXCISION INFECTED GRAFT THORAX	No Auth Required	Surgery of cardiovascular system			
35907	EXCISION GRAFT ABDOMEN	EXCISION INFECTED GRAFT ABDOMEN	No Auth Required	Surgery of cardiovascular system			
36000	PLACE NEEDLE IN VEIN	INTRODUCTION NEEDLE/INTRACATHETER VEIN	No Auth Required				
36002	PSEUDOANEURYSM INJECTION TRT	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	No Auth Required	Surgery of cardiovascular system			
36005	INJECTION EXT VENOGRAPHY	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	No Auth Required	Surgery of cardiovascular system			

36010	PLACE CATHETER IN VEIN	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	No Auth Required	Surgery of cardiovascular system			
36011	PLACE CATHETER IN VEIN	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	Authorization Required	Surgery of cardiovascular system		Network Validation	
36012	PLACE CATHETER IN VEIN	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	No Auth Required				
36013	PLACE CATHETER IN ARTERY	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
36014	PLACE CATHETER IN ARTERY	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular system			
36015	PLACE CATHETER IN ARTERY	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	No Auth Required	Surgery of cardiovascular system			
36100	ESTABLISH ACCESS TO ARTERY	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	No Auth Required	Surgery of cardiovascular system			
36140	INTRO NDL ICATH UPR/LXTR ART	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	No Auth Required	Surgery of cardiovascular system			
36160	ESTABLISH ACCESS TO AORTA	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	No Auth Required	Surgery of cardiovascular system			
36200	PLACE CATHETER IN AORTA	INTRODUCTION CATHETER AORTA	No Auth Required	Surgery of cardiovascular system			
36215	PLACE CATHETER IN ARTERY	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	No Auth Required	Surgery of cardiovascular system			
36216	PLACE CATHETER IN ARTERY	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	No Auth Required	Surgery of cardiovascular system			
36217	PLACE CATHETER IN ARTERY	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	No Auth Required	Surgery of cardiovascular system			
36218	PLACE CATHETER IN ARTERY	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	No Auth Required	Surgery of cardiovascular system			
36221	PLACE CATH THORACIC AORTA	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	No Auth Required	Surgery of cardiovascular system			
36222	PLACE CATH CAROTID/INOM ART	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	No Auth Required	Surgery of cardiovascular system			
36223	PLACE CATH CAROTID/INOM ART	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	No Auth Required	Surgery of cardiovascular system			
36224	PLACE CATH CAROTD ART	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	Authorization Required	Surgery of cardiovascular system		Network Validation	
36225	PLACE CATH SUBCLAVIAN ART	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	No Auth Required	Surgery of cardiovascular system			
36226	PLACE CATH VERTEBRAL ART	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	No Auth Required	Surgery of cardiovascular system			
36227	PLACE CATH XTRNL CAROTID	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	No Auth Required	Surgery of cardiovascular system			
36228	PLACE CATH INTRACRANIAL ART	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	No Auth Required	Surgery of cardiovascular system			
36245	INS CATH ABD/L-EXT ART 1ST	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	Authorization Required	Surgery of cardiovascular system		Network Validation	
36246	INS CATH ABD/L-EXT ART 2ND	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	No Auth Required	Surgery of cardiovascular system			
36247	INS CATH ABD/L-EXT ART 3RD	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	No Auth Required	Surgery of cardiovascular system			
36248	INS CATH ABD/L-EXT ART ADDL	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	No Auth Required	Surgery of cardiovascular system			
36251	INS CATH REN ART 1ST UNILAT	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	No Auth Required	Surgery of cardiovascular system			
36252	INS CATH REN ART 1ST BILAT	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	No Auth Required	Surgery of cardiovascular system			

36253	INS CATH REN ART 2ND+ UNILAT	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	No Auth Required	Surgery of cardiovascular system			
36254	INS CATH REN ART 2ND+ BILAT	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	No Auth Required	Surgery of cardiovascular system			
36260	INSERTION OF INFUSION PUMP	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	No Auth Required	Surgery of cardiovascular system			
36261	REVISION OF INFUSION PUMP	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No Auth Required	Surgery of cardiovascular system			
36262	REMOVAL OF INFUSION PUMP	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No Auth Required	Surgery of cardiovascular system			
36299	VESSEL INJECTION PROCEDURE	UNLISTED PROCEDURE VASCULAR INJECTION	Authorization Required	Surgery of cardiovascular system		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				
36420	VEIN ACCESS CUTDOWN < 1 YR	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	No Auth Required	Surgery of cardiovascular system			
36425	VEIN ACCESS CUTDOWN > 1 YR	VENIPUNCTURE CUTDOWN AGE 1 YR/>	No Auth Required	Surgery of cardiovascular system			
36430	BLOOD TRANSFUSION SERVICE	TRANSFUSION BLOOD/BLOOD COMPONENTS	No Auth Required	Surgery of cardiovascular system			
36440	BL PUSH TRANSFUSE 2 YR/<	PUSH TRANSFUSION BLOOD 2 YR/UNDER	No Auth Required	Surgery of cardiovascular system			
36450	BL EXCHANGE/TRANSFUSE NB	EXCHNG TRANSFUSION BLOOD NEWBORN	No Auth Required	Surgery of cardiovascular system			
36455	BL EXCHANGE/TRANSFUSE NON-NB	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	No Auth Required	Surgery of cardiovascular system			
36456	PRTL EXCHANGE TRANSFUSE NB	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	No Auth Required	Surgery of cardiovascular system			
36460	TRANSFUSION SERVICE FETAL	TRANSFUSION INTRAUTERINE FETAL	No Auth Required	Surgery of cardiovascular system			
36465	NJX NONCMPND SCLRSNT 1 VEIN	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36466	NJX NONCMPND SCLRSNT MLT VN	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36468	NJX SCLRSNT SPIDER VEINS	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36470	NJX SCLRSNT 1 INCMPTNT VEIN	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36471	NJX SCLRSNT MLT INCMPTNT VN	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36474	ENDOVENOUS MCHNCHEM ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36475	ENDOVENOUS RF 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36476	ENDOVENOUS RF VEIN ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	

36478	ENDOVENOUS LASER 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36479	ENDOVENOUS LASER VEIN ADDON	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36481	INSERTION OF CATHETER VEIN	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	No Auth Required	Surgery of cardiovascular system			
36482	ENDOVEN THER CHEM ADHES 1ST	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36483	ENDOVEN THER CHEM ADHES SBSQ	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
36500	INSERTION OF CATHETER VEIN	VEN CATHJ SLCTV ORGAN BLD SAMPLING	No Auth Required	Surgery of cardiovascular system			
36510	INSERTION OF CATHETER VEIN	CATHJ UMBILICAL VEIN DX/THER NB	No Auth Required	Surgery of cardiovascular system			
36511	APHERESIS WBC	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	No Auth Required	Surgery of cardiovascular system			
36512	APHERESIS RBC	THERAPEUTIC APHERESIS RED BLOOD CELLS	No Auth Required	Surgery of cardiovascular system			
36513	APHERESIS PLATELETS	THERAPEUTIC APHERESIS PLATELETS	No Auth Required	Surgery of cardiovascular system			
36514	APHERESIS PLASMA	THERAPEUTIC APHERESIS PLASMA PHERESIS	No Auth Required	Surgery of cardiovascular system			
36516	APHERESIS IMMUNOADS SLCTV	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	No Auth Required	Surgery of cardiovascular system			
36522	PHOTOPHERESIS	PHOTOPHERESIS EXTRACORPOREAL	No Auth Required	Surgery of cardiovascular system			
36555	INSERT NON-TUNNEL CV CATH	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	No Auth Required	Surgery of cardiovascular system			
36556	INSERT NON-TUNNEL CV CATH	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	No Auth Required	Surgery of cardiovascular system			
36557	INSERT TUNNELED CV CATH	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	No Auth Required	Surgery of cardiovascular system			
36558	INSERT TUNNELED CV CATH	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	No Auth Required	Surgery of cardiovascular system			
36560	INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	No Auth Required	Surgery of cardiovascular system			
36561	INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	Authorization Required	Surgery of cardiovascular system		Network Validation	
36563	INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ PUMP	No Auth Required	Surgery of cardiovascular system			
36565	INSERT TUNNELED CV CATH	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular system			
36566	INSERT TUNNELED CV CATH	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	No Auth Required	Surgery of cardiovascular system			
36568	INSJ PICC <5 YR W/O IMAGING	INSERTION PICC W/O IMG GDN < 5 YR	No Auth Required	Surgery of cardiovascular system			
36569	INSJ PICC 5 YR+ W/O IMAGING	INSERTION PICC W/O IMG GDN 5 YR/>	No Auth Required	Surgery of cardiovascular system			
36570	INSERT PICVAD CATH	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	No Auth Required	Surgery of cardiovascular system			
36571	INSERT PICVAD CATH	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	No Auth Required	Surgery of cardiovascular system			
36572	INSJ PICC RS&I <5 YR	INSERTION PICC W/RS&I < 5 YR	No Auth Required	Surgery of cardiovascular system			
36573	INSJ PICC RS&I 5 YR+	INSERTION PICC W/RS&I 5 YR/>	No Auth Required	Surgery of cardiovascular system			

36575	REPAIR TUNNELED CV CATH	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular system			
36576	REPAIR TUNNELED CV CATH	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	No Auth Required	Surgery of cardiovascular system			
36578	REPLACE TUNNELED CV CATH	RPLCMT CATH CTR VAD SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular system			
36580	REPLACE CVAD CATH	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular system			
36581	REPLACE TUNNELED CV CATH	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular system			
36582	REPLACE TUNNELED CV CATH	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	No Auth Required	Surgery of cardiovascular system			
36583	REPLACE TUNNELED CV CATH	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	No Auth Required	Surgery of cardiovascular system			
36584	COMPL RPLCMT PICC RS&I	COMPLETE REPLACEMENT PICC RS&I	No Auth Required	Surgery of cardiovascular system			
36585	REPLACE PICVAD CATH	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	No Auth Required	Surgery of cardiovascular system			
36589	REMOVAL TUNNELED CV CATH	RMVL TUN CVC W/O SUBQ PORT/PMP	No Auth Required				
36590	REMOVAL TUNNELED CV CATH	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	No Auth Required	Surgery of cardiovascular system			
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				
36593	DECLOT VASCULAR DEVICE	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	No Auth Required	Surgery of cardiovascular system			
36595	MECH REMOV TUNNELED CV CATH	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	No Auth Required	Surgery of cardiovascular system			
36596	MECH REMOV TUNNELED CV CATH	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	No Auth Required	Surgery of cardiovascular system			
36597	REPOSITION VENOUS CATHETER	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	No Auth Required	Surgery of cardiovascular system			
36598	INJ W/FLUOR EVAL CV DEVICE	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	No Auth Required	Surgery of cardiovascular system			
36600	WITHDRAWAL OF ARTERIAL BLOOD	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	No Auth Required				
36620	INSERTION CATHETER ARTERY	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	No Auth Required	Surgery of cardiovascular system			
36625	INSERTION CATHETER ARTERY	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	No Auth Required	Surgery of cardiovascular system			
36640	INSERTION CATHETER ARTERY	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	No Auth Required	Surgery of cardiovascular system			
36660	INSERTION CATHETER ARTERY	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	No Auth Required	Surgery of cardiovascular system			
36680	INSERT NEEDLE BONE CAVITY	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	No Auth Required	Surgery of cardiovascular system			
36800	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	No Auth Required	Surgery of cardiovascular system			
36810	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	No Auth Required	Surgery of cardiovascular system			
36815	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	No Auth Required	Surgery of cardiovascular system			
36818	AV FUSE UPPR ARM CEPHALIC	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	No Auth Required	Surgery of cardiovascular system			

36819	AV FUSE UPPR ARM BASILIC	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	No Auth Required	Surgery of cardiovascular system			
36820	AV FUSION/FOREARM VEIN	ARVEN ANAST OPN F/ARM VEIN TRPOS	No Auth Required	Surgery of cardiovascular system			
36821	AV FUSION DIRECT ANY SITE	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	No Auth Required	Surgery of cardiovascular system			
36823	INSERTION OF CANNULA(S)	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	No Auth Required	Surgery of cardiovascular system			
36825	ARTERY-VEIN AUTOGRAFT	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	No Auth Required	Surgery of cardiovascular system			
36830	ARTERY-VEIN NONAUTOGRAFT	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	No Auth Required	Surgery of cardiovascular system			
36831	OPEN THROMBECT AV FISTULA	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	No Auth Required	Surgery of cardiovascular system			
36832	AV FISTULA REVISION OPEN	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	No Auth Required	Surgery of cardiovascular system			
36833	AV FISTULA REVISION	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	No Auth Required	Surgery of cardiovascular system			
36835	ARTERY TO VEIN SHUNT	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	No Auth Required	Surgery of cardiovascular system			
36838	DIST REVAS LIGATION HEMO	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	No Auth Required	Surgery of cardiovascular system			
36860	EXTERNAL CANNULA DECLOTTING	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	No Auth Required	Surgery of cardiovascular system			
36861	CANNULA DECLOTTING	XTRNL CANNULA DECLTNG SPX W/BALO CATH	No Auth Required	Surgery of cardiovascular system			
36901	INTRO CATH DIALYSIS CIRCUIT	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	No Auth Required	Surgery of cardiovascular system			
36902	INTRO CATH DIALYSIS CIRCUIT	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	Authorization Required	Surgery of cardiovascular system		Network Validation	
36903	INTRO CATH DIALYSIS CIRCUIT	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	No Auth Required	Surgery of cardiovascular system			
36904	THRMBC/NFS DIALYSIS CIRCUIT	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	No Auth Required	Surgery of cardiovascular system			
36905	THRMBC/NFS DIALYSIS CIRCUIT	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	No Auth Required	Surgery of cardiovascular system			
36906	THRMBC/NFS DIALYSIS CIRCUIT	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	No Auth Required	Surgery of cardiovascular system			
36907	BALO ANGIOP CTR DIALYSIS SEG	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	No Auth Required	Surgery of cardiovascular system			
36908	STENT PLMT CTR DIALYSIS SEG	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	No Auth Required	Surgery of cardiovascular system			
36909	DIALYSIS CIRCUIT EMBOLJ	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	No Auth Required	Surgery of cardiovascular system			
37140	REVISION OF CIRCULATION	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	No Auth Required	Surgery of cardiovascular system			
37145	REVISION OF CIRCULATION	VENOUS ANASTOMOSIS OPEN RENOPORTAL	No Auth Required	Surgery of cardiovascular system			
37160	REVISION OF CIRCULATION	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	No Auth Required	Surgery of cardiovascular system			
37180	REVISION OF CIRCULATION	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	No Auth Required	Surgery of cardiovascular system			
37181	SPLICE SPLEEN/KIDNEY VEINS	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	No Auth Required	Surgery of cardiovascular system			
37182	INSERT HEPATIC SHUNT (TIPS)	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	No Auth Required	Surgery of cardiovascular system			

37183	REMOVE HEPATIC SHUNT (TIPS)	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	No Auth Required	Surgery of cardiovascular system			
37184	PRIM ART M-THRMBC 1ST VSL	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	No Auth Required	Surgery of cardiovascular system			
37185	PRIM ART M-THRMBC SBSQ VSL	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	No Auth Required	Surgery of cardiovascular system			
37186	SEC ART THROMBECTOMY ADD-ON	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	No Auth Required	Surgery of cardiovascular system			
37187	VENOUS MECH THROMBECTOMY	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	No Auth Required	Surgery of cardiovascular system			
37188	VEN MECHNL THRMBC REPEAT TX	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	No Auth Required	Surgery of cardiovascular system			
37191	INS ENDOVAS VENA CAVA FILTR	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	No Auth Required	Surgery of cardiovascular system			
37192	REDO ENDOVAS VENA CAVA FILTR	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	No Auth Required	Surgery of cardiovascular system			
37193	REM ENDOVAS VENA CAVA FILTER	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	No Auth Required	Surgery of cardiovascular system			
37195	THROMBOLYTIC THERAPY STROKE	THROMBOLYSIS CEREBRAL IV INFUSION	No Auth Required	Surgery of cardiovascular system			
37197	REMOVE INTRVAS FOREIGN BODY	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	No Auth Required	Surgery of cardiovascular system			
37200	TRANSCATHETER BIOPSY	TRANSCATHETER BIOPSY	No Auth Required	Surgery of cardiovascular system			
37211	THROMBOLYTIC ART THERAPY	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	No Auth Required	Surgery of cardiovascular system			
37212	THROMBOLYTIC VENOUS THERAPY	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	No Auth Required	Surgery of cardiovascular system			
37213	THROMBLYTIC ART/VEN THERAPY	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	No Auth Required	Surgery of cardiovascular system			
37214	CESSJ THERAPY CATH REMOVAL	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	No Auth Required	Surgery of cardiovascular system			
37215	TRANSCATH STENT CCA W/EPS	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	No Auth Required	Surgery of cardiovascular system			
37216	TRANSCATH STENT CCA W/O EPS	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	No Auth Required	Surgery of cardiovascular system			
37217	STENT PLACEMT RETRO CAROTID	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	No Auth Required	Surgery of cardiovascular system			
37218	STENT PLACEMT ANTE CAROTID	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	No Auth Required	Surgery of cardiovascular system			
37220	ILIAC REVASC	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	No Auth Required	Surgery of cardiovascular system			
37221	ILIAC REVASC W/STENT	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Authorization Required	Surgery of cardiovascular system		Network Validation	
37222	ILIAC REVASC ADD-ON	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	No Auth Required	Surgery of cardiovascular system			
37223	ILIAC REVASC W/STENT ADD-ON	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	No Auth Required	Surgery of cardiovascular system			
37224	FEM/POPL REVAS W/TLA	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	No Auth Required	Surgery of cardiovascular system			
37225	FEM/POPL REVAS W/ATHER	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Authorization Required	Surgery of cardiovascular system		Network Validation	
37226	FEM/POPL REVASC W/STENT	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	No Auth Required	Surgery of cardiovascular system			
37227	FEM/POPL REVASC STNT & ATHER	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Authorization Required	Surgery of cardiovascular system		Network Validation	

37228	TIB/PER REVASC W/TLA	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	No Auth Required	Surgery of cardiovascular system			
37229	TIB/PER REVASC W/ATHER	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Authorization Required	Surgery of cardiovascular system		Network Validation	
37230	TIB/PER REVASC W/STENT	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	No Auth Required	Surgery of cardiovascular system			
37231	TIB/PER REVASC STENT & ATHER	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Authorization Required	Surgery of cardiovascular system		Network Validation	
37232	TIB/PER REVASC ADD-ON	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	No Auth Required	Surgery of cardiovascular system			
37233	TIBPER REVASC W/ATHER ADD-ON	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	No Auth Required	Surgery of cardiovascular system			
37234	REVSC OPN/PRQ TIB/PERO STENT	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	No Auth Required	Surgery of cardiovascular system			
37235	TIB/PER REVASC STNT & ATHER	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	No Auth Required	Surgery of cardiovascular system			
37236	OPEN/PERQ PLACE STENT 1ST	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	No Auth Required	Surgery of cardiovascular system			
37237	OPEN/PERQ PLACE STENT EA ADD	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	No Auth Required	Surgery of cardiovascular system			
37238	OPEN/PERQ PLACE STENT SAME	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	No Auth Required	Surgery of cardiovascular system			
37239	OPEN/PERQ PLACE STENT EA ADD	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	No Auth Required	Surgery of cardiovascular system			
37241	VASC EMBOLIZE/OCCLUDE VENOUS	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	No Auth Required	Surgery of cardiovascular system			
37242	VASC EMBOLIZE/OCCLUDE ARTERY	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	No Auth Required	Surgery of cardiovascular system			
37243	VASC EMBOLIZE/OCCLUDE ORGAN	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	No Auth Required	Surgery of cardiovascular system			
37244	VASC EMBOLIZE/OCCLUDE BLEED	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	No Auth Required	Surgery of cardiovascular system			
37246	TRLUML BALO ANGIOP 1ST ART	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	No Auth Required	Surgery of cardiovascular system			
37247	TRLUML BALO ANGIOP ADDL ART	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	No Auth Required	Surgery of cardiovascular system			
37248	TRLUML BALO ANGIOP 1ST VEIN	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	No Auth Required	Surgery of cardiovascular system			
37249	TRLUML BALO ANGIOP ADDL VEIN	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	No Auth Required	Surgery of cardiovascular system			
37252	INTRVASC US NONCORONARY 1ST	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	No Auth Required	Surgery of cardiovascular system			
37253	INTRVASC US NONCORONARY ADDL	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	No Auth Required	Surgery of cardiovascular system			
37500	ENDOSCOPY LIGATE PERF VEINS	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	No Auth Required	Surgery of cardiovascular system			
37501	VASCULAR ENDOSCOPY PROCEDURE	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37565	LIGATION OF NECK VEIN	LIGATION INTERNAL JUGULAR VEIN	No Auth Required	Surgery of cardiovascular system			
37600	LIGATION OF NECK ARTERY	LIGATION EXTERNAL CAROTID ARTERY	No Auth Required	Surgery of cardiovascular system			
37605	LIGATION OF NECK ARTERY	LIGATION INTERNAL/COMMON CAROTID ARTERY	No Auth Required	Surgery of cardiovascular system			
37606	LIGATION OF NECK ARTERY	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	No Auth Required	Surgery of cardiovascular system			

37607	LIGATION OF A-V FISTULA	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	No Auth Required	Surgery of cardiovascular system			
37609	TEMPORAL ARTERY PROCEDURE	LIGATION/BIOPSY TEMPORAL ARTERY	No Auth Required	Surgery of cardiovascular system			
37615	LIGATION OF NECK ARTERY	LIGATION MAJOR ARTERY NECK	No Auth Required	Surgery of cardiovascular system			
37616	LIGATION OF CHEST ARTERY	LIGATION MAJOR ARTERY CHEST	No Auth Required	Surgery of cardiovascular system			
37617	LIGATION OF ABDOMEN ARTERY	LIGATION MAJOR ARTERY ABDOMEN	No Auth Required	Surgery of cardiovascular system			
37618	LIGATION OF EXTREMITY ARTERY	LIGATION MAJOR ARTERY EXTREMITY	No Auth Required	Surgery of cardiovascular system			
37619	LIGATION OF INF VENA CAVA	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	No Auth Required	Surgery of cardiovascular system			
37650	REVISION OF MAJOR VEIN	LIGATION OF FEMORAL VEIN	No Auth Required	Surgery of cardiovascular system			
37660	REVISION OF MAJOR VEIN	LIGATION OF COMMON ILIAC VEIN	No Auth Required	Surgery of cardiovascular system			
37700	REVISE LEG VEIN	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37718	LIGATE/STRIP SHORT LEG VEIN	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37722	LIGATE/STRIP LONG LEG VEIN	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37735	REMOVAL OF LEG VEINS/LESION	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37760	LIGATE LEG VEINS RADICAL	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37761	LIGATE LEG VEINS OPEN	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Authorization Required	Surgery of cardiovascular system		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		Full Clinical Review	
37766	PHLEB VEINS - EXTREM 20+	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37780	REVISION OF LEG VEIN	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37785	LIGATE/DIVIDE/EXCISE VEIN	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
37788	REVASCULARIZATION PENIS	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	No Auth Required	Surgery of cardiovascular system			
37790	PENILE VENOUS OCCLUSION	PENILE VENOUS OCCLUSIVE PROCEDURE	No Auth Required	Surgery of cardiovascular system			
37799	VASCULAR SURGERY PROCEDURE	UNLISTED PROCEDURE VASCULAR SURGERY	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
38100	REMOVAL OF SPLEEN TOTAL	SPLENECTOMY TOTAL SEPARATE PROCEDURE	No Auth Required	Surgery of hemic and lymphatic systems			
38101	REMOVAL OF SPLEEN PARTIAL	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	No Auth Required	Surgery of hemic and lymphatic systems			
38102	REMOVAL OF SPLEEN TOTAL	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	No Auth Required	Surgery of hemic and lymphatic systems			
38115	REPAIR OF RUPTURED SPLEEN	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	No Auth Required	Surgery of hemic and lymphatic systems			
38120	LAPAROSCOPY SPLENECTOMY	LAPAROSCOPIC SURGICAL SPLENECTOMY	No Auth Required	Surgery of hemic and lymphatic systems			
38129	LAPAROSCOPE PROC SPLEEN	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Authorization Required	Surgery of hemic and lymphatic systems		Full Clinical Review	

38200	INJECTION FOR SPLEEN X-RAY	INJECTION PROCEDURE SPLENOPORTOGRAPY	No Auth Required	Surgery of hemic and lymphatic systems			
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)		Full Clinical Review	
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)		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)		Full Clinical Review	
38207	CRYOPRESERVE STEM CELLS	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		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)		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)		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)		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)		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)		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)		Full Clinical Review	
38220	DX BONE MARROW ASPIRATIONS	DIAGNOSTIC BONE MARROW ASPIRATIONS	No Auth Required	Surgery of hemic and lymphatic systems			
38221	DX BONE MARROW BIOPSIES	DIAGNOSTIC BONE MARROW BIOPSIES	No Auth Required	Surgery of hemic and lymphatic systems			
38222	DX BONE MARROW BX & ASPIR	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	No Auth Required	Surgery of hemic and lymphatic systems			
38230	BONE MARROW HARVEST ALLOGEN	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		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)		Full Clinical Review	
38242	TRANSPLT ALLO LYMPHOCYTES	ALLOGENEIC LYMPHOCYTE INFUSIONS	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
38243	TRANSPLJ HEMATOPOIETIC BOOST	TRNSPLJ HEMATOPOIETIC CELL BOOST	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
38300	DRAINAGE LYMPH NODE LESION	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	No Auth Required	Surgery of hemic and lymphatic systems			
38305	DRAINAGE LYMPH NODE LESION	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	No Auth Required	Surgery of hemic and lymphatic systems			
38308	INCISION OF LYMPH CHANNELS	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	No Auth Required	Surgery of hemic and lymphatic systems			
38380	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	No Auth Required	Surgery of hemic and lymphatic systems			
38381	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	No Auth Required	Surgery of hemic and lymphatic systems			
38382	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	No Auth Required	Surgery of hemic and lymphatic systems			
38500	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN SUPERFICIAL	No Auth Required	Surgery of hemic and lymphatic systems			
38505	NEEDLE BIOPSY LYMPH NODES	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	No Auth Required	Surgery of hemic and lymphatic systems			

38510	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	No Auth Required	Surgery of hemic and lymphatic systems			
38520	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	No Auth Required	Surgery of hemic and lymphatic systems			
38525	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	No Auth Required	Surgery of hemic and lymphatic systems			
38530	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	No Auth Required	Surgery of hemic and lymphatic systems			
38531	OPEN BX/EXC INGUINOFEM NODES	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	No Auth Required	Surgery of hemic and lymphatic systems			
38542	EXPLORE DEEP NODE(S) NECK	DISSECTION DEEP JUGULAR NODE	No Auth Required	Surgery of hemic and lymphatic systems			
38550	REMOVAL NECK/ARMPIT LESION	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	No Auth Required	Surgery of hemic and lymphatic systems			
38555	REMOVAL NECK/ARMPIT LESION	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	No Auth Required	Surgery of hemic and lymphatic systems			
38562	REMOVAL PELVIC LYMPH NODES	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	No Auth Required	Surgery of hemic and lymphatic systems			
38564	REMOVAL ABDOMEN LYMPH NODES	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	No Auth Required	Surgery of hemic and lymphatic systems			
38570	LAPAROSCOPY LYMPH NODE BIOP	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	No Auth Required	Surgery of hemic and lymphatic systems			
38571	LAPAROSCOPY LYMPHADENECTOMY	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	Authorization Required	Surgery of hemic and lymphatic systems		Network Validation	
38572	LAPAROSCOPY LYMPHADENECTOMY	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	No Auth Required	Surgery of hemic and lymphatic systems			
38573	LAPS PELVIC LYMPHADEC	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	No Auth Required	Surgery of urinary system			
38589	LAPAROSCOPE PROC LYMPHATIC	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Authorization Required	Surgery of hemic and lymphatic systems		Full Clinical Review	
38700	REMOVAL OF LYMPH NODES NECK	SUPRAHYOID LYMPHADENECTOMY	No Auth Required	Surgery of hemic and lymphatic systems			
38720	REMOVAL OF LYMPH NODES NECK	CERVICAL LYMPHADENECTOMY	No Auth Required	Surgery of hemic and lymphatic systems			
38724	REMOVAL OF LYMPH NODES NECK	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	No Auth Required	Surgery of hemic and lymphatic systems			
38740	REMOVE ARMPIT LYMPH NODES	AXILLARY LYMPHADENECTOMY SUPERFICIAL	No Auth Required	Surgery of hemic and lymphatic systems			
38745	REMOVE ARMPIT LYMPH NODES	AXILLARY LYMPHADENECTOMY COMPLETE	No Auth Required	Surgery of hemic and lymphatic systems			
38746	REMOVE THORACIC LYMPH NODES	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	No Auth Required	Surgery of hemic and lymphatic systems			
38747	REMOVE ABDOMINAL LYMPH NODES	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	No Auth Required	Surgery of hemic and lymphatic systems			
38760	REMOVE GROIN LYMPH NODES	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	No Auth Required	Surgery of hemic and lymphatic systems			
38765	REMOVE GROIN LYMPH NODES	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	No Auth Required	Surgery of hemic and lymphatic systems			
38770	REMOVE PELVIS LYMPH NODES	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	No Auth Required	Surgery of hemic and lymphatic systems			
38780	REMOVE ABDOMEN LYMPH NODES	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	No Auth Required	Surgery of hemic and lymphatic systems			
38790	INJECT FOR LYMPHATIC X-RAY	INJECTION PROCEDURE LYMPHANGIOGRAPHY	No Auth Required	Surgery of hemic and lymphatic systems			
38792	RA TRACER ID OF SENTINL NODE	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	No Auth Required	Surgery of hemic and lymphatic systems			

38794	ACCESS THORACIC LYMPH DUCT	CANNULATION THORACIC DUCT	No Auth Required	Surgery of hemic and lymphatic systems			
38900	IO MAP OF SENT LYMPH NODE	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	No Auth Required	Surgery of hemic and lymphatic systems			
38999	BLOOD/LYMPH SYSTEM PROCEDURE	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Authorization Required	Surgery of hemic and lymphatic systems		Full Clinical Review	
39000	EXPLORATION OF CHEST	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	No Auth Required	Surgery of mediastinum and diaphragm			
39010	EXPLORATION OF CHEST	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	No Auth Required	Surgery of mediastinum and diaphragm			
39200	RESECT MEDIASTINAL CYST	RESECTION OF MEDIASTINAL CYST	No Auth Required	Surgery of mediastinum and diaphragm			
39220	RESECT MEDIASTINAL TUMOR	RESECTION MEDIASTINAL TUMOR	No Auth Required	Surgery of mediastinum and diaphragm			
39401	MEDIASTINOSCPY W/MEDSTNL BX	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	No Auth Required	Surgery of mediastinum and diaphragm			
39402	MEDIASTINOSCPY W/LMPH NOD BX	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	No Auth Required	Surgery of mediastinum and diaphragm			
39499	CHEST PROCEDURE	UNLISTED PROCEDURE MEDIASTINUM	Authorization Required	Surgery of mediastinum and diaphragm		Full Clinical Review	
39501	REPAIR DIAPHRAGM LACERATION	REPAIR LACERATION DIAPHRAGM ANY APPROACH	No Auth Required	Surgery of mediastinum and diaphragm			
39503	REPAIR OF DIAPHRAGM HERNIA	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	No Auth Required	Surgery of mediastinum and diaphragm			
39540	REPAIR OF DIAPHRAGM HERNIA	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	No Auth Required	Surgery of mediastinum and diaphragm			
39541	REPAIR OF DIAPHRAGM HERNIA	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	No Auth Required	Surgery of mediastinum and diaphragm			
39545	REVISION OF DIAPHRAGM	IMBRICATION DIAPHRAGM EVENTRATION	No Auth Required	Surgery of mediastinum and diaphragm			
39560	RESECT DIAPHRAGM SIMPLE	RESCJ DIAPHRAGM W/SIMPLE REPAIR	No Auth Required	Surgery of mediastinum and diaphragm			
39561	RESECT DIAPHRAGM COMPLEX	RESCJ DIAPHRAGM W/COMPLEX REPAIR	No Auth Required	Surgery of mediastinum and diaphragm			
39599	DIAPHRAGM SURGERY PROCEDURE	UNLISTED PROCEDURE DIAPHRAGM	Authorization Required	Surgery of mediastinum and diaphragm		Full Clinical Review	
40490	BIOPSY OF LIP	BIOPSY OF LIP	No Auth Required	Surgery of digestive system			
40500	PARTIAL EXCISION OF LIP	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	No Auth Required	Surgery of digestive system			
40510	PARTIAL EXCISION OF LIP	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	No Auth Required	Surgery of digestive system			
40520	PARTIAL EXCISION OF LIP	EXC LIP V-EXC W/PRIM DIR LINR CLSR	No Auth Required	Surgery of digestive system			
40525	RECONSTRUCT LIP WITH FLAP	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	No Auth Required	Surgery of digestive system			
40527	RECONSTRUCT LIP WITH FLAP	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	No Auth Required	Surgery of digestive system			
40530	PARTIAL REMOVAL OF LIP	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	No Auth Required	Surgery of digestive system			
40650	REPAIR LIP	RPR LIP FULL THICKNESS VERMILION ONLY	No Auth Required	Surgery of digestive system			
40652	REPAIR LIP	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	No Auth Required	Surgery of digestive system			
40654	REPAIR LIP	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	No Auth Required	Surgery of digestive system			

40700	REPAIR CLEFT LIP/NASAL	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	No Auth Required	Surgery of digestive system			
40701	REPAIR CLEFT LIP/NASAL	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	No Auth Required	Surgery of digestive system			
40702	REPAIR CLEFT LIP/NASAL	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	No Auth Required	Surgery of digestive system			
40720	REPAIR CLEFT LIP/NASAL	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	No Auth Required	Surgery of digestive system			
40761	REPAIR CLEFT LIP/NASAL	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	No Auth Required	Surgery of digestive system			
40799	LIP SURGERY PROCEDURE	UNLISTED PROCEDURE LIPS	Authorization Required	Surgery of digestive system		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				
40805	REMOVAL FOREIGN BODY MOUTH	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	No Auth Required	Surgery of digestive system			
40806	INCISION OF LIP FOLD	INCISION LABIAL FRENUM FRENOTOMY	No Auth Required	Surgery of digestive system			
40808	BIOPSY OF MOUTH LESION	BIOPSY VESTIBULE MOUTH	No Auth Required	Surgery of digestive system			
40810	EXCISION OF MOUTH LESION	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	No Auth Required	Surgery of digestive system			
40812	EXCISE/REPAIR MOUTH LESION	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	No Auth Required	Surgery of digestive system			
40814	EXCISE/REPAIR MOUTH LESION	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	No Auth Required	Surgery of digestive system			
40816	EXCISION OF MOUTH LESION	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	No Auth Required	Surgery of digestive system			
40818	EXCISE ORAL MUCOSA FOR GRAFT	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	No Auth Required	Surgery of digestive system			
40819	EXCISE LIP OR CHEEK FOLD	EXC FRENUM LABIAL/BUCCAL	No Auth Required	Surgery of digestive system			
40820	TREATMENT OF MOUTH LESION	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	No Auth Required	Surgery of digestive system			
40830	REPAIR MOUTH LACERATION	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	No Auth Required	Surgery of digestive system			
40831	REPAIR MOUTH LACERATION	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	No Auth Required	Surgery of digestive system			
40840	RECONSTRUCTION OF MOUTH	VESTIBULOPLASTY ANTERIOR	No Auth Required	Surgery of digestive system			
40842	RECONSTRUCTION OF MOUTH	VESTIBULOPLASTY POSTERIOR UNILATERAL	No Auth Required	Surgery of digestive system			
40843	RECONSTRUCTION OF MOUTH	VESTIBULOPLASTY POSTERIOR BILATERAL	No Auth Required	Surgery of digestive system			
40844	RECONSTRUCTION OF MOUTH	VESTIBULOPLASTY ENTIRE ARCH	No Auth Required	Surgery of digestive system			
40845	RECONSTRUCTION OF MOUTH	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	No Auth Required	Surgery of digestive system			
40899	MOUTH SURGERY PROCEDURE	UNLISTED PROCEDURE VESTIBULE MOUTH	Authorization Required	Surgery of digestive system		Full Clinical Review	
41000	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR LINGUAL	No Auth Required	Surgery of digestive system			

41005	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	No Auth Required	Surgery of digestive system			
41006	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	No Auth Required	Surgery of digestive system			
41007	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	No Auth Required	Surgery of digestive system			
41008	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	No Auth Required	Surgery of digestive system			
41009	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	No Auth Required	Surgery of digestive system			
41010	INCISION OF TONGUE FOLD	INCISION LINGUAL FRENUM FRENOTOMY	No Auth Required	Surgery of digestive system			
41015	DRAINAGE OF MOUTH LESION	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	No Auth Required	Surgery of digestive system			
41016	DRAINAGE OF MOUTH LESION	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	No Auth Required	Surgery of digestive system			
41017	DRAINAGE OF MOUTH LESION	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	No Auth Required	Surgery of digestive system			
41018	DRAINAGE OF MOUTH LESION	XTRORAL I&D FLOOR MASTICATOR SPACE	No Auth Required	Surgery of digestive system			
41019	PLACE NEEDLES H&N FOR RT	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	No Auth Required	Surgery of digestive system			
41100	BIOPSY OF TONGUE	BIOPSY TONGUE ANTERIOR TWO-THIRDS	No Auth Required	Surgery of digestive system			
41105	BIOPSY OF TONGUE	BIOPSY TONGUE POSTERIOR ONE-THIRD	No Auth Required	Surgery of digestive system			
41108	BIOPSY OF FLOOR OF MOUTH	BIOPSY FLOOR MOUTH	No Auth Required	Surgery of digestive system			
41110	EXCISION OF TONGUE LESION	EXCISION LESION TONGUE W/O CLOSURE	No Auth Required	Surgery of digestive system			
41112	EXCISION OF TONGUE LESION	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	No Auth Required	Surgery of digestive system			
41113	EXCISION OF TONGUE LESION	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	No Auth Required	Surgery of digestive system			
41114	EXCISION OF TONGUE LESION	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	No Auth Required	Surgery of digestive system			
41115	EXCISION OF TONGUE FOLD	EXCISION LINGUAL FRENUM FRENECTOMY	No Auth Required	Surgery of digestive system			
41116	EXCISION OF MOUTH LESION	EXCISION LESION FLOOR MOUTH	No Auth Required	Surgery of digestive system			
41120	PARTIAL REMOVAL OF TONGUE	GLOSSECTOMY <ONE-HALF TONGUE	No Auth Required	Surgery of digestive system			
41130	PARTIAL REMOVAL OF TONGUE	GLOSSECTOMY HEMIGLOSSECTOMY	No Auth Required	Surgery of digestive system			
41135	TONGUE AND NECK SURGERY	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	No Auth Required	Surgery of digestive system			
41140	REMOVAL OF TONGUE	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	No Auth Required	Surgery of digestive system			
41145	TONGUE REMOVAL NECK SURGERY	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	No Auth Required	Surgery of digestive system			
41150	TONGUE MOUTH JAW SURGERY	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	No Auth Required	Surgery of digestive system			
41153	TONGUE MOUTH NECK SURGERY	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	No Auth Required	Surgery of digestive system			
41155	TONGUE JAW & NECK SURGERY	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	No Auth Required	Surgery of digestive system			

41250	REPAIR TONGUE LACERATION	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	No Auth Required	Surgery of digestive system			
41251	REPAIR TONGUE LACERATION	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	No Auth Required	Surgery of digestive system			
41252	REPAIR TONGUE LACERATION	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	No Auth Required	Surgery of digestive system			
41510	TONGUE TO LIP SURGERY	SUTURE TONGUE LIP MICROGNATHIA	No Auth Required	Surgery of digestive system			
41512	TONGUE SUSPENSION	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	Authorization Required	Surgery of digestive system		Full Clinical Review	
41520	RECONSTRUCTION TONGUE FOLD	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	No Auth Required	Surgery of digestive system			
41530	TONGUE BASE VOL REDUCTION	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	Authorization Required	Surgery of digestive system		Full Clinical Review	
41599	TONGUE AND MOUTH SURGERY	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Authorization Required	Surgery of digestive system		Full Clinical Review	
41800	DRAINAGE OF GUM LESION	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	No Auth Required	Surgery of digestive system			
41805	REMOVAL FOREIGN BODY GUM	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	No Auth Required	Surgery of digestive system			
41806	REMOVAL FOREIGN BODY JAWBONE	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	No Auth Required	Surgery of digestive system			
41820	EXCISION GUM EACH QUADRANT	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	Authorization Required	Surgery of digestive system		Full Clinical Review	
41821	EXCISION OF GUM FLAP	OPRCULECTOMY EXC PRICORONAL TISSUE	Authorization Required	Surgery of digestive system		Full Clinical Review	
41822	EXCISION OF GUM LESION	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	Authorization Required	Surgery of digestive system		Full Clinical Review	
41823	EXCISION OF GUM LESION	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	Authorization Required	Surgery of digestive system		Full Clinical Review	
41825	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	Authorization Required	Surgery of digestive system		Full Clinical Review	
41826	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	Authorization Required	Surgery of digestive system		Full Clinical Review	
41827	EXCISION OF GUM LESION	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	Authorization Required	Surgery of digestive system		Full Clinical Review	
41828	EXCISION OF GUM LESION	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	Authorization Required	Surgery of digestive system		Full Clinical Review	
41830	REMOVAL OF GUM TISSUE	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	Authorization Required	Surgery of digestive system		Full Clinical Review	
41850	TREATMENT OF GUM LESION	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	Authorization Required	Surgery of digestive system		Full Clinical Review	
41870	GUM GRAFT	PERIODONTAL MUCOSAL GRAFTING	Authorization Required	Surgery of digestive system		Full Clinical Review	
41872	REPAIR GUM	GINGIVOPLASTY EACH QUADRANT SPECIFY	Authorization Required	Surgery of digestive system		Full Clinical Review	
41874	REPAIR TOOTH SOCKET	ALVEOLOPLASTY EACH QUADRANT SPECIFY	Authorization Required	Surgery of digestive system		Full Clinical Review	
41899	DENTAL SURGERY PROCEDURE	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Authorization Required	Surgery of digestive system		Full Clinical Review	
42000	DRAINAGE MOUTH ROOF LESION	DRAINAGE ABSCESS PALATE UVULA	No Auth Required	Surgery of digestive system			
42100	BIOPSY ROOF OF MOUTH	BIOPSY PALATE UVULA	No Auth Required	Surgery of digestive system			
42104	EXCISION LESION MOUTH ROOF	EXC LESION PALATE UVULA W/O CLOSURE	No Auth Required	Surgery of digestive system			

42106	EXCISION LESION MOUTH ROOF	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	No Auth Required	Surgery of digestive system			
42107	EXCISION LESION MOUTH ROOF	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	No Auth Required	Surgery of digestive system			
42120	REMOVE PALATE/LESION	RESCJ PALATE/EXTENSIVE RESCJ LESION	No Auth Required	Surgery of digestive system			
42140	EXCISION OF UVULA	UVULECTOMY EXCISION UVULA	No Auth Required	Surgery of digestive system			
42145	REPAIR PALATE PHARYNX/UVULA	PALATOPHARYNGOPLASTY	No Auth Required	Surgery of digestive system			
42160	TREATMENT MOUTH ROOF LESION	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	No Auth Required	Surgery of digestive system			
42180	REPAIR PALATE	REPAIR LACERATION PALATE </2 CM	No Auth Required	Surgery of digestive system			
42182	REPAIR PALATE	REPAIR LACERATION PALATE >2 CM/COMPLEX	No Auth Required	Surgery of digestive system			
42200	RECONSTRUCT CLEFT PALATE	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	No Auth Required	Surgery of digestive system			
42205	RECONSTRUCT CLEFT PALATE	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	No Auth Required	Surgery of digestive system			
42210	RECONSTRUCT CLEFT PALATE	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	No Auth Required	Surgery of digestive system			
42215	RECONSTRUCT CLEFT PALATE	PALATOPLASTY CLEFT PALATE MAJOR REVJ	No Auth Required	Surgery of digestive system			
42220	RECONSTRUCT CLEFT PALATE	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	No Auth Required	Surgery of digestive system			
42225	RECONSTRUCT CLEFT PALATE	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	No Auth Required	Surgery of digestive system			
42226	LENGTHENING OF PALATE	LENGTHENING PALATE & PHARYNGEAL FLAP	No Auth Required	Surgery of digestive system			
42227	LENGTHENING OF PALATE	LENGTHENING PALATE W/ISLAND FLAP	No Auth Required	Surgery of digestive system			
42235	REPAIR PALATE	REPAIR ANTERIOR PALATE W/VOMER FLAP	No Auth Required	Surgery of digestive system			
42260	REPAIR NOSE TO LIP FISTULA	REPAIR NASOLABIAL FISTULA	No Auth Required	Surgery of digestive system			
42280	PREPARATION PALATE MOLD	MAXILLARY IMPRESJ PALATAL PROSTHESIS	No Auth Required	Surgery of digestive system			
42281	INSERTION PALATE PROSTHESIS	INSJ PIN-RETAINED PALATAL PROSTHESIS	No Auth Required	Surgery of digestive system			
42299	PALATE/UVULA SURGERY	UNLISTED PROCEDURE PALATE UVULA	Authorization Required	Surgery of digestive system		Full Clinical Review	
42300	DRAINAGE OF SALIVARY GLAND	DRAINAGE ABSCESS PAROTID SIMPLE	No Auth Required	Surgery of digestive system			
42305	DRAINAGE OF SALIVARY GLAND	DRAINAGE ABSCESS PAROTID COMPLICATED	No Auth Required	Surgery of digestive system			
42310	DRAINAGE OF SALIVARY GLAND	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	No Auth Required	Surgery of digestive system			
42320	DRAINAGE OF SALIVARY GLAND	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	No Auth Required	Surgery of digestive system			
42330	REMOVAL OF SALIVARY STONE	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	No Auth Required	Surgery of digestive system			
42335	REMOVAL OF SALIVARY STONE	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	No Auth Required	Surgery of digestive system			
42340	REMOVAL OF SALIVARY STONE	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	No Auth Required	Surgery of digestive system			

42400	BIOPSY OF SALIVARY GLAND	BIOPSY SALIVARY GLAND NEEDLE	No Auth Required	Surgery of digestive system			
42405	BIOPSY OF SALIVARY GLAND	BIOPSY SALIVARY GLAND INCISIONAL	No Auth Required	Surgery of digestive system			
42408	EXCISION OF SALIVARY CYST	EXC SUBLINGUAL SALIVARY CYST RANULA	No Auth Required	Surgery of digestive system			
42409	DRAINAGE OF SALIVARY CYST	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	No Auth Required	Surgery of digestive system			
42410	EXCISE PAROTID GLAND/LESION	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	No Auth Required	Surgery of digestive system			
42415	EXCISE PAROTID GLAND/LESION	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	No Auth Required	Surgery of digestive system			
42420	EXCISE PAROTID GLAND/LESION	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	No Auth Required	Surgery of digestive system			
42425	EXCISE PAROTID GLAND/LESION	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	No Auth Required	Surgery of digestive system			
42426	EXCISE PAROTID GLAND/LESION	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	No Auth Required	Surgery of digestive system			
42440	EXCISE SUBMAXILLARY GLAND	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	No Auth Required	Surgery of digestive system			
42450	EXCISE SUBLINGUAL GLAND	EXISION OF SUBLINGUAL GLAND	No Auth Required	Surgery of digestive system			
42500	REPAIR SALIVARY DUCT	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	No Auth Required	Surgery of digestive system			
42505	REPAIR SALIVARY DUCT	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	No Auth Required	Surgery of digestive system			
42507	PAROTID DUCT DIVERSION	PAROTID DUCT DIVERSION BILATERAL WILKE PX	No Auth Required	Surgery of digestive system			
42509	PAROTID DUCT DIVERSION	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	No Auth Required	Surgery of digestive system			
42510	PAROTID DUCT DIVERSION	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	No Auth Required	Surgery of digestive system			
42550	INJECTION FOR SALIVARY X-RAY	INJECTION PROCEDURE SIALOGRAPHY	No Auth Required	Surgery of digestive system			
42600	CLOSURE OF SALIVARY FISTULA	CLOSURE SALIVARY FISTULA	No Auth Required	Surgery of digestive system			
42650	DILATION OF SALIVARY DUCT	DILATION SALIVARY DUCT	No Auth Required	Surgery of digestive system			
42660	DILATION OF SALIVARY DUCT	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	No Auth Required	Surgery of digestive system			
42665	LIGATION OF SALIVARY DUCT	LIGATION SALIVARY DUCT INTRAORAL	No Auth Required	Surgery of digestive system			
42699	SALIVARY SURGERY PROCEDURE	UNLISTED PX SALIVARY GLANDS/DUCTS	Authorization Required	Surgery of digestive system		Full Clinical Review	
42700	DRAINAGE OF TONSIL ABSCESS	I&D ABSCESS PERITONSILLAR	No Auth Required	Surgery of digestive system			
42720	DRAINAGE OF THROAT ABSCESS	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	No Auth Required	Surgery of digestive system			
42725	DRAINAGE OF THROAT ABSCESS	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	No Auth Required	Surgery of digestive system			
42800	BIOPSY OF THROAT	BIOPSY OROPHARYNX	No Auth Required	Surgery of digestive system			
42804	BIOPSY OF UPPER NOSE/THROAT	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	No Auth Required	Surgery of digestive system			

42806	BIOPSY OF UPPER NOSE/THROAT	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	No Auth Required	Surgery of digestive system			
42808	EXCISE PHARYNX LESION	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	No Auth Required	Surgery of digestive system			
42809	REMOVE PHARYNX FOREIGN BODY	REMOVAL FOREIGN BODY PHARYNX	No Auth Required	Surgery of digestive system			
42810	EXCISION OF NECK CYST	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	No Auth Required	Surgery of digestive system			
42815	EXCISION OF NECK CYST	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	No Auth Required	Surgery of digestive system			
42820	REMOVE TONSILS AND ADENOIDS	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	No Auth Required	Surgery of digestive system			
42821	REMOVE TONSILS AND ADENOIDS	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	No Auth Required	Surgery of digestive system			
42825	REMOVAL OF TONSILS	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	No Auth Required	Surgery of digestive system			
42826	REMOVAL OF TONSILS	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	No Auth Required	Surgery of digestive system			
42830	REMOVAL OF ADENOIDS	ADENOIDECTOMY PRIMARY <AGE 12	No Auth Required	Surgery of digestive system			
42831	REMOVAL OF ADENOIDS	ADENOIDECTOMY PRIMARY AGE 12/>	No Auth Required	Surgery of digestive system			
42835	REMOVAL OF ADENOIDS	ADENOIDECTOMY SECONDARY<AGE 12	No Auth Required	Surgery of digestive system			
42836	REMOVAL OF ADENOIDS	ADENOIDECTOMY SECONDARY AGE 12/>	No Auth Required	Surgery of digestive system			
42842	EXTENSIVE SURGERY OF THROAT	RADICAL RESECTION TONSIL W/O CLOSURE	No Auth Required	Surgery of digestive system			
42844	EXTENSIVE SURGERY OF THROAT	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	No Auth Required	Surgery of digestive system			
42845	EXTENSIVE SURGERY OF THROAT	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	No Auth Required	Surgery of digestive system			
42860	EXCISION OF TONSIL TAGS	EXCISION TONSIL TAGS	No Auth Required	Surgery of digestive system			
42870	EXCISION OF LINGUAL TONSIL	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	No Auth Required	Surgery of digestive system			
42890	PARTIAL REMOVAL OF PHARYNX	LIMITED PHARYNGECTOMY	No Auth Required	Surgery of digestive system			
42892	REVISION OF PHARYNGEAL WALLS	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	No Auth Required	Surgery of digestive system			
42894	REVISION OF PHARYNGEAL WALLS	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	No Auth Required	Surgery of digestive system			
42900	REPAIR THROAT WOUND	SUTURE PHARYNX WOUND/INJURY	No Auth Required	Surgery of digestive system			
42950	RECONSTRUCTION OF THROAT	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	No Auth Required	Surgery of digestive system			
42953	REPAIR THROAT ESOPHAGUS	PHARYNGOESOPHAGEAL REPAIR	No Auth Required	Surgery of digestive system			
42955	SURGICAL OPENING OF THROAT	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	No Auth Required	Surgery of digestive system			
42960	CONTROL THROAT BLEEDING	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	No Auth Required	Surgery of digestive system			
42961	CONTROL THROAT BLEEDING	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	No Auth Required	Surgery of digestive system			
42962	CONTROL THROAT BLEEDING	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	No Auth Required	Surgery of digestive system			

42970	CONTROL NOSE/THROAT BLEEDING	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	No Auth Required	Surgery of digestive system			
42971	CONTROL NOSE/THROAT BLEEDING	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	No Auth Required	Surgery of digestive system			
42972	CONTROL NOSE/THROAT BLEEDING	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	No Auth Required	Surgery of digestive system			
42999	THROAT SURGERY PROCEDURE	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	Authorization Required	Surgery of digestive system		Full Clinical Review	
43020	INCISION OF ESOPHAGUS	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	No Auth Required	Surgery of digestive system			
43030	THROAT MUSCLE SURGERY	CRICOPHARYNGEAL MYOTOMY	No Auth Required	Surgery of digestive system			
43045	INCISION OF ESOPHAGUS	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	No Auth Required	Surgery of digestive system			
43100	EXCISION OF ESOPHAGUS LESION	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	No Auth Required	Surgery of digestive system			
43101	EXCISION OF ESOPHAGUS LESION	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	No Auth Required	Surgery of digestive system			
43107	REMOVAL OF ESOPHAGUS	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	No Auth Required	Surgery of digestive system			
43108	REMOVAL OF ESOPHAGUS	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	No Auth Required	Surgery of digestive system			
43112	ESPHG TOT W/THRCM	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	No Auth Required	Surgery of digestive system			
43113	REMOVAL OF ESOPHAGUS	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	No Auth Required	Surgery of digestive system			
43116	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	No Auth Required	Surgery of digestive system			
43117	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	No Auth Required	Surgery of digestive system			
43118	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	No Auth Required	Surgery of digestive system			
43121	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	No Auth Required	Surgery of digestive system			
43122	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	No Auth Required	Surgery of digestive system			
43123	PARTIAL REMOVAL OF ESOPHAGUS	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	No Auth Required	Surgery of digestive system			
43124	REMOVAL OF ESOPHAGUS	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	No Auth Required	Surgery of digestive system			
43130	REMOVAL OF ESOPHAGUS POUCH	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	No Auth Required	Surgery of digestive system			
43135	REMOVAL OF ESOPHAGUS POUCH	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	No Auth Required	Surgery of digestive system			
43180	ESOPHAGOSCOPY RIGID TRNSO	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	No Auth Required	Surgery of digestive system			
43191	ESOPHAGOSCOPY RIGID TRNSO DX	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43192	ESOPHAGOSCP RIG TRNSO INJECT	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		

43194	ESOPHAGOSCP RIG TRNSO REM FB	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43195	ESOPHAGOSCOPY RIGID BALLOON	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43196	ESOPHAGOSCP GUIDE WIRE DILAT	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43197	ESOPHAGOSCOPY FLEX DX BRUSH	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43201	ESOPH SCOPE W/SUBMUCOUS INJ	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43202	ESOPHAGOSCOPY FLEX BIOPSY	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43204	ESOPH SCOPE W/SCLEROSIS INJ	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43205	ESOPHAGUS ENDOSCOPY/LIGATION	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43206	ESOPH OPTICAL ENDOMICROSCOPY	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43211	ESOPHAGOSCOP MUCOSAL RESECT	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43212	ESOPHAGOSCOP STENT PLACEMENT	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43213	ESOPHAGOSCOPY RETRO BALLOON	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43214	ESOPHAGOSC DILATE BALLOON 30	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43215	ESOPHAGOSCOPY FLEX REMOVE FB	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43216	ESOPHAGOSCOPY LESION REMOVAL	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43217	ESOPHAGOSCOPY SNARE LES REMV	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		

43220	ESOPHAGOSCOPY BALLOON <30MM	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43226	ESOPH ENDOSCOPY DILATION	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43227	ESOPHAGOSCOPY CONTROL BLEED	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43229	ESOPHAGOSCOPY LESION ABLATE	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43231	ESOPHAGOSCOP ULTRASOUND EXAM	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43232	ESOPHAGOSCOPY W/US NEEDLE BX	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43233	EGD BALLOON DIL ESOPH30 MM/>	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43235	EGD DIAGNOSTIC BRUSH WASH	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
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	Full Clinical Review	
43237	ENDOSCOPIC US EXAM ESOPH	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43238	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43239	EGD BIOPSY SINGLE/MULTIPLE	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43240	EGD W/TRANSMURAL DRAIN CYST	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43241	EGD TUBE/CATH INSERTION	EGD INTRALUMINAL TUBE/CATHETER INSERTION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43242	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43243	EGD INJECTION VARICES	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43244	EGD VARICES LIGATION	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43245	EGD DILATE STRICTURE	EGD DILATION GASTRIC/DUODENAL STRICTURE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43246	EGD PLACE GASTROSTOMY TUBE	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		

43247	EGD REMOVE FOREIGN BODY	EGD FLEXIBLE FOREIGN BODY REMOVAL	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43248	EGD GUIDE WIRE INSERTION	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43249	ESOPH EGD DILATION <30 MM	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43250	EGD CAUTERY TUMOR POLYP	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43251	EGD REMOVE LESION SNARE	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43252	EGD OPTICAL ENDOMICROSCOPY	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43253	EGD US TRANSMURAL INJXN/MARK	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43254	EGD ENDO MUCOSAL RESECTION	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43255	EGD CONTROL BLEEDING ANY	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43257	EGD W/THRML TXMNT GERD	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	No Auth Required	Surgery of digestive system			
43259	EGD US EXAM DUODENUM/JEJUNUM	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43260	ERCP W/SPECIMEN COLLECTION	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43261	ENDO CHOLANGIOPANCREATOGRAPH	ERCP W/BIOPSY SINGLE/MULTIPLE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43262	ENDO CHOLANGIOPANCREATOGRAPH	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43263	ERCP SPHINCTER PRESSURE MEAS	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43264	ERCP REMOVE DUCT CALCULI	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43265	ERCP LITHOTRIPSY CALCULI	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43266	EGD ENDOSCOPIC STENT PLACE	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43270	EGD LESION ABLATION	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		

43273	ENDOSCOPIC PANCREATOSCOPY	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43274	ERCP DUCT STENT PLACEMENT	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43275	ERCP REMOVE FORGN BODY DUCT	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
43276	ERCP STENT EXCHANGE W/DILATE	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	No Auth Required	Endoscopy	PA for Code in Group Applies to All Codes within Specific Group		
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	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	Full Clinical Review	
43279	LAP MYOTOMY HELLER	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	No Auth Required	Surgery of digestive system			
43280	LAPAROSCOPY FUNDOPLASTY	LAPS SURG ESOPG/GSTR FUNDOPLASTY	No Auth Required	Surgery of digestive system			
43281	LAP PARAESOPHAG HERN REPAIR	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	Authorization Required	Surgery of digestive system		Network Validation	
43282	LAP PARAESOPH HER RPR W/MESH	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	No Auth Required	Surgery of digestive system			
43283	LAP ESOPH LENGTHENING	LAPS ESOPHAGEAL LENGTHENING ADDL	No Auth Required	Surgery of digestive system			
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	Authorization Required	Surgery of digestive system		Full Clinical Review	
43285	RMVL ESOPHGL SPHNCTR DEV	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	Authorization Required	Surgery of digestive system		Full Clinical Review	
43286	ESPHG TOT W/LAPS MOBLJ	ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	No Auth Required	Surgery of digestive system			
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	No Auth Required	Surgery of digestive system			
43288	ESPHG THRSC MOBLJ	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	No Auth Required	Surgery of digestive system			
43289	LAPAROSCOPE PROC ESOPH	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Authorization Required	Surgery of digestive system		Full Clinical Review	
43300	REPAIR OF ESOPHAGUS	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	No Auth Required	Surgery of digestive system			
43305	REPAIR ESOPHAGUS AND FISTULA	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	No Auth Required	Surgery of digestive system			
43310	REPAIR OF ESOPHAGUS	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	No Auth Required	Surgery of digestive system			
43312	REPAIR ESOPHAGUS AND FISTULA	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	No Auth Required	Surgery of digestive system			
43313	ESOPHAGOPLASTY CONGENITAL	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	No Auth Required	Surgery of digestive system			
43314	TRACHEO-ESOPHAGOPLASTY CONG	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	No Auth Required	Surgery of digestive system			
43320	FUSE ESOPHAGUS & STOMACH	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	No Auth Required	Surgery of digestive system			
43325	REVISE ESOPHAGUS & STOMACH	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	No Auth Required	Surgery of digestive system			

43327	ESOPH FUNDOPLASTY LAP	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	No Auth Required	Surgery of digestive system			
43328	ESOPH FUNDOPLASTY THOR	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	No Auth Required	Surgery of digestive system			
43330	ESOPHAGOMYOTOMY ABDOMINAL	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	No Auth Required	Surgery of digestive system			
43331	ESOPHAGOMYOTOMY THORACIC	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	No Auth Required	Surgery of digestive system			
43332	TRANSAB ESOPH HIAT HERN RPR	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	No Auth Required	Surgery of digestive system			
43333	TRANSAB ESOPH HIAT HERN RPR	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	No Auth Required	Surgery of digestive system			
43334	TRANSTHOR DIAPHRAG HERN RPR	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	No Auth Required	Surgery of digestive system			
43335	TRANSTHOR DIAPHRAG HERN RPR	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	No Auth Required	Surgery of digestive system			
43336	THORABD DIAPHR HERN REPAIR	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	No Auth Required	Surgery of digestive system			
43337	THORABD DIAPHR HERN REPAIR	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	No Auth Required	Surgery of digestive system			
43338	ESOPH LENGTHENING	ESOPHAGUS LENGTHENING	No Auth Required	Surgery of digestive system			
43340	FUSE ESOPHAGUS & INTESTINE	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	No Auth Required	Surgery of digestive system			
43341	FUSE ESOPHAGUS & INTESTINE	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	No Auth Required	Surgery of digestive system			
43351	SURGICAL OPENING ESOPHAGUS	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	No Auth Required	Surgery of digestive system			
43352	SURGICAL OPENING ESOPHAGUS	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	No Auth Required	Surgery of digestive system			
43360	GASTROINTESTINAL REPAIR	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	No Auth Required	Surgery of digestive system			
43361	GASTROINTESTINAL REPAIR	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	No Auth Required	Surgery of digestive system			
43400	LIGATE ESOPHAGUS VEINS	LIGATION DIRECT ESOPHAGEAL VARICES	No Auth Required	Surgery of digestive system			
43405	LIGATE/STAPLE ESOPHAGUS	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	No Auth Required	Surgery of digestive system			
43410	REPAIR ESOPHAGUS WOUND	SUTR ESOPHGL WND/INJ CRV APPR	No Auth Required	Surgery of digestive system			
43415	REPAIR ESOPHAGUS WOUND	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	No Auth Required	Surgery of digestive system			
43420	REPAIR ESOPHAGUS OPENING	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	No Auth Required	Surgery of digestive system			
43425	REPAIR ESOPHAGUS OPENING	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	No Auth Required	Surgery of digestive system			
43450	DILATE ESOPHAGUS 1/MULT PASS	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	No Auth Required	Surgery of digestive system			
43453	DILATE ESOPHAGUS	DILATION ESOPHAGUS GUIDE WIRE	No Auth Required	Surgery of digestive system			
43460	PRESSURE TREATMENT ESOPHAGUS	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	No Auth Required	Surgery of digestive system			
43496	FREE JEJUNUM FLAP MICROVASC	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	No Auth Required	Surgery of digestive system			
43499	ESOPHAGUS SURGERY PROCEDURE	UNLISTED PROCEDURE ESOPHAGUS	Authorization Required	Surgery of digestive system		Full Clinical Review	

43500	SURGICAL OPENING OF STOMACH	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	No Auth Required	Surgery of digestive system			
43501	SURGICAL REPAIR OF STOMACH	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	No Auth Required	Surgery of digestive system			
43502	SURGICAL REPAIR OF STOMACH	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	No Auth Required	Surgery of digestive system			
43510	SURGICAL OPENING OF STOMACH	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	No Auth Required	Surgery of digestive system			
43520	INCISION OF PYLORIC MUSCLE	PYLOROMYOTOMY CUTTING PYLORIC MUSC	No Auth Required	Surgery of digestive system			
43605	BIOPSY OF STOMACH	BIOPSY STOMACH LAPAROTOMY	No Auth Required	Surgery of digestive system			
43610	EXCISION OF STOMACH LESION	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	No Auth Required	Surgery of digestive system			
43611	EXCISION OF STOMACH LESION	EXC LOCAL MALIGNANT TUMOR STOMACH	No Auth Required	Surgery of digestive system			
43620	REMOVAL OF STOMACH	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	No Auth Required	Surgery of digestive system			
43621	REMOVAL OF STOMACH	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	No Auth Required	Surgery of digestive system			
43622	REMOVAL OF STOMACH	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	No Auth Required	Surgery of digestive system			
43631	REMOVAL OF STOMACH PARTIAL	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	No Auth Required	Surgery of digestive system			
43632	REMOVAL OF STOMACH PARTIAL	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
43633	REMOVAL OF STOMACH PARTIAL	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	No Auth Required	Surgery of digestive system			
43634	REMOVAL OF STOMACH PARTIAL	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	No Auth Required	Surgery of digestive system			
43635	REMOVAL OF STOMACH PARTIAL	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	No Auth Required	Surgery of digestive system			
43640	VAGOTOMY & PYLORUS REPAIR	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	No Auth Required	Surgery of digestive system			
43641	VAGOTOMY & PYLORUS REPAIR	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	No Auth Required	Surgery of digestive system			
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	Authorization Required	Bariatric Surgery		Full Clinical Review	
43645	LAP GASTR BYPASS INCL SMLL I	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	Authorization Required	Bariatric Surgery		Full Clinical Review	
43647	LAP IMPL ELECTRODE ANTRUM	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Authorization Required	Bariatric Surgery		Full Clinical Review	
43648	LAP REVISE/REMV ELTRD ANTRUM	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	Authorization Required	Bariatric Surgery		Full Clinical Review	
43651	LAPAROSCOPY VAGUS NERVE	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	No Auth Required	Surgery of digestive system			
43652	LAPAROSCOPY VAGUS NERVE	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	No Auth Required	Surgery of digestive system			
43653	LAPAROSCOPY GASTROSTOMY	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	No Auth Required	Surgery of digestive system			
43659	LAPAROSCOPE PROC STOM	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Authorization Required	Bariatric Surgery		Full Clinical Review	
43752	NASAL/OROGASTRIC W/TUBE PLMT	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	No Auth Required	Surgery of digestive system			
43753	TX GASTRO INTUB W/ASP	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	No Auth Required	Surgery of digestive system			

43754	DX GASTR INTUB W/ASP SPEC	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	No Auth Required	Surgery of digestive system			
43755	DX GASTR INTUB W/ASP SPECS	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	No Auth Required	Surgery of digestive system			
43756	DX DUOD INTUB W/ASP SPEC	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	No Auth Required	Surgery of digestive system			
43757	DX DUOD INTUB W/ASP SPECS	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	No Auth Required	Surgery of digestive system			
43761	REPOSITION GASTROSTOMY TUBE	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	No Auth Required	Surgery of digestive system			
43762	RPLC GTUBE NO REVJ TRC	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	No Auth Required	Surgery of digestive system			
43763	RPLC GTUBE REVJ GSTRST TRC	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	No Auth Required	Surgery of digestive system			
43770	LAP PLACE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Authorization Required	Bariatric Surgery		Full Clinical Review	
43771	LAP REVISE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Authorization Required	Bariatric Surgery		Full Clinical Review	
43772	LAP RMVL GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Authorization Required	Bariatric Surgery		Full Clinical Review	
43773	LAP REPLACE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	Authorization Required	Bariatric Surgery		Full Clinical Review	
43774	LAP RMVL GASTR ADJ ALL PARTS	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Authorization Required	Bariatric Surgery		Full Clinical Review	
43775	LAP SLEEVE GASTRECTOMY	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Authorization Required	Bariatric Surgery		Full Clinical Review	
43800	RECONSTRUCTION OF PYLORUS	PYLOROPLASTY	No Auth Required	Surgery of digestive system			
43810	FUSION OF STOMACH AND BOWEL	GASTRODUODENOSTOMY	No Auth Required	Surgery of digestive system			
43820	FUSION OF STOMACH AND BOWEL	GASTROJEJUNOSTOMY W/O VAGOTOMY	No Auth Required	Surgery of digestive system			
43825	FUSION OF STOMACH AND BOWEL	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	No Auth Required	Surgery of digestive system			
43830	PLACE GASTROSTOMY TUBE	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	No Auth Required	Surgery of digestive system			
43831	PLACE GASTROSTOMY TUBE	GASTROSTOMY OPN NEONATAL FEEDING	No Auth Required	Surgery of digestive system			
43832	PLACE GASTROSTOMY TUBE	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	No Auth Required	Surgery of digestive system			
43840	REPAIR OF STOMACH LESION	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	No Auth Required	Surgery of digestive system			
43842	V-BAND GASTROPLASTY	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	Authorization Required	Bariatric Surgery		Full Clinical Review	
43843	GASTROPLASTY W/O V-BAND	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	Authorization Required	Bariatric Surgery		Full Clinical Review	
43845	GASTROPLASTY DUODENAL SWITCH	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Authorization Required	Bariatric Surgery		Full Clinical Review	
43846	GASTRIC BYPASS FOR OBESITY	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	Authorization Required	Bariatric Surgery		Full Clinical Review	
43847	GASTRIC BYPASS INCL SMALL I	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	Authorization Required	Bariatric Surgery		Full Clinical Review	
43848	REVISION GASTROPLASTY	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Authorization Required	Bariatric Surgery		Full Clinical Review	
43850	REVISE STOMACH-BOWEL FUSION	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	No Auth Required	Surgery of digestive system			

43855	REVISE STOMACH-BOWEL FUSION	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	No Auth Required	Surgery of digestive system			
43860	REVISE STOMACH-BOWEL FUSION	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	No Auth Required	Surgery of digestive system			
43865	REVISE STOMACH-BOWEL FUSION	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	No Auth Required	Surgery of digestive system			
43870	REPAIR STOMACH OPENING	CLOSURE GASTROSTOMY SURG	No Auth Required	Surgery of digestive system			
43880	REPAIR STOMACH-BOWEL FISTULA	CLOSURE GASTROCOLIC FISTULA	No Auth Required	Surgery of digestive system			
43881	IMPL/REDO ELECTRD ANTRUM	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Authorization Required	Bariatric Surgery		Full Clinical Review	
43882	REVISE/REMOVE ELECTRD ANTRUM	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Authorization Required	Bariatric Surgery		Full Clinical Review	
43886	REVISE GASTRIC PORT OPEN	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Authorization Required	Bariatric Surgery		Full Clinical Review	
43887	REMOVE GASTRIC PORT OPEN	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Authorization Required	Bariatric Surgery		Full Clinical Review	
43888	CHANGE GASTRIC PORT OPEN	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	Authorization Required	Bariatric Surgery		Full Clinical Review	
43999	STOMACH SURGERY PROCEDURE	UNLISTED PROCEDURE STOMACH	Authorization Required	Bariatric Surgery		Full Clinical Review	
44005	FREEING OF BOWEL ADHESION	ENTEROLSS FRING INTSTINAL ADHESION SPX	No Auth Required	Surgery of digestive system			
44010	INCISION OF SMALL BOWEL	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	No Auth Required	Surgery of digestive system			
44015	INSERT NEEDLE CATH BOWEL	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	No Auth Required	Surgery of digestive system			
44020	EXPLORE SMALL INTESTINE	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	No Auth Required	Surgery of digestive system			
44021	DECOMPRESS SMALL BOWEL	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	No Auth Required	Surgery of digestive system			
44025	INCISION OF LARGE BOWEL	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	No Auth Required	Surgery of digestive system			
44050	REDUCE BOWEL OBSTRUCTION	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	No Auth Required	Surgery of digestive system			
44055	CORRECT MALROTATION OF BOWEL	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	No Auth Required	Surgery of digestive system			
44100	BIOPSY OF BOWEL	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	No Auth Required	Surgery of digestive system			
44110	EXCISE INTESTINE LESION(S)	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	No Auth Required	Surgery of digestive system			
44111	EXCISION OF BOWEL LESION(S)	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	No Auth Required	Surgery of digestive system			
44120	REMOVAL OF SMALL INTESTINE	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	No Auth Required	Surgery of digestive system			
44121	REMOVAL OF SMALL INTESTINE	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	No Auth Required	Surgery of digestive system			
44125	REMOVAL OF SMALL INTESTINE	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	No Auth Required	Surgery of digestive system			
44126	ENTERECTOMY W/O TAPER CONG	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	No Auth Required	Surgery of digestive system			
44127	ENTERECTOMY W/TAPER CONG	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	No Auth Required	Surgery of digestive system			
44128	ENTERECTOMY CONG ADD-ON	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	No Auth Required	Surgery of digestive system			

44130	BOWEL TO BOWEL FUSION	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	No Auth Required	Surgery of digestive system			
44132	ENTERECTOMY CADAVER DONOR	DONOR ENTERECTOMY OPEN CADAVER DONOR	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		Full Clinical Review	
44135	INTESTINE TRANSPLNT CADAVER	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	No Auth Required	Surgery of digestive system			
44136	INTESTINE TRANSPLANT LIVE	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	No Auth Required	Surgery of digestive system			
44137	REMOVE INTESTINAL ALLOGRAFT	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
44139	MOBILIZATION OF COLON	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	No Auth Required	Surgery of digestive system			
44140	PARTIAL REMOVAL OF COLON	COLECTOMY PARTIAL W/ANASTOMOSIS	No Auth Required	Surgery of digestive system			
44141	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	No Auth Required	Surgery of digestive system			
44143	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	No Auth Required	Surgery of digestive system			
44144	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	No Auth Required	Surgery of digestive system			
44145	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/COLOPROCTOSTOMY	No Auth Required	Surgery of digestive system			
44146	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	No Auth Required	Surgery of digestive system			
44147	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	No Auth Required	Surgery of digestive system			
44150	REMOVAL OF COLON	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	No Auth Required	Surgery of digestive system			
44151	REMOVAL OF COLON/ILEOSTOMY	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	No Auth Required	Surgery of digestive system			
44155	REMOVAL OF COLON/ILEOSTOMY	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	No Auth Required	Surgery of digestive system			
44156	REMOVAL OF COLON/ILEOSTOMY	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	No Auth Required	Surgery of digestive system			
44157	COLECTOMY W/ILEOANAL ANAST	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	No Auth Required	Surgery of digestive system			
44158	COLECTOMY W/NEO-RECTUM POUCH	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	No Auth Required	Surgery of digestive system			
44160	REMOVAL OF COLON	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	No Auth Required	Surgery of digestive system			
44180	LAP ENTEROLYSIS	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
44186	LAP JEJUNOSTOMY	LAPAROSCOPY SURGICAL JEJUNOSTOMY	No Auth Required	Surgery of digestive system			

44187	LAP ILEO/JEJUNO-STOMY	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	No Auth Required	Surgery of digestive system			
44188	LAP COLOSTOMY	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	No Auth Required	Surgery of digestive system			
44202	LAP ENTERECTOMY	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	No Auth Required	Surgery of digestive system			
44203	LAP RESECT S/INTESTINE ADDL	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	No Auth Required	Surgery of digestive system			
44204	LAPARO PARTIAL COLECTOMY	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	No Auth Required	Surgery of digestive system			
44205	LAP COLECTOMY PART W/ILEUM	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	No Auth Required	Surgery of digestive system			
44206	LAP PART COLECTOMY W/STOMA	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	No Auth Required	Surgery of digestive system			
44207	L COLECTOMY/COLOPROCTOSTOMY	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	Authorization Required	Surgery of digestive system		Network Validation	
44208	L COLECTOMY/COLOPROCTOSTOMY	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	No Auth Required	Surgery of digestive system			
44210	LAPARO TOTAL PROCTOCOLECTOMY	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	No Auth Required	Surgery of digestive system			
44211	LAP COLECTOMY W/PROCTECTOMY	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	No Auth Required	Surgery of digestive system			
44212	LAPARO TOTAL PROCTOCOLECTOMY	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	No Auth Required	Surgery of digestive system			
44213	LAP MOBIL SPLENIC FL ADD-ON	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	No Auth Required	Surgery of digestive system			
44227	LAP CLOSE ENTEROSTOMY	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	No Auth Required	Surgery of digestive system			
44238	LAPAROSCOPE PROC INTESTINE	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Authorization Required	Surgery of digestive system		Full Clinical Review	
44300	OPEN BOWEL TO SKIN	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	No Auth Required	Surgery of digestive system			
44310	ILEOSTOMY/JEJUNOSTOMY	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	No Auth Required	Surgery of digestive system			
44312	REVISION OF ILEOSTOMY	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	No Auth Required	Surgery of digestive system			
44314	REVISION OF ILEOSTOMY	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	No Auth Required	Surgery of digestive system			
44316	DEVISE BOWEL POUCH	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	No Auth Required	Surgery of digestive system			
44320	COLOSTOMY	COLOSTOMY/SKIN LEVEL CECOSTOMY	No Auth Required	Surgery of digestive system			
44322	COLOSTOMY WITH BIOPSIES	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	No Auth Required	Surgery of digestive system			
44340	REVISION OF COLOSTOMY	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	No Auth Required	Surgery of digestive system			
44345	REVISION OF COLOSTOMY	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	No Auth Required	Surgery of digestive system			
44346	REVISION OF COLOSTOMY	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	No Auth Required	Surgery of digestive system			
44360	SMALL BOWEL ENDOSCOPY	ENDOSCOPY UPPER SMALL INTESTINE	No Auth Required	Surgery of digestive system			
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	No Auth Required	Surgery of digestive system			

44363	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	No Auth Required	Surgery of digestive system			
44364	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	No Auth Required	Surgery of digestive system			
44365	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	No Auth Required	Surgery of digestive system			
44366	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	No Auth Required	Surgery of digestive system			
44369	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	No Auth Required	Surgery of digestive system			
44370	SMALL BOWEL ENDOSCOPY/STENT	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	No Auth Required	Surgery of digestive system			
44372	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	No Auth Required	Surgery of digestive system			
44373	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	No Auth Required	Surgery of digestive system			
44376	SMALL BOWEL ENDOSCOPY	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	No Auth Required	Surgery of digestive system			
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
44378	SMALL BOWEL ENDOSCOPY	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	No Auth Required	Surgery of digestive system			
44379	S BOWEL ENDOSCOPE W/STENT	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	No Auth Required	Surgery of digestive system			
44380	SMALL BOWEL ENDOSCOPY BR/WA	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	No Auth Required	Surgery of digestive system			
44381	SMALL BOWEL ENDOSCOPY BR/WA	ILEOSCOPY STOMA W/BALLOON DILATION	No Auth Required	Surgery of digestive system			
44382	SMALL BOWEL ENDOSCOPY	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
44384	SMALL BOWEL ENDOSCOPY	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	No Auth Required	Surgery of digestive system			
44385	ENDOSCOPY OF BOWEL POUCH	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	No Auth Required	Surgery of digestive system			
44386	ENDOSCOPY BOWEL POUCH/BIOP	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
44388	COLONOSCOPY THRU STOMA SPX	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44389	COLONOSCOPY WITH BIOPSY	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44390	COLONOSCOPY FOR FOREIGN BODY	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44391	COLONOSCOPY FOR BLEEDING	COLONOSCOPY STOMA CONTROL BLEEDING	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44392	COLONOSCOPY & POLYPECTOMY	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44394	COLONOSCOPY W/SNARE	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44401	COLONOSCOPY WITH ABLATION	COLONOSCOPY STOMA ABLATION LESION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		

44402	COLONOSCOPY W/STENT PLCMT	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44403	COLONOSCOPY W/RESECTION	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44404	COLONOSCOPY W/INJECTION	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44405	COLONOSCOPY W/DILATION	COLONOSCOPY STOMA W/BALLOON DILATION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44406	COLONOSCOPY W/ULTRASOUND	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44407	COLONOSCOPY W/NDL ASPIR/BX	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44408	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
44500	INTRO GASTROINTESTINAL TUBE	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
44602	SUTURE SMALL INTESTINE	ENTERORRHAPHY SINGLE PERFORATION	No Auth Required	Surgery of digestive system			
44603	SUTURE SMALL INTESTINE	ENTERORRHAPHY MULTIPLE PERFORATIONS	No Auth Required	Surgery of digestive system			
44604	SUTURE LARGE INTESTINE	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	No Auth Required	Surgery of digestive system			
44605	REPAIR OF BOWEL LESION	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	No Auth Required	Surgery of digestive system			
44615	INTESTINAL STRICTUROPLASTY	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	No Auth Required	Surgery of digestive system			
44620	REPAIR BOWEL OPENING	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	No Auth Required	Surgery of digestive system			
44625	REPAIR BOWEL OPENING	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	No Auth Required	Surgery of digestive system			
44626	REPAIR BOWEL OPENING	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	No Auth Required	Surgery of digestive system			
44640	REPAIR BOWEL-SKIN FISTULA	CLOSURE INTESTINAL CUTANEOUS FISTULA	No Auth Required	Surgery of digestive system			
44650	REPAIR BOWEL FISTULA	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	No Auth Required	Surgery of digestive system			
44660	REPAIR BOWEL-BLADDER FISTULA	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	No Auth Required	Surgery of digestive system			
44661	REPAIR BOWEL-BLADDER FISTULA	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	No Auth Required	Surgery of digestive system			
44680	SURGICAL REVISION INTESTINE	INTESTINAL PLICATION SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
44700	SUSPEND BOWEL W/PROSTHESIS	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	No Auth Required	Surgery of digestive system			
44701	INTRAOP COLON LAVAGE ADD-ON	INTRAOPERATIVE COLONIC LAVAGE	No Auth Required	Surgery of digestive system			
44705	PREPARE FECAL MICROBIOTA	PREPARE FECAL MICROBIOTA FOR INSTILLATION	No Auth Required	Surgery of digestive system			

44715	PREPARE DONOR INTESTINE	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		Full Clinical Review	
44799	UNLISTED PX SMALL INTESTINE	UNLISTED PROCEDURE SMALL INTESTINE	Authorization Required	Surgery of digestive system		Full Clinical Review	
44800	EXCISION OF BOWEL POUCH	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	No Auth Required	Surgery of digestive system			
44820	EXCISION OF MESENTERY LESION	EXCISION LESION MESENTERY SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
44850	REPAIR OF MESENTERY	SUTURE MESENTERY SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
44899	BOWEL SURGERY PROCEDURE	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	Authorization Required	Surgery of digestive system		Full Clinical Review	
44900	DRAIN APPENDIX ABSCESS OPEN	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	No Auth Required	Surgery of digestive system			
44950	APPENDECTOMY	APPENDECTOMY	No Auth Required	Surgery of digestive system			
44955	APPENDECTOMY ADD-ON	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	No Auth Required	Surgery of digestive system			
44960	APPENDECTOMY	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	No Auth Required	Surgery of digestive system			
44970	LAPAROSCOPY APPENDECTOMY	LAPAROSCOPIC APPENDECTOMY	No Auth Required	Surgery of digestive system			
44979	LAPAROSCOPE PROC APP	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Authorization Required	Surgery of digestive system		Full Clinical Review	
45000	DRAINAGE OF PELVIC ABSCESS	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	No Auth Required	Surgery of digestive system			
45005	DRAINAGE OF RECTAL ABSCESS	I&D SUBMUCOSAL ABSCESS RECTUM	No Auth Required	Surgery of digestive system			
45020	DRAINAGE OF RECTAL ABSCESS	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	No Auth Required	Surgery of digestive system			
45100	BIOPSY OF RECTUM	BX ANORECTAL WALL ANAL APPROACH	No Auth Required	Surgery of digestive system			
45108	REMOVAL OF ANORECTAL LESION	ANORECTAL MYOMECTOMY	No Auth Required	Surgery of digestive system			
45110	REMOVAL OF RECTUM	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	No Auth Required	Surgery of digestive system			
45111	PARTIAL REMOVAL OF RECTUM	PRCTECT PRTL RESCJ RECTUM TABDL APPR	No Auth Required	Surgery of digestive system			
45112	REMOVAL OF RECTUM	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	No Auth Required	Surgery of digestive system			
45113	PARTIAL PROCTECTOMY	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	No Auth Required	Surgery of digestive system			

45114	PARTIAL REMOVAL OF RECTUM	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	No Auth Required	Surgery of digestive system			
45116	PARTIAL REMOVAL OF RECTUM	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	No Auth Required	Surgery of digestive system			
45119	REMOVE RECTUM W/RESERVOIR	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	No Auth Required	Surgery of digestive system			
45120	REMOVAL OF RECTUM	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	No Auth Required	Surgery of digestive system			
45121	REMOVAL OF RECTUM AND COLON	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	No Auth Required	Surgery of digestive system			
45123	PARTIAL PROCTECTOMY	PRCTECT PRTL W/O ANAST PRNL APPR	No Auth Required	Surgery of digestive system			
45126	PELVIC EXENTERATION	PELVIC EXENTERATION COLORECTAL MALIGNANCY	No Auth Required	Surgery of digestive system			
45130	EXCISION OF RECTAL PROLAPSE	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	No Auth Required	Surgery of digestive system			
45135	EXCISION OF RECTAL PROLAPSE	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	No Auth Required	Surgery of digestive system			
45136	EXCISE ILEOANAL RESERVIOR	EXC ILEOANAL RSVR W/ILEOSTOMY	No Auth Required	Surgery of digestive system			
45150	EXCISION OF RECTAL STRICTURE	DIVISION STRICTURE RECTUM	No Auth Required	Surgery of digestive system			
45160	EXCISION OF RECTAL LESION	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	No Auth Required	Surgery of digestive system			
45171	EXC RECT TUM TRANSANAL PART	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	No Auth Required	Surgery of digestive system			
45172	EXC RECT TUM TRANSANAL FULL	EXC RCT TUM INCL MUSCULARIS PROPRIA	No Auth Required	Surgery of digestive system			
45190	DESTRUCTION RECTAL TUMOR	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	No Auth Required	Surgery of digestive system			
45300	PROCTOSIGMOIDOSCOPY DX	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	No Auth Required	Surgery of digestive system			
45303	PROCTOSIGMOIDOSCOPY DILATE	PROCTOSGMDSC RIGID W/DILATION	No Auth Required	Surgery of digestive system			
45305	PROCTOSIGMOIDOSCOPY W/BX	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
45307	PROCTOSIGMOIDOSCOPY FB	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	No Auth Required	Surgery of digestive system			
45308	PROCTOSIGMOIDOSCOPY REMOVAL	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	No Auth Required	Surgery of digestive system			
45309	PROCTOSIGMOIDOSCOPY REMOVAL	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	No Auth Required	Surgery of digestive system			
45315	PROCTOSIGMOIDOSCOPY REMOVAL	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	No Auth Required	Surgery of digestive system			
45317	PROCTOSIGMOIDOSCOPY BLEED	PROCTOSGMDSC RIGID CONTROL BLEEDING	No Auth Required	Surgery of digestive system			
45320	PROCTOSIGMOIDOSCOPY ABLATE	PROCTOSGMDSC RIGID ABLATION LESION	No Auth Required	Surgery of digestive system			
45321	PROCTOSIGMOIDOSCOPY VOLVUL	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	No Auth Required	Surgery of digestive system			
45327	PROCTOSIGMOIDOSCOPY W/STENT	PROCTOSGMDSC RIGID TNDSC STENT PLMT	No Auth Required	Surgery of digestive system			
45330	DIAGNOSTIC SIGMOIDOSCOPY	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	No Auth Required	Surgery of digestive system			
45331	SIGMOIDOSCOPY AND BIOPSY	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			

45332	SIGMOIDOSCOPY W/FB REMOVAL	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	No Auth Required	Surgery of digestive system			
45333	SIGMOIDOSCOPY & POLYPECTOMY	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	No Auth Required	Surgery of digestive system			
45334	SIGMOIDOSCOPY FOR BLEEDING	SIGMOIDOSCOPY FLX CONTROL BLEEDING	No Auth Required	Surgery of digestive system			
45335	SIGMOIDOSCOPY W/SUBMUC INJ	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	No Auth Required	Surgery of digestive system			
45337	SIGMOIDOSCOPY & DECOMPRESS	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	No Auth Required	Surgery of digestive system			
45338	SIGMOIDOSCOPY W/TUMR REMOVE	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	No Auth Required	Surgery of digestive system			
45340	SIG W/TNDSC BALLOON DILATION	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	No Auth Required	Surgery of digestive system			
45341	SIGMOIDOSCOPY W/ULTRASOUND	SIGMOIDOSCOPY FLX NDSC US XM	No Auth Required	Surgery of digestive system			
45342	SIGMOIDOSCOPY W/US GUIDE BX	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	No Auth Required	Surgery of digestive system			
45346	SIGMOIDOSCOPY W/ABLATION	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	No Auth Required	Surgery of digestive system			
45347	SIGMOIDOSCOPY W/PLCMT STENT	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	No Auth Required	Surgery of digestive system			
45349	SIGMOIDOSCOPY W/RESECTION	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	No Auth Required	Surgery of digestive system			
45350	SGMDSC W/BAND LIGATION	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	No Auth Required	Surgery of digestive system			
45378	DIAGNOSTIC COLONOSCOPY	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45379	COLONOSCOPY W/FB REMOVAL	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45380	COLONOSCOPY AND BIOPSY	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45381	COLONOSCOPY SUBMUCOUS NJX	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45382	COLONOSCOPY W/CONTROL BLEED	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45384	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45385	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45386	COLONOSCOPY W/BALLOON DILAT	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45388	COLONOSCOPY W/ABLATION	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45389	COLONOSCOPY W/STENT PLCMT	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		

45390	COLONOSCOPY W/RESECTION	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45391	COLONOSCOPY W/ENDOSCOPE US	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45392	COLONOSCOPY W/ENDOSCOPIC FNB	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45393	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45395	LAP REMOVAL OF RECTUM	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	No Auth Required	Surgery of digestive system			
45397	LAP REMOVE RECTUM W/POUCH	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	No Auth Required	Surgery of digestive system			
45398	COLONOSCOPY W/BAND LIGATION	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
45399	UNLISTED PROCEDURE COLON	UNLISTED PROCEDURE COLON	Authorization Required	Surgery of digestive system		Full Clinical Review	
45400	LAPAROSCOPIC PROC	LAPAROSCOPY PROCTOPEXY PROLAPSE	No Auth Required	Surgery of digestive system			
45402	LAP PROCTOPEXY W/SIG RESECT	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	No Auth Required	Surgery of digestive system			
45499	LAPAROSCOPE PROC RECTUM	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Authorization Required	Surgery of digestive system		Full Clinical Review	
45500	REPAIR OF RECTUM	PROCTOPLASTY STENOSIS	No Auth Required	Surgery of digestive system			
45505	REPAIR OF RECTUM	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	No Auth Required	Surgery of digestive system			
45520	TREATMENT OF RECTAL PROLAPSE	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	No Auth Required	Surgery of digestive system			
45540	CORRECT RECTAL PROLAPSE	PROCTOPEXY ABDOMINAL APPROACH	No Auth Required	Surgery of digestive system			
45541	CORRECT RECTAL PROLAPSE	PROCTOPEXY PERINEAL APPROACH	No Auth Required	Surgery of digestive system			
45550	REPAIR RECTUM/REMOVE SIGMOID	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	No Auth Required	Surgery of digestive system			
45560	REPAIR OF RECTOCELE	REPAIR RECTOCELE SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			
45562	EXPLORATION/REPAIR OF RECTUM	EXPL RPR & PRESACRAL DRG RECTAL INJURY	No Auth Required	Surgery of digestive system			
45563	EXPLORATION/REPAIR OF RECTUM	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	No Auth Required	Surgery of digestive system			
45800	REPAIR RECT/BLADDER FISTULA	CLOSURE RECTOVESICAL FISTULA	No Auth Required	Surgery of digestive system			
45805	REPAIR FISTULA W/COLOSTOMY	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	No Auth Required	Surgery of digestive system			
45820	REPAIR RECTOURETHRAL FISTULA	CLOSURE RECTOURETHRAL FISTULA	No Auth Required	Surgery of digestive system			
45825	REPAIR FISTULA W/COLOSTOMY	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	No Auth Required	Surgery of digestive system			
45900	REDUCTION OF RECTAL PROLAPSE	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	No Auth Required	Surgery of digestive system			

45905	DILATION OF ANAL SPHINCTER	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	No Auth Required	Surgery of digestive system			
45910	DILATION OF RECTAL NARROWING	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	No Auth Required	Surgery of digestive system			
45915	REMOVE RECTAL OBSTRUCTION	RMVL FECAL IMPACTION/FB SPX UNDER ANES	No Auth Required	Surgery of digestive system			
45990	SURG DX EXAM ANORECTAL	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	No Auth Required	Surgery of digestive system			
45999	RECTUM SURGERY PROCEDURE	UNLISTED PROCEDURE RECTUM	Authorization Required	Surgery of digestive system		Full Clinical Review	
46020	PLACEMENT OF SETON	PLACEMENT SETON	No Auth Required	Surgery of digestive system			
46030	REMOVAL OF RECTAL MARKER	REMOVAL ANAL SETON OTHER MARKER	No Auth Required	Surgery of digestive system			
46040	INCISION OF RECTAL ABSCESS	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	No Auth Required	Surgery of digestive system			
46045	INCISION OF RECTAL ABSCESS	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	No Auth Required	Surgery of digestive system			
46050	INCISION OF ANAL ABSCESS	I&D PERIANAL ABSCESS SUPERFICIAL	No Auth Required	Surgery of digestive system			
46060	INCISION OF RECTAL ABSCESS	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	No Auth Required	Surgery of digestive system			
46070	INCISION OF ANAL SEPTUM	INCISION ANAL SEPTUM INFANT	No Auth Required	Surgery of digestive system			
46080	INCISION OF ANAL SPHINCTER	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	No Auth Required	Surgery of digestive system			
46083	INCISE EXTERNAL HEMORRHOID	INCISION THROMBOSED HEMORRHOID EXTERNAL	No Auth Required	Surgery of digestive system			
46200	REMOVAL OF ANAL FISSURE	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	No Auth Required	Surgery of digestive system			
46220	EXCISE ANAL EXT TAG/PAPILLA	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	No Auth Required	Surgery of digestive system			
46221	LIGATION OF HEMORRHOID(S)	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	No Auth Required	Surgery of digestive system			
46230	REMOVAL OF ANAL TAGS	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	No Auth Required	Surgery of digestive system			
46250	REMOVE EXT HEM GROUPS 2+	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	No Auth Required	Surgery of digestive system			
46255	REMOVE INT/EXT HEM 1 GROUP	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	No Auth Required	Surgery of digestive system			
46257	REMOVE IN/EX HEM GRP & FISS	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	No Auth Required	Surgery of digestive system			
46258	REMOVE IN/EX HEM GRP W/FISTU	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	No Auth Required	Surgery of digestive system			
46260	REMOVE IN/EX HEM GROUPS 2+	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	Authorization Required	Surgery of digestive system		Network Validation	
46261	REMOVE IN/EX HEM GRPS & FISS	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	No Auth Required	Surgery of digestive system			
46262	REMOVE IN/EX HEM GRPS W/FIST	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	No Auth Required	Surgery of digestive system			
46270	REMOVE ANAL FIST SUBQ	SURG TX ANAL FISTULA SUBQ	No Auth Required	Surgery of digestive system			
46275	REMOVE ANAL FIST INTER	SURG TX ANAL FISTULA INTERSPHINCTERIC	No Auth Required	Surgery of digestive system			

46280	REMOVE ANAL FIST COMPLEX	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	No Auth Required	Surgery of digestive system			
46285	REMOVE ANAL FIST 2 STAGE	SURG TX ANAL FISTULA 2ND STAGE	No Auth Required	Surgery of digestive system			
46288	REPAIR ANAL FISTULA	CLSR ANAL FSTL W/RCT ADVMNT FLAP	No Auth Required	Surgery of digestive system			
46320	REMOVAL OF HEMORRHOID CLOT	EXC THROMBOSED HEMORRHOID XTRNL	No Auth Required	Surgery of digestive system			
46500	INJECTION INTO HEMORRHOID(S)	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	No Auth Required	Surgery of digestive system			
46505	CHEMODENERVATION ANAL MUSC	CHEMODENERVATION INTERNAL ANAL SPHINCTER	No Auth Required	Surgery of digestive system			
46600	DIAGNOSTIC ANOSCOPY SPX	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	No Auth Required	Surgery of digestive system			
46601	DIAGNOSTIC ANOSCOPY	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	No Auth Required	Surgery of digestive system			
46604	ANOSCOPY AND DILATION	ANOSCOPY W/DILATION	No Auth Required	Surgery of digestive system			
46606	ANOSCOPY AND BIOPSY	ANOSCOPY W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	No Auth Required	Surgery of digestive system			
46608	ANOSCOPY REMOVE FOR BODY	ANOSCOPY W/RMVL FOREIGN BODY	No Auth Required	Surgery of digestive system			
46610	ANOSCOPY REMOVE LESION	ANOSCOPY W/RMVL LESION CAUTERY	No Auth Required	Surgery of digestive system			
46611	ANOSCOPY	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	No Auth Required	Surgery of digestive system			
46612	ANOSCOPY REMOVE LESIONS	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	No Auth Required	Surgery of digestive system			
46614	ANOSCOPY CONTROL BLEEDING	ANOSCOPY CONTROL BLEEDING	No Auth Required	Surgery of digestive system			
46615	ANOSCOPY	ANOSCOPY ABLATION LESION	No Auth Required	Surgery of digestive system			
46700	REPAIR OF ANAL STRICTURE	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	No Auth Required	Surgery of digestive system			
46705	REPAIR OF ANAL STRICTURE	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	No Auth Required	Surgery of digestive system			
46706	REPR OF ANAL FISTULA W/GLUE	REPAIR ANAL FISTULA W/FIBRIN GLUE	No Auth Required	Surgery of digestive system			
46707	REPAIR ANORECTAL FIST W/PLUG	REPAIR ANORECTAL FISTULA PLUG	No Auth Required	Surgery of digestive system			
46710	REPR PER/VAG POUCH SNGL PROC	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	No Auth Required	Surgery of digestive system			
46712	REPR PER/VAG POUCH DBL PROC	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	No Auth Required	Surgery of digestive system			
46715	REP PERF ANOPER FISTU	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	No Auth Required	Surgery of digestive system			
46716	REP PERF ANOPER/VESTIB FISTU	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	No Auth Required	Surgery of digestive system			
46730	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	No Auth Required	Surgery of digestive system			
46735	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	No Auth Required	Surgery of digestive system			
46740	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	No Auth Required	Surgery of digestive system			

46742	REPAIR OF IMPERFORATED ANUS	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	No Auth Required	Surgery of digestive system			
46744	REPAIR OF CLOACAL ANOMALY	RPR CLOACAL ANOMALY SACROPERINEAL	No Auth Required	Surgery of digestive system			
46746	REPAIR OF CLOACAL ANOMALY	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	No Auth Required	Surgery of digestive system			
46748	REPAIR OF CLOACAL ANOMALY	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	No Auth Required	Surgery of digestive system			
46750	REPAIR OF ANAL SPHINCTER	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	No Auth Required	Surgery of digestive system			
46751	REPAIR OF ANAL SPHINCTER	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	No Auth Required	Surgery of digestive system			
46753	RECONSTRUCTION OF ANUS	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	No Auth Required	Surgery of digestive system			
46754	REMOVAL OF SUTURE FROM ANUS	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	No Auth Required	Surgery of digestive system			
46760	REPAIR OF ANAL SPHINCTER	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	No Auth Required	Surgery of digestive system			
46761	REPAIR OF ANAL SPHINCTER	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	No Auth Required	Surgery of digestive system			
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				
46916	CRYOSURGERY ANAL LESION(S)	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	No Auth Required	Surgery of digestive system			
46917	LASER SURGERY ANAL LESIONS	DSTRJ LESION ANUS SIMPLE LASER SURG	No Auth Required	Surgery of digestive system			
46922	EXCISION OF ANAL LESION(S)	DSTRJ LESION ANUS SIMPLE SURG EXCISION	No Auth Required	Surgery of digestive system			
46924	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS EXTENSIVE	No Auth Required				
46930	DESTROY INTERNAL HEMORRHOIDS	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	No Auth Required	Surgery of digestive system			
46940	TREATMENT OF ANAL FISSURE	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	No Auth Required	Surgery of digestive system			
46942	TREATMENT OF ANAL FISSURE	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	No Auth Required	Surgery of digestive system			
46945	INT HRHC LIG 1 HROID W/O IMG	INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	No Auth Required	Surgery of digestive system			
46946	INT HRHC LIG 2+HROID W/O IMG	INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	No Auth Required	Surgery of digestive system			
46947	HEMORRHOIDOPEXY BY STAPLING	HEMORRHOIDOPEXY STAPLING	No Auth Required	Surgery of digestive system			
46948	INT HRHC TRANAL DARTLZJ 2+	INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	No Auth Required				
46999	ANUS SURGERY PROCEDURE	UNLISTED PROCEDURE ANUS	Authorization Required	Surgery of digestive system		Full Clinical Review	
47000	NEEDLE BIOPSY OF LIVER	BIOPSY LIVER NEEDLE PERCUTANEOUS	No Auth Required	Surgery of digestive system			
47001	NEEDLE BIOPSY LIVER ADD-ON	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	No Auth Required	Surgery of digestive system			
47010	OPEN DRAINAGE LIVER LESION	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	No Auth Required	Surgery of digestive system			
47015	INJECT/ASPIRATE LIVER CYST	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	No Auth Required	Surgery of digestive system			
47100	WEDGE BIOPSY OF LIVER	BIOPSY LIVER WEDGE	No Auth Required	Surgery of digestive system			

47120	PARTIAL REMOVAL OF LIVER	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	No Auth Required	Surgery of digestive system			
47122	EXTENSIVE REMOVAL OF LIVER	HEPATECTOMY RESCJ TRISEGMENTECTOMY	No Auth Required	Surgery of digestive system			
47125	PARTIAL REMOVAL OF LIVER	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	No Auth Required	Surgery of digestive system			
47130	PARTIAL REMOVAL OF LIVER	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	No Auth Required	Surgery of digestive system			
47133	REMOVAL OF DONOR LIVER	DONOR HEPATECTOMY CADAVER DONOR	Authorization Required	Surgery of digestive system		Full Clinical Review	
47135	TRANSPLANTATION OF LIVER	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	Authorization Required	Surgery of digestive system		Full Clinical Review	
47140	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG II & III	Authorization Required	Surgery of digestive system		Full Clinical Review	
47141	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	Authorization Required	Surgery of digestive system		Full Clinical Review	
47142	PARTIAL REMOVAL DONOR LIVER	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	Authorization Required	Surgery of digestive system		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)		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)		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)		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)		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)		Full Clinical Review	
47300	SURGERY FOR LIVER LESION	MARSUPIALIZATION CST/ABSC LVR	No Auth Required	Surgery of digestive system			
47350	REPAIR LIVER WOUND	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	No Auth Required	Surgery of digestive system			
47360	REPAIR LIVER WOUND	MGMT LVR HEMRRG CPLX SUTR WND/INJ	No Auth Required	Surgery of digestive system			
47361	REPAIR LIVER WOUND	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	No Auth Required	Surgery of digestive system			
47362	REPAIR LIVER WOUND	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	No Auth Required	Surgery of digestive system			
47370	LAPARO ABLATE LIVER TUMOR RF	LAPS SURG ABLTJ 1/> LVR TUM RF	No Auth Required	Surgery of digestive system			
47371	LAPARO ABLATE LIVER CRYOSURG	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	No Auth Required	Surgery of digestive system			

47379	LAPAROSCOPE PROCEDURE LIVER	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Authorization Required	Surgery of digestive system		Full Clinical Review	
47380	OPEN ABLATE LIVER TUMOR RF	ABLTJ OPN 1/> LVR TUM RF	No Auth Required	Surgery of digestive system			
47381	OPEN ABLATE LIVER TUMOR CRYO	ABLTJ OPN 1/> LVR TUM CRYOSURG	No Auth Required	Surgery of digestive system			
47382	PERCUT ABLATE LIVER RF	ABLTJ 1/> LVR TUM PRQ RF	No Auth Required	Surgery of digestive system			
47383	PERQ ABLTJ LVR CRYOABLATION	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	No Auth Required	Surgery of digestive system			
47399	LIVER SURGERY PROCEDURE	UNLISTED PROCEDURE LIVER	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
47400	INCISION OF LIVER DUCT	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	No Auth Required	Surgery of digestive system			
47420	INCISION OF BILE DUCT	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	No Auth Required	Surgery of digestive system			
47425	INCISION OF BILE DUCT	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	No Auth Required	Surgery of digestive system			
47460	INCISE BILE DUCT SPHINCTER	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	No Auth Required	Surgery of digestive system			
47480	INCISION OF GALLBLADDER	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	No Auth Required	Surgery of digestive system			
47490	INCISION OF GALLBLADDER	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	No Auth Required	Surgery of digestive system			
47531	INJECTION FOR CHOLANGIOGRAM	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	No Auth Required	Surgery of digestive system			
47532	INJECTION FOR CHOLANGIOGRAM	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	No Auth Required	Surgery of digestive system			
47533	PLMT BILIARY DRAINAGE CATH	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	No Auth Required	Surgery of digestive system			
47534	PLMT BILIARY DRAINAGE CATH	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	No Auth Required	Surgery of digestive system			
47535	CONVERSION EXT BIL DRG CATH	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	No Auth Required	Surgery of digestive system			
47536	EXCHANGE BILIARY DRG CATH	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	No Auth Required	Surgery of digestive system			
47537	REMOVAL BILIARY DRG CATH	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	No Auth Required	Surgery of digestive system			
47538	PERQ PLMT BILE DUCT STENT	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	No Auth Required	Surgery of digestive system			
47539	PERQ PLMT BILE DUCT STENT	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	No Auth Required	Surgery of digestive system			
47540	PERQ PLMT BILE DUCT STENT	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	No Auth Required	Surgery of digestive system			
47541	PLMT ACCESS BIL TREE SM BWL	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	No Auth Required	Surgery of digestive system			
47542	DILATE BILIARY DUCT/AMPULLA	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	No Auth Required	Surgery of digestive system			
47543	ENDOLUMINAL BX BILIARY TREE	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	No Auth Required	Surgery of digestive system			
47544	REMOVAL DUCT GLBLDR CALCULI	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	No Auth Required	Surgery of digestive system			
47550	BILE DUCT ENDOSCOPY ADD-ON	BILIARY NDSC INTRAOPERATIVE	No Auth Required	Surgery of digestive system			

47552	BILIARY ENDO PERQ DX W/SPECI	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	No Auth Required	Surgery of digestive system			
47553	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
47554	BILIARY ENDOSCOPY THRU SKIN	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	No Auth Required	Surgery of digestive system			
47555	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	No Auth Required	Surgery of digestive system			
47556	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	No Auth Required	Surgery of digestive system			
47562	LAPAROSCOPIC CHOLECYSTECTOMY	LAPAROSCOPY SURG CHOLECYSTECTOMY	Authorization Required	Surgery of digestive system		Network Validation	
47563	LAPARO CHOLECYSTECTOMY/GRAPH	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	Authorization Required	Surgery of digestive system		Network Validation	
47564	LAPARO CHOLECYSTECTOMY/EXPLR	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	No Auth Required	Surgery of digestive system			
47570	LAPARO CHOLECYSTOENTEROSTOMY	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	No Auth Required	Surgery of digestive system			
47579	LAPAROSCOPE PROC BILIARY	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Authorization Required	Surgery of digestive system		Full Clinical Review	
47600	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY	No Auth Required	Surgery of digestive system			
47605	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	No Auth Required	Surgery of digestive system			
47610	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	No Auth Required	Surgery of digestive system			
47612	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	No Auth Required	Surgery of digestive system			
47620	REMOVAL OF GALLBLADDER	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	No Auth Required	Surgery of digestive system			
47700	EXPLORATION OF BILE DUCTS	EXPL CONGENITAL ATRESIA BILE DUCTS	No Auth Required	Surgery of digestive system			
47701	BILE DUCT REVISION	PORTOENETEROSTOMY	No Auth Required	Surgery of digestive system			
47711	EXCISION OF BILE DUCT TUMOR	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	No Auth Required	Surgery of digestive system			
47712	EXCISION OF BILE DUCT TUMOR	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	No Auth Required	Surgery of digestive system			
47715	EXCISION OF BILE DUCT CYST	EXCISION CHOLEDOCHAL CYST	No Auth Required	Surgery of digestive system			
47720	FUSE GALLBLADDER & BOWEL	CHOLECYSTOENTEROSTOMY DIRECT	No Auth Required	Surgery of digestive system			
47721	FUSE UPPER GI STRUCTURES	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	No Auth Required	Surgery of digestive system			
47740	FUSE GALLBLADDER & BOWEL	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	No Auth Required	Surgery of digestive system			
47741	FUSE GALLBLADDER & BOWEL	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	No Auth Required	Surgery of digestive system			
47760	FUSE BILE DUCTS AND BOWEL	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	No Auth Required	Surgery of digestive system			
47765	FUSE LIVER DUCTS & BOWEL	ANAST INTRAHEPATC DUCTS & GI TRACT	No Auth Required	Surgery of digestive system			
47780	FUSE BILE DUCTS AND BOWEL	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	No Auth Required	Surgery of digestive system			
47785	FUSE BILE DUCTS AND BOWEL	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	No Auth Required	Surgery of digestive system			

47800	RECONSTRUCTION OF BILE DUCTS	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	No Auth Required	Surgery of digestive system			
47801	PLACEMENT BILE DUCT SUPPORT	PLACEMENT CHOLEDOCHAL STENT	No Auth Required	Surgery of digestive system			
47802	FUSE LIVER DUCT & INTESTINE	U-TUBE HEPATICOENTEROSTOMY	No Auth Required	Surgery of digestive system			
47900	SUTURE BILE DUCT INJURY	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	No Auth Required	Surgery of digestive system			
47999	BILE TRACT SURGERY PROCEDURE	UNLISTED PROCEDURE BILIARY TRACT	Authorization Required	Surgery of digestive system		Full Clinical Review	
48000	DRAINAGE OF ABDOMEN	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	No Auth Required	Surgery of digestive system			
48001	PLACEMENT OF DRAIN PANCREAS	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	No Auth Required	Surgery of digestive system			
48020	REMOVAL OF PANCREATIC STONE	REMOVAL PANCREATIC CALCULUS	No Auth Required	Surgery of digestive system			
48100	BIOPSY OF PANCREAS OPEN	BIOPSY PANCREAS OPEN	No Auth Required	Surgery of digestive system			
48102	NEEDLE BIOPSY PANCREAS	BIOPSY PANCREA PERCUTANEOUS NEEDLE	No Auth Required	Surgery of digestive system			
48105	RESECT/DEBRIDE PANCREAS	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	No Auth Required	Surgery of digestive system			
48120	REMOVAL OF PANCREAS LESION	EXCISION LESION PANCREAS	No Auth Required	Surgery of digestive system			
48140	PARTIAL REMOVAL OF PANCREAS	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48145	PARTIAL REMOVAL OF PANCREAS	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48146	PANCREATECTOMY	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	No Auth Required	Surgery of digestive system			
48148	REMOVAL OF PANCREATIC DUCT	EXCISION AMPULLA VATER	No Auth Required	Surgery of digestive system			
48150	PARTIAL REMOVAL OF PANCREAS	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48152	PANCREATECTOMY	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48153	PANCREATECTOMY	PNCRTECT W/PANCREATOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48154	PANCREATECTOMY	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	No Auth Required	Surgery of digestive system			
48155	REMOVAL OF PANCREAS	PANCREATECTOMY TOTAL	No Auth Required	Surgery of digestive system			
48160	PANCREAS REMOVAL/TRANSPLANT	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	No Auth Required	Surgery of digestive system			
48400	INJECTION INTRAOP ADD-ON	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	No Auth Required	Surgery of digestive system			
48500	SURGERY OF PANCREATIC CYST	MARSUPIALIZATION PANCREATIC CYST	No Auth Required	Surgery of digestive system			
48510	DRAIN PANCREATIC PSEUDOCYST	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	No Auth Required	Surgery of digestive system			
48520	FUSE PANCREAS CYST AND BOWEL	INT ANAST PANCREATIC CYST GI TRACT DIRECT	No Auth Required	Surgery of digestive system			
48540	FUSE PANCREAS CYST AND BOWEL	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	No Auth Required	Surgery of digestive system			
48545	PANCREATORRHAPHY	PANCREATORRHAPHY INJURY	No Auth Required	Surgery of digestive system			

48547	DUODENAL EXCLUSION	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	No Auth Required	Surgery of digestive system			
48548	FUSE PANCREAS AND BOWEL	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	No Auth Required	Surgery of digestive system			
48550	DONOR PANCREATECTOMY	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		Full Clinical Review	
48554	TRANSPL ALLOGRAFT PANCREAS	TRANSPLANTATION PANCREATIC ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
48556	REMOVAL ALLOGRAFT PANCREAS	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
48999	PANCREAS SURGERY PROCEDURE	UNLISTED PROCEDURE PANCREAS	Authorization Required	Surgery of digestive system		Full Clinical Review	
49000	EXPLORATION OF ABDOMEN	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	No Auth Required	Surgery of digestive system			
49002	REOPENING OF ABDOMEN	REOPENING RECENT LAPAROTOMY	No Auth Required	Surgery of digestive system			
49010	EXPLORATION BEHIND ABDOMEN	EXPL RETROPERITONEUM W/WO BX SPX	No Auth Required	Surgery of digestive system			
49013	PRPERTL PEL PACK HEMRRG TRMA	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	No Auth Required				
49014	REEXPLORATION PELVIC WOUND	REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	No Auth Required				
49020	DRAINAGE ABDOM ABSCESS OPEN	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	No Auth Required	Surgery of digestive system			
49040	DRAIN OPEN ABDOM ABSCESS	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	No Auth Required	Surgery of digestive system			
49060	DRAIN OPEN RETROPERI ABSCESS	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	No Auth Required	Surgery of digestive system			
49062	DRAIN TO PERITONEAL CAVITY	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	No Auth Required	Surgery of digestive system			
49082	ABD PARACENTESIS	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	No Auth Required	Surgery of digestive system			
49083	ABD PARACENTESIS W/IMAGING	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	No Auth Required	Surgery of digestive system			
49084	PERITONEAL LAVAGE	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	No Auth Required	Surgery of digestive system			

49180	BIOPSY ABDOMINAL MASS	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	No Auth Required	Surgery of digestive system			
49185	SCLEROTX FLUID COLLECTION	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	No Auth Required	Surgery of digestive system			
49203	EXC ABD TUM 5 CM OR LESS	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	No Auth Required	Surgery of digestive system			
49204	EXC ABD TUM OVER 5 CM	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	No Auth Required	Surgery of digestive system			
49205	EXC ABD TUM OVER 10 CM	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	No Auth Required	Surgery of digestive system			
49215	EXCISE SACRAL SPINE TUMOR	EXC PRESAC/SACROCOCCYGEAL TUMOR	No Auth Required	Surgery of digestive system			
49220	MULTIPLE SURGERY ABDOMEN	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA	No Auth Required	Surgery of digestive system			
49250	EXCISION OF UMBILICUS	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	No Auth Required	Surgery of digestive system			
49255	REMOVAL OF OMENTUM	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	No Auth Required	Surgery of digestive system			
49320	DIAG LAPARO SEPARATE PROC	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	No Auth Required	Surgery of digestive system			
49321	LAPAROSCOPY BIOPSY	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
49322	LAPAROSCOPY ASPIRATION	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	No Auth Required	Surgery of digestive system			
49323	LAPARO DRAIN LYMPHOCELE	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	No Auth Required	Surgery of digestive system			
49324	LAP INSERT TUNNEL IP CATH	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	No Auth Required	Surgery of digestive system			
49325	LAP REVISION PERM IP CATH	LAPS W/REVISION INTRAPERITONEAL CATHETER	No Auth Required	Surgery of digestive system			
49326	LAP W/OMENTOPEXY ADD-ON	LAPAROSCOPY W/OMENTOPEXY	No Auth Required	Surgery of digestive system			
49327	LAP INS DEVICE FOR RT	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	No Auth Required	Surgery of digestive system			
49329	LAPARO PROC ABDM/PER/OMENT	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	Authorization Required	Surgery of digestive system		Full Clinical Review	
49400	AIR INJECTION INTO ABDOMEN	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	No Auth Required	Surgery of digestive system			
49402	REMOVE FOREIGN BODY ADBOMEN	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	No Auth Required	Surgery of digestive system			
49405	IMAGE CATH FLUID COLXN VISC	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	No Auth Required	Surgery of digestive system			
49406	IMAGE CATH FLUID PERI/RETRO	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	No Auth Required	Surgery of digestive system			
49407	IMAGE CATH FLUID TRNS/VGNL	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	No Auth Required	Surgery of digestive system			
49411	INS MARK ABD/PEL FOR RT PERQ	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	No Auth Required	Surgery of digestive system			
49412	INS DEVICE FOR RT GUIDE OPEN	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	No Auth Required	Surgery of digestive system			
49418	INSERT TUN IP CATH PERC	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	No Auth Required	Surgery of digestive system			
49419	INSERT TUN IP CATH W/PORT	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	No Auth Required	Surgery of digestive system			
49421	INS TUN IP CATH FOR DIAL OPN	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	No Auth Required	Surgery of digestive system			

49422	REMOVE TUNNELED IP CATH	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	No Auth Required	Surgery of digestive system			
49423	EXCHANGE DRAINAGE CATHETER	EXCHNG ABSC/CST DRG CATH RAD GID SPX	No Auth Required	Surgery of digestive system			
49424	ASSESS CYST CONTRAST INJECT	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	No Auth Required	Surgery of digestive system			
49425	INSERT ABDOMEN-VENOUS DRAIN	INSERTION PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive system			
49426	REVISE ABDOMEN-VENOUS SHUNT	REVIS PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive system			
49427	INJECTION ABDOMINAL SHUNT	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive system			
49428	LIGATION OF SHUNT	LIGATION PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive system			
49429	REMOVAL OF SHUNT	RMVL PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive system			
49435	INSERT SUBQ EXTEN TO IP CATH	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	No Auth Required	Surgery of digestive system			
49436	EMBEDDED IP CATH EXIT-SITE	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	No Auth Required	Surgery of digestive system			
49440	PLACE GASTROSTOMY TUBE PERC	INSERT GASTROSTOMY TUBE PERCUTANEOUS	No Auth Required	Surgery of digestive system			
49441	PLACE DUOD/JEJ TUBE PERC	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	No Auth Required	Surgery of digestive system			
49442	PLACE CECOSTOMY TUBE PERC	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	No Auth Required	Surgery of digestive system			
49446	CHANGE G-TUBE TO G-J PERC	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	No Auth Required	Surgery of digestive system			
49450	REPLACE G/C TUBE PERC	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	No Auth Required	Surgery of digestive system			
49451	REPLACE DUOD/JEJ TUBE PERC	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	No Auth Required	Surgery of digestive system			
49452	REPLACE G-J TUBE PERC	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	No Auth Required	Surgery of digestive system			
49460	FIX G/COLON TUBE W/DEVICE	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	No Auth Required	Surgery of digestive system			
49465	FLUORO EXAM OF G/COLON TUBE	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	No Auth Required	Surgery of digestive system			
49491	RPR HERN PREEMIE REDUC	RPR 1ST INGUN HRNA PRETERM INFT RDC	No Auth Required	Surgery of digestive system			
49492	RPR ING HERN PREMIE BLOCKED	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	No Auth Required	Surgery of digestive system			
49495	RPR ING HERNIA BABY REDUC	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	No Auth Required	Surgery of digestive system			
49496	RPR ING HERNIA BABY BLOCKED	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	No Auth Required	Surgery of digestive system			
49500	RPR ING HERNIA INIT REDUCE	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	No Auth Required	Surgery of digestive system			
49501	RPR ING HERNIA INIT BLOCKED	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	No Auth Required	Surgery of digestive system			
49505	PRP I/HERN INIT REDUC >5 YR	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	Authorization Required	Surgery of digestive system		Network Validation	
49507	PRP I/HERN INIT BLOCK >5 YR	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	No Auth Required	Surgery of digestive system			

49520	REREPAIR ING HERNIA REDUCE	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	No Auth Required	Surgery of digestive system			
49521	REREPAIR ING HERNIA BLOCKED	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	No Auth Required	Surgery of digestive system			
49525	REPAIR ING HERNIA SLIDING	RPR INGUN HERNIA SLIDING ANY AGE	No Auth Required	Surgery of digestive system			
49540	REPAIR LUMBAR HERNIA	REPAIR LUMBAR HERNIA	No Auth Required	Surgery of digestive system			
49550	RPR REM HERNIA INIT REDUCE	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	No Auth Required	Surgery of digestive system			
49553	RPR FEM HERNIA INIT BLOCKED	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	No Auth Required	Surgery of digestive system			
49555	REREPAIR FEM HERNIA REDUCE	RPR RECRT FEM HERNIA REDUCIBLE	No Auth Required	Surgery of digestive system			
49557	REREPAIR FEM HERNIA BLOCKED	RPR RECRT FEM HRNA INCARCERATED	No Auth Required	Surgery of digestive system			
49560	RPR VENTRAL HERN INIT REDUC	REPAIR FIRST ABDOMINAL WALL HERNIA	Authorization Required	Surgery of digestive system		Network Validation	
49561	RPR VENTRAL HERN INIT BLOCK	RPR 1ST INCAL/VNT HERNIA INCARCERATED	No Auth Required	Surgery of digestive system			
49565	REREPAIR VENTRL HERN REDUCE	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	No Auth Required	Surgery of digestive system			
49566	REREPAIR VENTRL HERN BLOCK	RPR RECRT INCAL/VNT HERNIA INCARCERATED	No Auth Required	Surgery of digestive system			
49568	HERNIA REPAIR W/MESH	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	No Auth Required	Surgery of digestive system			
49570	RPR EPIGASTRIC HERN REDUCE	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	No Auth Required	Surgery of digestive system			
49572	RPR EPIGASTRIC HERN BLOCKED	RPR EPIGASTRIC HERNIA INCARCERATED	No Auth Required	Surgery of digestive system			
49580	RPR UMBIL HERN REDUC < 5 YR	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	No Auth Required	Surgery of digestive system			
49582	RPR UMBIL HERN BLOCK < 5 YR	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	No Auth Required	Surgery of digestive system			
49585	RPR UMBIL HERN REDUC > 5 YR	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	Authorization Required	Surgery of digestive system		Network Validation	
49587	RPR UMBIL HERN BLOCK > 5 YR	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	No Auth Required	Surgery of digestive system			
49590	REPAIR SPIGELIAN HERNIA	RPR SPIGELIAN HERNIA	No Auth Required	Surgery of digestive system			
49600	REPAIR UMBILICAL LESION	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	No Auth Required	Surgery of digestive system			
49605	REPAIR UMBILICAL LESION	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	No Auth Required	Surgery of digestive system			
49606	REPAIR UMBILICAL LESION	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	No Auth Required	Surgery of digestive system			
49610	REPAIR UMBILICAL LESION	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	No Auth Required	Surgery of digestive system			
49611	REPAIR UMBILICAL LESION	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	No Auth Required	Surgery of digestive system			
49650	LAP ING HERNIA REPAIR INIT	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	Authorization Required	Surgery of digestive system		Network Validation	
49651	LAP ING HERNIA REPAIR RECUR	LAPS SURG RPR RECURRENT INGUINAL HERNIA	No Auth Required	Surgery of digestive system			

49652	LAP VENT/ABD HERNIA REPAIR	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	No Auth Required	Surgery of digestive system			
49653	LAP VENT/ABD HERN PROC COMP	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	No Auth Required	Surgery of digestive system			
49654	LAP INC HERNIA REPAIR	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	No Auth Required	Surgery of digestive system			
49655	LAP INC HERN REPAIR COMP	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	No Auth Required	Surgery of digestive system			
49656	LAP INC HERNIA REPAIR RECUR	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	No Auth Required	Surgery of digestive system			
49657	LAP INC HERN RECUR COMP	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	No Auth Required	Surgery of digestive system			
49659	LAPARO PROC HERNIA REPAIR	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Authorization Required	Surgery of digestive system		Full Clinical Review	
49900	REPAIR OF ABDOMINAL WALL	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	No Auth Required	Surgery of digestive system			
49904	OMENTAL FLAP EXTRA-ABDOM	OMENTAL FLAP EXTRA-ABDOMINAL	No Auth Required	Surgery of digestive system			
49905	OMENTAL FLAP INTRA-ABDOM	OMENTAL FLAP INTRA-ABDOMINAL	No Auth Required	Surgery of digestive system			
49906	FREE OMENTAL FLAP MICROVASC	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	No Auth Required	Surgery of digestive system			
49999	ABDOMEN SURGERY PROCEDURE	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Authorization Required	Surgery of digestive system		Full Clinical Review	
50010	EXPLORATION OF KIDNEY	RNL EXPL X NECESSITATING OTH SPEC PX	No Auth Required	Surgery of urinary system			
50020	RENAL ABSCESS OPEN DRAIN	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	No Auth Required	Surgery of urinary system			
50040	DRAINAGE OF KIDNEY	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	No Auth Required	Surgery of urinary system			
50045	EXPLORATION OF KIDNEY	NEPHROTOMY W/EXPLORATION	No Auth Required	Surgery of urinary system			
50060	REMOVAL OF KIDNEY STONE	NEPHROLITHOTOMY REMOVAL STAGE 1	No Auth Required	Surgery of urinary system			
50065	INCISION OF KIDNEY	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	No Auth Required	Surgery of urinary system			
50070	INCISION OF KIDNEY	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	No Auth Required	Surgery of urinary system			
50075	REMOVAL OF KIDNEY STONE	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	No Auth Required	Surgery of urinary system			
50080	REMOVAL OF KIDNEY STONE	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY </2 CM	No Auth Required	Surgery of urinary system			
50081	REMOVAL OF KIDNEY STONE	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	No Auth Required	Surgery of urinary system			
50100	REVISE KIDNEY BLOOD VESSELS	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX	No Auth Required	Surgery of urinary system			
50120	EXPLORATION OF KIDNEY	PYELOTOMY W/EXPLORATION	No Auth Required	Surgery of urinary system			
50125	EXPLORE AND DRAIN KIDNEY	PYELOTOMY W/DRAINAGE PYELOSTOMY	No Auth Required	Surgery of urinary system			
50130	REMOVAL OF KIDNEY STONE	PYELOTOMY W/REMOVAL CALCULUS	No Auth Required	Surgery of urinary system			
50135	EXPLORATION OF KIDNEY	PYELOTOMY COMPLICATED	No Auth Required	Surgery of urinary system			

50200	RENAL BIOPSY PERQ	RENAL BIOPSY PRQ TROCAR/NEEDLE	No Auth Required	Surgery of urinary system			
50205	RENAL BIOPSY OPEN	RENAL BIOPSY SURG EXPOSURE KIDNEY	No Auth Required	Surgery of urinary system			
50220	REMOVE KIDNEY OPEN	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	No Auth Required	Surgery of urinary system			
50225	REMOVAL KIDNEY OPEN COMPLEX	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	No Auth Required	Surgery of urinary system			
50230	REMOVAL KIDNEY OPEN RADICAL	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	No Auth Required	Surgery of urinary system			
50234	REMOVAL OF KIDNEY & URETER	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	No Auth Required	Surgery of urinary system			
50236	REMOVAL OF KIDNEY & URETER	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	No Auth Required	Surgery of urinary system			
50240	PARTIAL REMOVAL OF KIDNEY	NEPHRECTOMY PARTIAL	No Auth Required	Surgery of urinary system			
50250	CRYOABLATE RENAL MASS OPEN	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	No Auth Required	Surgery of urinary system			
50280	REMOVAL OF KIDNEY LESION	EXCISION/UNROOFING CYST KIDNEY	No Auth Required	Surgery of urinary system			
50290	REMOVAL OF KIDNEY LESION	EXCISION PERINEPHRIC CYST	No Auth Required	Surgery of urinary system			
50300	REMOVE CADAVER DONOR KIDNEY	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		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)		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)		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)		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)		Full Clinical Review	

50340	REMOVAL OF KIDNEY	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		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)		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)		Full Clinical Review	
50370	REMOVE TRANSPLANTED KIDNEY	RMVL TRNSPLED RENAL ALLOGRAFT	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
50380	REIMPLANTATION OF KIDNEY	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Authorization Required	Transplants and transplant related services (including pre and post transplant testing)		Full Clinical Review	
50382	CHANGE URETER STENT PERCUT	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	No Auth Required	Surgery of urinary system			
50384	REMOVE URETER STENT PERCUT	REMOVAL INDWELLING URETERAL STENT PRQ	No Auth Required	Surgery of urinary system			
50385	CHANGE STENT VIA TRANSURETH	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	No Auth Required	Surgery of urinary system			
50386	REMOVE STENT VIA TRANSURETH	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	No Auth Required	Surgery of urinary system			
50387	CHANGE NEPHROURETERAL CATH	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	No Auth Required	Surgery of urinary system			
50389	REMOVE RENAL TUBE W/FLUORO	RMVL NFROS TUBE REQ FLUORO GUIDANCE	No Auth Required	Surgery of urinary system			
50390	DRAINAGE OF KIDNEY LESION	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	No Auth Required	Surgery of urinary system			
50391	INSTLL RX AGNT INTO RNAL TUB	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	No Auth Required	Surgery of urinary system			
50396	MEASURE KIDNEY PRESSURE	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	No Auth Required	Surgery of urinary system			
50400	REVISION OF KIDNEY/URETER	PYELOPLASTY SIMPLE	No Auth Required	Surgery of urinary system			
50405	REVISION OF KIDNEY/URETER	PYELOPLASTY COMPLICATED	No Auth Required	Surgery of urinary system			
50430	NJX PX NFROSGRM &/URTRGRM	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	No Auth Required	Surgery of urinary system			
50431	NJX PX NFROSGRM &/URTRGRM	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	No Auth Required	Surgery of urinary system			
50432	PLMT NEPHROSTOMY CATHETER	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	No Auth Required	Surgery of urinary system			
50433	PLMT NEPHROURETERAL CATHETER	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	No Auth Required	Surgery of urinary system			
50434	CONVERT NEPHROSTOMY CATHETER	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	No Auth Required	Surgery of urinary system			

50435	EXCHANGE NEPHROSTOMY CATH	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	No Auth Required	Surgery of urinary system			
50436	DILAT XST TRC NDURLGC PX	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	Authorization Required	Surgery of urinary system		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		Full Clinical Review	
50500	REPAIR OF KIDNEY WOUND	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	No Auth Required	Surgery of urinary system			
50520	CLOSE KIDNEY-SKIN FISTULA	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	No Auth Required	Surgery of urinary system			
50525	CLOSE NEPHROVISCERAL FISTULA	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	No Auth Required	Surgery of urinary system			
50526	CLOSE NEPHROVISCERAL FISTULA	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	No Auth Required	Surgery of urinary system			
50540	REVISION OF HORSESHOE KIDNEY	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	No Auth Required	Surgery of urinary system			
50541	LAPARO ABLATE RENAL CYST	LAPAROSCOPY SURG ABLATION RENAL CYSTS	No Auth Required	Surgery of urinary system			
50542	LAPARO ABLATE RENAL MASS	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	No Auth Required	Surgery of urinary system			
50543	LAPARO PARTIAL NEPHRECTOMY	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	No Auth Required	Surgery of urinary system			
50544	LAPAROSCOPY PYELOPLASTY	LAPAROSCOPY SURG PYELOPLASTY	No Auth Required	Surgery of urinary system			
50545	LAPARO RADICAL NEPHRECTOMY	LAPAROSCOPY RADICAL NEPHRECTOMY	No Auth Required	Surgery of urinary system			
50546	LAPAROSCOPIC NEPHRECTOMY	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	No Auth Required	Surgery of urinary system			
50547	LAPARO REMOVAL DONOR KIDNEY	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	No Auth Required	Surgery of urinary system			
50548	LAPARO REMOVE W/URETER	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	No Auth Required	Surgery of urinary system			
50549	LAPAROSCOPE PROC RENAL	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Authorization Required	Surgery of urinary system		Full Clinical Review	
50551	KIDNEY ENDOSCOPY	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	No Auth Required	Surgery of urinary system			
50553	KIDNEY ENDOSCOPY	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	No Auth Required	Surgery of urinary system			
50555	KIDNEY ENDOSCOPY & BIOPSY	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	No Auth Required	Surgery of urinary system			
50557	KIDNEY ENDOSCOPY & TREATMENT	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	No Auth Required	Surgery of urinary system			
50561	KIDNEY ENDOSCOPY & TREATMENT	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	No Auth Required	Surgery of urinary system			
50562	RENAL SCOPE W/TUMOR RESECT	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	No Auth Required	Surgery of urinary system			
50570	KIDNEY ENDOSCOPY	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	No Auth Required	Surgery of urinary system			
50572	KIDNEY ENDOSCOPY	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	No Auth Required	Surgery of urinary system			
50574	KIDNEY ENDOSCOPY & BIOPSY	RENAL NDSC NEPHROTOMY W/BIOPSY	No Auth Required	Surgery of urinary system			
50575	KIDNEY ENDOSCOPY	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	No Auth Required	Surgery of urinary system			
50576	KIDNEY ENDOSCOPY & TREATMENT	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	No Auth Required	Surgery of urinary system			

50580	KIDNEY ENDOSCOPY & TREATMENT	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	No Auth Required	Surgery of urinary system			
50590	FRAGMENTING OF KIDNEY STONE	LITHOTRIPSY XTRCORP SHOCK WAVE	Authorization Required	Surgery of urinary system		Network Validation	
50592	PERC RF ABLATE RENAL TUMOR	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	No Auth Required	Surgery of urinary system			
50593	PERC CRYO ABLATE RENAL TUM	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	No Auth Required	Surgery of urinary system			
50600	EXPLORATION OF URETER	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	No Auth Required	Surgery of urinary system			
50605	INSERT URETERAL SUPPORT	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	No Auth Required	Surgery of urinary system			
50606	ENDOLUMINAL BX URTR RNL PLVS	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	No Auth Required	Surgery of urinary system			
50610	REMOVAL OF URETER STONE	URTROLITHOTOMY UPPER ONE-THIRD URETER	No Auth Required	Surgery of urinary system			
50620	REMOVAL OF URETER STONE	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	No Auth Required	Surgery of urinary system			
50630	REMOVAL OF URETER STONE	URTROLITHOTOMY LOWER ONE-THIRD URETER	No Auth Required	Surgery of urinary system			
50650	REMOVAL OF URETER	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	No Auth Required	Surgery of urinary system			
50660	REMOVAL OF URETER	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	No Auth Required	Surgery of urinary system			
50684	INJECTION FOR URETER X-RAY	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	No Auth Required	Surgery of urinary system			
50686	MEASURE URETER PRESSURE	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	No Auth Required	Surgery of urinary system			
50688	CHANGE OF URETER TUBE/STENT	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	No Auth Required	Surgery of urinary system			
50690	INJECTION FOR URETER X-RAY	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	No Auth Required	Surgery of urinary system			
50693	PLMT URETERAL STENT PRQ	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	No Auth Required	Surgery of urinary system			
50694	PLMT URETERAL STENT PRQ	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	No Auth Required	Surgery of urinary system			
50695	PLMT URETERAL STENT PRQ	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	No Auth Required	Surgery of urinary system			
50700	REVISION OF URETER	URETEROPLASTY PLASTIC OPERATION URETER	No Auth Required	Surgery of urinary system			
50705	URETERAL EMBOLIZATION/OCCL	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	No Auth Required	Surgery of urinary system			
50706	BALLOON DILATE URTRL STRIX	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	No Auth Required	Surgery of urinary system			
50715	RELEASE OF URETER	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	No Auth Required	Surgery of urinary system			
50722	RELEASE OF URETER	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	No Auth Required	Surgery of urinary system			
50725	RELEASE/REVISE URETER	URTROLSS RETROCAVAL URTR W/REANAST	No Auth Required	Surgery of urinary system			
50727	REVISE URETER	REVJ URINARY-CUTANEOUS ANASTAMOSIS	No Auth Required	Surgery of urinary system			
50728	REVISE URETER	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	No Auth Required	Surgery of urinary system			

50740	FUSION OF URETER & KIDNEY	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	No Auth Required	Surgery of urinary system			
50750	FUSION OF URETER & KIDNEY	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	No Auth Required	Surgery of urinary system			
50760	FUSION OF URETERS	URETEROURETEROSTOMY	No Auth Required	Surgery of urinary system			
50770	SPLICING OF URETERS	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	No Auth Required	Surgery of urinary system			
50780	REIMPLANT URETER IN BLADDER	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	No Auth Required	Surgery of urinary system			
50782	REIMPLANT URETER IN BLADDER	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	No Auth Required	Surgery of urinary system			
50783	REIMPLANT URETER IN BLADDER	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	No Auth Required	Surgery of urinary system			
50785	REIMPLANT URETER IN BLADDER	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	No Auth Required	Surgery of urinary system			
50800	IMPLANT URETER IN BOWEL	URETEROENTEROSTOMY ANAST URETER INTESTINE	No Auth Required	Surgery of urinary system			
50810	FUSION OF URETER & BOWEL	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	No Auth Required	Surgery of urinary system			
50815	URINE SHUNT TO INTESTINE	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	No Auth Required	Surgery of urinary system			
50820	CONSTRUCT BOWEL BLADDER	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	No Auth Required	Surgery of urinary system			
50825	CONSTRUCT BOWEL BLADDER	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	No Auth Required	Surgery of urinary system			
50830	REVISE URINE FLOW	URINARY UNIDIVERSION	No Auth Required	Surgery of urinary system			
50840	REPLACE URETER BY BOWEL	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	No Auth Required	Surgery of urinary system			
50845	APPENDICO-VESICOSTOMY	CUTANANEOUS APPENDICO-VESICOSTOMY	No Auth Required	Surgery of urinary system			
50860	TRANSPLANT URETER TO SKIN	URETEROSTOMY TRANSPLANTATION URETER SKIN	No Auth Required	Surgery of urinary system			
50900	REPAIR OF URETER	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	No Auth Required	Surgery of urinary system			
50920	CLOSURE URETER/SKIN FISTULA	CLOSURE URETEROCUTANEOUS FISTULA	No Auth Required	Surgery of urinary system			
50930	CLOSURE URETER/BOWEL FISTULA	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	No Auth Required	Surgery of urinary system			
50940	RELEASE OF URETER	DELIGATION URETER	No Auth Required	Surgery of urinary system			
50945	LAPAROSCOPY URETEROLITHOTOMY	LAPAROSCOPY URTROLITHOTOMY	No Auth Required	Surgery of urinary system			
50947	LAPARO NEW URETER/BLADDER	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	No Auth Required	Surgery of urinary system			
50948	LAPARO NEW URETER/BLADDER	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	No Auth Required	Surgery of urinary system			
50949	LAPAROSCOPE PROC URETER	UNLISTED LAPAROSCOPY PROCEDURE URETER	Authorization Required	Surgery of urinary system		Full Clinical Review	
50951	ENDOSCOPY OF URETER	URETERAL ENDOSCOPY VIA URETEROSTOMY	No Auth Required	Surgery of urinary system			
50953	ENDOSCOPY OF URETER	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	No Auth Required	Surgery of urinary system			
50955	URETER ENDOSCOPY & BIOPSY	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	No Auth Required	Surgery of urinary system			

50957	URETER ENDOSCOPY & TREATMENT	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	No Auth Required	Surgery of urinary system			
50961	URETER ENDOSCOPY & TREATMENT	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	No Auth Required	Surgery of urinary system			
50970	URETER ENDOSCOPY	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	No Auth Required	Surgery of urinary system			
50972	URETER ENDOSCOPY & CATHETER	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	No Auth Required	Surgery of urinary system			
50974	URETER ENDOSCOPY & BIOPSY	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	No Auth Required	Surgery of urinary system			
50976	URETER ENDOSCOPY & TREATMENT	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	No Auth Required	Surgery of urinary system			
50980	URETER ENDOSCOPY & TREATMENT	NDSC URETEROTOMY RMVL FB/CALCULUS	No Auth Required	Surgery of urinary system			
51020	INCISE & TREAT BLADDER	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	No Auth Required	Surgery of urinary system			
51030	INCISE & TREAT BLADDER	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	No Auth Required	Surgery of urinary system			
51040	INCISE & DRAIN BLADDER	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	No Auth Required	Surgery of urinary system			
51045	INCISE BLADDER/DRAIN URETER	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	No Auth Required	Surgery of urinary system			
51050	REMOVAL OF BLADDER STONE	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	No Auth Required	Surgery of urinary system			
51060	REMOVAL OF URETER STONE	TRANSVESICAL URETROLITHOTOMY	No Auth Required	Surgery of urinary system			
51065	REMOVE URETER CALCULUS	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	No Auth Required	Surgery of urinary system			
51080	DRAINAGE OF BLADDER ABSCESS	DRG PRIVESICAL/PREVESICAL SPACE ABSC	No Auth Required	Surgery of urinary system			
51100	DRAIN BLADDER BY NEEDLE	ASPIRATION BLADDER NEEDLE	No Auth Required	Surgery of urinary system			
51101	DRAIN BLADDER BY TROCAR/CATH	ASPIRATION BLADDER TROCAR/INTRACATHETER	No Auth Required	Surgery of urinary system			
51102	DRAIN BL W/CATH INSERTION	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	No Auth Required	Surgery of urinary system			
51500	REMOVAL OF BLADDER CYST	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	No Auth Required	Surgery of urinary system			
51520	REMOVAL OF BLADDER LESION	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	No Auth Required	Surgery of urinary system			
51525	REMOVAL OF BLADDER LESION	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	No Auth Required	Surgery of urinary system			
51530	REMOVAL OF BLADDER LESION	CYSTOTOMY EXCISION BLADDER TUMOR	No Auth Required	Surgery of urinary system			
51535	REPAIR OF URETER LESION	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	No Auth Required	Surgery of urinary system			
51550	PARTIAL REMOVAL OF BLADDER	CYSTECTOMY PARTIAL SIMPLE	No Auth Required	Surgery of urinary system			
51555	PARTIAL REMOVAL OF BLADDER	CYSTECTOMY PARTIAL COMPLICATED	No Auth Required	Surgery of urinary system			
51565	REVISE BLADDER & URETER(S)	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	No Auth Required	Surgery of urinary system			
51570	REMOVAL OF BLADDER	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	No Auth Required	Surgery of urinary system			
51575	REMOVAL OF BLADDER & NODES	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	No Auth Required	Surgery of urinary system			

51580	REMOVE BLADDER/REVISE TRACT	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	No Auth Required	Surgery of urinary system			
51585	REMOVAL OF BLADDER & NODES	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	No Auth Required	Surgery of urinary system			
51590	REMOVE BLADDER/REVISE TRACT	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	No Auth Required	Surgery of urinary system			
51595	REMOVE BLADDER/REVISE TRACT	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	No Auth Required	Surgery of urinary system			
51596	REMOVE BLADDER/CREATE POUCH	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	No Auth Required	Surgery of urinary system			
51597	REMOVAL OF PELVIC STRUCTURES	PELVIC EXENTERATION COMPLETE MALIGNANCY	No Auth Required	Surgery of urinary system			
51600	INJECTION FOR BLADDER X-RAY	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	No Auth Required	Surgery of urinary system			
51605	PREPARATION FOR BLADDER XRAY	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	No Auth Required	Surgery of urinary system			
51610	INJECTION FOR BLADDER X-RAY	NJX RETROGRADE URETHROCSTOGRAPY	No Auth Required	Surgery of urinary system			
51700	IRRIGATION OF BLADDER	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	No Auth Required	Surgery of urinary system			
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				
51715	ENDOSCOPIC INJECTION/IMPLANT	NDSC NJX IMPLT MATRL URT&/BLDR NCK	No Auth Required	Surgery of urinary system			
51720	TREATMENT OF BLADDER LESION	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	No Auth Required	Surgery of urinary system			
51725	SIMPLE CYSTOMETROGRAM	SIMPLE CYSTOMETROGRAM	No Auth Required	Surgery of urinary system			
51726	COMPLEX CYSTOMETROGRAM	BLADDER PRESSURE MEASUREMENT DURING FILLING	No Auth Required	Surgery of urinary system			
51727	CYSTOMETROGRAM W/UP	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	No Auth Required	Surgery of urinary system			
51728	CYSTOMETROGRAM W/VP	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	No Auth Required	Surgery of urinary system			
51729	CYSTOMETROGRAM W/VP&UP	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	No Auth Required	Surgery of urinary system			
51736	URINE FLOW MEASUREMENT	SIMPLE UROFLOMETRY	No Auth Required	Surgery of urinary system			
51741	ELECTRO-UROFLOWMETRY FIRST	COMPLEX UROFLOMETRY	No Auth Required	Surgery of urinary system			
51784	ANAL/URINARY MUSCLE STUDY	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	No Auth Required	Surgery of urinary system			
51785	ANAL/URINARY MUSCLE STUDY	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	No Auth Required	Surgery of urinary system			
51792	URINARY REFLEX STUDY	STIMULUS EVOKED RESPONSE	No Auth Required	Surgery of urinary system			
51797	INTRAABDOMINAL PRESSURE TEST	VOID PRESSURE STUDIES INTRAABDOMINAL	No Auth Required	Surgery of urinary system			

51798	US URINE CAPACITY MEASURE	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	No Auth Required				
51800	REVISION OF BLADDER/URETHRA	CSTOPLASTY/CSTOURTP PLSTC ANY	No Auth Required	Surgery of urinary system			
51820	REVISION OF URINARY TRACT	CSTOURTP W/UNI/BI URTRONEOCSTOST	No Auth Required	Surgery of urinary system			
51840	ATTACH BLADDER/URETHRA	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	No Auth Required	Surgery of urinary system			
51841	ATTACH BLADDER/URETHRA	ANT VESICOURETHROPEXY/URETHROPEXY COMP	No Auth Required	Surgery of urinary system			
51845	REPAIR BLADDER NECK	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	No Auth Required	Surgery of urinary system			
51860	REPAIR OF BLADDER WOUND	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	No Auth Required	Surgery of urinary system			
51865	REPAIR OF BLADDER WOUND	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	No Auth Required	Surgery of urinary system			
51880	REPAIR OF BLADDER OPENING	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	No Auth Required	Surgery of urinary system			
51900	REPAIR BLADDER/VAGINA LESION	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	No Auth Required	Surgery of urinary system			
51920	CLOSE BLADDER-UTERUS FISTULA	CLOSURE VESICOUTERINE FISTULA	No Auth Required	Surgery of urinary system			
51925	HYSTERECTOMY/BLADDER REPAIR	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	No Auth Required	Surgery of urinary system			
51940	CORRECTION OF BLADDER DEFECT	CLOSURE EXSTROPHY BLADDER	No Auth Required	Surgery of urinary system			
51960	REVISION OF BLADDER & BOWEL	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	No Auth Required	Surgery of urinary system			
51980	CONSTRUCT BLADDER OPENING	CUTANEOUS VESICOSTOMY	No Auth Required	Surgery of urinary system			
51990	LAPARO URETHRAL SUSPENSION	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	No Auth Required	Surgery of urinary system			
51992	LAPARO SLING OPERATION	LAPAROSCOPY SLING OPERATION STRESS INCONT	No Auth Required	Surgery of urinary system			
51999	LAPAROSCOPE PROC BLA	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Authorization Required	Surgery of urinary system		Full Clinical Review	
52000	CYSTOSCOPY	CYSTOURETHROSCOPY	No Auth Required	Surgery of urinary system			
52001	CYSTOSCOPY REMOVAL OF CLOTS	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	No Auth Required	Surgery of urinary system			
52005	CYSTOSCOPY & URETER CATHETER	CYSTO BLADDER W/URETERAL CATHETERIZATION	No Auth Required	Surgery of urinary system			
52007	CYSTOSCOPY AND BIOPSY	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	No Auth Required	Surgery of urinary system			
52010	CYSTOSCOPY & DUCT CATHETER	CYSTO W/EJACULATORY DUCT CATHETERIZATION	No Auth Required	Surgery of urinary system			
52204	CYSTOSCOPY W/BIOPSY(S)	CYSTOURETHROSCOPY WITH BIOPSY	No Auth Required	Surgery of urinary system			
52214	CYSTOSCOPY AND TREATMENT	CYSTO W/DESTRUCTION OF LESIONS	No Auth Required	Surgery of urinary system			
52224	CYSTOSCOPY AND TREATMENT	CYSTO W/REMOVAL OF LESIONS SMALL	No Auth Required	Surgery of urinary system			
52234	CYSTOSCOPY AND TREATMENT	CYSTO W/REMOVAL OF TUMORS SMALL	No Auth Required	Surgery of urinary system			

52235	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	No Auth Required	Surgery of urinary system			
52240	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	No Auth Required	Surgery of urinary system			
52250	CYSTOSCOPY AND RADIOTRACER	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	No Auth Required	Surgery of urinary system			
52260	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	No Auth Required	Surgery of urinary system			
52265	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	No Auth Required	Surgery of urinary system			
52270	CYSTOSCOPY & REVISE URETHRA	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	No Auth Required	Surgery of urinary system			
52275	CYSTOSCOPY & REVISE URETHRA	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	No Auth Required	Surgery of urinary system			
52276	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	No Auth Required	Surgery of urinary system			
52277	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	No Auth Required	Surgery of urinary system			
52281	CYSTOSCOPY AND TREATMENT	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	No Auth Required	Surgery of urinary system			
52282	CYSTOSCOPY IMPLANT STENT	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	No Auth Required	Surgery of urinary system			
52283	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	No Auth Required	Surgery of urinary system			
52285	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	No Auth Required	Surgery of urinary system			
52287	CYSTOSCOPY CHEMODENERVATION	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	No Auth Required	Surgery of urinary system			
52290	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	No Auth Required	Surgery of urinary system			
52300	CYSTOSCOPY AND TREATMENT	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	No Auth Required	Surgery of urinary system			
52301	CYSTOSCOPY AND TREATMENT	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	No Auth Required	Surgery of urinary system			
52305	CYSTOSCOPY AND TREATMENT	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	No Auth Required	Surgery of urinary system			
52310	CYSTOSCOPY AND TREATMENT	CYSTO W/SIMPLE REMOVAL STONE & STENT	No Auth Required	Surgery of urinary system			
52315	CYSTOSCOPY AND TREATMENT	CYSTO W/COMPLEX REMOVAL STONE & STENT	No Auth Required	Surgery of urinary system			
52317	REMOVE BLADDER STONE	LITHOLAPAXY SMPL/SM <2.5 CM	No Auth Required	Surgery of urinary system			
52318	REMOVE BLADDER STONE	LITHOLAPAXY COMP/LG > 2.5 CM	No Auth Required	Surgery of urinary system			
52320	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	No Auth Required	Surgery of urinary system			
52325	CYSTOSCOPY STONE REMOVAL	CYSTO FRAGMENTATION URETERAL STONE	No Auth Required	Surgery of urinary system			
52327	CYSTOSCOPY INJECT MATERIAL	CYSTO W/SUBURTRIC NJX IMPLT MATRL	No Auth Required	Surgery of urinary system			
52330	CYSTOSCOPY AND TREATMENT	CYSTO MANJ W/O RMVL URETERAL STONE	No Auth Required	Surgery of urinary system			
52332	CYSTOSCOPY AND TREATMENT	CYSTO W/INSERT URETERAL STENT	Authorization Required	Surgery of urinary system		Network Validation	
52334	CREATE PASSAGE TO KIDNEY	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	No Auth Required	Surgery of urinary system			

52341	CYSTO W/URETER STRICTURE TX	CYSTO W/TX URETERAL STRICTURE	No Auth Required	Surgery of urinary system			
52342	CYSTO W/UP STRICTURE TX	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	No Auth Required	Surgery of urinary system			
52343	CYSTO W/RENAL STRICTURE TX	CYSTO W/TX INTRA-RENAL STRICTURE	No Auth Required	Surgery of urinary system			
52344	CYSTO/URETERO STRICTURE TX	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	No Auth Required	Surgery of urinary system			
52345	CYSTO/URETERO W/UP STRICTURE	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	No Auth Required	Surgery of urinary system			
52346	CYSTOURETERO W/RENAL STRICT	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	No Auth Required	Surgery of urinary system			
52351	CYSTOURETERO & OR PYELOSCOPE	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	No Auth Required	Surgery of urinary system			
52352	CYSTOURETERO W/STONE REMOVE	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	No Auth Required	Surgery of urinary system			
52353	CYSTOURETERO W/LITHOTRIPSY	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	No Auth Required	Surgery of urinary system			
52354	CYSTOURETERO W/BIOPSY	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	No Auth Required	Surgery of urinary system			
52355	CYSTOURETERO W/EXCISE TUMOR	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	No Auth Required	Surgery of urinary system			
52356	CYSTO/URETERO W/LITHOTRIPSY	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	Authorization Required	Surgery of urinary system		Network Validation	
52400	CYSTOURETERO W/CONGEN REPR	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	No Auth Required	Surgery of urinary system			
52402	CYSTOURETHRO CUT EJACUL DUCT	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	No Auth Required	Surgery of urinary system			
52441	CYSTOURETHRO W/IMPLANT	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	No Auth Required	Surgery of urinary system			
52442	CYSTOURETHRO W/ADDL IMPLANT	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	No Auth Required	Surgery of urinary system			
52450	INCISION OF PROSTATE	TRANSURETHRAL INCISION PROSTATE	No Auth Required	Surgery of urinary system			
52500	REVISION OF BLADDER NECK	TRANSURETHRAL RESECTION BLADDER NECK	No Auth Required	Surgery of urinary system			
52601	PROSTATECTOMY (TURP)	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	No Auth Required	Surgery of urinary system			
52630	REMOVE PROSTATE REGROWTH	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	No Auth Required	Surgery of urinary system			
52640	RELIEVE BLADDER CONTRACTURE	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	No Auth Required	Surgery of urinary system			
52647	LASER SURGERY OF PROSTATE	LASER COAGULATION OF PROSTATE FOR URINE FLOW	No Auth Required	Surgery of urinary system			
52648	LASER SURGERY OF PROSTATE	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	No Auth Required	Surgery of urinary system			
52649	PROSTATE LASER ENUCLEATION	LASER ENUCLEATION PROSTATE W/MORCELLATION	No Auth Required	Surgery of urinary system			
52700	DRAINAGE OF PROSTATE ABSCESS	TRURL DRAINAGE PROSTATIC ABSCESS	No Auth Required	Surgery of urinary system			
53000	INCISION OF URETHRA	URTT/URTS XTRNL SPX PENDULOUS URETHRA	No Auth Required	Surgery of urinary system			
53010	INCISION OF URETHRA	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	No Auth Required	Surgery of urinary system			
53020	INCISION OF URETHRA	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	No Auth Required	Surgery of urinary system			

53025	INCISION OF URETHRA	MEATOTOMY CUTTING MEATUS SPX INFANT	No Auth Required	Surgery of urinary system			
53040	DRAINAGE OF URETHRA ABSCESS	DRAINAGE DEEP PERIURETHRAL ABSCESS	No Auth Required	Surgery of urinary system			
53060	DRAINAGE OF URETHRA ABSCESS	DRG OF SKENE'S GLAND ABSCESS OR CYST	No Auth Required	Surgery of urinary system			
53080	DRAINAGE OF URINARY LEAKAGE	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	No Auth Required	Surgery of urinary system			
53085	DRAINAGE OF URINARY LEAKAGE	DRG PERINEAL URINARY XTRVASATION COMPLIC	No Auth Required	Surgery of urinary system			
53200	BIOPSY OF URETHRA	BIOPSY URETHRA	No Auth Required	Surgery of urinary system			
53210	REMOVAL OF URETHRA	URETHRECTOMY TOT W/CYSTOST FEMALE	No Auth Required	Surgery of urinary system			
53215	REMOVAL OF URETHRA	URETHRECTOMY TOT W/CYSTOST MALE	No Auth Required	Surgery of urinary system			
53220	TREATMENT OF URETHRA LESION	EXC/FULGURATION CARCINOMA URETHRA	No Auth Required	Surgery of urinary system			
53230	REMOVAL OF URETHRA LESION	EXC URETHRAL DIVERTICULUM SPX FEMALE	No Auth Required	Surgery of urinary system			
53235	REMOVAL OF URETHRA LESION	EXC URETHRAL DIVERTICULUM SPX MALE	No Auth Required	Surgery of urinary system			
53240	SURGERY FOR URETHRA POUCH	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	No Auth Required	Surgery of urinary system			
53250	REMOVAL OF URETHRA GLAND	EXCISION OF BULBOURETHRAL GLAND	No Auth Required	Surgery of urinary system			
53260	TREATMENT OF URETHRA LESION	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	No Auth Required	Surgery of urinary system			
53265	TREATMENT OF URETHRA LESION	EXC/FULGURATION URETHRAL CARUNCLE	No Auth Required	Surgery of urinary system			
53270	REMOVAL OF URETHRA GLAND	EXCISION OR FULGURATION SKENES GLANDS	No Auth Required	Surgery of urinary system			
53275	REPAIR OF URETHRA DEFECT	EXCISION/FULGURATION URETHRAL PROLAPSE	No Auth Required	Surgery of urinary system			
53400	REVISE URETHRA STAGE 1	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	No Auth Required	Surgery of urinary system			
53405	REVISE URETHRA STAGE 2	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	No Auth Required	Surgery of urinary system			
53410	RECONSTRUCTION OF URETHRA	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	No Auth Required	Surgery of urinary system			
53415	RECONSTRUCTION OF URETHRA	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	No Auth Required	Surgery of urinary system			
53420	RECONSTRUCT URETHRA STAGE 1	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	No Auth Required	Surgery of urinary system			
53425	RECONSTRUCT URETHRA STAGE 2	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	No Auth Required	Surgery of urinary system			
53430	RECONSTRUCTION OF URETHRA	URETHROPLASTY RCNSTJ FEMALE URETHRA	No Auth Required	Surgery of urinary system			
53431	RECONSTRUCT URETHRA/BLADDER	URTP W/TUBULARIZATION POST URT&/LWR BLDR	No Auth Required	Surgery of urinary system			
53440	MALE SLING PROCEDURE	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	No Auth Required	Surgery of urinary system			
53442	REMOVE/REVISE MALE SLING	RMVL/REVJ SLING MALE URINARY INCONTINENCE	No Auth Required	Surgery of urinary system			
53444	INSERT TANDEM CUFF	INSERTION TANDEM CUFF	No Auth Required	Surgery of urinary system			

53445	INSERT URO/VES NCK SPHINCTER	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	No Auth Required	Surgery of urinary system			
53446	REMOVE URO SPHINCTER	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	No Auth Required	Surgery of urinary system			
53447	REMOVE/REPLACE UR SPHINCTER	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	No Auth Required	Surgery of urinary system			
53448	REMOV/REPLC UR SPHINCTR COMP	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	No Auth Required	Surgery of urinary system			
53449	REPAIR URO SPHINCTER	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	No Auth Required	Surgery of urinary system			
53450	REVISION OF URETHRA	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	No Auth Required	Surgery of urinary system			
53460	REVISION OF URETHRA	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	No Auth Required	Surgery of urinary system			
53500	URETHRLYS TRANSVAG W/ SCOPE	URETHROLSS TRVG SEC OPN W/CSTO	No Auth Required	Surgery of urinary system			
53502	REPAIR OF URETHRA INJURY	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	No Auth Required	Surgery of urinary system			
53505	REPAIR OF URETHRA INJURY	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	No Auth Required	Surgery of urinary system			
53510	REPAIR OF URETHRA INJURY	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	No Auth Required	Surgery of urinary system			
53515	REPAIR OF URETHRA INJURY	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	No Auth Required	Surgery of urinary system			
53520	REPAIR OF URETHRA DEFECT	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	No Auth Required	Surgery of urinary system			
53600	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX DILATOR MALE 1ST	No Auth Required	Surgery of urinary system			
53601	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX DILATOR MALE SBSQ	No Auth Required	Surgery of urinary system			
53605	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	No Auth Required	Surgery of urinary system			
53620	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	No Auth Required	Surgery of urinary system			
53621	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	No Auth Required	Surgery of urinary system			
53660	DILATION OF URETHRA	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	No Auth Required	Surgery of urinary system			
53661	DILATION OF URETHRA	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	No Auth Required	Surgery of urinary system			
53665	DILATION OF URETHRA	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	No Auth Required	Surgery of urinary system			
53850	PROSTATIC MICROWAVE THERMOTX	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	No Auth Required	Surgery of urinary system			
53852	PROSTATIC RF THERMOTX	TRURL DSTRJ PRSTATE TISS RF THERMOTH	No Auth Required	Surgery of urinary system			
53854	TRURL DSTRJ PRST8 TISS RF WV	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Authorization Required	Surgery of urinary system		Full Clinical Review	
53855	INSERT PROST URETHRAL STENT	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	No Auth Required	Surgery of urinary system			
53860	TRANSURETHRAL RF TREATMENT	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	Authorization Required	Surgery of urinary system		Full Clinical Review	
53899	UROLOGY SURGERY PROCEDURE	UNLISTED PROCEDURE URINARY SYSTEM	Authorization Required	Surgery of urinary system		Full Clinical Review	

54000	SLITTING OF PREPUCE	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	No Auth Required	Surgery of male genital system			
54001	SLITTING OF PREPUCE	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	No Auth Required	Surgery of male genital system			
54015	DRAIN PENIS LESION	I&D PENIS DEEP	No Auth Required	Surgery of male genital system			
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				
54056	CRYOSURGERY PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	No Auth Required	Surgery of male genital system			
54057	LASER SURG PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE LASER	No Auth Required	Surgery of male genital system			
54060	EXCISION OF PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE SURG EXCISION	No Auth Required	Surgery of male genital system			
54065	DESTRUCTION PENIS LESION(S)	DSTRJ LESION PENIS EXTENSIVE	No Auth Required	Surgery of male genital system			
54100	BIOPSY OF PENIS	BIOPSY PENIS SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			
54105	BIOPSY OF PENIS	BIOPSY PENIS DEEP STRUCTURES	No Auth Required	Surgery of male genital system			
54110	TREATMENT OF PENIS LESION	EXCISION OF PENILE PLAQUE	No Auth Required	Surgery of male genital system			
54111	TREAT PENIS LESION GRAFT	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	No Auth Required	Surgery of male genital system			
54112	TREAT PENIS LESION GRAFT	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	No Auth Required	Surgery of male genital system			
54115	TREATMENT OF PENIS LESION	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	No Auth Required	Surgery of male genital system			
54120	PARTIAL REMOVAL OF PENIS	AMPUTATION PENIS PARTIAL	No Auth Required	Surgery of male genital system			
54125	REMOVAL OF PENIS	AMPUTATION PENIS COMPLETE	No Auth Required	Surgery of male genital system			
54130	REMOVE PENIS & NODES	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	No Auth Required	Surgery of male genital system			
54135	REMOVE PENIS & NODES	AMPUTATION PENIS RADICAL W/LYMPH NODES	No Auth Required	Surgery of male genital system			
54150	CIRCUMCISION W/REGIONL BLOCK	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	No Auth Required	Surgery of male genital system			
54160	CIRCUMCISION NEONATE	CIRCUMCISION NEONATE	No Auth Required	Surgery of male genital system			
54161	CIRCUM 28 DAYS OR OLDER	CIRCUMCISION AGE >28 DAYS	No Auth Required	Surgery of male genital system			
54162	LYSIS PENIL CIRCUMIC LESION	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	No Auth Required	Surgery of male genital system			
54163	REPAIR OF CIRCUMCISION	REPAIR INCOMPLETE CIRCUMCISION	No Auth Required	Surgery of male genital system			
54164	FRENULOTOMY OF PENIS	FRENULOTOMY PENIS	No Auth Required	Surgery of male genital system			
54200	TREATMENT OF PENIS LESION	INJECTION PEYRONIE DISEASE	No Auth Required	Surgery of male genital system			
54205	TREATMENT OF PENIS LESION	NJX PEYRONIE W/SURG EXPOS PLAQUE	No Auth Required	Surgery of male genital system			
54220	TREATMENT OF PENIS LESION	IRRIGATION CORPORA CAVERNOSA PRIAPISM	No Auth Required	Surgery of male genital system			

54230	PREPARE PENIS STUDY	INJECTION CORPORA CAVERNOSOGRAPY	No Auth Required	Surgery of male genital system			
54231	DYNAMIC CAVERNOSOMETRY	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	No Auth Required	Surgery of male genital system			
54235	PENILE INJECTION	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	No Auth Required	Surgery of male genital system			
54240	PENIS STUDY	PENILE PLETHYSMOGRAPHY	No Auth Required	Surgery of male genital system			
54250	PENIS STUDY	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	No Auth Required	Surgery of male genital system			
54300	REVISION OF PENIS	PENIS STRAIGHTENING CHORDEE	No Auth Required	Surgery of male genital system			
54304	REVISION OF PENIS	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	No Auth Required	Surgery of male genital system			
54308	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	No Auth Required	Surgery of male genital system			
54312	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	No Auth Required	Surgery of male genital system			
54316	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	No Auth Required	Surgery of male genital system			
54318	RECONSTRUCTION OF URETHRA	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	No Auth Required	Surgery of male genital system			
54322	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	No Auth Required	Surgery of male genital system			
54324	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	No Auth Required	Surgery of male genital system			
54326	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	No Auth Required	Surgery of male genital system			
54328	REVISE PENIS/URETHRA	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	No Auth Required	Surgery of male genital system			
54332	REVISE PENIS/URETHRA	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	No Auth Required	Surgery of male genital system			
54336	REVISE PENIS/URETHRA	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	No Auth Required	Surgery of male genital system			
54340	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	No Auth Required	Surgery of male genital system			
54344	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	No Auth Required	Surgery of male genital system			
54348	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	No Auth Required	Surgery of male genital system			
54352	RECONSTRUCT URETHRA/PENIS	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP	No Auth Required	Surgery of male genital system			
54360	PENIS PLASTIC SURGERY	PLASTIC RPR PENIS CORRECT ANGULATION	No Auth Required	Surgery of male genital system			
54380	REPAIR PENIS	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	No Auth Required	Surgery of male genital system			
54385	REPAIR PENIS	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	No Auth Required	Surgery of male genital system			
54390	REPAIR PENIS AND BLADDER	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	No Auth Required	Surgery of male genital system			
54400	INSERT SEMI-RIGID PROSTHESIS	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	No Auth Required	Surgery of male genital system			
54401	INSERT SELF-CONTD PROSTHESIS	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	No Auth Required	Surgery of male genital system			
54405	INSERT MULTI-COMP PENIS PROS	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	No Auth Required	Surgery of male genital system			

54406	REMOVE MUTI-COMP PENIS PROS	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	No Auth Required	Surgery of male genital system			
54408	REPAIR MULTI-COMP PENIS PROS	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	No Auth Required	Surgery of male genital system			
54410	REMOVE/REPLACE PENIS PROSTH	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	No Auth Required	Surgery of male genital system			
54411	REMOV/REPLC PENIS PROS COMP	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	No Auth Required	Surgery of male genital system			
54415	REMOVE SELF-CONTD PENIS PROS	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	No Auth Required	Surgery of male genital system			
54416	REMV/REPL PENIS CONTAIN PROS	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	No Auth Required	Surgery of male genital system			
54417	REMV/REPLC PENIS PROS COMPL	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	No Auth Required	Surgery of male genital system			
54420	REVISION OF PENIS	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	No Auth Required	Surgery of male genital system			
54430	REVISION OF PENIS	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	No Auth Required	Surgery of male genital system			
54435	REVISION OF PENIS	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	No Auth Required	Surgery of male genital system			
54437	REPAIR CORPOREAL TEAR	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	No Auth Required	Surgery of male genital system			
54438	REPLANTATION OF PENIS	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	No Auth Required	Surgery of male genital system			
54440	REPAIR OF PENIS	PLASTIC OPERATION PENIS INJURY	No Auth Required	Surgery of male genital system			
54450	PREPUTIAL STRETCHING	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	No Auth Required	Surgery of male genital system			
54500	BIOPSY OF TESTIS	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			
54505	BIOPSY OF TESTIS	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			
54512	EXCISE LESION TESTIS	EXC XTRPARENCHYMAL LESION TESTIS	No Auth Required	Surgery of male genital system			
54520	REMOVAL OF TESTIS	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	No Auth Required	Surgery of male genital system			
54522	ORCHIECTOMY PARTIAL	ORCHIECTOMY PARTIAL	No Auth Required	Surgery of male genital system			
54530	REMOVAL OF TESTIS	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	No Auth Required	Surgery of male genital system			
54535	EXTENSIVE TESTIS SURGERY	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	No Auth Required	Surgery of male genital system			
54550	EXPLORATION FOR TESTIS	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	No Auth Required	Surgery of male genital system			
54560	EXPLORATION FOR TESTIS	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	No Auth Required	Surgery of male genital system			
54600	REDUCE TESTIS TORSION	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	No Auth Required	Surgery of male genital system			
54620	SUSPENSION OF TESTIS	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			
54640	ORCHIOPEXY INGUN/SCROT APPR	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	No Auth Required	Surgery of male genital system			
54650	ORCHIOPEXY (FOWLER-STEPHENS)	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	No Auth Required	Surgery of male genital system			
54660	REVISION OF TESTIS	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			

54670	REPAIR TESTIS INJURY	SUTURE/REPAIR TESTICULAR INJURY	No Auth Required	Surgery of male genital system			
54680	RELOCATION OF TESTIS(ES)	TRANSPLANTATION TESTIS TO THIGH	No Auth Required	Surgery of male genital system			
54690	LAPAROSCOPY ORCHIECTOMY	LAPAROSCOPY SURGICAL ORCHIECTOMY	No Auth Required	Surgery of male genital system			
54692	LAPAROSCOPY ORCHIOPEXY	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	No Auth Required	Infertility Testing or Treatment			
54699	LAPAROSCOPE PROC TESTIS	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Authorization Required	Surgery of male genital system		Full Clinical Review	
54700	DRAINAGE OF SCROTUM	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	No Auth Required	Surgery of male genital system			
54800	BIOPSY OF EPIDIDYMIS	BIOPSY EPIDIDYMIS NEEDLE	No Auth Required	Surgery of male genital system			
54830	REMOVE EPIDIDYMIS LESION	EXCISION LOCAL LESION EPIDIDYMIS	No Auth Required	Surgery of male genital system			
54840	REMOVE EPIDIDYMIS LESION	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	No Auth Required	Surgery of male genital system			
54860	REMOVAL OF EPIDIDYMIS	EPIDIDYMECTOMY UNILATERAL	No Auth Required	Surgery of male genital system			
54861	REMOVAL OF EPIDIDYMIS	EPIDIDYMECTOMY BILATERAL	No Auth Required	Surgery of male genital system			
54865	EXPLORE EPIDIDYMIS	EXPLORATION EPIDIDYMIS W/WO BIOPSY	No Auth Required	Surgery of male genital system			
54900	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
54901	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
55000	DRAINAGE OF HYDROCELE	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	No Auth Required	Surgery of male genital system			
55040	REMOVAL OF HYDROCELE	EXCISION HYDROCELE UNILATERAL	No Auth Required	Surgery of male genital system			
55041	REMOVAL OF HYDROCELES	EXCISION HYDROCELE BILATERAL	No Auth Required	Surgery of male genital system			
55060	REPAIR OF HYDROCELE	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	No Auth Required	Surgery of male genital system			
55100	DRAINAGE OF SCROTUM ABSCESS	DRAINAGE SCROTAL WALL ABSCESS	No Auth Required				
55110	EXPLORE SCROTUM	SCROTAL EXPLORATION	No Auth Required	Surgery of male genital system			
55120	REMOVAL OF SCROTUM LESION	REMOVAL FOREIGN BODY SCROTUM	No Auth Required	Surgery of male genital system			
55150	REMOVAL OF SCROTUM	RESECTION SCROTUM	No Auth Required	Surgery of male genital system			
55175	REVISION OF SCROTUM	SCROTOPLASTY SIMPLE	No Auth Required	Surgery of male genital system			
55180	REVISION OF SCROTUM	SCROTOPLASTY COMPLICATED	No Auth Required	Surgery of male genital system			
55200	INCISION OF SPERM DUCT	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
55250	REMOVAL OF SPERM DUCT(S)	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	No Auth Required	Surgery of male genital system			
55300	PREPARE SPERM DUCT X-RAY	VASOTOMY VASOGRAMS UNI/BI	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
55400	REPAIR OF SPERM DUCT	VASOVASOSTOMY VASOVASORRHAPHY	Authorization Required	Surgery of male genital system		Full Clinical Review	
55500	REMOVAL OF HYDROCELE	EXC HYDROCELE SPRMATIC CORD UNI SPX	No Auth Required	Surgery of male genital system			

55520	REMOVAL OF SPERM CORD LESION	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	No Auth Required	Surgery of male genital system			
55530	REVISE SPERMATIC CORD VEINS	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	No Auth Required	Surgery of male genital system			
55535	REVISE SPERMATIC CORD VEINS	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	No Auth Required	Surgery of male genital system			
55540	REVISE HERNIA & SPERM VEINS	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	No Auth Required	Surgery of male genital system			
55550	LAPARO LIGATE SPERMATIC VEIN	LAPS LIGATION SPERMATIC VEINS VARICOCELE	No Auth Required	Surgery of male genital system			
55559	LAPARO PROC SPERMATIC CORD	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Authorization Required	Surgery of male genital system		Full Clinical Review	
55600	INCISE SPERM DUCT POUCH	VESICULOTOMY	No Auth Required	Surgery of male genital system			
55605	INCISE SPERM DUCT POUCH	VESICULOTOMY COMPLICATED	No Auth Required	Surgery of male genital system			
55650	REMOVE SPERM DUCT POUCH	VESICULECTOMY ANY APPROACH	No Auth Required	Surgery of male genital system			
55680	REMOVE SPERM POUCH LESION	EXCISION MULLERIAN DUCT CYST	No Auth Required	Surgery of male genital system			
55700	BIOPSY OF PROSTATE	PROSTATE NEEDLE BIOPSY ANY APPROACH	No Auth Required	Surgery of male genital system			
55705	BIOPSY OF PROSTATE	BIOPSY PROSTATE INCISIONAL ANY APPROACH	No Auth Required	Surgery of male genital system			
55706	PROSTATE SATURATION SAMPLING	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	No Auth Required	Surgery of male genital system			
55720	DRAINAGE OF PROSTATE ABSCESS	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	No Auth Required	Surgery of male genital system			
55725	DRAINAGE OF PROSTATE ABSCESS	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	No Auth Required	Surgery of male genital system			
55801	REMOVAL OF PROSTATE	PROSTATECTOMY PERINEAL SUBTOTAL	No Auth Required	Surgery of male genital system			
55810	EXTENSIVE PROSTATE SURGERY	PROSTATECTOMY PERINEAL RADICAL	No Auth Required	Surgery of male genital system			
55812	EXTENSIVE PROSTATE SURGERY	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	No Auth Required	Surgery of male genital system			
55815	EXTENSIVE PROSTATE SURGERY	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	No Auth Required	Surgery of male genital system			
55821	REMOVAL OF PROSTATE	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	No Auth Required	Surgery of male genital system			
55831	REMOVAL OF PROSTATE	PROSTATECTOMY RETROPUBIC SUBTOTAL	No Auth Required	Surgery of male genital system			
55840	EXTENSIVE PROSTATE SURGERY	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	No Auth Required	Surgery of male genital system			
55842	EXTENSIVE PROSTATE SURGERY	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	No Auth Required	Surgery of male genital system			
55845	EXTENSIVE PROSTATE SURGERY	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	No Auth Required	Surgery of male genital system			
55860	SURGICAL EXPOSURE PROSTATE	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	No Auth Required	Surgery of male genital system			
55862	EXTENSIVE PROSTATE SURGERY	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	No Auth Required	Surgery of male genital system			
55865	EXTENSIVE PROSTATE SURGERY	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	No Auth Required	Surgery of male genital system			
55866	LAPARO RADICAL PROSTATECTOMY	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Authorization Required	Infertility Testing or Treatment		Network Validation	

55870	ELECTROEJACULATION	ELECTROEJACULATION	No Auth Required	Surgery of male genital system			
55873	CRYOABLATE PROSTATE	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	No Auth Required	Surgery of male genital system			
55874	TPRNL PLMT BIODEGRDABL MATRL	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	No Auth Required	Surgery of urinary system			
55875	TRANSPERI NEEDLE PLACE PROS	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	No Auth Required	Surgery of male genital system			
55876	PLACE RT DEVICE/MARKER PROS	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	Authorization Required	Surgery of male genital system		Full Clinical Review	
55880	ABLTJ MAL PRST8 TISS HIFU	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Authorization Required			Full Clinical Review	
55899	GENITAL SURGERY PROCEDURE	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Authorization Required	Surgery of male genital system		Full Clinical Review	
55920	PLACE NEEDLES PELVIC FOR RT	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	No Auth Required	Surgery of reproductive system and intersex			
55970	SEX TRANSFORMATION M TO F	INTERSEX SURG MALE FEMALE	Authorization Required	Reconstructive		Full Clinical Review	
55980	SEX TRANSFORMATION F TO M	INTERSEX SURG FEMALE MALE	Authorization Required	Reconstructive		Full Clinical Review	
56405	I & D OF VULVA/PERINEUM	I&D VULVA/PERINEAL ABSCESS	No Auth Required	Surgery of female genital system			
56420	DRAINAGE OF GLAND ABSCESS	I&D OF BARTHOLINS GLAND ABSCESS	No Auth Required				
56440	SURGERY FOR VULVA LESION	MARSUPIALIZATION BARTHOLINS GLAND CYST	No Auth Required	Surgery of female genital system			
56441	LYSIS OF LABIAL LESION(S)	LYSIS LABIAL ADHESIONS	No Auth Required	Surgery of female genital system			
56442	HYMENOTOMY	HYMENOTOMY SIMPLE INCISION	No Auth Required	Surgery of female genital system			
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				
56605	BIOPSY OF VULVA/PERINEUM	BIOPSY VULVA/PERINEUM 1 LESION SPX	No Auth Required	Surgery of female genital system			
56606	BIOPSY OF VULVA/PERINEUM	BIOPSY VULVA/PERINEUM EACH ADDL LESION	No Auth Required	Surgery of female genital system			
56620	PARTIAL REMOVAL OF VULVA	VULVECTOMY SIMPLE PARTIAL	No Auth Required	Reconstructive			
56625	COMPLETE REMOVAL OF VULVA	VULVECTOMY SIMPLE COMPLETE	No Auth Required	Surgery of female genital system			
56630	EXTENSIVE VULVA SURGERY	VULVECTOMY RADICAL PARTIAL	No Auth Required	Surgery of female genital system			
56631	EXTENSIVE VULVA SURGERY	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	No Auth Required	Surgery of female genital system			
56632	EXTENSIVE VULVA SURGERY	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	No Auth Required	Surgery of female genital system			
56633	EXTENSIVE VULVA SURGERY	VULVECTOMY RADICAL COMPLETE	No Auth Required	Surgery of female genital system			
56634	EXTENSIVE VULVA SURGERY	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	No Auth Required	Surgery of female genital system			
56637	EXTENSIVE VULVA SURGERY	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	No Auth Required	Surgery of female genital system			
56640	EXTENSIVE VULVA SURGERY	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	No Auth Required	Surgery of female genital system			
56700	PARTIAL REMOVAL OF HYMEN	PRTL HYMENECTOMY/REVJ HYMENAL RING	No Auth Required	Surgery of female genital system			
56740	REMOVE VAGINA GLAND LESION	EXC BARTHOLINS GLAND/CYST	No Auth Required	Surgery of female genital system			
56800	REPAIR OF VAGINA	PLASTIC REPAIR INTROITUS	No Auth Required	Reconstructive			

56805	REPAIR CLITORIS	CLITOROPLASTY INTERSEX STATE	No Auth Required	Reconstructive			
56810	REPAIR OF PERINEUM	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	No Auth Required	Surgery of female genital system			
56820	EXAM OF VULVA W/SCOPE	COLPOSCOPY VULVA	No Auth Required	Surgery of female genital system			
56821	EXAM/BIOPSY OF VULVA W/SCOPE	COLPOSCOPY VULVA W/BIOPSY	No Auth Required	Surgery of female genital system			
57000	EXPLORATION OF VAGINA	COLPOTOMY W/EXPLORATION	No Auth Required	Surgery of female genital system			
57010	DRAINAGE OF PELVIC ABSCESS	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	No Auth Required	Surgery of female genital system			
57020	DRAINAGE OF PELVIC FLUID	COLPOCENTESIS SEPARATE PROCEDURE	No Auth Required	Surgery of female genital system			
57022	I & D VAGINAL HEMATOMA PP	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	No Auth Required	Surgery of female genital system			
57023	I & D VAG HEMATOMA NON-OB	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	No Auth Required	Surgery of female genital system			
57061	DESTROY VAG LESIONS SIMPLE	DESTRUCTION VAGINAL LESIONS SIMPLE	No Auth Required				
57065	DESTROY VAG LESIONS COMPLEX	DESTRUCTION VAGINAL LESIONS EXTENSIVE	No Auth Required				
57100	BIOPSY OF VAGINA	BIOPSY VAGINAL MUCOSA SIMPLE	No Auth Required	Surgery of female genital system			
57105	BIOPSY OF VAGINA	BIOPSY VAGINAL MUCOSA EXTENSIVE	No Auth Required	Surgery of female genital system			
57106	REMOVE VAGINA WALL PARTIAL	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	No Auth Required	Surgery of female genital system			
57107	REMOVE VAGINA TISSUE PART	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	No Auth Required	Surgery of female genital system			
57109	VAGINECTOMY PARTIAL W/NODES	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	No Auth Required	Surgery of female genital system			
57110	REMOVE VAGINA WALL COMPLETE	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	No Auth Required	Surgery of female genital system			
57111	REMOVE VAGINA TISSUE COMPL	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	No Auth Required	Surgery of female genital system			
57112	VAGINECTOMY W/NODES COMPL	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	No Auth Required	Surgery of female genital system			
57120	CLOSURE OF VAGINA	COLPOCLEISIS LE FORT TYPE	No Auth Required	Surgery of female genital system			
57130	REMOVE VAGINA LESION	EXCISION VAGINAL SEPTUM	No Auth Required	Surgery of female genital system			
57135	REMOVE VAGINA LESION	EXCISION VAGINAL CYST/TUMOR	No Auth Required	Surgery of female genital system			
57150	TREAT VAGINA INFECTION	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	No Auth Required	Surgery of female genital system			
57155	INSERT UTERI TANDEM/OVOIDS	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	No Auth Required	Surgery of female genital system			
57156	INS VAG BRACHYTX DEVICE	INSERTION VAGINAL RADIATION DEVICE	No Auth Required	Surgery of female genital system			
57160	INSERT PESSARY/OTHER DEVICE	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	No Auth Required	Surgery of female genital system			
57170	FITTING OF DIAPHRAGM/CAP	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	No Auth Required	Surgery of female genital system			
57180	TREAT VAGINAL BLEEDING	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	No Auth Required	Surgery of female genital system			
57200	REPAIR OF VAGINA	COLPORRHAPHY SUTURE INJURY VAGINA	No Auth Required	Surgery of female genital system			

57210	REPAIR VAGINA/PERINEUM	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	No Auth Required	Surgery of female genital system			
57220	REVISION OF URETHRA	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	No Auth Required	Surgery of female genital system			
57230	REPAIR OF URETHRAL LESION	PLASTIC REPAIR URETHROCELE	No Auth Required	Surgery of female genital system			
57240	ANTERIOR COLPORRHAPHY	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	No Auth Required	Surgery of female genital system			
57250	REPAIR RECTUM & VAGINA	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	No Auth Required	Surgery of female genital system			
57260	CMBN ANT PST COLPRHY	CMBND ANTERPOST COLPORRAPHY W/CYSTO	No Auth Required	Surgery of female genital system			
57265	CMBN AP COLPRHY W/NTRCL RPR	CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	No Auth Required	Surgery of female genital system			
57267	INSERT MESH/PELVIC FLR ADDON	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	No Auth Required	Surgery of female genital system			
57268	REPAIR OF BOWEL BULGE	REPAIR ENTEROCELE VAGINAL APPROACH SPX	No Auth Required	Surgery of female genital system			
57270	REPAIR OF BOWEL POUCH	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	No Auth Required	Surgery of female genital system			
57280	SUSPENSION OF VAGINA	COLPOPEXY ABDOMINAL APPROACH	No Auth Required	Surgery of female genital system			
57282	COLPOPEXY EXTRAPERITONEAL	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	No Auth Required	Surgery of female genital system			
57283	COLPOPEXY INTRAPERITONEAL	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	No Auth Required	Surgery of female genital system			
57284	REPAIR PARAVAG DEFECT OPEN	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	No Auth Required	Surgery of female genital system			
57285	REPAIR PARAVAG DEFECT VAG	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	No Auth Required	Surgery of female genital system			
57287	REVISE/REMOVE SLING REPAIR	RMVL/REVJ SLING STRESS INCONTINENCE	No Auth Required	Surgery of female genital system			
57288	REPAIR BLADDER DEFECT	SLING OPERATION STRESS INCONTINENCE	Authorization Required	Surgery of female genital system		Network Validation	
57289	REPAIR BLADDER & VAGINA	PEREYRA PX W/ANTERIOR COLPORRHAPHY	No Auth Required	Surgery of female genital system			
57291	CONSTRUCTION OF VAGINA	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	No Auth Required	Reconstructive			
57292	CONSTRUCT VAGINA WITH GRAFT	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	No Auth Required	Reconstructive			
57295	REVISE VAG GRAFT VIA VAGINA	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	No Auth Required	Surgery of female genital system			
57296	REVISE VAG GRAFT OPEN ABD	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	No Auth Required	Surgery of female genital system			
57300	REPAIR RECTUM-VAGINA FISTULA	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	No Auth Required	Surgery of female genital system			
57305	REPAIR RECTUM-VAGINA FISTULA	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	No Auth Required	Surgery of female genital system			
57307	FISTULA REPAIR & COLOSTOMY	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	No Auth Required	Surgery of female genital system			
57308	FISTULA REPAIR TRANSPERINE	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	No Auth Required	Surgery of female genital system			
57310	REPAIR URETHROVAGINAL LESION	CLOSURE URETHROVAGINAL FISTULA	No Auth Required	Surgery of female genital system			
57311	REPAIR URETHROVAGINAL LESION	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	No Auth Required	Surgery of female genital system			

57320	REPAIR BLADDER-VAGINA LESION	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	No Auth Required	Surgery of female genital system			
57330	REPAIR BLADDER-VAGINA LESION	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	No Auth Required	Surgery of female genital system			
57335	REPAIR VAGINA	VAGINOPLASTY INTERSEX STATE	No Auth Required	Reconstructive			
57400	DILATION OF VAGINA	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	No Auth Required	Surgery of female genital system			
57410	PELVIC EXAMINATION	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	No Auth Required	Surgery of female genital system			
57415	REMOVE VAGINAL FOREIGN BODY	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	No Auth Required	Surgery of female genital system			
57420	EXAM OF VAGINA W/SCOPE	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	No Auth Required	Surgery of female genital system			
57421	EXAM/BIOPSY OF VAG W/SCOPE	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	No Auth Required	Surgery of female genital system			
57423	REPAIR PARAVAG DEFECT LAP	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	No Auth Required	Surgery of female genital system			
57425	LAPAROSCOPY SURG COLPOPEXY	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	No Auth Required	Surgery of female genital system			
57426	REVISE PROSTH VAG GRAFT LAP	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	No Auth Required	Surgery of female genital system			
57452	EXAM OF CERVIX W/SCOPE	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	No Auth Required	Surgery of female genital system			
57454	BX/CURETT OF CERVIX W/SCOPE	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	No Auth Required	Surgery of female genital system			
57455	BIOPSY OF CERVIX W/SCOPE	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	No Auth Required	Surgery of female genital system			
57456	ENDOCERV CURETTAGE W/SCOPE	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	No Auth Required	Surgery of female genital system			
57460	BX OF CERVIX W/SCOPE LEEP	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	No Auth Required	Surgery of female genital system			
57461	CONZ OF CERVIX W/SCOPE LEEP	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	No Auth Required	Surgery of female genital system			
57465	CAM CERVIX UTERI DRG COLP	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	No Auth Required				
57500	BIOPSY OF CERVIX	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	No Auth Required				
57505	ENDOCERVICAL CURETTAGE	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	No Auth Required	Surgery of female genital system			
57510	CAUTERIZATION OF CERVIX	CAUTERY CERVIX ELECTRO/THERMAL	No Auth Required	Surgery of female genital system			
57511	CRYOCAUTERY OF CERVIX	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	No Auth Required	Surgery of female genital system			
57513	LASER SURGERY OF CERVIX	CAUTERY CERVIX LASER ABLATION	No Auth Required	Surgery of female genital system			
57520	CONIZATION OF CERVIX	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	No Auth Required	Surgery of female genital system			
57522	CONIZATION OF CERVIX	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	No Auth Required	Surgery of female genital system			
57530	REMOVAL OF CERVIX	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	No Auth Required	Surgery of female genital system			
57531	REMOVAL OF CERVIX RADICAL	RAD TRACHELECTOMY W/BI PEL LMPHADEC	No Auth Required	Surgery of female genital system			
57540	REMOVAL OF RESIDUAL CERVIX	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	No Auth Required	Surgery of female genital system			

57545	REMOVE CERVIX/REPAIR PELVIS	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	No Auth Required	Surgery of female genital system			
57550	REMOVAL OF RESIDUAL CERVIX	EXCISION CERVICAL STUMP VAGINAL APPROACH	No Auth Required	Surgery of female genital system			
57555	REMOVE CERVIX/REPAIR VAGINA	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	No Auth Required	Surgery of female genital system			
57556	REMOVE CERVIX REPAIR BOWEL	EXC CRV STUMP VAG APPR W/RPR NTRCL	No Auth Required	Surgery of female genital system			
57558	D&C OF CERVICAL STUMP	DILATION & CURETTAGE CERVICAL STUMP	No Auth Required	Surgery of female genital system			
57700	REVISION OF CERVIX	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	No Auth Required	Surgery of female genital system			
57720	REVISION OF CERVIX	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	No Auth Required	Surgery of female genital system			
57800	DILATION OF CERVICAL CANAL	DILATION CERVICAL CANAL INSTRUMENTAL SPX	No Auth Required	Surgery of female genital system			
58100	BIOPSY OF UTERUS LINING	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	No Auth Required				
58110	BX DONE W/COLPOSCOPY ADD-ON	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	No Auth Required	Infertility Testing or Treatment			
58120	DILATION AND CURETTAGE	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	No Auth Required	Surgery of female genital system			
58140	MYOMECTOMY ABDOM METHOD	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	No Auth Required	Surgery of female genital system			
58145	MYOMECTOMY VAG METHOD	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	No Auth Required	Surgery of female genital system			
58146	MYOMECTOMY ABDOM COMPLEX	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	No Auth Required	Surgery of female genital system			
58150	TOTAL HYSTERECTOMY	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	No Auth Required	Surgery of female genital system			
58152	TOTAL HYSTERECTOMY	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	No Auth Required	Surgery of female genital system			
58180	PARTIAL HYSTERECTOMY	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	No Auth Required	Surgery of female genital system			
58200	EXTENSIVE HYSTERECTOMY	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	No Auth Required	Surgery of female genital system			
58210	EXTENSIVE HYSTERECTOMY	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	No Auth Required	Surgery of female genital system			
58240	REMOVAL OF PELVIS CONTENTS	PEL EXNTJ GYNECOLOGIC MAL	No Auth Required	Surgery of female genital system			
58260	VAGINAL HYSTERECTOMY	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	No Auth Required	Surgery of female genital system			
58262	VAG HYST INCLUDING T/O	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	Authorization Required	Surgery of female genital system		Network Validation	
58263	VAG HYST W/T/O & VAG REPAIR	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	No Auth Required	Surgery of female genital system			
58267	VAG HYST W/URINARY REPAIR	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	No Auth Required	Surgery of female genital system			
58270	VAG HYST W/ENTEROCELE REPAIR	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	No Auth Required	Surgery of female genital system			
58275	HYSTERECTOMY/REVISE VAGINA	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	No Auth Required	Surgery of female genital system			
58280	HYSTERECTOMY/REVISE VAGINA	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	No Auth Required	Surgery of female genital system			
58285	EXTENSIVE HYSTERECTOMY	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	No Auth Required	Surgery of female genital system			

58290	VAG HYST COMPLEX	VAGINAL HYSTERECTOMY UTERUS > 250 GM	No Auth Required	Surgery of female genital system			
58291	VAG HYST INCL T/O COMPLEX	VAG HYST > 250 GM RMVL TUBE&/OVARY	No Auth Required	Surgery of female genital system			
58292	VAG HYST T/O & REPAIR COMPL	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	No Auth Required	Surgery of female genital system			
58293	VAG HYST W/URO REPAIR COMPL	VAG HYST >250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	No Auth Required	Surgery of female genital system			
58294	VAG HYST W/ENTEROCELE COMPL	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	No Auth Required	Surgery of female genital system			
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		Full Clinical Review	
58322	ARTIFICIAL INSEMINATION	ARTIFICIAL INSEMINATION INTRA-UTERINE	Authorization Required	Surgery of female genital system		Full Clinical Review	
58323	SPERM WASHING	SPERM WASHING ARTIFICIAL INSEMINATION	Authorization Required	Surgery of female genital system		Full Clinical Review	
58340	CATHETER FOR HYSTEROGRAPHY	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	No Auth Required	Surgery of female genital system			
58345	REOPEN FALLOPIAN TUBE	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	No Auth Required	Surgery of female genital system			
58346	INSERT HEYMAN UTERI CAPSULE	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	No Auth Required	Surgery of female genital system			
58350	REOPEN FALLOPIAN TUBE	CHROMOTUBATION OVIDUCT W/MATERIALS	No Auth Required	Infertility Testing or Treatment			
58353	ENDOMETR ABLATE THERMAL	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	No Auth Required	Surgery of female genital system			
58356	ENDOMETRIAL CRYOABLATION	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	No Auth Required	Surgery of female genital system			
58400	SUSPENSION OF UTERUS	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	No Auth Required	Surgery of female genital system			
58410	SUSPENSION OF UTERUS	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	No Auth Required	Surgery of female genital system			
58520	REPAIR OF RUPTURED UTERUS	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	No Auth Required	Surgery of female genital system			
58540	REVISION OF UTERUS	HYSTEROPLASTY RPR UTERINE ANOMALY	No Auth Required	Surgery of female genital system			
58541	LSH UTERUS 250 G OR LESS	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	No Auth Required	Surgery of female genital system			
58542	LSH W/T/O UT 250 G OR LESS	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	No Auth Required	Surgery of female genital system			
58543	LSH UTERUS ABOVE 250 G	LAPS SUPRACERVICAL HYSTERECTOMY >250	No Auth Required	Surgery of female genital system			
58544	LSH W/T/O UTERUS ABOVE 250 G	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	No Auth Required	Surgery of female genital system			
58545	LAPAROSCOPIC MYOMECTOMY	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	No Auth Required	Surgery of female genital system			
58546	LAPARO-MYOMECTOMY COMPLEX	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	No Auth Required	Surgery of female genital system			
58548	LAP RADICAL HYST	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	No Auth Required	Surgery of female genital system			
58550	LAPARO-ASST VAG HYSTERECTOMY	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	No Auth Required	Surgery of female genital system			

58552	LAPARO-VAG HYST INCL T/O	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	No Auth Required	Surgery of female genital system			
58553	LAPARO-VAG HYST COMPLEX	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	No Auth Required	Surgery of female genital system			
58554	LAPARO-VAG HYST W/T/O COMPL	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	No Auth Required	Surgery of female genital system			
58555	HYSTEROSCOPY DX SEP PROC	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	No Auth Required	Surgery of female genital system			
58558	HYSTEROSCOPY BIOPSY	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	Authorization Required	Surgery of female genital system		Network Validation	
58559	HYSTEROSCOPY LYSIS	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	No Auth Required	Surgery of female genital system			
58560	HYSTEROSCOPY RESECT SEPTUM	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	No Auth Required	Surgery of female genital system			
58561	HYSTEROSCOPY REMOVE MYOMA	HYSTEROSCOPY REMOVAL LEIOMYOMATA	No Auth Required	Surgery of female genital system			
58562	HYSTEROSCOPY REMOVE FB	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	No Auth Required	Surgery of female genital system			
58563	HYSTEROSCOPY ABLATION	HYSTEROSCOPY ENDOMETRIAL ABLATION	No Auth Required	Surgery of female genital system			
58565	HYSTEROSCOPY STERILIZATION	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	No Auth Required	Surgery of female genital system			
58570	TLH UTERUS 250 G OR LESS	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	No Auth Required	Surgery of female genital system			
58571	TLH W/T/O 250 G OR LESS	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	Authorization Required	Surgery of female genital system		Network Validation	
58572	TLH UTERUS OVER 250 G	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	No Auth Required	Surgery of female genital system			
58573	TLH W/T/O UTERUS OVER 250 G	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Authorization Required	Surgery of female genital system		Network Validation	
58575	LAPS TOT HYST RESJ MAL	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	No Auth Required	Surgery of female genital system			
58578	LAPARO PROC UTERUS	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
58579	HYSTEROSCOPE PROCEDURE	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Authorization Required	Surgery of female genital system		Full Clinical Review	
58600	DIVISION OF FALLOPIAN TUBE	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	No Auth Required	Surgery of female genital system			
58605	DIVISION OF FALLOPIAN TUBE	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	No Auth Required	Surgery of female genital system			
58611	LIGATE OVIDUCT(S) ADD-ON	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	No Auth Required	Surgery of female genital system			
58615	OCCLUDE FALLOPIAN TUBE(S)	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	No Auth Required	Surgery of female genital system			
58660	LAPAROSCOPY LYSIS	LAPAROSCOPY W/LYSIS OF ADHESIONS	No Auth Required	Infertility Testing or Treatment			
58661	LAPAROSCOPY REMOVE ADNEXA	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Authorization Required	Surgery of female genital system		Network Validation	
58662	LAPAROSCOPY EXCISE LESIONS	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	No Auth Required	Infertility Testing or Treatment			
58670	LAPAROSCOPY TUBAL CAUTERY	LAPAROSCOPY FULGURATION OVIDUCTS	No Auth Required	Surgery of female genital system			
58671	LAPAROSCOPY TUBAL BLOCK	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	No Auth Required	Surgery of female genital system			
58672	LAPAROSCOPY FIMBRIOPLASTY	LAPAROSCOPY FIMBRIOPLASTY	No Auth Required	Infertility Testing or Treatment			

58673	LAPAROSCOPY SALPINGOSTOMY	LAPAROSCOPY SALPINGOSTOMY	No Auth Required	Infertility Testing or Treatment			
58674	LAPS ABLTJ UTERINE FIBROIDS	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	No Auth Required	Surgery of female genital system			
58679	LAPARO PROC OVIDUCT-OVARY	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
58700	REMOVAL OF FALLOPIAN TUBE	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	No Auth Required	Surgery of female genital system			
58720	REMOVAL OF OVARY/TUBE(S)	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	No Auth Required	Surgery of female genital system			
58740	ADHESIOLYSIS TUBE OVARY	LYSIS OF ADHESIONS SALPINX/OVARY	No Auth Required	Surgery of female genital system			
58750	REPAIR OVIDUCT	TUBOTUBAL ANASTATOMOSIS	Authorization Required	Surgery of female genital system		Full Clinical Review	
58752	REVISE OVARIAN TUBE(S)	TUBOUTERINE IMPLANTATION	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
58760	FIMBRIOPLASTY	FIMBRIOPLASTY	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
58770	CREATE NEW TUBAL OPENING	SALPINGOSTOMY	No Auth Required	Surgery of female genital system			
58800	DRAINAGE OF OVARIAN CYST(S)	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	No Auth Required	Surgery of female genital system			
58805	DRAINAGE OF OVARIAN CYST(S)	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	No Auth Required	Surgery of female genital system			
58820	DRAIN OVARY ABSCESS OPEN	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	No Auth Required	Surgery of female genital system			
58822	DRAIN OVARY ABSCESS PERCUT	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	No Auth Required	Surgery of female genital system			
58825	TRANSPOSITION OVARY(S)	TRANSPOSITION OVARY	No Auth Required	Surgery of female genital system			
58900	BIOPSY OF OVARY(S)	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	No Auth Required	Surgery of female genital system			
58920	PARTIAL REMOVAL OF OVARY(S)	WEDGE RESCJ/BISCTJ OVARY UNI/BI	No Auth Required	Surgery of female genital system			
58925	REMOVAL OF OVARIAN CYST(S)	OVARIAN CYSTECTOMY UNI/BI	No Auth Required	Surgery of female genital system			
58940	REMOVAL OF OVARY(S)	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	No Auth Required	Surgery of female genital system			
58943	REMOVAL OF OVARY(S)	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	No Auth Required	Surgery of female genital system			
58950	RESECT OVARIAN MALIGNANCY	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	No Auth Required	Surgery of female genital system			
58951	RESECT OVARIAN MALIGNANCY	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	No Auth Required	Surgery of female genital system			
58952	RESECT OVARIAN MALIGNANCY	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	No Auth Required	Surgery of female genital system			
58953	TAH RAD DISSECT FOR DEBULK	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	No Auth Required	Surgery of female genital system			
58954	TAH RAD DEBULK/LYMPH REMOVE	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	No Auth Required	Surgery of female genital system			
58956	BSO OMENTECTOMY W/TAH	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	No Auth Required	Surgery of female genital system			
58957	RESECT RECURRENT GYN MAL	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	No Auth Required	Surgery of female genital system			
58958	RESECT RECUR GYN MAL W/LYM	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	No Auth Required	Surgery of female genital system			

58960	EXPLORATION OF ABDOMEN	LAPT STG/RESTG OVARIAN TUBAL/PRIMMAL 2ND LOOK	No Auth Required	Surgery of female genital system			
58970	RETRIEVAL OF OOCYTE	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Authorization Required	Surgery of female genital system		Full Clinical Review	
58974	TRANSFER OF EMBRYO	EMBRYO TRANSFER INTRAUTERINE	Authorization Required	Surgery of female genital system		Full Clinical Review	
58976	TRANSFER OF EMBRYO	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	Authorization Required	Surgery of female genital system		Full Clinical Review	
58999	GENITAL SURGERY PROCEDURE	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Authorization Required	Infertility Testing or Treatment		Full Clinical Review	
59000	AMNIOCENTESIS DIAGNOSTIC	AMNIOCENTESIS DIAGNOSIC	No Auth Required	Surgery of maternity care and delivery			
59001	AMNIOCENTESIS THERAPEUTIC	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	No Auth Required	Surgery of maternity care and delivery			
59012	FETAL CORD PUNCTURE PRENATAL	CORDOCENTESIS INTRAUTERINE	No Auth Required	Surgery of maternity care and delivery			
59015	CHORION BIOPSY	CHORIONIC VILLUS SAMPLING	No Auth Required	Surgery of maternity care and delivery			
59020	FETAL CONTRACT STRESS TEST	FETAL CONTRACTION STRESS TEST	No Auth Required	Surgery of maternity care and delivery			
59025	FETAL NON-STRESS TEST	FETAL NONSTRESS TEST	No Auth Required				
59030	FETAL SCALP BLOOD SAMPLE	FETAL SCALP BLOOD SAMPLING	No Auth Required				
59050	FETAL MONITOR W/REPORT	FETAL MONITORING LABOR PHYS WRITTEN REPORT	No Auth Required	Surgery of maternity care and delivery			
59051	FETAL MONITOR/INTERPRET ONLY	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	No Auth Required	Surgery of maternity care and delivery			
59070	TRANSABDOM AMNIOINFUS W/US	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	No Auth Required	Surgery of maternity care and delivery			
59072	UMBILICAL CORD OCCLUD W/US	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	No Auth Required	Surgery of maternity care and delivery			
59074	FETAL FLUID DRAINAGE W/US	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	No Auth Required	Surgery of maternity care and delivery			
59076	FETAL SHUNT PLACEMENT W/US	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	No Auth Required	Surgery of maternity care and delivery			
59100	REMOVE UTERUS LESION	HYSTEROTOMY ABDOMINAL	No Auth Required	Surgery of maternity care and delivery			
59120	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	No Auth Required	Surgery of maternity care and delivery			
59121	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	No Auth Required	Surgery of maternity care and delivery			
59130	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY ABDL PREGNANCY	No Auth Required	Surgery of maternity care and delivery			
59135	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	No Auth Required	Surgery of maternity care and delivery			
59136	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	No Auth Required	Surgery of maternity care and delivery			
59140	TREAT ECTOPIC PREGNANCY	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	No Auth Required	Surgery of maternity care and delivery			
59150	TREAT ECTOPIC PREGNANCY	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	No Auth Required	Surgery of maternity care and delivery			
59151	TREAT ECTOPIC PREGNANCY	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	No Auth Required	Surgery of maternity care and delivery			
59160	D & C AFTER DELIVERY	CURETTAGE POSTPARTUM	No Auth Required	Surgery of maternity care and delivery			
59200	INSERT CERVICAL DILATOR	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	No Auth Required	Surgery of maternity care and delivery			

59300	EPISIOTOMY OR VAGINAL REPAIR	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	No Auth Required	Surgery of maternity care and delivery			
59320	REVISION OF CERVIX	CERCLAGE CERVIX PREGNANCY VAGINAL	No Auth Required	Surgery of maternity care and delivery			
59325	REVISION OF CERVIX	CERCLAGE CERVIX PREGNANCY ABDOMINAL	No Auth Required	Surgery of maternity care and delivery			
59350	REPAIR OF UTERUS	HYSTERORRHAPHY RUPTURED UTERUS	No Auth Required	Surgery of maternity care and delivery			
59400	OBSTETRICAL CARE	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	No Auth Required	Surgery of maternity care and delivery			
59409	OBSTETRICAL CARE	VAGINAL DELIVERY ONLY	No Auth Required	Surgery of maternity care and delivery			
59410	OBSTETRICAL CARE	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	No Auth Required	Surgery of maternity care and delivery			
59412	ANTEPARTUM MANIPULATION	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	No Auth Required	Surgery of maternity care and delivery			
59414	DELIVER PLACENTA	DELIVERY PLACENTA SEPARATE PROCEDURE	No Auth Required	Surgery of maternity care and delivery			
59425	ANTEPARTUM CARE ONLY	ANTEPARTUM CARE ONLY 4-6 VISITS	No Auth Required	Surgery of maternity care and delivery			
59426	ANTEPARTUM CARE ONLY	ANTEPARTUM CARE ONLY 7/> VISITS	No Auth Required	Surgery of maternity care and delivery			
59430	CARE AFTER DELIVERY	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	No Auth Required	Surgery of maternity care and delivery			
59510	CESAREAN DELIVERY	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	No Auth Required	Surgery of maternity care and delivery			
59514	CESAREAN DELIVERY ONLY	CESAREAN DELIVERY ONLY	No Auth Required	Surgery of maternity care and delivery			
59515	CESAREAN DELIVERY	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	No Auth Required	Surgery of maternity care and delivery			
59525	REMOVE UTERUS AFTER CESAREAN	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	No Auth Required	Surgery of maternity care and delivery			
59610	VBAC DELIVERY	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	No Auth Required	Surgery of maternity care and delivery			
59612	VBAC DELIVERY ONLY	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	No Auth Required	Surgery of maternity care and delivery			
59614	VBAC CARE AFTER DELIVERY	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	No Auth Required	Surgery of maternity care and delivery			
59618	ATTEMPTED VBAC DELIVERY	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	No Auth Required	Surgery of maternity care and delivery			
59620	ATTEMPTED VBAC DELIVERY ONLY	CESAREAN DELIVERY ATTEMPTED VBAC	No Auth Required	Surgery of maternity care and delivery			
59622	ATTEMPTED VBAC AFTER CARE	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	No Auth Required	Surgery of maternity care and delivery			
59812	TREATMENT OF MISCARRIAGE	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	No Auth Required	Surgery of maternity care and delivery			
59820	CARE OF MISCARRIAGE	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	No Auth Required	Surgery of maternity care and delivery			
59821	TREATMENT OF MISCARRIAGE	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	No Auth Required	Surgery of maternity care and delivery			
59830	TREAT UTERUS INFECTION	TX SEPTIC ABORTION SURGICAL	No Auth Required	Surgery of maternity care and delivery			
59840	ABORTION	INDUCED ABORTION DILATION AND CURETTAGE	No Auth Required	Surgery of maternity care and delivery			
59841	ABORTION	INDUCED ABORTION DILATION & EVACUATION	No Auth Required	Surgery of maternity care and delivery			

59850	ABORTION	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	No Auth Required	Surgery of maternity care and delivery			
59851	ABORTION	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	No Auth Required	Surgery of maternity care and delivery			
59852	ABORTION	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	No Auth Required	Surgery of maternity care and delivery			
59855	ABORTION	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	No Auth Required	Surgery of maternity care and delivery			
59856	ABORTION	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	No Auth Required	Surgery of maternity care and delivery			
59857	ABORTION	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	No Auth Required	Surgery of maternity care and delivery			
59866	ABORTION (MPR)	MULTIFETAL PREGNANCY REDUCTION	Authorization Required	Surgery of maternity care and delivery		Full Clinical Review	
59870	EVACUATE MOLE OF UTERUS	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	No Auth Required	Surgery of maternity care and delivery			
59871	REMOVE CERCLAGE SUTURE	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	No Auth Required	Surgery of maternity care and delivery			
59897	FETAL INVAS PX W/US	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	Authorization Required	Surgery of maternity care and delivery		Full Clinical Review	
59898	LAPARO PROC OB CARE/DELIVER	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	Authorization Required	Surgery of maternity care and delivery		Full Clinical Review	
59899	MATERNITY CARE PROCEDURE	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	Authorization Required	Surgery of maternity care and delivery		Full Clinical Review	
60000	DRAIN THYROID/TONGUE CYST	I&D THYROGLOSSAL DUCT CYST INFECTED	No Auth Required	Surgery of endocrine system			
60100	BIOPSY OF THYROID	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	No Auth Required	Surgery of endocrine system			
60200	REMOVE THYROID LESION	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	No Auth Required	Surgery of endocrine system			
60210	PARTIAL THYROID EXCISION	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	No Auth Required	Surgery of endocrine system			
60212	PARTIAL THYROID EXCISION	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	No Auth Required	Surgery of endocrine system			
60220	PARTIAL REMOVAL OF THYROID	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	No Auth Required	Surgery of endocrine system			
60225	PARTIAL REMOVAL OF THYROID	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	No Auth Required	Surgery of endocrine system			
60240	REMOVAL OF THYROID	THYROIDECTOMY TOTAL/COMPLETE	No Auth Required	Surgery of endocrine system			
60252	REMOVAL OF THYROID	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	No Auth Required	Surgery of endocrine system			
60254	EXTENSIVE THYROID SURGERY	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	No Auth Required	Surgery of endocrine system			
60260	REPEAT THYROID SURGERY	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	No Auth Required	Surgery of endocrine system			
60270	REMOVAL OF THYROID	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	No Auth Required	Surgery of endocrine system			
60271	REMOVAL OF THYROID	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	No Auth Required	Surgery of endocrine system			
60280	REMOVE THYROID DUCT LESION	EXCISION THYROGLOSSAL DUCT CYST/SINUS	No Auth Required	Surgery of endocrine system			
60281	REMOVE THYROID DUCT LESION	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	No Auth Required	Surgery of endocrine system			
60300	ASPIR/INJ THYROID CYST	ASPIRATION AND/OR INJECTION THYROID CYST	No Auth Required	Surgery of endocrine system			

60500	EXPLORE PARATHYROID GLANDS	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	No Auth Required	Surgery of endocrine system			
60502	RE-EXPLORE PARATHYROIDS	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	No Auth Required	Surgery of endocrine system			
60505	EXPLORE PARATHYROID GLANDS	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	No Auth Required	Surgery of endocrine system			
60512	AUTOTRANSPLANT PARATHYROID	PARATHYROID AUTOTRANSPLANTATION ADD-ON	No Auth Required	Surgery of endocrine system			
60520	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	No Auth Required	Surgery of endocrine system			
60521	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	No Auth Required	Surgery of endocrine system			
60522	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	No Auth Required	Surgery of endocrine system			
60540	EXPLORE ADRENAL GLAND	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	No Auth Required	Surgery of endocrine system			
60545	EXPLORE ADRENAL GLAND	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	No Auth Required	Surgery of endocrine system			
60600	REMOVE CAROTID BODY LESION	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	No Auth Required	Surgery of endocrine system			
60605	REMOVE CAROTID BODY LESION	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	No Auth Required	Surgery of endocrine system			
60650	LAPAROSCOPY ADRENALECTOMY	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	No Auth Required	Surgery of endocrine system			
60659	LAPARO PROC ENDOCRINE	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Authorization Required	Surgery of endocrine system		Full Clinical Review	
60699	ENDOCRINE SURGERY PROCEDURE	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Authorization Required	Surgery of endocrine system		Full Clinical Review	
61000	REMOVE CRANIAL CAVITY FLUID	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	No Auth Required	Surgery of nervous system			
61001	REMOVE CRANIAL CAVITY FLUID	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	No Auth Required	Surgery of nervous system			
61020	REMOVE BRAIN CAVITY FLUID	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	No Auth Required	Surgery of nervous system			
61026	INJECTION INTO BRAIN CANAL	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	No Auth Required	Surgery of nervous system			
61050	REMOVE BRAIN CANAL FLUID	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	No Auth Required	Surgery of nervous system			
61055	INJECTION INTO BRAIN CANAL	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	No Auth Required	Surgery of nervous system			
61070	BRAIN CANAL SHUNT PROCEDURE	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	No Auth Required	Surgery of nervous system			
61105	TWIST DRILL HOLE	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	No Auth Required	Surgery of nervous system			
61107	DRILL SKULL FOR IMPLANTATION	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	No Auth Required	Surgery of nervous system			
61108	DRILL SKULL FOR DRAINAGE	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	No Auth Required	Surgery of nervous system			
61120	BURR HOLE FOR PUNCTURE	BURR HOLE VENTRICULAR PUNCTURE	No Auth Required	Surgery of nervous system			
61140	PIERCE SKULL FOR BIOPSY	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	No Auth Required	Surgery of nervous system			
61150	PIERCE SKULL FOR DRAINAGE	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	No Auth Required	Surgery of nervous system			
61151	PIERCE SKULL FOR DRAINAGE	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	No Auth Required	Surgery of nervous system			

61154	PIERCE SKULL & REMOVE CLOT	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	No Auth Required	Surgery of nervous system			
61156	PIERCE SKULL FOR DRAINAGE	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	No Auth Required	Surgery of nervous system			
61210	PIERCE SKULL IMPLANT DEVICE	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	No Auth Required	Surgery of nervous system			
61215	INSERT BRAIN-FLUID DEVICE	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	No Auth Required	Surgery of nervous system			
61250	PIERCE SKULL & EXPLORE	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	No Auth Required	Surgery of nervous system			
61253	PIERCE SKULL & EXPLORE	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	No Auth Required	Surgery of nervous system			
61304	OPEN SKULL FOR EXPLORATION	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	No Auth Required	Surgery of nervous system			
61305	OPEN SKULL FOR EXPLORATION	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	No Auth Required	Surgery of nervous system			
61312	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	No Auth Required	Surgery of nervous system			
61313	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	No Auth Required	Surgery of nervous system			
61314	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	No Auth Required	Surgery of nervous system			
61315	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	No Auth Required	Surgery of nervous system			
61316	IMPLT CRAN BONE FLAP TO ABDO	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	No Auth Required	Surgery of nervous system			
61320	OPEN SKULL FOR DRAINAGE	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	No Auth Required	Surgery of nervous system			
61321	OPEN SKULL FOR DRAINAGE	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	No Auth Required	Surgery of nervous system			
61322	DECOMPRESSIVE CRANIOTOMY	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	No Auth Required	Surgery of nervous system			
61323	DECOMPRESSIVE LOBECTOMY	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	No Auth Required	Surgery of nervous system			
61330	DECOMPRESS EYE SOCKET	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	No Auth Required	Surgery of nervous system			
61333	EXPLORE ORBIT/REMOVE LESION	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	No Auth Required	Surgery of nervous system			
61340	SUBTEMPORAL DECOMPRESSION	SUBTEMPORAL CRANIAL DECOMPRESSION	No Auth Required	Surgery of nervous system			
61343	INCISE SKULL (PRESS RELIEF)	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	No Auth Required	Surgery of nervous system			
61345	RELIEVE CRANIAL PRESSURE	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	No Auth Required	Surgery of nervous system			
61450	INCISE SKULL FOR SURGERY	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	No Auth Required	Surgery of nervous system			
61458	INCISE SKULL FOR BRAIN WOUND	CRNEC SOPL EXPL/DCMPRN CRNL NRV	No Auth Required	Surgery of nervous system			
61460	INCISE SKULL FOR SURGERY	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	No Auth Required	Surgery of nervous system			
61500	REMOVAL OF SKULL LESION	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	No Auth Required	Surgery of nervous system			
61501	REMOVE INFECTED SKULL BONE	CRANIECTOMY OSTEOMYELITIS	No Auth Required	Surgery of nervous system			
61510	REMOVAL OF BRAIN LESION	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	No Auth Required	Surgery of nervous system			

61512	REMOVE BRAIN LINING LESION	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	No Auth Required	Surgery of nervous system			
61514	REMOVAL OF BRAIN ABSCESS	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	No Auth Required	Surgery of nervous system			
61516	REMOVAL OF BRAIN LESION	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	No Auth Required	Surgery of nervous system			
61517	IMPLT BRAIN CHEMOTX ADD-ON	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	No Auth Required	Surgery of nervous system			
61518	REMOVAL OF BRAIN LESION	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	No Auth Required	Surgery of nervous system			
61519	REMOVE BRAIN LINING LESION	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	No Auth Required	Surgery of nervous system			
61520	REMOVAL OF BRAIN LESION	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	No Auth Required	Surgery of nervous system			
61521	REMOVAL OF BRAIN LESION	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	No Auth Required	Surgery of nervous system			
61522	REMOVAL OF BRAIN ABSCESS	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	No Auth Required	Surgery of nervous system			
61524	REMOVAL OF BRAIN LESION	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	No Auth Required	Surgery of nervous system			
61526	REMOVAL OF BRAIN LESION	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	No Auth Required	Surgery of nervous system			
61530	REMOVAL OF BRAIN LESION	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	No Auth Required	Surgery of nervous system			
61531	IMPLANT BRAIN ELECTRODES	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Full Clinical Review	
61533	IMPLANT BRAIN ELECTRODES	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Full Clinical Review	
61534	REMOVAL OF BRAIN LESION	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	No Auth Required	Surgery of nervous system			
61535	REMOVE BRAIN ELECTRODES	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	No Auth Required	Surgery of nervous system			
61536	REMOVAL OF BRAIN LESION	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	No Auth Required	Surgery of nervous system			
61537	REMOVAL OF BRAIN TISSUE	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	No Auth Required	Surgery of nervous system			
61538	REMOVAL OF BRAIN TISSUE	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	No Auth Required	Surgery of nervous system			
61539	REMOVAL OF BRAIN TISSUE	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	No Auth Required	Surgery of nervous system			
61540	REMOVAL OF BRAIN TISSUE	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	No Auth Required	Surgery of nervous system			
61541	INCISION OF BRAIN TISSUE	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	No Auth Required	Surgery of nervous system			
61543	REMOVAL OF BRAIN TISSUE	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	No Auth Required	Surgery of nervous system			
61544	REMOVE & TREAT BRAIN LESION	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	No Auth Required	Surgery of nervous system			
61545	EXCISION OF BRAIN TUMOR	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	No Auth Required	Surgery of nervous system			
61546	REMOVAL OF PITUITARY GLAND	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	No Auth Required	Surgery of nervous system			
61548	REMOVAL OF PITUITARY GLAND	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	No Auth Required	Surgery of nervous system			
61550	RELEASE OF SKULL SEAMS	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	No Auth Required	Surgery of nervous system			

61552	RELEASE OF SKULL SEAMS	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	No Auth Required	Surgery of nervous system			
61556	INCISE SKULL/SUTURES	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	No Auth Required	Surgery of nervous system			
61557	INCISE SKULL/SUTURES	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	No Auth Required	Surgery of nervous system			
61558	EXCISION OF SKULL/SUTURES	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	No Auth Required	Surgery of nervous system			
61559	EXCISION OF SKULL/SUTURES	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	No Auth Required	Surgery of nervous system			
61563	EXCISION OF SKULL TUMOR	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	No Auth Required	Surgery of nervous system			
61564	EXCISION OF SKULL TUMOR	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	No Auth Required	Surgery of nervous system			
61566	REMOVAL OF BRAIN TISSUE	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	No Auth Required	Surgery of nervous system			
61567	INCISION OF BRAIN TISSUE	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	No Auth Required	Surgery of nervous system			
61570	REMOVE FOREIGN BODY BRAIN	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	No Auth Required	Surgery of nervous system			
61571	INCISE SKULL FOR BRAIN WOUND	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	No Auth Required	Surgery of nervous system			
61575	SKULL BASE/BRAINSTEM SURGERY	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	No Auth Required	Surgery of nervous system			
61576	SKULL BASE/BRAINSTEM SURGERY	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	No Auth Required	Surgery of nervous system			
61580	CRANIOFACIAL APPROACH SKULL	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	No Auth Required	Surgery of nervous system			
61581	CRANIOFACIAL APPROACH SKULL	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	No Auth Required	Surgery of nervous system			
61582	CRANIOFACIAL APPROACH SKULL	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	No Auth Required	Surgery of nervous system			
61583	CRANIOFACIAL APPROACH SKULL	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	No Auth Required	Surgery of nervous system			
61584	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	No Auth Required	Surgery of nervous system			
61585	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	No Auth Required	Surgery of nervous system			
61586	RESECT NASOPHARYNX SKULL	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	No Auth Required	Surgery of nervous system			
61590	INFRATEMPORAL APPROACH/SKULL	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	No Auth Required	Surgery of nervous system			
61591	INFRATEMPORAL APPROACH/SKULL	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	No Auth Required	Surgery of nervous system			
61592	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	No Auth Required	Surgery of nervous system			
61595	TRANSTEMPORAL APPROACH/SKULL	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	No Auth Required	Surgery of nervous system			
61596	TRANSCOCHLEAR APPROACH/SKULL	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	No Auth Required	Surgery of nervous system			
61597	TRANSCONDYLAR APPROACH/SKULL	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	No Auth Required	Surgery of nervous system			
61598	TRANSPETROSAL APPROACH/SKULL	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	No Auth Required	Surgery of nervous system			
61600	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	No Auth Required	Surgery of nervous system			

61601	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	No Auth Required	Surgery of nervous system			
61605	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	No Auth Required	Surgery of nervous system			
61606	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	No Auth Required	Surgery of nervous system			
61607	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	No Auth Required	Surgery of nervous system			
61608	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	No Auth Required	Surgery of nervous system			
61611	TRANSECT ARTERY SINUS	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	No Auth Required	Surgery of nervous system			
61613	REMOVE ANEURYSM SINUS	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	No Auth Required	Surgery of nervous system			
61615	RESECT/EXCISE LESION SKULL	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	No Auth Required	Surgery of nervous system			
61616	RESECT/EXCISE LESION SKULL	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	No Auth Required	Surgery of nervous system			
61618	REPAIR DURA	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	No Auth Required	Surgery of nervous system			
61619	REPAIR DURA	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	No Auth Required	Surgery of nervous system			
61623	ENDOVASC TEMPORY VESSEL OCCL	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	No Auth Required	Surgery of nervous system			
61624	TRANSCATH OCCLUSION CNS	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	No Auth Required	Surgery of nervous system			
61626	TRANSCATH OCCLUSION NON-CNS	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	No Auth Required	Surgery of nervous system			
61630	INTRACRANIAL ANGIOPLASTY	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	No Auth Required	Surgery of nervous system			
61635	INTRACRAN ANGIOPLSTY W/STENT	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	No Auth Required	Surgery of nervous system			
61640	DILATE IC VASOSPASM INIT	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	No Auth Required	Surgery of nervous system			
61641	DILAT IC VSPSM EA VSL SM TER	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	No Auth Required	Surgery of nervous system			
61642	DILAT IC VSPSM EA DIFF TER	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	No Auth Required	Surgery of nervous system			
61645	PERQ ART M-THROMBECT &/NFS	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	No Auth Required	Surgery of nervous system			
61650	EVASC PRLNG ADMN RX AGNT 1ST	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	No Auth Required	Surgery of nervous system			
61651	EVASC PRLNG ADMN RX AGNT ADD	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	No Auth Required	Surgery of nervous system			
61680	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	No Auth Required	Surgery of nervous system			
61682	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	No Auth Required	Surgery of nervous system			
61684	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	No Auth Required	Surgery of nervous system			
61686	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	No Auth Required	Surgery of nervous system			
61690	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	No Auth Required	Surgery of nervous system			
61692	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	No Auth Required	Surgery of nervous system			

61697	BRAIN ANEURYSM REPR COMPLX	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	No Auth Required	Surgery of nervous system			
61698	BRAIN ANEURYSM REPR COMPLX	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	No Auth Required	Surgery of nervous system			
61700	BRAIN ANEURYSM REPR SIMPLE	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	No Auth Required	Surgery of nervous system			
61702	INNER SKULL VESSEL SURGERY	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	No Auth Required	Surgery of nervous system			
61703	CLAMP NECK ARTERY	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	No Auth Required	Surgery of nervous system			
61705	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	No Auth Required	Surgery of nervous system			
61708	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	No Auth Required	Surgery of nervous system			
61710	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ IA EMBOLIZATION	No Auth Required	Surgery of nervous system			
61711	FUSION OF SKULL ARTERIES	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	No Auth Required	Surgery of nervous system			
61720	INCISE SKULL/BRAIN SURGERY	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	No Auth Required	Surgery of nervous system			
61735	INCISE SKULL/BRAIN SURGERY	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	No Auth Required	Surgery of nervous system			
61750	INCISE SKULL/BRAIN BIOPSY	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	No Auth Required	Surgery of nervous system			
61751	BRAIN BIOPSY W/CT/MR GUIDE	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	No Auth Required	Surgery of nervous system			
61760	IMPLANT BRAIN ELECTRODES	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	Authorization Required	Surgery of nervous system		Full Clinical Review	
61770	INCISE SKULL FOR TREATMENT	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	No Auth Required	Surgery of nervous system			
61781	SCAN PROC CRANIAL INTRA	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	No Auth Required	Surgery of nervous system			
61782	SCAN PROC CRANIAL EXTRA	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	No Auth Required	Surgery of nervous system			
61783	SCAN PROC SPINAL	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	No Auth Required	Surgery of nervous system			
61790	TREAT TRIGEMINAL NERVE	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	No Auth Required	Surgery of nervous system			
61791	TREAT TRIGEMINAL TRACT	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	No Auth Required	Surgery of nervous system			
61796	SRS CRANIAL LESION SIMPLE	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	No Auth Required	Surgery of nervous system			
61797	SRS CRAN LES SIMPLE ADDL	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	No Auth Required	Surgery of nervous system			
61798	SRS CRANIAL LESION COMPLEX	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	No Auth Required	Surgery of nervous system			
61799	SRS CRAN LES COMPLEX ADDL	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	No Auth Required	Surgery of nervous system			
61800	APPLY SRS HEADFRAME ADD-ON	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	No Auth Required	Surgery of nervous system			
61850	IMPLANT NEUROELECTRODES	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	Authorization Required	Surgery of nervous system		Full Clinical Review	
61860	IMPLANT NEUROELECTRODES	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	Authorization Required	Surgery of nervous system		Full Clinical Review	
61863	IMPLANT NEUROELECTRODE	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	Authorization Required	Surgery of nervous system		Full Clinical Review	

61864	IMPLANT NEUROELECTRDE ADDL	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	Authorization Required	Surgery of nervous system		Full Clinical Review	
61867	IMPLANT NEUROELECTRODE	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	Authorization Required	Surgery of nervous system		Full Clinical Review	
61868	IMPLANT NEUROELECTRDE ADDL	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	Authorization Required	Surgery of nervous system		Full Clinical Review	
61870	IMPLANT NEUROELECTRODES	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	Authorization Required	Surgery of nervous system		Full Clinical Review	
61880	REVISE/REMOVE NEUROELECTRODE	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	Authorization Required	Surgery of nervous system		Full Clinical Review	
61885	INSRT/REDO NEUROSTIM 1 ARRAY	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Authorization Required	Surgery of nervous system		Full Clinical Review	
61886	IMPLANT NEUROSTIM ARRAYS	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	Authorization Required	Surgery of nervous system		Full Clinical Review	
61888	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	Authorization Required	Surgery of nervous system		Full Clinical Review	
62000	TREAT SKULL FRACTURE	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	No Auth Required	Surgery of nervous system			
62005	TREAT SKULL FRACTURE	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	No Auth Required	Surgery of nervous system			
62010	TREATMENT OF HEAD INJURY	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	No Auth Required	Surgery of nervous system			
62100	REPAIR BRAIN FLUID LEAKAGE	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	No Auth Required	Surgery of nervous system			
62115	REDUCTION OF SKULL DEFECT	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	No Auth Required	Surgery of nervous system			
62117	REDUCTION OF SKULL DEFECT	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	No Auth Required	Surgery of nervous system			
62120	REPAIR SKULL CAVITY LESION	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	No Auth Required	Surgery of nervous system			
62121	INCISE SKULL REPAIR	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	No Auth Required	Surgery of nervous system			
62140	REPAIR OF SKULL DEFECT	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER	No Auth Required	Surgery of nervous system			
62141	REPAIR OF SKULL DEFECT	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	No Auth Required	Surgery of nervous system			
62142	REMOVE SKULL PLATE/FLAP	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	No Auth Required	Surgery of nervous system			
62143	REPLACE SKULL PLATE/FLAP	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	No Auth Required	Surgery of nervous system			
62145	REPAIR OF SKULL & BRAIN	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	No Auth Required	Surgery of nervous system			
62146	REPAIR OF SKULL WITH GRAFT	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER	No Auth Required	Surgery of nervous system			
62147	REPAIR OF SKULL WITH GRAFT	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	No Auth Required	Surgery of nervous system			
62148	RETR BONE FLAP TO FIX SKULL	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	No Auth Required	Surgery of nervous system			
62160	NEUROENDOSCOPY ADD-ON	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	No Auth Required	Surgery of nervous system			
62161	DISSECT BRAIN W/SCOPE	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	No Auth Required	Surgery of nervous system			
62162	REMOVE COLLOID CYST W/SCOPE	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	No Auth Required	Surgery of nervous system			
62163	ZNEUROENDOSCOPY W/FB REMOVAL	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	No Auth Required	Surgery of nervous system			

62164	REMOVE BRAIN TUMOR W/SCOPE	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	No Auth Required	Surgery of nervous system			
62165	REMOVE PITUIT TUMOR W/SCOPE	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	No Auth Required	Surgery of nervous system			
62180	ESTABLISH BRAIN CAVITY SHUNT	VENTRICULOCISTERNOSTOMY	No Auth Required	Surgery of nervous system			
62190	ESTABLISH BRAIN CAVITY SHUNT	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	No Auth Required	Surgery of nervous system			
62192	ESTABLISH BRAIN CAVITY SHUNT	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	No Auth Required	Surgery of nervous system			
62194	REPLACE/IRRIGATE CATHETER	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	No Auth Required	Surgery of nervous system			
62200	ESTABLISH BRAIN CAVITY SHUNT	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	No Auth Required	Surgery of nervous system			
62201	BRAIN CAVITY SHUNT W/SCOPE	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	No Auth Required	Surgery of nervous system			
62220	ESTABLISH BRAIN CAVITY SHUNT	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	No Auth Required	Surgery of nervous system			
62223	ESTABLISH BRAIN CAVITY SHUNT	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	No Auth Required	Surgery of nervous system			
62225	REPLACE/IRRIGATE CATHETER	RPLCMT/IRRIGATION VENTRICULAR CATHETER	No Auth Required	Surgery of nervous system			
62230	REPLACE/REVISE BRAIN SHUNT	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	No Auth Required	Surgery of nervous system			
62252	CSF SHUNT REPROGRAM	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	No Auth Required	Surgery of nervous system			
62256	REMOVE BRAIN CAVITY SHUNT	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	No Auth Required	Surgery of nervous system			
62258	REPLACE BRAIN CAVITY SHUNT	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	No Auth Required	Surgery of nervous system			
62263	EPIDURAL LYSIS MULT SESSIONS	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	Authorization Required	Spine Care relating to neck and back conditions, including:		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:		Full Clinical Review	
62267	INTERDISCAL PERQ ASPIR DX	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	No Auth Required	Spine Care relating to neck and back conditions, including:			
62268	DRAIN SPINAL CORD CYST	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	No Auth Required	Spine Care relating to neck and back conditions, including:			
62269	NEEDLE BIOPSY SPINAL CORD	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	No Auth Required	Spine Care relating to neck and back conditions, including:			
62270	DX LMBR SPI PNXR	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	No Auth Required				
62272	THER SPI PNXR DRG CSF	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	No Auth Required	Spine Care relating to neck and back conditions, including:			
62273	INJECT EPIDURAL PATCH	INJECTION EPIDURAL BLOOD/CLOT PATCH	No Auth Required	Spine Care relating to neck and back conditions, including:			
62280	TREAT SPINAL CORD LESION	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	No Auth Required	Spine Care relating to neck and back conditions, including:			

62281	TREAT SPINAL CORD LESION	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
62282	TREAT SPINAL CANAL LESION	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62284	INJECTION FOR MYELOGRAM	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
62287	PERCUTANEOUS DISKECTOMY	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
62290	NJX PX DISCOGRAPHY LUMBAR	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
62291	NJX PX DISCOGRAPHY CRV/THRC	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
62292	INJECTION CHEMONUCLEOLYSIS LMBR	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
62294	INJECTION INTO SPINAL ARTERY	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62302	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62303	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
62304	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62305	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	No Auth Required	Spine Care relating to neck and back conditions, including:			
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:		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:		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:		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:		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:		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:		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:		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:		Full Clinical Review	
62328	DX LMBR SPI PNXR W/FLUOR/CT	DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	No Auth Required				
62329	THER SPI PNXR CSF FLUOR/CT	THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	No Auth Required				
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:		Full Clinical Review	
62351	IMPLANT SPINAL CANAL CATH	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
62355	REMOVE SPINAL CANAL CATHETER	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	No Auth Required	Spine Care relating to neck and back conditions, including:			
62360	INSERT SPINE INFUSION DEVICE	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	No Auth Required	Spine Care relating to neck and back conditions, including:			
62361	IMPLANT SPINE INFUSION PUMP	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	No Auth Required	Spine Care relating to neck and back conditions, including:			
62362	IMPLANT SPINE INFUSION PUMP	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	No Auth Required	Spine Care relating to neck and back conditions, including:			
62365	REMOVE SPINE INFUSION DEVICE	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	No Auth Required	Spine Care relating to neck and back conditions, including:			
62367	ANALYZE SPINE INFUS PUMP	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62368	ANALYZE SP INF PUMP W/REPROG	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	No Auth Required	Spine Care relating to neck and back conditions, including:			
62369	ANAL SP INF PMP W/REPRG&FILL	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	No Auth Required	Spine Care relating to neck and back conditions, including:			
62370	ANL SP INF PMP W/MDREPRG&FIL	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	No Auth Required	Spine Care relating to neck and back conditions, including:			
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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		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:		Full Clinical Review	
63081	REMOVE VERT BODY DCMPRN CRVL	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63082	REMOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63085	REMOVE VERT BODY DCMPRN THRC	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63086	REMOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63087	REMOV VERTBR DCMPRN THRCLMBR	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63088	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63090	REMOVE VERT BODY DCMPRN LMBR	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63091	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63101	REMOVE VERT BODY DCMPRN THRC	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63102	REMOVE VERT BODY DCMPRN LMBR	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63103	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63170	INCISE SPINAL CORD TRACT(S)	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			

63172	DRAINAGE OF SPINAL CYST	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	No Auth Required	Spine Care relating to neck and back conditions, including:			
63173	DRAINAGE OF SPINAL CYST	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63180	REVISE SPINAL CORD LIGAMENTS	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV 1/2 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63182	REVISE SPINAL CORD LIGAMENTS	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV >2 SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63185	INCISE SPINE NRV HALF SEGMNT	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	No Auth Required	Spine Care relating to neck and back conditions, including:			
63190	INCISE SPINE NRV >2 SEGMNTS	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	No Auth Required	Spine Care relating to neck and back conditions, including:			
63191	INCISE SPINE ACCESSORY NERVE	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	No Auth Required	Spine Care relating to neck and back conditions, including:			
63194	INCISE SPINE & CORD CERVICAL	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63195	INCISE SPINE & CORD THORACIC	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63196	INCISE SPINE&CORD 2 TRX CRVL	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	No Auth Required	Spine Care relating to neck and back conditions, including:			
63197	INCISE SPINE&CORD 2 TRX THRC	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63198	INCISE SPIN&CORD 2 STGS CRVL	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63199	INCISE SPIN&CORD 2 STGS THRC	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63200	RELEASE SPINAL CORD LUMBAR	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63250	REVISE SPINAL CORD VSLS CRVL	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63251	REVISE SPINAL CORD VSLS THRC	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63252	REVISE SPINE CORD VSL THRLMB	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63265	EXCISE INTRASPINL LESION CRV	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63266	EXCISE INTRSPINL LESION THRC	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			

63267	EXCISE INTRSPINL LESION LMBR	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63268	EXCISE INTRSPINL LESION SCRL	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63270	EXCISE INTRSPINL LESION CRVL	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63271	EXCISE INTRSPINL LESION THRC	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63272	EXCISE INTRSPINL LESION LMBR	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63273	EXCISE INTRSPINL LESION SCRL	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63275	BX/EXC XDRL SPINE LESN CRVL	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63276	BX/EXC XDRL SPINE LESN THRC	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63277	BX/EXC XDRL SPINE LESN LMBR	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63278	BX/EXC XDRL SPINE LESN SCRL	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63280	BX/EXC IDRL SPINE LESN CRVL	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63281	BX/EXC IDRL SPINE LESN THRC	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63282	BX/EXC IDRL SPINE LESN LMBR	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63283	BX/EXC IDRL SPINE LESN SCRL	LAM BX/EXC ISPI NEO IDRL SACRAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63285	BX/EXC IDRL IMED LESN CERVL	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63286	BX/EXC IDRL IMED LESN THRC	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63287	BX/EXC IDRL IMED LESN THRLMB	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63290	BX/EXC XDRL/IDRL LSN ANY LVL	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63295	REPAIR LAMINECTOMY DEFECT	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	No Auth Required	Spine Care relating to neck and back conditions, including:			

63300	REMOVE VERT XDRL BODY CRVCL	VCRPEC LES 1 SGM XDRL CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63301	REMOVE VERT XDRL BODY THRC	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63302	REMOVE VERT XDRL BODY THRLMB	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63303	REMOV VERT XDRL BDY LMBR/SAC	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63304	REMOVE VERT IDRL BODY CRVCL	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63305	REMOVE VERT IDRL BODY THRC	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	No Auth Required	Spine Care relating to neck and back conditions, including:			
63306	REMOV VERT IDRL BDY THRCLMBR	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63307	REMOV VERT IDRL BDY LMBR/SAC	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63308	REMOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	No Auth Required	Spine Care relating to neck and back conditions, including:			
63600	REMOVE SPINAL CORD LESION	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	No Auth Required	Spine Care relating to neck and back conditions, including:			
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:		Full Clinical Review	
63620	SRS SPINAL LESION	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
63621	SRS SPINAL LESION ADDL	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	No Auth Required	Spine Care relating to neck and back conditions, including:			
63650	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
63655	IMPLANT NEUROELECTRODES	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
63661	REMOVE SPINE ELTRD PERQ ARAY	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	No Auth Required	Spine Care relating to neck and back conditions, including:			
63662	REMOVE SPINE ELTRD PLATE	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	Authorization Required	Spine Care relating to neck and back conditions, including:		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:		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:		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:		Full Clinical Review	
63688	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Authorization Required	Spine Care relating to neck and back conditions, including:		Full Clinical Review	
63700	REPAIR OF SPINAL HERNIATION	REPAIR MENINGOCELE < 5 CM DIAMETER	No Auth Required	Spine Care relating to neck and back conditions, including:			
63702	REPAIR OF SPINAL HERNIATION	REPAIR MENINGOCELE > 5 CM DIAMETER	No Auth Required	Spine Care relating to neck and back conditions, including:			
63704	REPAIR OF SPINAL HERNIATION	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	No Auth Required	Spine Care relating to neck and back conditions, including:			
63706	REPAIR OF SPINAL HERNIATION	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	No Auth Required	Spine Care relating to neck and back conditions, including:			
63707	REPAIR SPINAL FLUID LEAKAGE	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	No Auth Required	Spine Care relating to neck and back conditions, including:			
63709	REPAIR SPINAL FLUID LEAKAGE	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	No Auth Required	Spine Care relating to neck and back conditions, including:			
63710	GRAFT REPAIR OF SPINE DEFECT	DURAL GRAFT SPINAL	No Auth Required	Spine Care relating to neck and back conditions, including:			
63740	INSTALL SPINAL SHUNT	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	No Auth Required	Spine Care relating to neck and back conditions, including:			
63741	INSTALL SPINAL SHUNT	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	No Auth Required	Spine Care relating to neck and back conditions, including:			
63744	REVISION OF SPINAL SHUNT	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	No Auth Required	Spine Care relating to neck and back conditions, including:			
63746	REMOVAL OF SPINAL SHUNT	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	No Auth Required	Spine Care relating to neck and back conditions, including:			
64400	NJX AA&/STRD TRIGEMINAL NRV	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	No Auth Required	Surgery of nervous system			
64405	NJX AA&/STRD GR OCPL NRV	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Authorization Required	Surgery of nervous system		Full Clinical Review	
64408	NJX AA&/STRD VAGUS NRV	INJECTION AA&/STRD VAGUS NERVE	No Auth Required	Surgery of nervous system			
64415	NJX AA&/STRD BRACH PLEXUS	INJECTION AA&/STRD BRACHIAL PLEXUS	No Auth Required	Surgery of nervous system			
64416	NJX AA&/STRD BRACH PLEX NFS	INJECTION AA&/STRD BRACHIAL PLEXUS CONT NFS CATH	No Auth Required	Surgery of nervous system			
64417	NJX AA&/STRD AXILLARY NRV	INJECTION AA&/STRD AXILLARY NERVE	No Auth Required	Surgery of nervous system			
64418	NJX AA&/STRD SPRSCAP NRV	INJECTION AA&/STRD SUPRASCAPULAR NERVE	No Auth Required	Surgery of nervous system			
64420	NJX AA&/STRD NTRCOST NRV 1	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	No Auth Required	Surgery of nervous system			
64421	NJX AA&/STRD NTRCOST NRV EA	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	No Auth Required	Surgery of nervous system			

64425	NJX AA&/STRD II IH NERVES	INJECTION AA&/STRD ILIOINGUINAL IH NERVES	No Auth Required	Surgery of nervous system			
64430	NJX AA&/STRD PUDENDAL NERVE	INJECTION AA&/STRD PUDENDAL NERVE	No Auth Required	Surgery of nervous system			
64435	NJX AA&/STRD PARACRV NRV	INJECTION AA&/STRD PARACERVICAL NERVE	No Auth Required	Surgery of nervous system			
64445	NJX AA&/STRD SCIATIC NERVE	INJECTION AA&/STRD SCIATIC NERVE	No Auth Required	Surgery of nervous system			
64446	NJX AA&/STRD SCIATIC NRV NFS	INJECTION AA&/STRD SCIATIC NERVE CONT NFS CATH	No Auth Required	Surgery of nervous system			
64447	NJX AA&/STRD FEMORAL NERVE	INJECTION AA&/STRD FEMORAL NERVE	No Auth Required	Surgery of nervous system			
64448	NJX AA&/STRD FEM NERVE NFS	INJECTION AA&/STRD FEMORAL NERVE CONT NFS CATH	No Auth Required	Surgery of nervous system			
64449	NJX AA&/STRD LMBR PLEX NFS	INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	No Auth Required	Surgery of nervous system			
64450	NJX AA&/STRD OTHER PN/BRANCH	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	No Auth Required	Surgery of nervous system			
64451	NJX AA&/STRD NRV NRVTG SI JT	INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	No Auth Required				
64454	NJX AA&/STRD GNCLR NRV BRNCH	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	No Auth Required				
64455	N BLOCK INJ PLANTAR DIGIT	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	No Auth Required	Surgery of nervous system			
64461	PVB THORACIC SINGLE INJ SITE	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	No Auth Required	Surgery of nervous system			
64462	PVB THORACIC 2ND+ INJ SITE	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	No Auth Required	Surgery of nervous system			
64463	PVB THORACIC CONT INFUSION	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	No Auth Required	Surgery of nervous system			
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:		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:		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:		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:		Full Clinical Review	
64486	TAP BLOCK UNIL BY INJECTION	TAP BLOCK UNILATERAL BY INJECTION(S)	No Auth Required	Surgery of nervous system			
64487	TAP BLOCK UNI BY INFUSION	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	No Auth Required	Surgery of nervous system			
64488	TAP BLOCK BI INJECTION	TAP BLOCK BILATERAL BY INJECTION(S)	No Auth Required	Surgery of nervous system			
64489	TAP BLOCK BI BY INFUSION	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	No Auth Required	Surgery of nervous system			
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:		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:		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:		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:		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:		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:		Full Clinical Review	
64505	N BLOCK SPENOPALATINE GANGL	INJECTION ANES AGENT SPHENOPALATINE GANGLION	Authorization Required	Surgery of nervous system		Full Clinical Review	
64510	N BLOCK STELLATE GANGLION	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	No Auth Required	Surgery of nervous system			
64517	N BLOCK INJ HYPOGAS PLXS	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	No Auth Required	Surgery of nervous system			
64520	N BLOCK LUMBAR/THORACIC	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	Authorization Required	Surgery of nervous system		Full Clinical Review	
64530	N BLOCK INJ CELIAC PELUS	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	No Auth Required	Surgery of nervous system			
64553	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Authorization Required	Surgery of nervous system		Full Clinical Review	
64555	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	Authorization Required	Surgery of nervous system		Full Clinical Review	
64561	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	Authorization Required	Surgery of nervous system		Full Clinical Review	
64566	NEUROELTRD STIM POST TIBIAL	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	Authorization Required	Surgery of nervous system		Full Clinical Review	
64568	INC FOR VAGUS N ELECT IMPL	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	Authorization Required	Surgery of nervous system		Full Clinical Review	
64569	REVISE/REPL VAGUS N ELTRD	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Authorization Required	Surgery of nervous system		Full Clinical Review	
64570	REMOVE VAGUS N ELTRD	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	No Auth Required	Surgery of nervous system			
64575	IMPLANT NEUROELECTRODES	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	Authorization Required	Surgery of nervous system		Full Clinical Review	
64580	IMPLANT NEUROELECTRODES	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	Authorization Required	Surgery of nervous system		Full Clinical Review	
64581	IMPLANT NEUROELECTRODES	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	Authorization Required	Surgery of nervous system		Full Clinical Review	
64585	REVISE/REMOVE NEUROELECTRODE	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	No Auth Required	Surgery of nervous system			
64590	INSRT/REDO PN/GASTR STIMUL	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	Authorization Required	Surgery of nervous system		Full Clinical Review	
64595	REVISE/RMV PN/GASTR STIMUL	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	Authorization Required	Surgery of nervous system		Full Clinical Review	
64600	INJECTION TREATMENT OF NERVE	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	No Auth Required	Surgery of nervous system			
64605	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	No Auth Required	Surgery of nervous system			
64610	INJECTION TREATMENT OF NERVE	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	No Auth Required	Surgery of nervous system			

64611	CHEMODENERV SALIV GLANDS	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	No Auth Required	Surgery of nervous system			
64612	DESTROY NERVE FACE MUSCLE	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	No Auth Required	Surgery of nervous system			
64615	CHEMODENERV MUSC MIGRAINE	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	Authorization Required	Surgery of nervous system		Network Validation	
64616	CHEMODENERV MUSC NECK DYSTON	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	No Auth Required	Surgery of nervous system			
64617	CHEMODENER MUSCLE LARYNX EMG	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	No Auth Required	Surgery of nervous system			
64620	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	No Auth Required	Surgery of nervous system			
64624	DSTRJ NULYT AGT GNCLR NRV	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	No Auth Required				
64625	RF ABLTJ NRV NRVTG SI JT	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	Authorization Required			Full Clinical Review	
64630	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	No Auth Required	Surgery of nervous system			
64632	N BLOCK INJ COMMON DIGIT	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	No Auth Required	Surgery of nervous system			
64633	DESTROY CERV/THOR FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	Authorization Required	Surgery of nervous system		Full Clinical Review	
64634	DESTROY C/TH FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	Authorization Required	Surgery of nervous system		Full Clinical Review	
64635	DESTROY LUMB/SAC FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	Authorization Required	Surgery of nervous system		Full Clinical Review	
64636	DESTROY L/S FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	Authorization Required	Surgery of nervous system		Full Clinical Review	
64640	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	No Auth Required	Surgery of nervous system			
64642	CHEMODENERV 1 EXTREMITY 1-4	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	No Auth Required	Surgery of nervous system			
64643	CHEMODENERV 1 EXTREM 1-4 EA	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	No Auth Required	Surgery of nervous system			
64644	CHEMODENERV 1 EXTREM 5/> MUS	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	No Auth Required	Surgery of nervous system			
64645	CHEMODENERV 1 EXTREM 5/> EA	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	No Auth Required	Surgery of nervous system			
64646	CHEMODENERV TRUNK MUSC 1-5	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	No Auth Required	Surgery of nervous system			
64647	CHEMODENERV TRUNK MUSC 6/>	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	No Auth Required	Surgery of nervous system			
64650	CHEMODENERV ECCRINE GLANDS	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	No Auth Required	Surgery of nervous system			
64653	CHEMODENERV ECCRINE GLANDS	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	No Auth Required	Surgery of nervous system			
64680	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	No Auth Required	Surgery of nervous system			
64681	INJECTION TREATMENT OF NERVE	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	No Auth Required	Surgery of nervous system			
64702	REVISE FINGER/TOE NERVE	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	No Auth Required	Surgery of nervous system			
64704	REVISE HAND/FOOT NERVE	NEUROPLASTY NERVE HAND/FOOT	No Auth Required	Surgery of nervous system			

64708	REVISE ARM/LEG NERVE	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	No Auth Required	Surgery of nervous system			
64712	REVISION OF SCIATIC NERVE	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	No Auth Required	Surgery of nervous system			
64713	REVISION OF ARM NERVE(S)	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	No Auth Required	Surgery of nervous system			
64714	REVISE LOW BACK NERVE(S)	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	No Auth Required	Surgery of nervous system			
64716	REVISION OF CRANIAL NERVE	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	No Auth Required	Surgery of nervous system			
64718	REVISE ULNAR NERVE AT ELBOW	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	No Auth Required	Surgery of nervous system			
64719	REVISE ULNAR NERVE AT WRIST	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	No Auth Required	Surgery of nervous system			
64721	CARPAL TUNNEL SURGERY	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	No Auth Required	Surgery of nervous system			
64722	RELIEVE PRESSURE ON NERVE(S)	DECOMPRESSION UNSPECIFIED NERVE	No Auth Required	Surgery of nervous system			
64726	RELEASE FOOT/TOE NERVE	DECOMPRESSION PLANTAR DIGITAL NERVE	No Auth Required	Surgery of nervous system			
64727	INTERNAL NERVE REVISION	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	No Auth Required	Surgery of nervous system			
64732	INCISION OF BROW NERVE	TRANSECTION/AVULSION SUPRAORBITAL NERVE	No Auth Required	Surgery of nervous system			
64734	INCISION OF CHEEK NERVE	TRANSECTION/AVULSION INFRAORBITAL NERVE	No Auth Required	Surgery of nervous system			
64736	INCISION OF CHIN NERVE	TRANSECTION/AVULSION MENTAL NERVE	No Auth Required	Surgery of nervous system			
64738	INCISION OF JAW NERVE	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	No Auth Required	Surgery of nervous system			
64740	INCISION OF TONGUE NERVE	TRANSECTION/AVULSION LINGUAL NERVE	No Auth Required	Surgery of nervous system			
64742	INCISION OF FACIAL NERVE	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	No Auth Required	Surgery of nervous system			
64744	INCISE NERVE BACK OF HEAD	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	No Auth Required	Surgery of nervous system			
64746	INCISE DIAPHRAGM NERVE	TRANSECTION/AVULSION PHRENIC NERVE	No Auth Required	Surgery of nervous system			
64755	INCISION OF STOMACH NERVES	TRANSECTION/AVULSION VAGUS NERVES	No Auth Required	Surgery of nervous system			
64760	INCISION OF VAGUS NERVE	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	No Auth Required	Surgery of nervous system			
64763	INCISE HIP/THIGH NERVE	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	No Auth Required	Surgery of nervous system			
64766	INCISE HIP/THIGH NERVE	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	No Auth Required	Surgery of nervous system			
64771	SEVER CRANIAL NERVE	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	No Auth Required	Surgery of nervous system			
64772	INCISION OF SPINAL NERVE	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	No Auth Required	Surgery of nervous system			
64774	REMOVE SKIN NERVE LESION	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	No Auth Required	Surgery of nervous system			
64776	REMOVE DIGIT NERVE LESION	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	No Auth Required	Surgery of nervous system			
64778	DIGIT NERVE SURGERY ADD-ON	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	No Auth Required	Surgery of nervous system			

64782	REMOVE LIMB NERVE LESION	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	No Auth Required	Surgery of nervous system			
64783	LIMB NERVE SURGERY ADD-ON	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	No Auth Required	Surgery of nervous system			
64784	REMOVE NERVE LESION	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	No Auth Required	Surgery of nervous system			
64786	REMOVE SCIATIC NERVE LESION	EXCISION NEUROMA SCIATIC NERVE	No Auth Required	Surgery of nervous system			
64787	IMPLANT NERVE END	IMPLANTATION NERVE END BONE/MUSCLE	No Auth Required	Surgery of nervous system			
64788	REMOVE SKIN NERVE LESION	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	No Auth Required	Surgery of nervous system			
64790	REMOVAL OF NERVE LESION	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	No Auth Required	Surgery of nervous system			
64792	REMOVAL OF NERVE LESION	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	No Auth Required	Surgery of nervous system			
64795	BIOPSY OF NERVE	BIOPSY NERVE	No Auth Required	Surgery of nervous system			
64802	SYMPATHECTOMY CERVICAL	SYMPATHECTOMY CERVICAL	No Auth Required	Surgery of nervous system			
64804	REMOVE SYMPATHETIC NERVES	SYMPATHECTOMY CERVICOTHORACIC	No Auth Required	Surgery of nervous system			
64809	REMOVE SYMPATHETIC NERVES	SYMPATHECTOMY THORACOLUMBAR	No Auth Required	Surgery of nervous system			
64818	REMOVE SYMPATHETIC NERVES	SYMPATHECTOMY LUMBAR	No Auth Required	Surgery of nervous system			
64820	SYMPATHECTOMY DIGITAL ARTERY	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	No Auth Required	Surgery of nervous system			
64821	REMOVE SYMPATHETIC NERVES	SYMPATHECTOMY RADIAL ARTERY	No Auth Required	Surgery of nervous system			
64822	REMOVE SYMPATHETIC NERVES	SYMPATHECTOMY ULNAR ARTERY	No Auth Required	Surgery of nervous system			
64823	SYMPATHECTOMY SUPFC PALMAR	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	No Auth Required	Surgery of nervous system			
64831	REPAIR OF DIGIT NERVE	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	No Auth Required	Surgery of nervous system			
64832	REPAIR NERVE ADD-ON	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	No Auth Required	Surgery of nervous system			
64834	REPAIR OF HAND OR FOOT NERVE	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	No Auth Required	Surgery of nervous system			
64835	REPAIR OF HAND OR FOOT NERVE	SUTURE 1 NERVE MEDIAN MOTOR THENAR	No Auth Required	Surgery of nervous system			
64836	REPAIR OF HAND OR FOOT NERVE	SUTURE 1 NERVE ULNAR MOTOR	No Auth Required	Surgery of nervous system			
64837	REPAIR NERVE ADD-ON	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	No Auth Required	Surgery of nervous system			
64840	REPAIR OF LEG NERVE	SUTURE POSTERIOR TIBIAL NERVE	No Auth Required	Surgery of nervous system			
64856	REPAIR/TRANSPOSE NERVE	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	No Auth Required	Surgery of nervous system			
64857	REPAIR ARM/LEG NERVE	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	No Auth Required	Surgery of nervous system			
64858	REPAIR SCIATIC NERVE	SUTURE SCIATIC NERVE	No Auth Required	Surgery of nervous system			

64859	NERVE SURGERY	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	No Auth Required	Surgery of nervous system			
64861	REPAIR OF ARM NERVES	SUTURE BRACHIAL PLEXUS	No Auth Required	Surgery of nervous system			
64862	REPAIR OF LOW BACK NERVES	SUTURE LUMBAR PLEXUS	No Auth Required	Surgery of nervous system			
64864	REPAIR OF FACIAL NERVE	SUTURE FACIAL NERVE EXTRACRANIAL	No Auth Required	Surgery of nervous system			
64865	REPAIR OF FACIAL NERVE	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	No Auth Required	Surgery of nervous system			
64866	FUSION OF FACIAL/OTHER NERVE	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	No Auth Required	Surgery of nervous system			
64868	FUSION OF FACIAL/OTHER NERVE	ANASTOMOSIS FACIAL HYPOGLOSSAL	No Auth Required	Surgery of nervous system			
64872	SUBSEQUENT REPAIR OF NERVE	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	No Auth Required	Surgery of nervous system			
64874	REPAIR & REVISE NERVE ADD-ON	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	No Auth Required	Surgery of nervous system			
64876	REPAIR NERVE/SHORTEN BONE	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	No Auth Required	Surgery of nervous system			
64885	NERVE GRAFT HEAD/NECK </4 CM	NERVE GRAFT HEAD/NECK </ 4 CM	No Auth Required	Surgery of nervous system			
64886	NERVE GRAFT HEAD/NECK >4 CM	NERVE GRAFT HEAD/NECK >4 CM	No Auth Required	Surgery of nervous system			
64890	NERVE GRAFT HAND/FOOT </4 CM	NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	No Auth Required	Surgery of nervous system			
64891	NERVE GRAFT HAND/FOOT >4 CM	NRV GRF 1 STRAND HAND/FOOT >4 CM	No Auth Required	Surgery of nervous system			
64892	NERVE GRAFT ARM/LEG <4 CM	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	No Auth Required	Surgery of nervous system			
64893	NERVE GRAFT ARM/LEG >4 CM	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	No Auth Required	Surgery of nervous system			
64895	NERVE GRAFT HAND/FOOT </4 CM	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM	No Auth Required	Surgery of nervous system			
64896	NERVE GRAFT HAND/FOOT >4 CM	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	No Auth Required	Surgery of nervous system			
64897	NERVE GRAFT ARM/LEG </4 CM	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM	No Auth Required	Surgery of nervous system			
64898	NERVE GRAFT ARM/LEG >4 CM	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	No Auth Required	Surgery of nervous system			
64901	NERVE GRAFT ADD-ON	NERVE GRAFT EACH NERVE 1 STRAND	No Auth Required	Surgery of nervous system			
64902	NERVE GRAFT ADD-ON	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	No Auth Required	Surgery of nervous system			
64905	NERVE PEDICLE TRANSFER	NERVE PEDICLE TRANSFER FIRST STAGE	No Auth Required	Surgery of nervous system			
64907	NERVE PEDICLE TRANSFER	NERVE PEDICAL TRANSFER SECOND STAGE	No Auth Required	Surgery of nervous system			
64910	NERVE REPAIR W/ALLOGRAFT	NERVE REPAIR W/CONDUIT EACH NERVE	No Auth Required	Surgery of nervous system			
64911	NEURORRAPHY W/VEIN AUTOGRAFT	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	No Auth Required	Surgery of nervous system			
64912	NRV RPR W/NRV ALGRFT 1ST	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	No Auth Required	Surgery of nervous system			
64913	NRV RPR W/NRV ALGRFT EA ADDL	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	No Auth Required	Surgery of nervous system			

64999	NERVOUS SYSTEM SURGERY	UNLISTED PROCEDURE NERVOUS SYSTEM	Authorization Required	Surgery of nervous system		Full Clinical Review	
65091	REVISE EYE	EVISCERATION OCULAR CONTENTS W/O IMPLANT	No Auth Required	Surgery of eye and ocular adnexa			
65093	REVISE EYE WITH IMPLANT	EVISCERATION OCULAR CONTENTS W/IMPLANT	No Auth Required	Surgery of eye and ocular adnexa			
65101	REMOVAL OF EYE	ENUCLEATION OF EYE W/O IMPLANT	No Auth Required	Surgery of eye and ocular adnexa			
65103	REMOVE EYE/INSERT IMPLANT	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	No Auth Required	Surgery of eye and ocular adnexa			
65105	REMOVE EYE/ATTACH IMPLANT	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	No Auth Required	Surgery of eye and ocular adnexa			
65110	REMOVAL OF EYE	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	No Auth Required	Surgery of eye and ocular adnexa			
65112	REMOVE EYE/REVISE SOCKET	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	No Auth Required	Surgery of eye and ocular adnexa			
65114	REMOVE EYE/REVISE SOCKET	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	No Auth Required	Surgery of eye and ocular adnexa			
65125	REVISE OCULAR IMPLANT	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	No Auth Required	Surgery of eye and ocular adnexa			
65130	INSERT OCULAR IMPLANT	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	No Auth Required	Surgery of eye and ocular adnexa			
65135	INSERT OCULAR IMPLANT	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	No Auth Required	Surgery of eye and ocular adnexa			
65140	ATTACH OCULAR IMPLANT	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	No Auth Required	Surgery of eye and ocular adnexa			
65150	REVISE OCULAR IMPLANT	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
65155	REINSERT OCULAR IMPLANT	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	No Auth Required	Surgery of eye and ocular adnexa			
65175	REMOVAL OF OCULAR IMPLANT	REMOVAL OCULAR IMPLANT	No Auth Required	Surgery of eye and ocular adnexa			
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				
65270	REPAIR OF EYE WOUND	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	No Auth Required	Surgery of eye and ocular adnexa			
65272	REPAIR OF EYE WOUND	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	No Auth Required	Surgery of eye and ocular adnexa			
65273	REPAIR OF EYE WOUND	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	No Auth Required	Surgery of eye and ocular adnexa			
65275	REPAIR OF EYE WOUND	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	No Auth Required	Surgery of eye and ocular adnexa			
65280	REPAIR OF EYE WOUND	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	No Auth Required	Surgery of eye and ocular adnexa			

65285	REPAIR OF EYE WOUND	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	No Auth Required	Surgery of eye and ocular adnexa			
65286	REPAIR OF EYE WOUND	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	No Auth Required	Surgery of eye and ocular adnexa			
65290	REPAIR OF EYE SOCKET WOUND	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	No Auth Required	Surgery of eye and ocular adnexa			
65400	REMOVAL OF EYE LESION	EXCISION LESION CORNEA XCP PTERYGIUM	No Auth Required	Surgery of eye and ocular adnexa			
65410	BIOPSY OF CORNEA	BIOPSY CORNEA	No Auth Required	Surgery of eye and ocular adnexa			
65420	REMOVAL OF EYE LESION	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
65426	REMOVAL OF EYE LESION	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	No Auth Required	Surgery of eye and ocular adnexa			
65430	CORNEAL SMEAR	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	No Auth Required	Surgery of eye and ocular adnexa			
65435	CURETTE/TREAT CORNEA	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	No Auth Required	Surgery of eye and ocular adnexa			
65436	CURETTE/TREAT CORNEA	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	No Auth Required	Surgery of eye and ocular adnexa			
65450	TREATMENT OF CORNEAL LESION	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	No Auth Required	Surgery of eye and ocular adnexa			
65600	REVISION OF CORNEA	MULTIPLE PUNCTURES ANTERIOR CORNEA	No Auth Required	Surgery of eye and ocular adnexa			
65710	CORNEAL TRANSPLANT	KERATOPLASTY ANTERIOR LAMELLAR	No Auth Required	Surgery of eye and ocular adnexa			
65730	CORNEAL TRANSPLANT	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	No Auth Required	Surgery of eye and ocular adnexa			
65750	CORNEAL TRANSPLANT	KERATOPLASTY PENETRAING APHAKIA	No Auth Required	Surgery of eye and ocular adnexa			
65755	CORNEAL TRANSPLANT	KERATOPLASTY PENETRATING PSEUDOPHAKIA	No Auth Required	Surgery of eye and ocular adnexa			
65756	CORNEAL TRNSPL ENDOTHELIAL	KERATOPLASTY ENDOTHELIAL	No Auth Required	Surgery of eye and ocular adnexa			
65757	PREP CORNEAL ENDO ALLOGRAFT	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	No Auth Required	Surgery of eye and ocular adnexa			
65760	REVISION OF CORNEA	KERATOMILEUSIS	No Auth Required	Surgery of eye and ocular adnexa			
65765	REVISION OF CORNEA	KERATOPHAKIA	No Auth Required	Surgery of eye and ocular adnexa			
65767	CORNEAL TISSUE TRANSPLANT	EPIKERATOPLASTY	No Auth Required	Surgery of eye and ocular adnexa			
65770	REVISE CORNEA WITH IMPLANT	KERATOPROSTHESIS	No Auth Required	Surgery of eye and ocular adnexa			
65771	RADIAL KERATOTOMY	RADIAL KERATOTOMY	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
65772	CORRECTION OF ASTIGMATISM	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
65775	CORRECTION OF ASTIGMATISM	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
65778	COVER EYE W/MEMBRANE	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	No Auth Required	Surgery of eye and ocular adnexa			
65779	COVER EYE W/MEMBRANE SUTURE	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	No Auth Required	Surgery of eye and ocular adnexa			
65780	OCULAR RECONST TRANSPLANT	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	No Auth Required	Surgery of eye and ocular adnexa			

65781	OCULAR RECONST TRANSPLANT	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	No Auth Required	Surgery of eye and ocular adnexa			
65782	OCULAR RECONST TRANSPLANT	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	No Auth Required	Surgery of eye and ocular adnexa			
65785	IMPLTJ NTRSTRML CRNL RNG SEG	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	No Auth Required	Surgery of eye and ocular adnexa			
65800	DRAINAGE OF EYE	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	No Auth Required	Surgery of eye and ocular adnexa			
65810	DRAINAGE OF EYE	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	No Auth Required	Surgery of eye and ocular adnexa			
65815	DRAINAGE OF EYE	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	No Auth Required	Surgery of eye and ocular adnexa			
65820	RELIEVE INNER EYE PRESSURE	GONIOTOMY	No Auth Required	Surgery of eye and ocular adnexa			
65850	INCISION OF EYE	TRABECULOTOMY AB EXTERNO	No Auth Required	Surgery of eye and ocular adnexa			
65855	TRABECULOPLASTY LASER SURG	TRABECULOPLASTY BY LASER SURGERY	No Auth Required	Surgery of eye and ocular adnexa			
65860	INCISE INNER EYE ADHESIONS	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	No Auth Required	Surgery of eye and ocular adnexa			
65865	INCISE INNER EYE ADHESIONS	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	No Auth Required	Surgery of eye and ocular adnexa			
65870	INCISE INNER EYE ADHESIONS	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	No Auth Required	Surgery of eye and ocular adnexa			
65875	INCISE INNER EYE ADHESIONS	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	No Auth Required	Surgery of eye and ocular adnexa			
65880	INCISE INNER EYE ADHESIONS	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	No Auth Required	Surgery of eye and ocular adnexa			
65900	REMOVE EYE LESION	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	No Auth Required	Surgery of eye and ocular adnexa			
65920	REMOVE IMPLANT OF EYE	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	No Auth Required	Surgery of eye and ocular adnexa			
65930	REMOVE BLOOD CLOT FROM EYE	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	No Auth Required	Surgery of eye and ocular adnexa			
66020	INJECTION TREATMENT OF EYE	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	No Auth Required	Surgery of eye and ocular adnexa			
66030	INJECTION TREATMENT OF EYE	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	No Auth Required	Surgery of eye and ocular adnexa			
66130	REMOVE EYE LESION	EXCISION LESION SCLERA	No Auth Required	Surgery of eye and ocular adnexa			
66150	GLAUCOMA SURGERY	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	No Auth Required	Surgery of eye and ocular adnexa			
66155	GLAUCOMA SURGERY	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	No Auth Required	Surgery of eye and ocular adnexa			
66160	GLAUCOMA SURGERY	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	No Auth Required	Surgery of eye and ocular adnexa			
66170	GLAUCOMA SURGERY	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	No Auth Required	Surgery of eye and ocular adnexa			
66172	INCISION OF EYE	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	No Auth Required	Surgery of eye and ocular adnexa			
66174	TRANSLUM DIL EYE CANAL	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT	No Auth Required	Surgery of eye and ocular adnexa			
66175	TRNSLUM DIL EYE CANAL W/STNT	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT	No Auth Required	Surgery of eye and ocular adnexa			
66179	AQUEOUS SHUNT EYE W/O GRAFT	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	No Auth Required	Surgery of eye and ocular adnexa			

66180	AQUEOUS SHUNT EYE W/GRAFT	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
66183	INSERT ANT DRAINAGE DEVICE	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	No Auth Required	Surgery of eye and ocular adnexa			
66184	REVISION OF AQUEOUS SHUNT	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
66185	REVISE AQUEOUS SHUNT EYE	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
66225	REPAIR/GRAFT EYE LESION	REPAIR SCLERAL STAPHYLOMA W/GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
66250	FOLLOW-UP SURGERY OF EYE	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	No Auth Required	Surgery of eye and ocular adnexa			
66500	INCISION OF IRIS	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	No Auth Required	Surgery of eye and ocular adnexa			
66505	INCISION OF IRIS	IRIDOTOMY STAB INC SPX TRANSFIXION	No Auth Required	Surgery of eye and ocular adnexa			
66600	REMOVE IRIS AND LESION	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	No Auth Required	Surgery of eye and ocular adnexa			
66605	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	No Auth Required	Surgery of eye and ocular adnexa			
66625	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	No Auth Required	Surgery of eye and ocular adnexa			
66630	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	No Auth Required	Surgery of eye and ocular adnexa			
66635	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	No Auth Required	Surgery of eye and ocular adnexa			
66680	REPAIR IRIS & CILIARY BODY	REPAIR IRIS CILIARY BODY	No Auth Required	Surgery of eye and ocular adnexa			
66682	REPAIR IRIS & CILIARY BODY	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	No Auth Required	Surgery of eye and ocular adnexa			
66700	DESTRUCTION CILIARY BODY	CILIARY BODY DESTRUCTION DIATHERMY	No Auth Required	Surgery of eye and ocular adnexa			
66710	CILIARY TRANSSLERAL THERAPY	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	No Auth Required	Surgery of eye and ocular adnexa			
66711	ECP CILIARY BODY DESTRUCTION	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	No Auth Required	Surgery of eye and ocular adnexa			
66720	DESTRUCTION CILIARY BODY	CILIARY BODY DESTRUCTION CRYOTHERAPY	No Auth Required	Surgery of eye and ocular adnexa			
66740	DESTRUCTION CILIARY BODY	CILIARY BODY DESTRUCTION CYCLODIALYSIS	No Auth Required	Surgery of eye and ocular adnexa			
66761	REVISION OF IRIS	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	No Auth Required	Surgery of eye and ocular adnexa			
66762	REVISION OF IRIS	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	No Auth Required	Surgery of eye and ocular adnexa			
66770	REMOVAL OF INNER EYE LESION	DSTRJ CYST/LESION IRIS/CILIARY BODY	No Auth Required	Surgery of eye and ocular adnexa			
66820	INCISION SECONDARY CATARACT	DISCISSION SECONDARY MEMBRANOUS CATARACT	No Auth Required	Surgery of eye and ocular adnexa			
66821	AFTER CATARACT LASER SURGERY	POST-CATARACT LASER SURGERY	No Auth Required	Surgery of eye and ocular adnexa			
66825	REPOSITION INTRAOCULAR LENS	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	No Auth Required	Surgery of eye and ocular adnexa			
66830	REMOVAL OF LENS LESION	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	No Auth Required	Surgery of eye and ocular adnexa			
66840	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	No Auth Required	Surgery of eye and ocular adnexa			

66850	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	No Auth Required	Surgery of eye and ocular adnexa			
66852	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	No Auth Required	Surgery of eye and ocular adnexa			
66920	EXTRACTION OF LENS	RMVL LENS MATERIAL INTRACAPSULAR	No Auth Required	Surgery of eye and ocular adnexa			
66930	EXTRACTION OF LENS	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	No Auth Required	Surgery of eye and ocular adnexa			
66940	EXTRACTION OF LENS	REMOVAL LENS MATERIAL EXTRACAPSULAR	No Auth Required	Surgery of eye and ocular adnexa			
66982	XCAPSL CTRC RMVL CPLX WO ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	No Auth Required	Surgery of eye and ocular adnexa			
66983	CATARACT SURG W/IOL 1 STAGE	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	No Auth Required	Surgery of eye and ocular adnexa			
66984	XCAPSL CTRC RMVL W/O ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	No Auth Required	Surgery of eye and ocular adnexa			
66985	INSERT LENS PROSTHESIS	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	No Auth Required	Surgery of eye and ocular adnexa			
66986	EXCHANGE LENS PROSTHESIS	EXCHANGE INTRAOCULAR LENS	No Auth Required	Surgery of eye and ocular adnexa			
66987	XCAPSL CTRC RMVL CPLX W/ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	No Auth Required				
66988	XCAPSL CTRC RMVL W/ECP	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	No Auth Required				
66990	OPHTHALMIC ENDOSCOPE ADD-ON	USE OPHTHALMIC ENDOSCOPE	No Auth Required	Surgery of eye and ocular adnexa			
66999	EYE SURGERY PROCEDURE	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67005	PARTIAL REMOVAL OF EYE FLUID	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	No Auth Required	Surgery of eye and ocular adnexa			
67010	PARTIAL REMOVAL OF EYE FLUID	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	No Auth Required	Surgery of eye and ocular adnexa			
67015	RELEASE OF EYE FLUID	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	No Auth Required	Surgery of eye and ocular adnexa			
67025	REPLACE EYE FLUID	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	No Auth Required	Surgery of eye and ocular adnexa			
67027	IMPLANT EYE DRUG SYSTEM	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	No Auth Required	Surgery of eye and ocular adnexa			
67028	INJECTION EYE DRUG	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	No Auth Required	Surgery of eye and ocular adnexa			
67030	INCISE INNER EYE STRANDS	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	No Auth Required	Surgery of eye and ocular adnexa			
67031	LASER SURGERY EYE STRANDS	SEVERING VITREOUS STRANS LASER 1/> STAGES	No Auth Required	Surgery of eye and ocular adnexa			
67036	REMOVAL OF INNER EYE FLUID	VITRECTOMY MECHANICAL PARS PLANA	No Auth Required	Surgery of eye and ocular adnexa			
67039	LASER TREATMENT OF RETINA	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	No Auth Required	Surgery of eye and ocular adnexa			
67040	LASER TREATMENT OF RETINA	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	No Auth Required	Surgery of eye and ocular adnexa			
67041	VIT FOR MACULAR PUCKER	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	No Auth Required	Surgery of eye and ocular adnexa			
67042	VIT FOR MACULAR HOLE	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	No Auth Required	Surgery of eye and ocular adnexa			
67043	VIT FOR MEMBRANE DISSECT	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	No Auth Required	Surgery of eye and ocular adnexa			

67101	REPAIR DETACHED RETINA CRTX	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	No Auth Required	Surgery of eye and ocular adnexa			
67105	REPAIR DETACHED RETINA PC	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	No Auth Required	Surgery of eye and ocular adnexa			
67107	REPAIR DETACHED RETINA	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	No Auth Required	Surgery of eye and ocular adnexa			
67108	REPAIR DETACHED RETINA	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	No Auth Required	Surgery of eye and ocular adnexa			
67110	REPAIR DETACHED RETINA	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	No Auth Required	Surgery of eye and ocular adnexa			
67113	REPAIR RETINAL DETACH CPLX	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	No Auth Required	Surgery of eye and ocular adnexa			
67115	RELEASE ENCIRCLING MATERIAL	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	No Auth Required	Surgery of eye and ocular adnexa			
67120	REMOVE EYE IMPLANT MATERIAL	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	No Auth Required	Surgery of eye and ocular adnexa			
67121	REMOVE EYE IMPLANT MATERIAL	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	No Auth Required	Surgery of eye and ocular adnexa			
67141	TREATMENT OF RETINA	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM	No Auth Required	Surgery of eye and ocular adnexa			
67145	TREATMENT OF RETINA	PROPH RTA DTCHMNT W/O DRG 1/> SESS	No Auth Required	Surgery of eye and ocular adnexa			
67208	TREATMENT OF RETINAL LESION	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	No Auth Required	Surgery of eye and ocular adnexa			
67210	TREATMENT OF RETINAL LESION	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	No Auth Required	Surgery of eye and ocular adnexa			
67218	TREATMENT OF RETINAL LESION	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	No Auth Required	Surgery of eye and ocular adnexa			
67220	TREATMENT OF CHOROID LESION	DSTRJ LESION CHOROID PC 1/> SESS	No Auth Required	Surgery of eye and ocular adnexa			
67221	OCULAR PHOTODYNAMIC THER	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	No Auth Required	Surgery of eye and ocular adnexa			
67225	EYE PHOTODYNAMIC THER ADD-ON	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	No Auth Required	Surgery of eye and ocular adnexa			
67227	DSTRJ EXTENSIVE RETINOPATHY	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	No Auth Required	Surgery of eye and ocular adnexa			
67228	TREATMENT X10SV RETINOPATHY	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	No Auth Required	Surgery of eye and ocular adnexa			
67229	TR RETINAL LES PRETERM INF	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	No Auth Required	Surgery of eye and ocular adnexa			
67250	REINFORCE EYE WALL	SCLERAL REINFORCEMENT SPX W/O GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
67255	REINFORCE/GRAFT EYE WALL	SCLERAL REINFORCEMENT SPX W/GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
67299	EYE SURGERY PROCEDURE	UNLISTED PROCEDURE POSTERIOR SEGMENT	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67311	REVISE EYE MUSCLE	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67312	REVISE TWO EYE MUSCLES	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67314	REVISE EYE MUSCLE	STRABISMUS RECESSION/RESCJ 1 VER MUSC	Authorization Required	Surgery of eye and ocular adnexa		Network Validation	
67316	REVISE TWO EYE MUSCLES	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67318	REVISE EYE MUSCLE(S)	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	No Auth Required	Surgery of eye and ocular adnexa			

67320	REVISE EYE MUSCLE(S) ADD-ON	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67331	EYE SURGERY FOLLOW-UP ADD-ON	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67332	REREVISE EYE MUSCLES ADD-ON	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	No Auth Required	Surgery of eye and ocular adnexa			
67334	REVISE EYE MUSCLE W/SUTURE	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	No Auth Required	Surgery of eye and ocular adnexa			
67335	EYE SUTURE DURING SURGERY	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	No Auth Required	Surgery of eye and ocular adnexa			
67340	REVISE EYE MUSCLE ADD-ON	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	No Auth Required	Surgery of eye and ocular adnexa			
67343	RELEASE EYE TISSUE	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	No Auth Required	Surgery of eye and ocular adnexa			
67345	DESTROY NERVE OF EYE MUSCLE	CHEMODENERVATION EXTRAOCULAR MUSCLE	No Auth Required	Surgery of eye and ocular adnexa			
67346	BIOPSY EYE MUSCLE	BIOPSY EXTRAOCULAR MUSCLE	No Auth Required	Surgery of eye and ocular adnexa			
67399	UNLISTED PX EXTRAOCULAR MUSC	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67400	EXPLORE/BIOPSY EYE SOCKET	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	No Auth Required	Surgery of eye and ocular adnexa			
67405	EXPLORE/DRAIN EYE SOCKET	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	No Auth Required	Surgery of eye and ocular adnexa			
67412	EXPLORE/TREAT EYE SOCKET	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	No Auth Required	Surgery of eye and ocular adnexa			
67413	EXPLORE/TREAT EYE SOCKET	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	No Auth Required	Surgery of eye and ocular adnexa			
67414	EXPLR/DECOMPRESS EYE SOCKET	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	No Auth Required	Surgery of eye and ocular adnexa			
67415	ASPIRATION ORBITAL CONTENTS	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	No Auth Required	Surgery of eye and ocular adnexa			
67420	EXPLORE/TREAT EYE SOCKET	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	No Auth Required	Surgery of eye and ocular adnexa			
67430	EXPLORE/TREAT EYE SOCKET	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	No Auth Required	Surgery of eye and ocular adnexa			
67440	EXPLORE/DRAIN EYE SOCKET	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	No Auth Required	Surgery of eye and ocular adnexa			
67445	EXPLR/DECOMPRESS EYE SOCKET	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	No Auth Required	Surgery of eye and ocular adnexa			
67450	EXPLORE/BIOPSY EYE SOCKET	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	No Auth Required	Surgery of eye and ocular adnexa			
67500	INJECT/TREAT EYE SOCKET	RETROBULBAR INJECTION MEDICATION SPX	No Auth Required	Surgery of eye and ocular adnexa			
67505	INJECT/TREAT EYE SOCKET	RETROBULBAR INJECTION ALCOHOL	No Auth Required	Surgery of eye and ocular adnexa			
67515	INJECT/TREAT EYE SOCKET	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	No Auth Required	Surgery of eye and ocular adnexa			
67550	INSERT EYE SOCKET IMPLANT	ORBITAL IMPLANT INSERTION	No Auth Required	Surgery of eye and ocular adnexa			
67560	REVISE EYE SOCKET IMPLANT	ORBITAL IMPLANT REMOVAL/REVISION	No Auth Required	Surgery of eye and ocular adnexa			
67570	DECOMPRESS OPTIC NERVE	OPTIC NERVE DECOMPRESSION	No Auth Required	Surgery of eye and ocular adnexa			
67599	ORBIT SURGERY PROCEDURE	UNLISTED PROCEDURE ORBIT	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	

67700	DRAINAGE OF EYELID ABSCESS	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	No Auth Required				
67710	INCISION OF EYELID	SEVERING TARSORRHAPHY	No Auth Required	Surgery of eye and ocular adnexa			
67715	INCISION OF EYELID FOLD	CANTHOTOMY SEPARATE PROCEDURE	No Auth Required	Surgery of eye and ocular adnexa			
67800	REMOVE EYELID LESION	EXCISION CHALAZION SINGLE	No Auth Required	Surgery of eye and ocular adnexa			
67801	REMOVE EYELID LESIONS	EXCISION CHALAZION MULTIPLE SAME LID	No Auth Required	Surgery of eye and ocular adnexa			
67805	REMOVE EYELID LESIONS	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	No Auth Required	Surgery of eye and ocular adnexa			
67808	REMOVE EYELID LESION(S)	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	No Auth Required	Surgery of eye and ocular adnexa			
67810	BIOPSY EYELID & LID MARGIN	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	No Auth Required	Surgery of eye and ocular adnexa			
67820	REVISE EYELASHES	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	No Auth Required	Surgery of eye and ocular adnexa			
67825	REVISE EYELASHES	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	No Auth Required	Surgery of eye and ocular adnexa			
67830	REVISE EYELASHES	CORRECTION TRICHIASIS INCCISION LID MARGIN	No Auth Required	Surgery of eye and ocular adnexa			
67835	REVISE EYELASHES	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	No Auth Required	Surgery of eye and ocular adnexa			
67840	REMOVE EYELID LESION	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	No Auth Required	Surgery of eye and ocular adnexa			
67850	TREAT EYELID LESION	DESTRUCTION LESION LID MARGIN </ 1 CM	No Auth Required	Surgery of eye and ocular adnexa			
67875	CLOSURE OF EYELID BY SUTURE	TEMPORARY CLOSURE EYELIDS SUTURE	No Auth Required	Surgery of eye and ocular adnexa			
67880	REVISION OF EYELID	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	No Auth Required	Surgery of eye and ocular adnexa			
67882	REVISION OF EYELID	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	No Auth Required	Surgery of eye and ocular adnexa			
67900	REPAIR BROW DEFECT	REPAIR BROW PTOSIS	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67901	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67902	REPAIR EYELID DEFECT	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67903	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67904	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67906	REPAIR EYELID DEFECT	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67908	REPAIR EYELID DEFECT	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67909	REVISE EYELID DEFECT	REDUCTION OVERCORRECTION PTOSIS	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67911	REVISE EYELID DEFECT	CORRECTION LID RETRACTION	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67912	CORRECTION EYELID W/IMPLANT	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67914	REPAIR EYELID DEFECT	REPAIR ECTROPION SUTURE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	

67915	REPAIR EYELID DEFECT	REPAIR ECTROPION THERMOCAUTERIZATION	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67916	REPAIR EYELID DEFECT	REPAIR ECTROPION EXCISION TARSAL WEDGE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67917	REPAIR EYELID DEFECT	REPAIR ECTROPION EXTENSIVE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67921	REPAIR EYELID DEFECT	REPAIR ENTROPION SUTURE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67922	REPAIR EYELID DEFECT	REPAIR ENTROPION THERMOCAUTERIZATION	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67923	REPAIR EYELID DEFECT	REPAIR ENTROPION EXCISION TARSAL WEDGE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67924	REPAIR EYELID DEFECT	REPAIR ENTROPION EXTENSIVE	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
67930	REPAIR EYELID WOUND	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	No Auth Required	Surgery of eye and ocular adnexa			
67935	REPAIR EYELID WOUND	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	No Auth Required	Surgery of eye and ocular adnexa			
67938	REMOVE EYELID FOREIGN BODY	REMOVAL EMBEDDED FOREIGN BODY EYELID	No Auth Required	Surgery of eye and ocular adnexa			
67950	REVISION OF EYELID	CANTHOPLASTY	No Auth Required	Surgery of eye and ocular adnexa			
67961	REVISION OF EYELID	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	No Auth Required	Surgery of eye and ocular adnexa			
67966	REVISION OF EYELID	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	No Auth Required	Surgery of eye and ocular adnexa			
67971	RECONSTRUCTION OF EYELID	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	No Auth Required	Surgery of eye and ocular adnexa			
67973	RECONSTRUCTION OF EYELID	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	No Auth Required	Surgery of eye and ocular adnexa			
67974	RECONSTRUCTION OF EYELID	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	No Auth Required	Surgery of eye and ocular adnexa			
67975	RECONSTRUCTION OF EYELID	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	No Auth Required	Surgery of eye and ocular adnexa			
67999	REVISION OF EYELID	UNLISTED PROCEDURE EYELIDS	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
68020	INCISE/DRAIN EYELID LINING	INCISION CONJUNCTIVA DRAINAGE OF CYST	No Auth Required	Surgery of eye and ocular adnexa			
68040	TREATMENT OF EYELID LESIONS	EXPRESSION CONJUNCTIVAL FOLLICLES	No Auth Required	Surgery of eye and ocular adnexa			
68100	BIOPSY OF EYELID LINING	BIOPSY CONJUNCTIVA	No Auth Required	Surgery of eye and ocular adnexa			
68110	REMOVE EYELID LINING LESION	EXCISION LESION CONJUNCTIVA </1 CM	No Auth Required	Surgery of eye and ocular adnexa			
68115	REMOVE EYELID LINING LESION	EXCISION LESION CONJUNCTIVA > 1 CM	No Auth Required	Surgery of eye and ocular adnexa			
68130	REMOVE EYELID LINING LESION	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	No Auth Required	Surgery of eye and ocular adnexa			
68135	REMOVE EYELID LINING LESION	DESTRUCTION LESION CONJUNCTIVA	No Auth Required	Surgery of eye and ocular adnexa			
68200	TREAT EYELID BY INJECTION	SUBCONJUNCTIVAL INJECTION	No Auth Required	Surgery of eye and ocular adnexa			
68320	REVISE/GRAFT EYELID LINING	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	No Auth Required	Surgery of eye and ocular adnexa			

68325	REVISE/GRAFT EYELID LINING	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
68326	REVISE/GRAFT EYELID LINING	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	No Auth Required	Surgery of eye and ocular adnexa			
68328	REVISE/GRAFT EYELID LINING	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
68330	REVISE EYELID LINING	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	No Auth Required	Surgery of eye and ocular adnexa			
68335	REVISE/GRAFT EYELID LINING	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	No Auth Required	Surgery of eye and ocular adnexa			
68340	SEPARATE EYELID ADHESIONS	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	No Auth Required	Surgery of eye and ocular adnexa			
68360	REVISE EYELID LINING	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	No Auth Required	Surgery of eye and ocular adnexa			
68362	REVISE EYELID LINING	CONJUNCTIVAL FLAP TOTAL	No Auth Required	Surgery of eye and ocular adnexa			
68371	HARVEST EYE TISSUE ALOGRAFT	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	No Auth Required	Surgery of eye and ocular adnexa			
68399	EYELID LINING SURGERY	UNLISTED PROCEDURE CONJUNCTIVA	Authorization Required	Surgery of eye and ocular adnexa		Full Clinical Review	
68400	INCISE/DRAIN TEAR GLAND	INCISION DRAINAGE LACRIMAL GLAND	No Auth Required	Surgery of eye and ocular adnexa			
68420	INCISE/DRAIN TEAR SAC	INCISION DRAINAGE LACRIMAL SAC	No Auth Required	Surgery of eye and ocular adnexa			
68440	INCISE TEAR DUCT OPENING	SNIP INCISION LACRIMAL PUNCTUM	No Auth Required	Surgery of eye and ocular adnexa			
68500	REMOVAL OF TEAR GLAND	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	No Auth Required	Surgery of eye and ocular adnexa			
68505	PARTIAL REMOVAL TEAR GLAND	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	No Auth Required	Surgery of eye and ocular adnexa			
68510	BIOPSY OF TEAR GLAND	BIOPSY LACRIMAL GLAND	No Auth Required	Surgery of eye and ocular adnexa			
68520	REMOVAL OF TEAR SAC	EXCISION LACRIMAL SAC	No Auth Required	Surgery of eye and ocular adnexa			
68525	BIOPSY OF TEAR SAC	BIOPSY LACRIMAL SAC	No Auth Required	Surgery of eye and ocular adnexa			
68530	CLEARANCE OF TEAR DUCT	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	No Auth Required	Surgery of eye and ocular adnexa			
68540	REMOVE TEAR GLAND LESION	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	No Auth Required	Surgery of eye and ocular adnexa			
68550	REMOVE TEAR GLAND LESION	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	No Auth Required	Surgery of eye and ocular adnexa			
68700	REPAIR TEAR DUCTS	PLASTIC REPAIR CANALICULI	No Auth Required	Surgery of eye and ocular adnexa			
68705	REVISE TEAR DUCT OPENING	CORRECTION EVERTED PUNCTUM CAUTERY	No Auth Required	Surgery of eye and ocular adnexa			
68720	CREATE TEAR SAC DRAIN	DACRYOCSTORHINOSTOMY	No Auth Required	Surgery of eye and ocular adnexa			
68745	CREATE TEAR DUCT DRAIN	CONJUNCTIVORHINOSTOMY W/O TUBE	No Auth Required	Surgery of eye and ocular adnexa			
68750	CREATE TEAR DUCT DRAIN	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	No Auth Required	Surgery of eye and ocular adnexa			
68760	CLOSE TEAR DUCT OPENING	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	No Auth Required	Surgery of eye and ocular adnexa			
68761	CLOSE TEAR DUCT OPENING	CLSR LACRIMAL PUNCTUM PLUG EACH	No Auth Required	Surgery of eye and ocular adnexa			

68770	CLOSE TEAR SYSTEM FISTULA	CLOSURE LACRIMAL FISTULA SPX	No Auth Required	Surgery of eye and ocular adnexa			
68801	DILATE TEAR DUCT OPENING	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	No Auth Required	Surgery of eye and ocular adnexa			
68810	PROBE NASOLACRIMAL DUCT	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	No Auth Required	Surgery of eye and ocular adnexa			
68811	PROBE NASOLACRIMAL DUCT	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	No Auth Required	Surgery of eye and ocular adnexa			
68815	PROBE NASOLACRIMAL DUCT	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	No Auth Required	Surgery of eye and ocular adnexa			
68816	PROBE NL DUCT W/BALLOON	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	No Auth Required	Surgery of eye and ocular adnexa			
68840	EXPLORE/IRRIGATE TEAR DUCTS	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	No Auth Required	Surgery of eye and ocular adnexa			
68850	INJECTION FOR TEAR SAC X-RAY	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	No Auth Required	Surgery of eye and ocular adnexa			
68899	TEAR DUCT SYSTEM SURGERY	UNLISTED PROCEDURE LACRIMAL SYSTEM	Authorization Required	Surgery of eye and ocular adnexa		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		Full Clinical Review	
69100	BIOPSY OF EXTERNAL EAR	BIOPSY EXTERNAL EAR	No Auth Required	Surgery of auditory system			
69105	BIOPSY OF EXTERNAL EAR CANAL	BIOPSY EXTERNAL AUDITORY CANAL	No Auth Required	Surgery of auditory system			
69110	REMOVE EXTERNAL EAR PARTIAL	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	No Auth Required	Surgery of auditory system			
69120	REMOVAL OF EXTERNAL EAR	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	No Auth Required	Surgery of auditory system			
69140	REMOVE EAR CANAL LESION(S)	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	No Auth Required	Surgery of auditory system			
69145	REMOVE EAR CANAL LESION(S)	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	No Auth Required	Surgery of auditory system			
69150	EXTENSIVE EAR CANAL SURGERY	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	No Auth Required	Surgery of auditory system			
69155	EXTENSIVE EAR/NECK SURGERY	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	No Auth Required	Surgery of auditory system			
69200	CLEAR OUTER EAR CANAL	RMVL FB XTRNL AUDITORY CANAL W/O ANES	No Auth Required				
69205	CLEAR OUTER EAR CANAL	RMVL FB XTRNL AUDITORY CANAL ANES	No Auth Required	Surgery of auditory system			
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				
69220	CLEAN OUT MASTOID CAVITY	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	No Auth Required	Surgery of auditory system			
69222	CLEAN OUT MASTOID CAVITY	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	No Auth Required	Surgery of auditory system			
69300	REVISE EXTERNAL EAR	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	Authorization Required	Reconstructive		Full Clinical Review	
69310	REBUILD OUTER EAR CANAL	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	No Auth Required	Reconstructive			

69320	REBUILD OUTER EAR CANAL	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	No Auth Required	Reconstructive			
69399	OUTER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE EXTERNAL EAR	Authorization Required	Surgery of auditory system		Full Clinical Review	
69420	INCISION OF EARDRUM	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	No Auth Required				
69421	INCISION OF EARDRUM	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	No Auth Required	Surgery of auditory system			
69424	REMOVE VENTILATING TUBE	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	No Auth Required	Surgery of auditory system			
69433	CREATE EARDRUM OPENING	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	No Auth Required	Surgery of auditory system			
69436	CREATE EARDRUM OPENING	TYMPANOSTOMY GENERAL ANESTHESIA	No Auth Required	Surgery of auditory system			
69440	EXPLORATION OF MIDDLE EAR	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	No Auth Required	Surgery of auditory system			
69450	EARDRUM REVISION	TYMPANOLYSIS TRANSCANAL	No Auth Required	Surgery of auditory system			
69501	MASTOIDECTOMY	TRANSMASTOID ANTROTOMY	No Auth Required	Surgery of auditory system			
69502	MASTOIDECTOMY	MASTOIDECTOMY COMPLETE	No Auth Required	Surgery of auditory system			
69505	REMOVE MASTOID STRUCTURES	MASTOIDECTOMY MODIFIED RADICAL	No Auth Required	Surgery of auditory system			
69511	EXTENSIVE MASTOID SURGERY	MASTOIDECTOMY RADICAL	No Auth Required	Surgery of auditory system			
69530	EXTENSIVE MASTOID SURGERY	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	No Auth Required	Surgery of auditory system			
69535	REMOVE PART OF TEMPORAL BONE	RESCJ TEMPORAL BONE EXTERNAL APPROACH	No Auth Required	Surgery of auditory system			
69540	REMOVE EAR LESION	EXCISION AURAL POLYP	No Auth Required	Surgery of auditory system			
69550	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	No Auth Required	Surgery of auditory system			
69552	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	No Auth Required	Surgery of auditory system			
69554	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR EXTENDED	No Auth Required	Surgery of auditory system			
69601	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	No Auth Required	Surgery of auditory system			
69602	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	No Auth Required	Surgery of auditory system			
69603	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	No Auth Required	Surgery of auditory system			
69604	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	No Auth Required	Surgery of auditory system			
69605	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY W/APICECTOMY	No Auth Required	Surgery of auditory system			
69610	REPAIR OF EARDRUM	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	No Auth Required	Surgery of auditory system			
69620	REPAIR OF EARDRUM	MYRINGOPLASTY	No Auth Required	Surgery of auditory system			
69631	REPAIR EARDRUM STRUCTURES	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	No Auth Required	Surgery of auditory system			
69632	REBUILD EARDRUM STRUCTURES	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	No Auth Required	Surgery of auditory system			

69633	REBUILD EARDRUM STRUCTURES	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	No Auth Required	Surgery of auditory system			
69635	REPAIR EARDRUM STRUCTURES	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	No Auth Required	Surgery of auditory system			
69636	REBUILD EARDRUM STRUCTURES	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	No Auth Required	Surgery of auditory system			
69637	REBUILD EARDRUM STRUCTURES	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	No Auth Required	Surgery of auditory system			
69641	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	No Auth Required	Surgery of auditory system			
69642	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	No Auth Required	Surgery of auditory system			
69643	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	No Auth Required	Surgery of auditory system			
69644	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	No Auth Required	Surgery of auditory system			
69645	REVISE MIDDLE EAR & MASTOID	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	No Auth Required	Surgery of auditory system			
69646	REVISE MIDDLE EAR & MASTOID	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	No Auth Required	Surgery of auditory system			
69650	RELEASE MIDDLE EAR BONE	STAPES MOBILIZATION	No Auth Required	Surgery of auditory system			
69660	REVISE MIDDLE EAR BONE	STAPEDECTOMY/STAPEDOTOMY	No Auth Required	Surgery of auditory system			
69661	REVISE MIDDLE EAR BONE	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	No Auth Required	Surgery of auditory system			
69662	REVISE MIDDLE EAR BONE	REVISION STAPEDECTOMY/STAPEDOTOMY	No Auth Required	Surgery of auditory system			
69666	REPAIR MIDDLE EAR STRUCTURES	REPAIR OVAL WINDOW FISTULA	No Auth Required	Surgery of auditory system			
69667	REPAIR MIDDLE EAR STRUCTURES	REPAIR ROUND WINDOW FISTULA	No Auth Required	Surgery of auditory system			
69670	REMOVE MASTOID AIR CELLS	MASTOID OBLITERATION SEPARATE PROCEDURE	No Auth Required	Surgery of auditory system			
69676	REMOVE MIDDLE EAR NERVE	TYMPANIC NEURECTOMY	No Auth Required	Surgery of auditory system			
69700	CLOSE MASTOID FISTULA	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	No Auth Required	Surgery of auditory system			
69705	NPS SURG DILAT EUST TUBE UNI	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	Authorization Required			Full Clinical Review	
69706	NPS SURG DILAT EUST TUBE BI	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	Authorization Required			Full Clinical Review	
69710	IMPLANT/REPLACE HEARING AID	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Authorization Required	Surgery of auditory system		Full Clinical Review	
69711	REMOVE/REPAIR HEARING AID	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	Authorization Required	Surgery of auditory system		Full Clinical Review	
69714	IMPLANT TEMPLE BONE W/STIMUL	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	Authorization Required	Surgery of auditory system		Full Clinical Review	
69715	TEMPLE BNE IMPLNT W/STIMULAT	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	Authorization Required	Surgery of auditory system		Full Clinical Review	
69717	TEMPLE BONE IMPLANT REVISION	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Full Clinical Review	
69718	REVISE TEMPLE BONE IMPLANT	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Full Clinical Review	
69720	RELEASE FACIAL NERVE	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	No Auth Required	Surgery of auditory system			

69725	RELEASE FACIAL NERVE	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	No Auth Required	Surgery of auditory system			
69740	REPAIR FACIAL NERVE	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	No Auth Required	Surgery of auditory system			
69745	REPAIR FACIAL NERVE	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	No Auth Required	Surgery of auditory system			
69799	MIDDLE EAR SURGERY PROCEDURE	UNLISTED PROCEDURE MIDDLE EAR	Authorization Required	Surgery of auditory system		Full Clinical Review	
69801	INCISE INNER EAR	LABYRINTHOTOMY TRANSCANAL	No Auth Required	Surgery of auditory system			
69805	EXPLORE INNER EAR	ENDOLYMPHATIC SAC W/O SHUNT	No Auth Required	Surgery of auditory system			
69806	EXPLORE INNER EAR	ENDOLYMPHATIC SAC SHUNT	No Auth Required	Surgery of auditory system			
69905	REMOVE INNER EAR	LABYRINTHECTOMY TRANSCANAL	No Auth Required	Surgery of auditory system			
69910	REMOVE INNER EAR & MASTOID	LABYRINTHECTOMY W/MASTOIDECTOMY	No Auth Required	Surgery of auditory system			
69915	INCISE INNER EAR NERVE	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	No Auth Required	Surgery of auditory system			
69930	IMPLANT COCHLEAR DEVICE	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	Authorization Required	Surgery of auditory system		Full Clinical Review	
69949	INNER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE INNER EAR	Authorization Required	Surgery of auditory system		Full Clinical Review	
69950	INCISE INNER EAR NERVE	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	No Auth Required	Surgery of auditory system			
69955	RELEASE FACIAL NERVE	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	No Auth Required	Surgery of auditory system			
69960	RELEASE INNER EAR CANAL	DECOMPRESSION INTERNAL AUDITORY CANAL	No Auth Required	Surgery of auditory system			
69970	REMOVE INNER EAR LESION	REMOVAL TUMOR TEMPORAL BONE	No Auth Required	Surgery of auditory system			
69979	TEMPORAL BONE SURGERY	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Authorization Required	Surgery of auditory system		Full Clinical Review	
69990	MICROSURGERY ADD-ON	MICROSURG TQS REQ USE OPERATING MICROSCOPE	No Auth Required	Surgery			
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		Full Clinical Review	
70310	X-RAY EXAM OF TEETH	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	Authorization Required	Radiology		Full Clinical Review	
70320	FULL MOUTH X-RAY OF TEETH	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	Authorization Required	Radiology		Full Clinical Review	
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		Full Clinical Review	
70350	X-RAY HEAD FOR ORTHODONTIA	CEPHALOGRAM ORTHODONTIC	Authorization Required	Radiology		Full Clinical Review	
70355	PANORAMIC X-RAY OF JAWS	ORTHOPANTOGRAM	Authorization Required	Radiology		Full Clinical Review	
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		Full Clinical Review	
70460	CT HEAD/BRAIN W/DYE	CT HEAD/BRAIN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70470	CT HEAD/BRAIN W/O & W/DYE	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70480	CT ORBIT/EAR/FOSSA W/O DYE	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Network Validation	
70481	CT ORBIT/EAR/FOSSA W/DYE	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
70486	CT MAXILLOFACIAL W/O DYE	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70487	CT MAXILLOFACIAL W/DYE	CT MAXILLOFACIAL W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70488	CT MAXILLOFACIAL W/O & W/DYE	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

70490	CT SOFT TISSUE NECK W/O DYE	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70491	CT SOFT TISSUE NECK W/DYE	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70492	CT SFT TSUE NCK W/O & W/DYE	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70496	CT ANGIOGRAPHY HEAD	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70498	CT ANGIOGRAPHY NECK	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Network Validation	
70540	MRI ORBIT/FACE/NECK W/O DYE	MRI ORBIT FACE &/NECK W/O CONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70542	MRI ORBIT/FACE/NECK W/DYE	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70543	MRI ORBT/FAC/NCK W/O &W/DYE	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70544	MR ANGIOGRAPHY HEAD W/O DYE	MRA HEAD W/O CONTRST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70545	MR ANGIOGRAPHY HEAD W/DYE	MRA HEAD W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	MRA HEAD W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70547	MR ANGIOGRAPHY NECK W/O DYE	MRA NECK W/O CONTRST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70548	MR ANGIOGRAPHY NECK W/DYE	MRA NECK W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70549	MR ANGIOGRAPH NECK W/O&W/DYE	MRA NECK W/O &W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70551	MRI BRAIN STEM W/O DYE	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70552	MRI BRAIN STEM W/DYE	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70553	MRI BRAIN STEM W/O & W/DYE	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70554	FMRI BRAIN BY TECH	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70555	FMRI BRAIN BY PHYS/PSYCH	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70557	MRI BRAIN W/O DYE	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70558	MRI BRAIN W/DYE	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
70559	MRI BRAIN W/O & W/DYE	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
71260	CT THORAX W/DYE	CT THORAX W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71270	CT THORAX W/O & W/DYE	CT THORAX W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71271	CT THORAX LUNG CANCER SCR C-	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	Authorization Required			Full Clinical Review	
71275	CT ANGIOGRAPHY CHEST	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71550	MRI CHEST W/O DYE	MRI CHEST W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71551	MRI CHEST W/DYE	MRI CHEST W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71552	MRI CHEST W/O & W/DYE	MRI CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
71555	MRI ANGIO CHEST W OR W/O DYE	MRA CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
72126	CT NECK SPINE W/DYE	CT CERVICAL SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72127	CT NECK SPINE W/O & W/DYE	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72128	CT CHEST SPINE W/O DYE	CT THORACIC SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72129	CT CHEST SPINE W/DYE	CT THORACIC SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

72130	CT CHEST SPINE W/O & W/DYE	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72131	CT LUMBAR SPINE W/O DYE	CT LUMBAR SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72132	CT LUMBAR SPINE W/DYE	CT LUMBAR SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72133	CT LUMBAR SPINE W/O & W/DYE	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72141	MRI NECK SPINE W/O DYE	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72142	MRI NECK SPINE W/DYE	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72146	MRI CHEST SPINE W/O DYE	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72147	MRI CHEST SPINE W/DYE	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72148	MRI LUMBAR SPINE W/O DYE	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72149	MRI LUMBAR SPINE W/DYE	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72156	MRI NECK SPINE W/O & W/DYE	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72157	MRI CHEST SPINE W/O & W/DYE	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72158	MRI LUMBAR SPINE W/O & W/DYE	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72159	MR ANGIO SPINE W/O&W/DYE	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
72192	CT PELVIS W/O DYE	CT PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72193	CT PELVIS W/DYE	CT PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72194	CT PELVIS W/O & W/DYE	CT PELVIS W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72195	MRI PELVIS W/O DYE	MRI PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72196	MRI PELVIS W/DYE	MRI PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72197	MRI PELVIS W/O & W/DYE	MRI PELVIS W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
72198	MR ANGIO PELVIS W/O & W/DYE	MRA PELVIS W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
73201	CT UPPER EXTREMITY W/DYE	CT UPPER EXTREMITY W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73202	CT UPPR EXTREMITY W/O&W/DYE	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73206	CT ANGIO UPR EXTRM W/O&W/DYE	CT ANGIOGRAPHY UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
73219	MRI UPPER EXTREMITY W/DYE	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73220	MRI UPPR EXTREMITY W/O&W/DYE	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73221	MRI JOINT UPR EXTREM W/O DYE	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73222	MRI JOINT UPR EXTREM W/DYE	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73223	MRI JOINT UPR EXTR W/O&W/DYE	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73225	MR ANGIO UPR EXTR W/O&W/DYE	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
73701	CT LOWER EXTREMITY W/DYE	CT LOWER EXTREMITY W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73702	CT LWR EXTREMITY W/O&W/DYE	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73706	CT ANGIO LWR EXTR W/O&W/DYE	CT ANGIOGRAPHY LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73718	MRI LOWER EXTREMITY W/O DYE	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73719	MRI LOWER EXTREMITY W/DYE	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73720	MRI LWR EXTREMITY W/O&W/DYE	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73721	MRI JNT OF LWR EXTRE W/O DYE	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73722	MRI JOINT OF LWR EXTR W/DYE	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
73723	MRI JOINT LWR EXTR W/O&W/DYE	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

73725	MR ANG LWR EXT W OR W/O DYE	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
74160	CT ABDOMEN W/DYE	CT ABDOMEN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74170	CT ABDOMEN W/O & W/DYE	CT ABDOMEN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74174	CT ANGIO ABD&PELV W/O&W/DYE	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74175	CT ANGIO ABDOM W/O & W/DYE	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74176	CT ABD & PELVIS W/O CONTRAST	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74177	CT ABD & PELV W/CONTRAST	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74178	CT ABD & PELV 1/> REGNS	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74181	MRI ABDOMEN W/O DYE	MRI ABDOMEN W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74182	MRI ABDOMEN W/DYE	MRI ABDOMEN W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74183	MRI ABDOMEN W/O & W/DYE	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74185	MRI ANGIO ABDOM W ORW/O DYE	MRA ABDOMEN W/WO CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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	No Auth Required				
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				
74246	X-RAY XM UPR GI TRC 2CNTRST	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	No Auth Required				
74248	X-RAY SM INT F-THRU STD	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	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				
74261	CT COLONOGRAPHY DX	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

74262	CT COLONOGRAPHY DX W/DYE	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
74263	CT COLONOGRAPHY SCREENING	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
74713	MRI FETAL EA ADDL GESTATION	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

74740	X-RAY FEMALE GENITAL TRACT	HYSTEROSALPINGOGRAPHY RS&I	No Auth Required	Infertility Testing or Treatment			
74742	X-RAY FALLOPIAN TUBE	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	No Auth Required	Infertility Testing or Treatment			
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		Full Clinical Review	
75559	CARDIAC MRI W/STRESS IMG	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75561	CARDIAC MRI FOR MORPH W/DYE	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75563	CARD MRI W/STRESS IMG & DYE	CARDIAC MRI W/W/O CONTRAST W/STRESS	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75565	CARD MRI VELOC FLOW MAPPING	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75571	CT HRT W/O DYE W/CA TEST	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75572	CT HRT W/3D IMAGE	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75573	CT HRT W/3D IMAGE CONGEN	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
75574	CT ANGIO HRT W/3D IMAGE	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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		Full Clinical Review	
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				
76145	MED PHYSIC DOS EVAL RAD EXPS	MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	No Auth Required				
76376	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	Authorization Required	Radiology		Network Validation	
76377	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	Authorization Required	Radiology		Network Validation	
76380	CAT SCAN FOLLOW-UP STUDY	CT LIMITED/LOCALIZED FOLLOW UP STUDY	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
76390	MR SPECTROSCOPY	MRI SPECTROSCOPY	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
76391	MR ELASTOGRAPHY	MAGNETIC RESONANCE ELASTOGRAPHY	Authorization Required	Radiology		Full Clinical Review	
76496	FLUOROSCOPIC PROCEDURE	UNLISTED FLUOROSCOPIC PROCEDURE	Authorization Required	Radiology		Full Clinical Review	
76497	CT PROCEDURE	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
76498	MRI PROCEDURE	UNLISTED MAGNETIC RESONANCE PROCEDURE	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
76499	RADIOGRAPHIC PROCEDURE	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Authorization Required	Radiology		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				
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		Full Clinical Review	
76979	US TRGT DYN MBUBB EA ADDL	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	Authorization Required	Radiology		Full Clinical Review	
76981	USE PARENCHYMA	ULTRASOUND ELASTOGRAPHY PARENCHYMA	Authorization Required	Radiology		Full Clinical Review	
76982	USE 1ST TARGET LESION	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	Authorization Required	Radiology		Full Clinical Review	
76983	USE EA ADDL TARGET LESION	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	Authorization Required	Radiology		Full Clinical Review	
76998	US GUIDE INTRAOP	ULTRASONIC GUIDANCE INTRAOPERATIVE	No Auth Required				
76999	ECHO EXAMINATION PROCEDURE	UNLISTED US PROCEDURE	Authorization Required	Radiology		Full Clinical Review	
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		Full Clinical Review	
77012	CT SCAN FOR NEEDLE BIOPSY	CT GUIDANCE NEEDLE PLACEMENT	Authorization Required	Radiology		Network Validation	
77013	CT GUIDE FOR TISSUE ABLATION	CT GUIDANCE &MONITORING VISC TISS ABLATION	Authorization Required	Radiology		Full Clinical Review	
77014	CT SCAN FOR THERAPY GUIDE	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	No Auth Required	Radiology			
77021	MRI GUIDANCE NDL PLMT RS&I	MRI GUIDANCE NEEDLE PLACEMENT RS&I	Authorization Required	Radiology		Full Clinical Review	
77022	MRI GDN PARNCHYMA TISS ABLTJ	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	Authorization Required	Radiology		Full Clinical Review	
77046	MRI BREAST C- UNILATERAL	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Authorization Required	Radiology		Full Clinical Review	
77047	MRI BREAST C- BILATERAL	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Authorization Required	Radiology		Full Clinical Review	
77048	MRI BREAST C-+ W/CAD UNI	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	Authorization Required	Radiology		Full Clinical Review	
77049	MRI BREAST C-+ W/CAD BI	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	Authorization Required	Radiology		Full Clinical Review	
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		Full Clinical Review	
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		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		Full Clinical Review	
77262	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77263	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77280	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77285	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77290	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77293	RESPIRATOR MOTION MGMT SIMUL	RESPIRATORY MOTION MANAGEMENT SIMULATION	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77295	3-D RADIOTHERAPY PLAN	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77299	RADIATION THERAPY PLANNING	UNLIS PX THER RADIOL CLINICAL TX PLANNING	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77300	RADIATION THERAPY DOSE PLAN	BASIC RADIATION DOSIMETRY CALCULATION	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77301	RADIOTHERAPY DOSE PLAN IMRT	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77306	TELETHX ISODOSE PLAN SIMPLE	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77307	TELETHX ISODOSE PLAN CPLX	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77316	BRACHYTX ISODOSE PLAN SIMPLE	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77317	BRACHYTX ISODOSE INTERMED	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77318	BRACHYTX ISODOSE COMPLEX	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77321	SPECIAL TELETX PORT PLAN	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77331	SPECIAL RADIATION DOSIMETRY	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	No Auth Required	Radiation Therapy, including gamma knife			

77332	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77333	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	No Auth Required	Radiation Therapy, including gamma knife			
77334	RADIATION TREATMENT AID(S)	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77336	RADIATION PHYSICS CONSULT	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77338	DESIGN MLC DEVICE FOR IMRT	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77370	RADIATION PHYSICS CONSULT	SPEC MEDICAL RADJ PHYSICS CONSLTJ	No Auth Required	Radiation Therapy, including gamma knife			
77371	SRS MULTISOURCE	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77372	SRS LINEAR BASED	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77373	SBRT DELIVERY	STEREOTACTIC BODY RADIATION DELIVERY	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77385	NTSTY MODUL RAD TX DLVR SMPL	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77386	NTSTY MODUL RAD TX DLVR CPLX	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77387	GUIDANCE FOR RADJ TX DLVR	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77399	EXTERNAL RADIATION DOSIMETRY	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77401	RADIATION TREATMENT DELIVERY	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77402	RADIATION TREATMENT DELIVERY	RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77407	RADIATION TREATMENT DELIVERY	RADIATION TX DELIVERY 1 MEV => INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77412	RADIATION TREATMENT DELIVERY	RADIATION TREATMENT DELIVERY 1 MEV => COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77417	RADIOLOGY PORT IMAGES(S)	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	No Auth Required	Radiation Therapy, including gamma knife			
77423	NEUTRON BEAM TX COMPLEX	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	Authorization Required	Radiation Therapy, including gamma knife		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		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		Full Clinical Review	
77427	RADIATION TX MANAGEMENT X5	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77431	RADIATION THERAPY MANAGEMENT	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77432	STEREOTACTIC RADIATION TRMT	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77435	SBRT MANAGEMENT	STEREOTACTIC BODY RADIATION MANAGEMENT	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77469	IO RADIATION TX MANAGEMENT	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77470	SPECIAL RADIATION TREATMENT	SPECIAL TREATMENT PROCEDURE	Authorization Required	Radiation Therapy, including gamma knife		Network Validation	
77499	RADIATION THERAPY MANAGEMENT	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	

77520	PROTON TRMT SIMPLE W/O COMP	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77522	PROTON TRMT SIMPLE W/COMP	PROTON TX DELIVERY SIMPLE W/COMPENSATION	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77523	PROTON TRMT INTERMEDIATE	PROTON TX DELIVERY INTERMEDIATE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77525	PROTON TREATMENT COMPLEX	PROTON TX DELIVERY COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
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		Full Clinical Review	
77761	APPLY INTRCAV RADIAT SIMPLE	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77762	APPLY INTRCAV RADIAT INTERM	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77763	APPLY INTRCAV RADIAT COMPL	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		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		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		Full Clinical Review	
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Authorization Required	Radiation Therapy, including gamma knife		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			
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77778	APPLY INTERSTIT RADIAT COMPL	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77789	APPLY SURF LDR RADIONUCLIDE	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77790	RADIATION HANDLING	SUPERVISION HANDLING LOADING RADIATION SOURCE	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
77799	RADIUM/RADIOISOTOPE THERAPY	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Authorization Required	Radiation Therapy, including gamma knife		Full Clinical Review	
78012	THYROID UPTAKE MEASUREMENT	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	No Auth Required	Radiology - nuclear medicine			
78013	THYROID IMAGING W/BLOOD FLOW	THYROID IMAGING WITH VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78014	THYROID IMAGING W/BLOOD FLOW	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	No Auth Required	Radiology - nuclear medicine			
78015	THYROID MET IMAGING	THYROID CARCINOMA METASTASES IMG LMTD AREA	No Auth Required	Radiology - nuclear medicine			
78016	THYROID MET IMAGING/STUDIES	THYROID CARCINOMA METASTASES IMG ADDL STUDY	No Auth Required	Radiology - nuclear medicine			
78018	THYROID MET IMAGING BODY	THYROID CARCINOMA METASTASES IMG WHOLE BODY	No Auth Required	Radiology - nuclear medicine			

78020	THYROID MET UPTAKE	THYROID CARCINOMA METASTASES UPTAKE	No Auth Required	Radiology - nuclear medicine			
78070	PARATHYROID PLANAR IMAGING	PARATHYROID PLANAR IMAGING	No Auth Required	Radiology - nuclear medicine			
78071	PARATHYRD PLANAR W/WO SUBTRJ	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	No Auth Required	Radiology - nuclear medicine			
78072	PARATHYRD PLANAR W/SPECT&CT	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	No Auth Required	Radiology - nuclear medicine			
78075	ADRENAL CORTEX & MEDULLA IMG	ADRENAL IMAGING CORTEX &/MEDULLA	No Auth Required	Radiology - nuclear medicine			
78099	ENDOCRINE NUCLEAR PROCEDURE	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78102	BONE MARROW IMAGING LTD	BONE MARROW IMAGING LIMITED AREA	No Auth Required	Radiology - nuclear medicine			
78103	BONE MARROW IMAGING MULT	BONE MARROW IMAGING MULTIPLE AREAS	No Auth Required	Radiology - nuclear medicine			
78104	BONE MARROW IMAGING BODY	BONE MARROW IMAGING WHOLE BODY	No Auth Required	Radiology - nuclear medicine			
78110	PLASMA VOLUME SINGLE	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	No Auth Required	Radiology - nuclear medicine			
78111	PLASMA VOLUME MULTIPLE	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	No Auth Required	Radiology - nuclear medicine			
78120	RED CELL MASS SINGLE	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	No Auth Required	Radiology - nuclear medicine			
78121	RED CELL MASS MULTIPLE	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	No Auth Required	Radiology - nuclear medicine			
78122	BLOOD VOLUME	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	No Auth Required	Radiology - nuclear medicine			
78130	RED CELL SURVIVAL STUDY	RED CELL SURVIVAL STUDY	No Auth Required	Radiology - nuclear medicine			
78135	RED CELL SURVIVAL KINETICS	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	No Auth Required	Radiology - nuclear medicine			
78140	RED CELL SEQUESTRATION	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	No Auth Required	Radiology - nuclear medicine			
78185	SPLEEN IMAGING	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78191	PLATELET SURVIVAL	PLATELET SURVIVAL STUDY	No Auth Required	Radiology - nuclear medicine			
78195	LYMPH SYSTEM IMAGING	LYMPHATICS & LYMPH NODES IMAGING	No Auth Required	Radiology - nuclear medicine			
78199	BLOOD/LYMPH NUCLEAR EXAM	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78201	LIVER IMAGING	LIVER IMAGING STATIC ONLY	No Auth Required	Radiology - nuclear medicine			
78202	LIVER IMAGING WITH FLOW	LIVER IMAGING W/VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78215	LIVER AND SPLEEN IMAGING	LIVER & SPLEEN IMAGING STATIC ONLY	No Auth Required	Radiology - nuclear medicine			
78216	LIVER & SPLEEN IMAGE/FLOW	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78226	HEPATOBILIARY SYSTEM IMAGING	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	No Auth Required	Radiology - nuclear medicine			
78227	HEPATOBIL SYST IMAGE W/DRUG	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	Authorization Required	Radiology - nuclear medicine		Network Validation	
78230	SALIVARY GLAND IMAGING	SALIVARY GLAND IMAGING	No Auth Required	Radiology - nuclear medicine			

78231	SERIAL SALIVARY IMAGING	SALIVARY GLAND IMAGING SERIAL IMAGES	No Auth Required	Radiology - nuclear medicine			
78232	SALIVARY GLAND FUNCTION EXAM	SALIVARY GLAND FUNCTION STUDY	No Auth Required	Radiology - nuclear medicine			
78258	ESOPHAGEAL MOTILITY STUDY	ESOPHAGEAL MOTILITY	No Auth Required	Radiology - nuclear medicine			
78261	GASTRIC MUCOSA IMAGING	GASTRIC MUCOSA IMAGING	No Auth Required	Radiology - nuclear medicine			
78262	GASTROESOPHAGEAL REFLUX EXAM	GASTROESOPHAGEAL REFLUX STUDY	No Auth Required	Radiology - nuclear medicine			
78264	GASTRIC EMPTYING IMAG STUDY	GASTRIC EMPTYING IMAGING STUDY	Authorization Required	Radiology - nuclear medicine		Network Validation	
78265	GASTRIC EMPTYING IMAG STUDY	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	No Auth Required	Radiology - nuclear medicine			
78266	GASTRIC EMPTYING IMAG STUDY	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	No Auth Required	Radiology - nuclear medicine			
78267	BREATH TST ATTAIN/ANAL C-14	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	No Auth Required	Radiology - nuclear medicine			
78268	BREATH TEST ANALYSIS C-14	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	No Auth Required	Radiology - nuclear medicine			
78278	ACUTE GI BLOOD LOSS IMAGING	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	No Auth Required	Radiology - nuclear medicine			
78282	GI PROTEIN LOSS EXAM	GASTROINTESTINAL PROTEIN LOSS	No Auth Required	Radiology - nuclear medicine			
78290	MECKELS DIVERT EXAM	INTESTINE IMAGING	No Auth Required	Radiology - nuclear medicine			
78291	LEVEEN/SHUNT PATENCY EXAM	PERITONEAL-VENOUS SHUNT PATENCY TEST	No Auth Required	Radiology - nuclear medicine			
78299	GI NUCLEAR PROCEDURE	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78300	BONE IMAGING LIMITED AREA	BONE &/JOINT IMAGING LIMITED AREA	No Auth Required	Radiology - nuclear medicine			
78305	BONE IMAGING MULTIPLE AREAS	BONE &/JOINT IMAGING MULTIPLE AREAS	No Auth Required	Radiology - nuclear medicine			
78306	BONE IMAGING WHOLE BODY	BONE &/JOINT IMAGING WHOLE BODY	No Auth Required	Radiology - nuclear medicine			
78315	BONE IMAGING 3 PHASE	BONE &/JOINT IMAGING 3 PHASE STUDY	No Auth Required	Radiology - nuclear medicine			
78350	BONE MINERAL SINGLE PHOTON	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	No Auth Required	Radiology - nuclear medicine			
78351	BONE MINERAL DUAL PHOTON	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	No Auth Required	Radiology - nuclear medicine			
78399	MUSCULOSKELETAL NUCLEAR EXAM	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78414	NON-IMAGING HEART FUNCTION	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	No Auth Required	Radiology - nuclear medicine			
78428	CARDIAC SHUNT IMAGING	CARDIAC SHUNT DETECTION	No Auth Required	Radiology - nuclear medicine			
78429	MYOCRD IMG PET 1 STD W/CT	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Authorization Required			Full Clinical Review	
78430	MYOCRD IMG PET RST/STRS W/CT	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Authorization Required			Full Clinical Review	
78431	MYOCRD IMG PET RST&STRS CT	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	Authorization Required			Full Clinical Review	
78432	MYOCRD IMG PET 2RTRACER	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Authorization Required			Full Clinical Review	

78433	MYOCRD IMG PET 2RTRACER CT	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	Authorization Required			Full Clinical Review	
78434	AQMBF PET REST & RX STRESS	AQMBF PET REST AND PHARMACOLOGIC STRESS	Authorization Required			Full Clinical Review	
78445	VASCULAR FLOW IMAGING	NONCARDIAC VASCULAR FLOW IMAGING	No Auth Required	Radiology - nuclear medicine			
78451	HT MUSCLE IMAGE SPECT SING	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78452	HT MUSCLE IMAGE SPECT MULT	MYOCARDIAL SPECT MULTIPLE STUDIES	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78453	HT MUSCLE IMAGE PLANAR SING	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78454	HT MUSC IMAGE PLANAR MULT	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78456	ACUTE VENOUS THROMBUS IMAGE	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	No Auth Required	Radiology - nuclear medicine			
78457	VENOUS THROMBOSIS IMAGING	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	No Auth Required	Radiology - nuclear medicine			
78458	VEN THROMBOSIS IMAGES BILAT	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	No Auth Required	Radiology - nuclear medicine			
78459	MYOCRD IMG PET SINGLE STUDY	MYOCRD IMG PET METAB EVAL SINGLE STUDY	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78466	HEART INFARCT IMAGE	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78468	HEART INFARCT IMAGE (EF)	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78469	HEART INFARCT IMAGE (3D)	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78472	GATED HEART PLANAR SINGLE	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78473	GATED HEART MULTIPLE	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78481	HEART FIRST PASS SINGLE	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78483	HEART FIRST PASS MULTIPLE	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78491	MYOCRD IMG PET 1STD RST/STRS	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78492	MYOCRD IMG PET MLT RST&STRS	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78494	HEART IMAGE SPECT	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Authorization Required	Radiology - nuclear medicine		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		Full Clinical Review	
78499	CARDIOVASCULAR NUCLEAR EXAM	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78579	LUNG VENTILATION IMAGING	PULMONARY VENTILATION IMAGING	No Auth Required	Radiology - nuclear medicine			
78580	LUNG PERFUSION IMAGING	PULMONARY PERFUSION IMAGING PARTICULATE	No Auth Required	Radiology - nuclear medicine			
78582	LUNG VENTILAT&PERFUS IMAGING	PULMONARY VENTILATION & PERFUSION IMAGING	No Auth Required	Radiology - nuclear medicine			
78597	LUNG PERFUSION DIFFERENTIAL	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	No Auth Required	Radiology - nuclear medicine			
78598	LUNG PERF&VENTILAT DIFERENTL	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	No Auth Required	Radiology - nuclear medicine			

78599	RESPIRATORY NUCLEAR EXAM	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78600	BRAIN IMAGE < 4 VIEWS	BRAIN IMAGING <4 STATIC VIEWS	No Auth Required	Radiology - nuclear medicine			
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78605	BRAIN IMAGE 4+ VIEWS	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	No Auth Required	Radiology - nuclear medicine			
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78608	BRAIN IMAGING (PET)	BRAIN IMAGING PET METABOLIC EVALUATION	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78609	BRAIN IMAGING (PET)	BRAIN IMAGING PET PERFUSION EVALUATION	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78610	BRAIN FLOW IMAGING ONLY	BRAIN IMAGING VASCULAR FLOW ONLY	No Auth Required	Radiology - nuclear medicine			
78630	CEREBROSPINAL FLUID SCAN	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	No Auth Required	Radiology - nuclear medicine			
78635	CSF VENTRICULOGRAPHY	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	No Auth Required	Radiology - nuclear medicine			
78645	CSF SHUNT EVALUATION	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	No Auth Required	Radiology - nuclear medicine			
78650	CSF LEAKAGE IMAGING	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	No Auth Required	Radiology - nuclear medicine			
78660	NUCLEAR EXAM OF TEAR FLOW	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	No Auth Required	Radiology - nuclear medicine			
78699	NERVOUS SYSTEM NUCLEAR EXAM	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78700	KIDNEY IMAGING MORPHOL	KIDNEY IMAGING MORPHOLOGY	No Auth Required	Radiology - nuclear medicine			
78701	KIDNEY IMAGING WITH FLOW	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78707	K FLOW/FUNCT IMAGE W/O DRUG	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	No Auth Required	Radiology - nuclear medicine			
78708	K FLOW/FUNCT IMAGE W/DRUG	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	No Auth Required	Radiology - nuclear medicine			
78709	K FLOW/FUNCT IMAGE MULTIPLE	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	No Auth Required	Radiology - nuclear medicine			
78725	KIDNEY FUNCTION STUDY	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	No Auth Required	Radiology - nuclear medicine			
78730	URINARY BLADDER RETENTION	URINARY BLADDER RESIDUAL STUDY	No Auth Required	Radiology - nuclear medicine			
78740	URETERAL REFLUX STUDY	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	No Auth Required	Radiology - nuclear medicine			
78761	TESTICULAR IMAGING W/FLOW	TESTICULAR IMAGING WITH VASCULAR FLOW	No Auth Required	Radiology - nuclear medicine			
78799	GENITOURINARY NUCLEAR EXAM	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	No Auth Required	Radiology - nuclear medicine			
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	No Auth Required	Radiology - nuclear medicine			
78802	RP LOCLZJ TUM WHBDY 1 D IMG	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	No Auth Required	Radiology - nuclear medicine			
78803	RP LOCLZJ TUM SPECT 1 AREA	RP LOCLZJ TUM SPECT 1 AREA SINGLE DAY IMAGING	No Auth Required	Radiology - nuclear medicine			

78804	RP LOCLZJ TUM WHBDY 2+D IMG	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	No Auth Required	Radiology - nuclear medicine			
78808	IV INJ RA DRUG DX STUDY	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	No Auth Required	Radiology - nuclear medicine			
78811	PET IMAGE LTD AREA	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78812	PET IMAGE SKULL-THIGH	PET IMAGING SKULL BASE TO MID-THIGH	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78813	PET IMAGE FULL BODY	PET IMAGING WHOLE BODY	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78814	PET IMAGE W/CT LMTD	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78815	PET IMAGE W/CT SKULL-THIGH	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78816	PET IMAGE W/CT FULL BODY	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Authorization Required	Radiology - nuclear medicine		Full Clinical Review	
78830	RP LOCLZJ TUM SPECT W/CT 1	RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY IMAGING	Authorization Required			Full Clinical Review	
78831	RP LOCLZJ TUM SPECT 2 AREAS	RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 AREA IMG>2+D	Authorization Required			Full Clinical Review	
78832	RP LOCLZJ TUM SPECT W/CT 2	RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1 AR IMG>2+D	Authorization Required			Full Clinical Review	
78835	RP QUAN MEAS SINGLE AREA	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	Authorization Required			Full Clinical Review	
78999	NUCLEAR DIAGNOSTIC EXAM	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	No Auth Required	Radiology - nuclear medicine			
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				
80143	DRUG ASSAY ACETAMINOPHEN	DRUG ASSAY ACETAMINOPHEN	No Auth Required				
80145	DRUG ASSAY ADALIMUMAB	DRUG ASSAY ADALIMUMAB	Authorization Required			Full Clinical Review	
80150	ASSAY OF AMIKACIN	DRUG SCREEN QUANTITATIVE AMIKACIN	No Auth Required				

80151	DRUG ASSAY AMIODARONE	DRUG ASSAY AMIODARONE	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				
80161	ASY CARBAMAZEPIN 10,11-EPXID	DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	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				
80167	DRUG ASSAY FELBAMATE	DRUG ASSAY FELBAMATE	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				
80179	DRUG ASSAY SALICYLATE	DRUG ASSAY SALICYLATE	No Auth Required				
80180	DRUG SCRN QUAN MYCOPHENOLATE	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	No Auth Required				
80181	DRUG ASSAY FLECAINIDE	DRUG ASSAY FLECAINIDE	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			Full Clinical Review	
80188	ASSAY OF PRIMIDONE	DRUG SCREEN QUANTITATIVE PRIMIDONE	No Auth Required				
80189	DRUG ASSAY ITRACONAZOLE	DRUG ASSAY ITRACONAZOLE	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				
80193	DRUG ASSAY LEFLUNOMIDE	DRUG ASSAY LEFLUNOMIDE	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				
80204	DRUG ASSAY METHOTREXATE	DRUG ASSAY METHOTREXATE	No Auth Required				
80210	DRUG ASSAY RUFINAMIDE	DRUG ASSAY RUFINAMIDE	No Auth Required				
80230	DRUG ASSAY INFLIXIMAB	DRUG ASSAY INFLIXIMAB	Authorization Required			Full Clinical Review	
80235	DRUG ASSAY LACOSAMIDE	DRUG ASSAY LACOSAMIDE	Authorization Required			Full Clinical Review	
80280	DRUG ASSAY VEDOLIZUMAB	DRUG ASSAY VEDOLIZUMAB	Authorization Required			Full Clinical Review	
80285	DRUG ASSAY VORICONAZOLE	DRUG ASSAY VORICONAZOLE	Authorization Required			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		Full Clinical Review	
81105	HPA-1 GENOTYPING	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81106	HPA-2 GENOTYPING	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81107	HPA-3 GENOTYPING	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81108	HPA-4 GENOTYPING	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81109	HPA-5 GENOTYPING	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81110	HPA-6 GENOTYPING	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81111	HPA-9 GENOTYPING	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81112	HPA-15 GENOTYPING	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81120	IDH1 COMMON VARIANTS	IDH1 COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81121	IDH2 COMMON VARIANTS	IDH2 COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81161	DMD DUP/DELET ANALYSIS	DMD DUPLICATION/DELETION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81162	BRCA1&2 GEN FULL SEQ DUP/DEL	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81163	BRCA1&2 GENE FULL SEQ ALYS	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81165	BRCA1 GENE FULL SEQ ALYS	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81166	BRCA1 GENE FULL DUP/DEL ALYS	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81167	BRCA2 GENE FULL DUP/DEL ALYS	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81168	CCND1/IGH TRANSLOCATION ALYS	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	Authorization Required			Full Clinical Review	
81170	ABL1 GENE	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81171	AFF2 GENE DETC ABNOR ALLELES	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81172	AFF2 GENE CHARAC ALLELES	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81173	AR GENE FULL GENE SEQUENCE	AR GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81174	AR GENE KNOWN FAMIL VARIANT	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81175	ASXL1 FULL GENE SEQUENCE	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81176	ASXL1 GENE TARGET SEQ ALYS	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81177	ATN1 GENE DETC ABNOR ALLELES	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81178	ATXN1 GENE DETC ABNOR ALLELE	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81179	ATXN2 GENE DETC ABNOR ALLELE	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81180	ATXN3 GENE DETC ABNOR ALLELE	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81181	ATXN7 GENE DETC ABNOR ALLELE	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81182	ATXN8OS GEN DETC ABNOR ALLEL	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81183	ATXN10 GENE DETC ABNOR ALLEL	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81184	CACNA1A GEN DETC ABNOR ALLEL	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81185	CACNA1A GENE FULL GENE SEQ	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81186	CACNA1A GEN KNOWN FAMIL VRNT	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81187	CNBP GENE DETC ABNOR ALLELE	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81188	CSTB GENE DETC ABNOR ALLELE	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81189	CSTB GENE FULL GENE SEQUENCE	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81190	CSTB GENE KNOWN FAMIL VRNT	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81191	NTRK1 TRANSLOCATION ANALYSIS	NTRK1 TRANSLOCATION ANALYSIS	Authorization Required			Full Clinical Review	

81192	NTRK2 TRANSLOCATION ANALYSIS	NTRK2 TRANSLOCATION ANALYSIS	Authorization Required			Full Clinical Review	
81193	NTRK3 TRANSLOCATION ANALYSIS	NTRK3 TRANSLOCATION ANALYSIS	Authorization Required			Full Clinical Review	
81194	NTRK TRANSLOCATION ANALYSIS	NTRK TRANSLOCATION ANALYSIS	Authorization Required			Full Clinical Review	
81200	ASPA GENE	ASPA GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81201	APC GENE FULL SEQUENCE	APC GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81202	APC GENE KNOWN FAM VARIANTS	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81203	APC GENE DUP/DELET VARIANTS	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81204	AR GENE CHARAC ALLELES	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81205	BCKDHB GENE	BCKDHB GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81206	BCR/ABL1 GENE MAJOR BP	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81207	BCR/ABL1 GENE MINOR BP	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81208	BCR/ABL1 GENE OTHER BP	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81209	BLM GENE	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81210	BRAF GENE	BRAF GENE ANALYSIS V600 VARIANT(S)	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81212	BRCA1&2 185&5385&6174 VRNT	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81215	BRCA1 GENE KNOWN FAMIL VRNT	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81216	BRCA2 GENE FULL SEQ ALYS	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81217	BRCA2 GENE KNOWN FAMIL VRNT	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81218	CEBPA GENE FULL SEQUENCE	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81219	CALR GENE COM VARIANTS	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81220	CFTR GENE COM VARIANTS	CFTR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81221	CFTR GENE KNOWN FAM VARIANTS	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81222	CFTR GENE DUP/DELET VARIANTS	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81223	CFTR GENE FULL SEQUENCE	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81224	CFTR GENE INTRON POLY T	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81225	CYP2C19 GENE COM VARIANTS	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81226	CYP2D6 GENE COM VARIANTS	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81227	CYP2C9 GENE COM VARIANTS	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81228	CYTOGEN MICRARRAY COPY NMBR	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81229	CYTOGEN M ARRAY COPY NO&SNP	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81230	CYP3A4 GENE COMMON VARIANTS	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81231	CYP3A5 GENE COMMON VARIANTS	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81232	DPYD GENE COMMON VARIANTS	DYPD GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81233	BTK GENE COMMON VARIANTS	BTK GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81234	DMPK GENE DETC ABNOR ALLELE	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81235	EGFR GENE COM VARIANTS	EGFR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81236	EZH2 GENE FULL GENE SEQUENCE	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81237	EZH2 GENE COMMON VARIANTS	EZH2 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81238	F9 FULL GENE SEQUENCE	F9 FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81239	DMPK GENE CHARAC ALLELES	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81240	F2 GENE	F2 GENE ANALYSIS 20210G >A VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81241	F5 GENE	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81242	FANCC GENE	FANCC GENE ANALYSIS COMMON VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81243	FMR1 GENE DETECTION	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81244	FMR1 GENE CHARAC ALLELES	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81245	FLT3 GENE	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81246	FLT3 GENE ANALYSIS	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81247	G6PD GENE ALYS CMN VARIANT	G6PD GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81248	G6PD KNOWN FAMILIAL VARIANT	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81249	G6PD FULL GENE SEQUENCE	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81250	G6PC GENE	G6PC GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81251	GBA GENE	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81252	GJB2 GENE FULL SEQUENCE	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81253	GJB2 GENE KNOWN FAM VARIANTS	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81254	GJB6 GENE COM VARIANTS	GJB6 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81255	HEXA GENE	HEXA GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81256	HFE GENE	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81257	HBA1/HBA2 GENE	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81258	HBA1/HBA2 GENE FAM VRNT	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81259	HBA1/HBA2 FULL GENE SEQUENCE	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81260	IKBKAP GENE	IKBKAP GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81261	IGH GENE REARRANGE AMP METH	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81262	IGH GENE REARRANG DIR PROBE	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81263	IGH VARI REGIONAL MUTATION	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81264	IGK REARRANGEABN CLONAL POP	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81265	STR MARKERS SPECIMEN ANAL	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81266	STR MARKERS SPEC ANAL ADDL	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81267	CHIMERISM ANAL NO CELL SELEC	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81268	CHIMERISM ANAL W/CELL SELECT	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81270	JAK2 GENE	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81271	HTT GENE DETC ABNOR ALLELES	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81272	KIT GENE TARGETED SEQ ANALYS	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81273	KIT GENE ANALYS D816 VARIANT	KIT GENE ANALYSIS D816 VARIANT(S)	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81274	HTT GENE CHARAC ALLELES	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81275	KRAS GENE VARIANTS EXON 2	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81276	KRAS GENE ADDL VARIANTS	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81277	CYTOGENOMIC NEO MICRORA ALYS	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81278	IGH@/BCL2 TRANSLOCATION ALYS	IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	Authorization Required			Full Clinical Review	
81279	JAK2 GENE TRGT SEQUENCE ALYS	JAK2 TARGETED SEQUENCE ANALYSIS	Authorization Required			Full Clinical Review	
81283	IFNL3 GENE	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81284	FXN GENE DETC ABNOR ALLELES	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81285	FXN GENE CHARAC ALLELES	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81286	FXN GENE FULL GENE SEQUENCE	FXN GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81287	MGMT GENE PRMTR MTHYLTN ALYS	MGMT GENE PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81288	MLH1 GENE	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81289	FXN GENE KNOWN FAMIL VARIANT	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81290	MCOLN1 GENE	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81291	MTHFR GENE	MTHFR GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81292	MLH1 GENE FULL SEQ	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81293	MLH1 GENE KNOWN VARIANTS	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81294	MLH1 GENE DUP/DELETE VARIANT	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81295	MSH2 GENE FULL SEQ	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81296	MSH2 GENE KNOWN VARIANTS	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81297	MSH2 GENE DUP/DELETE VARIANT	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81298	MSH6 GENE FULL SEQ	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81299	MSH6 GENE KNOWN VARIANTS	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81300	MSH6 GENE DUP/DELETE VARIANT	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81301	MICROSATELLITE INSTABILITY	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81302	MECP2 GENE FULL SEQ	MECP2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81303	MECP2 GENE KNOWN VARIANT	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81304	MECP2 GENE DUP/DELET VARIANT	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81305	MYD88 GENE P.LEU265PRO VRNT	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81306	NUDT15 GENE COMMON VARIANTS	NUDT15 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81307	PALB2 GENE FULL GENE SEQ	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81308	PALB2 GENE KNOWN FAMIL VRNT	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81309	PIK3CA GENE TRGT SEQ ALYS	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81310	NPM1 GENE	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81311	NRAS GENE VARIANTS EXON 2&3	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Authorization Required	Pathology and Lab		Full Clinical Review	
81312	PABPN1 GENE DETC ABNOR ALLEL	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81313	PCA3/KLK3 ANTIGEN	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81314	PDGFRA GENE	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Authorization Required	Pathology and Lab		Full Clinical Review	
81315	PML/RARALPHA COM BREAKPOINTS	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81316	PML/RARALPHA 1 BREAKPOINT	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81317	PMS2 GENE FULL SEQ ANALYSIS	PMS2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81318	PMS2 KNOWN FAMILIAL VARIANTS	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81319	PMS2 GENE DUP/DELET VARIANTS	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81320	PLCG2 GENE COMMON VARIANTS	PLCG2 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81321	PTEN GENE FULL SEQUENCE	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81322	PTEN GENE KNOWN FAM VARIANT	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81323	PTEN GENE DUP/DELET VARIANT	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81324	PMP22 GENE DUP/DELET	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81325	PMP22 GENE FULL SEQUENCE	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81326	PMP22 GENE KNOWN FAM VARIANT	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81328	SLCO1B1 GENE COM VARIANTS	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81329	SMN1 GENE DOS/DELETION ALYS	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81330	SMPD1 GENE COMMON VARIANTS	SMPD1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81331	SNRPN/UBE3A GENE	SNRPN/UBE3A METHYLATION ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81332	SERPINA1 GENE	SERPINA1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81333	TGFBI GENE COMMON VARIANTS	TGFBI GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81334	RUNX1 GENE TARGETED SEQ ALYS	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81335	TPMT GENE COM VARIANTS	TPMT GENE ANALAYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81336	SMN1 GENE FULL GENE SEQUENCE	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81338	MPL GENE COMMON VARIANTS	MPL GENE ANALYSIS COMMON VARIANTS	Authorization Required			Full Clinical Review	
81339	MPL GENE SEQ ALYS EXON 10	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Authorization Required			Full Clinical Review	
81340	TRB@ GENE REARRANGE AMPLIFY	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81341	TRB@ GENE REARRANGE DIRPROBE	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81342	TRG GENE REARRANGEMENT ANAL	TRG@ GENE REARRANGEMENT ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81343	PPP2R2B GEN DETC ABNOR ALLEL	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81344	TBP GENE DETC ABNOR ALLELES	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81345	TERT GENE TARGETED SEQ ALYS	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81346	TYMS GENE COM VARIANTS	TYMS GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81347	SF3B1 GENE COMMON VARIANTS	SF3B1 GENE ANALYSIS COMMON VARIANTS	Authorization Required			Full Clinical Review	
81348	SRSF2 GENE COMMON VARIANTS	SRSF2 GENE ANALYSIS COMMON VARIANTS	Authorization Required			Full Clinical Review	
81350	UGT1A1 GENE COMMON VARIANTS	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81351	TP53 GENE FULL GENE SEQUENCE	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Authorization Required			Full Clinical Review	
81352	TP53 GENE TRGT SEQUENCE ALYS	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Authorization Required			Full Clinical Review	
81353	TP53 GENE KNOWN FAMIL VRNT	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Authorization Required			Full Clinical Review	
81355	VKORC1 GENE	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81357	U2AF1 GENE COMMON VARIANTS	U2AF1 GENE ANALYSIS COMMON VARIANTS	Authorization Required			Full Clinical Review	
81360	ZRSR2 GENE COMMON VARIANTS	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Authorization Required			Full Clinical Review	
81361	HBB GENE COM VARIANTS	HBB COMMON VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81362	HBB GENE KNOWN FAM VARIANT	HBB KNOWN FAMILIAL VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81363	HBB GENE DUP/DEL VARIANTS	HBB DUPLICATION/DELETION VARIANTS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81364	HBB FULL GENE SEQUENCE	HBB FULL GENE SEQUENCE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
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		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		Full Clinical Review	
81372	HLA I TYPING COMPLETE LR	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81374	HLA I TYPING 1 ANTIGEN LR	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81375	HLA II TYPING AG EQUIV LR	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81377	HLA II TYPE 1 AG EQUIV LR	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81379	HLA I TYPING COMPLETE HR	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81381	HLA I TYPING 1 ALLELE HR	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81382	HLA II TYPING 1 LOC HR	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81383	HLA II TYPING 1 ALLELE HR	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81400	MOPATH PROCEDURE LEVEL 1	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81401	MOPATH PROCEDURE LEVEL 2	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81402	MOPATH PROCEDURE LEVEL 3	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81403	MOPATH PROCEDURE LEVEL 4	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81404	MOPATH PROCEDURE LEVEL 5	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81405	MOPATH PROCEDURE LEVEL 6	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81406	MOPATH PROCEDURE LEVEL 7	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81407	MOPATH PROCEDURE LEVEL 8	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81408	MOPATH PROCEDURE LEVEL 9	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81410	AORTIC DYSFUNCTION/DILATION	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81411	AORTIC DYSFUNCTION/DILATION	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81412	ASHKENAZI JEWISH ASSOC DIS	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Authorization Required	Genetic testing and counseling		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		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		Full Clinical Review	
81415	EXOME SEQUENCE ANALYSIS	EXOME SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81416	EXOME SEQUENCE ANALYSIS	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81417	EXOME RE-EVALUATION	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81419	EPILEPSY GEN SEQ ALYS PANEL	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Authorization Required			Full Clinical Review	
81420	FETAL CHRMOML ANEUPLOIDY	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81422	FETAL CHRMOML MICRODELTJ	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81425	GENOME SEQUENCE ANALYSIS	GENOME SEQUENCE ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81426	GENOME SEQUENCE ANALYSIS	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81427	GENOME RE-EVALUATION	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81430	HEARING LOSS SEQUENCE ANALYS	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81431	HEARING LOSS DUP/DEL ANALYS	HEARING LOSS DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81432	HRDTRY BRST CA-RLATD DSORDRS	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81433	HRDTRY BRST CA-RLATD DSORDRS	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81434	HEREDITARY RETINAL DISORDERS	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81435	HEREDITARY COLON CA DSORDRS	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81436	HEREDITARY COLON CA DSORDRS	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81437	HEREDTRY NURONDCRN TUM DSRDR	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81438	HEREDTRY NURONDCRN TUM DSRDR	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81439	HRDTRY CARDMYPY GENE PANEL	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81440	MITOCHONDRIAL GENE	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81442	NOONAN SPECTRUM DISORDERS	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81443	GENETIC TSTG SEVERE INH COND	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81445	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81448	HRDTRY PERPH NEURPHY PANEL	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81450	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81455	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81460	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81465	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81470	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81471	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81479	UNLISTED MOLECULAR PATHOLOGY	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81490	AUTOIMMUNE RHEUMATOID ARTHR	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81493	COR ARTERY DISEASE MRNA	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81500	ONCO (OVAR) TWO PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81503	ONCO (OVAR) FIVE PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81504	ONCOLOGY TISSUE OF ORIGIN	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81506	ENDO ASSAY SEVEN ANAL	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81507	FETAL ANEUPLOIDY TRISOM RISK	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81508	FTL CGEN ABNOR TWO PROTEINS	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81509	FTL CGEN ABNOR 3 PROTEINS	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81510	FTL CGEN ABNOR THREE ANAL	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81511	FTL CGEN ABNOR FOUR ANAL	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	Authorization Required	Genetic testing and counseling		Full Clinical Review	

81512	FTL CGEN ABNOR FIVE ANAL	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81513	NFCT DS BV RNA VAG FLU ALG	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	Authorization Required			Full Clinical Review	
81514	NFCT DS BV&VAGINITIS DNA ALG	NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	Authorization Required			Full Clinical Review	
81518	ONC BRST MRNA 11 GENES	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81519	ONCOLOGY BREAST MRNA	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81520	ONC BREAST MRNA 58 GENES	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81521	ONC BREAST MRNA 70 GENES	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81522	ONC BREAST MRNA 12 GENES	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81525	ONCOLOGY COLON MRNA	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81528	ONCOLOGY COLORECTAL SCR	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	No Auth Required	Genetic testing and counseling			
81529	ONC CUTAN MLNMA MRNA 31 GENE	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Authorization Required			Full Clinical Review	
81535	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81536	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81538	ONCOLOGY LUNG	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81539	ONCOLOGY PROSTATE PROB SCORE	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81540	ONCOLOGY TUM UNKNOWN ORIGIN	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81542	ONC PROSTATE MRNA 22 CNT GEN	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81545	ONCOLOGY THYROID	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Authorization Required	Genetic testing and counseling		Full Clinical Review	
81546	ONC THYR MRNA 10,196 GEN ALG	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Authorization Required			Full Clinical Review	
81551	ONC PROSTATE 3 GENES	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81554	PULM DS IPF MRNA 190 GEN ALG	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Authorization Required			Full Clinical Review	
81595	CARDIOLOGY HRT TRNSPL MRNA	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Authorization Required	Genetic testing and counseling		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		Full Clinical Review	
81599	UNLISTED MAAA	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Authorization Required	Pathology and Lab		Full Clinical Review	
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				
82077	ASSAY SPEC XCP UR&BREATH IA	ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	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		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				
82681	ASSAY DIR MEAS FR ESTRADIOL	ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	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				
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 FRACTJ/QUANTJ ELECTROPHORESIS	No Auth Required				
83021	HEMOGLOBIN CHROMOTOGRAPHY	HEMOGLOBIN FRACTJ/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		Full Clinical Review	
83700	LIPOPRO BLD ELECTROPHORETIC	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	Authorization Required	Pathology and Lab		Full Clinical Review	
83701	LIPOPROTEIN BLD HR FRACTION	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	Authorization Required	Pathology and Lab		Full Clinical Review	
83704	LIPOPROTEIN BLD QUAN PART	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	Authorization Required	Pathology and Lab		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		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		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		Full Clinical Review	
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		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				
86328	IA NFCT AB SARSCOV2 COVID19	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	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				
86408	NEUTRLZG ANTB SARSCOV2 SCR	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	No Auth Required				
86409	NEUTRLZG ANTB SARSCOV2 TITER	NEUTRALIZING ANTIBODY SARS-COV-2 TITER	No Auth Required				
86413	SARS-COV-2 ANTB QUANTITATIVE	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	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		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				
86769	SARS-COV-2 COVID-19 ANTIBODY	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	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 SPECIFIFED	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		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 COLLJ STORAGE PREDEPOSITED	No Auth Required				
86891	AUTOLOGOUS BLOOD OP SALVAGE	AUTOL BLD/COMPONENT COLLJ 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		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 ISOL BLOOD	No Auth Required				
87106	FUNGI IDENTIFICATION YEAST	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	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 ISOL	No Auth Required				
87140	CULTURE TYPE IMMUNOFLUORESC	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	No Auth Required				
87143	CULTURE TYPING GLC/HPLC	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	No Auth Required				
87147	CULTURE TYPE IMMUNOLOGIC	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	No Auth Required				
87149	DNA/RNA DIRECT PROBE	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	No Auth Required				
87150	DNA/RNA AMPLIFIED PROBE	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	No Auth Required				
87152	CULTURE TYPE PULSE FIELD GEL	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	No Auth Required				
87153	DNA/RNA SEQUENCING	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	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				
87426	SARSCOV CORONAVIRUS AG IA	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	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 TQ	No Auth Required				
87496	CYTOMEG DNA AMP PROBE	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	No Auth Required				
87497	CYTOMEG DNA QUANT	IADNA CYTOMEGALOVIRUS QUANTIFICATION	No Auth Required				
87498	ENTEROVIRUS PROBE&REVRS TRNS	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	No Auth Required				
87500	VANOMYCIN DNA AMP PROBE	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	No Auth Required				
87501	INFLUENZA DNA AMP PROB 1+	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	No Auth Required				
87502	INFLUENZA DNA AMP PROBE	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	No Auth Required				
87503	INFLUENZA DNA AMP PROB ADDL	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	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				
87636	SARSCOV2 & INF A&B AMP PRB	IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	No Auth Required				
87637	SARSCOV2&INF A&B&RSV AMP PRB	IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	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		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		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	No Auth Required	Pathology and Lab - cytopathology			
88184	FLOWCYTOMETRY/ TC 1 MARKER	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	No Auth Required	Pathology and Lab - cytopathology			
88185	FLOWCYTOMETRY/TC ADD-ON	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	No Auth Required	Pathology and Lab - cytopathology			
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		Full Clinical Review	
88230	TISSUE CULTURE LYMPHOCYTE	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	No Auth Required	Pathology and Lab - cytogenetic studies			
88233	TISSUE CULTURE SKIN/BIOPSY	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	No Auth Required	Pathology and Lab - cytogenetic studies			
88235	TISSUE CULTURE PLACENTA	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	No Auth Required	Pathology and Lab - cytogenetic studies			
88237	TISSUE CULTURE BONE MARROW	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	No Auth Required	Pathology and Lab - cytogenetic studies			
88239	TISSUE CULTURE TUMOR	TISS CUL NEO DISORDERS SOLID TUMOR	No Auth Required	Pathology and Lab - cytogenetic studies			

88240	CELL CRYOPRESERVE/STORAGE	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	No Auth Required	Pathology and Lab - cytogenetic studies			
88241	FROZEN CELL PREPARATION	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	No Auth Required	Pathology and Lab - cytogenetic studies			
88245	CHROMOSOME ANALYSIS 20-25	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88248	CHROMOSOME ANALYSIS 50-100	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88249	CHROMOSOME ANALYSIS 100	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88261	CHROMOSOME ANALYSIS 5	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88262	CHROMOSOME ANALYSIS 15-20	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88263	CHROMOSOME ANALYSIS 45	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88264	CHROMOSOME ANALYSIS 20-25	CHRMSM ANALYZE 20-25 CELLS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88267	CHROMOSOME ANALYS PLACENTA	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88269	CHROMOSOME ANALYS AMNIOTIC	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88271	CYTOGENETICS DNA PROBE	MOLECULAR CYTOGENETICS DNA PROBE EACH	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88272	CYTOGENETICS 3-5	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88273	CYTOGENETICS 10-30	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88274	CYTOGENETICS 25-99	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88275	CYTOGENETICS 100-300	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88280	CHROMOSOME KARYOTYPE STUDY	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88283	CHROMOSOME BANDING STUDY	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88285	CHROMOSOME COUNT ADDITIONAL	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88289	CHROMOSOME STUDY ADDITIONAL	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88291	CYTO/MOLECULAR REPORT	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	Authorization Required	Genetic testing and counseling		Full Clinical Review	
88299	CYTOGENETIC STUDY	UNLISTED CYTOGENETIC STUDY	Authorization Required	Pathology and Lab - cytogenetic studies		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	No Auth Required	Pathology and Lab - surgical pathology			
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	No Auth Required	Pathology and Lab - surgical pathology			
88362	NERVE TEASING PREPARATIONS	NERVE TEASING PREPARATIONS	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
88363	XM ARCHIVE TISSUE MOLEC ANAL	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	No Auth Required	Pathology and Lab - surgical pathology			
88364	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
88365	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION 1ST PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
88366	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
88367	INSITU HYBRIDIZATION AUTO	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
88368	INSITU HYBRIDIZATION MANUAL	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	No Auth Required	Pathology and Lab - surgical pathology			

88369	M/PHMTRC ALYSISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	No Auth Required	Pathology and Lab - surgical pathology			
88371	PROTEIN WESTERN BLOT TISSUE	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	No Auth Required	Pathology and Lab - surgical pathology			
88372	PROTEIN ANALYSIS W/PROBE	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	No Auth Required	Pathology and Lab - surgical pathology			
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	No Auth Required	Pathology and Lab - surgical pathology			
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	No Auth Required	Pathology and Lab - surgical pathology			
88375	OPTICAL ENDOMICROSCPY INTERP	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	No Auth Required	Pathology and Lab - surgical pathology			
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	Authorization Required	Pathology and Lab - surgical pathology		Full Clinical Review	
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		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		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		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 METH	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 SEMEN ALYS	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		Full Clinical Review	
89291	BIOPSY OOCYTE POLAR BODY	BX OOCYTE MICROTQ >5 EMBRY	Authorization Required	Pathology and Lab - reproductive medicine procedures		Full Clinical Review	
89300	SEMEN ANALYSIS W/HUHNER	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	No Auth Required	Pathology and Lab - reproductive medicine procedures			
89310	SEMEN ANALYSIS W/COUNT	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	No Auth Required	Pathology and Lab - reproductive medicine procedures			
89320	SEMEN ANAL VOL/COUNT/MOT	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	No Auth Required	Pathology and Lab - reproductive medicine procedures			
89321	SEMEN ANAL SPERM DETECTION	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	No Auth Required	Pathology and Lab - reproductive medicine procedures			
89322	SEMEN ANAL STRICT CRITERIA	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	No Auth Required	Pathology and Lab - reproductive medicine procedures			
89325	SPERM ANTIBODY TEST	SPERM ANTIBODIES	Authorization Required	Pathology and Lab - reproductive medicine procedures		Full Clinical Review	
89329	SPERM EVALUATION TEST	SPERM EVALUATION HAMSTER PENETRATION TEST	Authorization Required	Pathology and Lab - reproductive medicine procedures		Full Clinical Review	
89330	EVALUATION CERVICAL MUCUS	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	Authorization Required	Pathology and Lab - reproductive medicine procedures		Full Clinical Review	
89331	RETROGRADE EJACULATION ANAL	SPERM EVALUATION RETROGRADE EJACULATION URINE	Authorization Required	Pathology and Lab - reproductive medicine procedures		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		Full Clinical Review	
90281	HUMAN IG IM	IMMUNE GLOBULIN IG HUMAN IM USE	Authorization Required	Drug Administration		Full Clinical Review	
90283	HUMAN IG IV	IMMUNE GLOBULIN IGIV HUMAN IV USE	Authorization Required	Drug Administration		Full Clinical Review	
90284	HUMAN IG SC	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Authorization Required	Drug Administration		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				
90377	RABIES IG HT&SOL HUMAN IM/SC	RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	No Auth Required				
90378	RSV MAB IM 50MG	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Authorization Required	Drug Administration		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		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		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		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		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		Full Clinical Review	
90870	ELECTROCONVULSIVE THERAPY	ELECTROCONVULSIVE THERAPY	Authorization Required	General Medicine - health and behavior assessment/intervention		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				
90887	CONSULTATION WITH FAMILY	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	No Auth Required	General Medicine - health and behavior assessment/intervention			
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		Full Clinical Review	
90901	BIOFEEDBACK TRAIN ANY METH	BIOFEEDBACK TRAINING ANY MODALITY	No Auth Required	General Medicine - health and behavior assessment/intervention			

90912	BFB TRAINING 1ST 15 MIN	BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	No Auth Required	General Medicine - health and behavior assessment/intervention			
90913	BFB TRAINING EA ADDL 15 MIN	BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	No Auth Required	General Medicine - health and behavior assessment/intervention			
90935	HEMODIALYSIS ONE EVALUATION	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90937	HEMODIALYSIS REPEATED EVAL	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90940	HEMODIALYSIS ACCESS STUDY	HEMODIALYSIS ACCESS FLOW STUDY	No Auth Required				
90945	DIALYSIS ONE EVALUATION	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90947	DIALYSIS REPEATED EVAL	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
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	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90964	ESRD HOME PT SERV P MO 2-11	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90965	ESRD HOME PT SERV P MO 12-19	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90966	ESRD HOME PT SERV P MO 20+	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90967	ESRD SVC PR DAY PT <2	ESRD RELATED SVC <FULL MONTH <2 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90968	ESRD SVC PR DAY PT 2-11	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90969	ESRD SVC PR DAY PT 12-19	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90970	ESRD SVC PR DAY PT 20+	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			

90989	DIALYSIS TRAINING COMPLETE	DIALYSIS TRAINING PATIENT COMPLETED COURSE	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90993	DIALYSIS TRAINING INCOMPL	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
90997	HEMOPERFUSION	HEMOPERFUSION	No Auth Required				
90999	DIALYSIS PROCEDURE	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	Authorization Required	Dialysis, Hemodialysis and Peritoneal Dialysis		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		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		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		Full Clinical Review	
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
91112	GI WIRELESS CAPSULE MEASURE	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	Authorization Required	General Medicine - other services and procedures		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		Full Clinical Review	
91302	SARSCOV2 VAC 5X1010VP/.5MLIM	SARSCOV2 VACCINE CHADOX1 5X1010 VP/0.5ML IM USE	No Auth Required				
91303	SARSCOV2 VAC AD26 .5ML IM	SARSCOV2 VACCINE AD26 5X1010 VP/0.5ML IM USE	No Auth Required				

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 DEVIJ 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		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				
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				
92229	IMG RTA DETC/MNTR DS POC ALY	IMG RETINA DETCJ/MNTR DS POC AUTO A/R UNI/BI	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		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				
92517	VEMP TEST I&R CERVICAL	CERVICAL VEMP TESTING W/I&R	No Auth Required				
92518	VEMP TEST I&R OCULAR	OCULAR VEMP TESTING W/I&R	No Auth Required				
92519	VEMP TST I&R CERVICAL&OCULAR	CERVICAL & OCULAR VEMP TESTING W/I&R	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		Full Clinical Review	
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		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		Full Clinical Review	
92602	REPROGRAM COCHLEAR IMPLT <7	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	Authorization Required	Hearing Aids		Full Clinical Review	
92603	COCHLEAR IMPLT F/UP EXAM 7/>	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	Authorization Required	Hearing Aids		Full Clinical Review	
92604	REPROGRAM COCHLEAR IMPLT 7/>	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	Authorization Required	Hearing Aids		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		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		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				
92650	AEP SCR AUDITORY POTENTIAL	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	No Auth Required				
92651	AEP HEARING STATUS DETER I&R	AEP HEARING STATUS DETER BROADBAND STIMULI I&R	No Auth Required				
92652	AEP THRSHLD EST MLT FREQ I&R	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	No Auth Required				
92653	AEP NEURODIAGNOSTIC I&R	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	No Auth Required				
92700	ENT PROCEDURE/SERVICE	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Authorization Required	General Medicine - other services and procedures		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				
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		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		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		Full Clinical Review	
93241	EXT ECG>48HR<7D REC SCAN A/R	EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	Authorization Required			Full Clinical Review	
93242	EXT ECG>48HR<7D RECORDING	EXTERNAL ECG REC>48HR<7D RECORDING	Authorization Required			Full Clinical Review	
93243	EXT ECG>48HR<7D SCAN A/R	EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	Authorization Required			Full Clinical Review	
93244	EXT ECG>48HR<7D REV&INTERPJ	EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	Authorization Required			Full Clinical Review	
93245	EXT ECG>7D<15D REC SCAN A/R	EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	Authorization Required			Full Clinical Review	
93246	EXT ECG>7D<15D RECORDING	EXTERNAL ECG REC>7D<15D RECORDING	Authorization Required			Full Clinical Review	
93247	EXT ECG>7D<15D SCAN A/R	EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	Authorization Required			Full Clinical Review	
93248	EXT ECG>7D<15D REV&INTERPJ	EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	Authorization Required			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				
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		Full Clinical Review	
93702	BIS XTRACELL FLUID ANALYSIS	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Authorization Required	General Medicine - other services and procedures		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		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		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		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		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				
94618	PULMONARY STRESS TESTING	PULMONARY STRESS TESTING	No Auth Required	General Medicine - health and behavior assessment/intervention			
94619	EXERCISE TST BRNCSPSM WO ECG	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	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		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		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		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		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		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	No Auth Required	Sleep Studies			
95783	POLYSOM <6 YRS CPAP/BILVL	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	No Auth Required	Sleep Studies			
95800	SLP STDY UNATTENDED	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	Authorization Required	Sleep Studies		Full Clinical Review	
95801	SLP STDY UNATND W/ANAL	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	Authorization Required	Sleep Studies		Full Clinical Review	
95803	ACTIGRAPHY TESTING	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
95805	MULTIPLE SLEEP LATENCY TEST	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Authorization Required	Sleep Studies		Full Clinical Review	
95806	SLEEP STUDY UNATT&RESP EFFT	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	Authorization Required	Sleep Studies		Full Clinical Review	
95807	SLEEP STUDY ATTENDED	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	Authorization Required	Sleep Studies		Full Clinical Review	
95808	POLYSOM ANY AGE 1-3> PARAM	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Authorization Required	Sleep Studies		Full Clinical Review	
95810	POLYSOM 6/> YRS 4/> PARAM	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Authorization Required	Sleep Studies		Full Clinical Review	
95811	POLYSOM 6/>YRS CPAP 4/> PARM	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Authorization Required	Sleep Studies		Full Clinical Review	
95812	EEG 41-60 MINUTES	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	Authorization Required	General Medicine - neurology and neuromuscular procedures		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				
95829	SURGERY ELECTROCORTICOGRAM	ELECTROCORTICOGRAM SURGERY SPX	No Auth Required				
95830	INSERT ELECTRODES FOR EEG	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	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		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		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	Authorization Required			Full Clinical Review	
95938	SOMATOSENSORY TESTING	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	Authorization Required			Full Clinical Review	
95939	C MOTOR EVOKED UPR&LWR LIMBS	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	Authorization Required			Full Clinical Review	
95940	IONM IN OPERATNG ROOM 15 MIN	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Authorization Required	General Medicine - neurology and neuromuscular procedures		Full Clinical Review	
95941	IONM REMOTE/>1 PT OR PER HR	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	Authorization Required	General Medicine - neurology and neuromuscular procedures		Full Clinical Review	
95943	PARASYMP&SYMP HRT RATE TEST	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	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				
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				
95990	SPIN/BRAIN PUMP REFIL & MAIN	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	No Auth Required	General Medicine - neurology and neuromuscular procedures			
95991	SPIN/BRAIN PUMP REFIL & MAIN	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	No Auth Required	General Medicine - neurology and neuromuscular procedures			
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		Full Clinical Review	
96000	MOTION ANALYSIS VIDEO/3D	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	Authorization Required	General Medicine - neurology and neuromuscular procedures		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		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		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		Full Clinical Review	
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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			

96113	DEVEL TST PHYS/QHP EA ADDL	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96116	NUBHVL XM PHYS/QHP 1ST HR	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96121	NUBHVL XM PHY/QHP EA ADDL HR	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96131	PSYCL TST EVAL PHYS/QHP EA	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96132	NRPSYC TST EVAL PHYS/QHP 1ST	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96133	NRPSYC TST EVAL PHYS/QHP EA	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			

96137	PSYCL/NRPSYC TST PHY/QHP EA	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96138	PSYCL/NRPSYC TECH 1ST	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96139	PSYCL/NRPSYC TST TECH EA	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96146	PSYCL/NRPSYC TST AUTO RESULT	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
96156	HLTH BHV ASSMT/REASSESSMENT	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	No Auth Required	General Medicine - health and behavior assessment/intervention			
96158	HLTH BHV IVNTJ INDIV 1ST 30	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
96159	HLTH BHV IVNTJ INDIV EA ADDL	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
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	No Auth Required	General Medicine - health and behavior assessment/intervention			
96165	HLTH BHV IVNTJ GRP EA ADDL	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
96167	HLTH BHV IVNTJ FAM 1ST 30	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
96168	HLTH BHV IVNTJ FAM EA ADDL	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			

96170	HLTH BHV IVNTJ FAM WO PT 1ST	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
96171	HLTH BHV IVNTJ FAM W/O PT EA	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	No Auth Required	General Medicine - health and behavior assessment/intervention			
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				
96369	SC THER INFUSION UP TO 1 HR	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96370	SC THER INFUSION ADDL HR	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96371	SC THER INFUSION RESET PUMP	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96372	THER/PROPH/DIAG INJ SC/IM	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	No Auth Required				
96373	THER/PROPH/DIAG INJ IA	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
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				

96376	TX/PRO/DX INJ SAME DRUG ADON	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96377	APPLICATON ON-BODY INJECTOR	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
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				
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				
96521	REFILL/MAINT PORTABLE PUMP	REFILLING & MAINTENANCE PORTABLE PUMP	No Auth Required				

96522	REFILL/MAINT PUMP/RESVR SYST	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96523	IRRIG DRUG DELIVERY DEVICE	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	No Auth Required				
96542	CHEMOTHERAPY INJECTION	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	No Auth Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe			
96549	CHEMOTHERAPY UNSPECIFIED	UNLISTED CHEMOTHERAPY PROCEDURE	Authorization Required	General Medicine - hydration, therapeutic, prophylactic, diagnostic injections and infusions, and chemotherapy and othe		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		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		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				
96920	LASER TX SKIN < 250 SQ CM	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ CM	No Auth Required	Removal of Dermal Lesions			
96921	LASER TX SKIN 250-500 SQ CM	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	No Auth Required	Removal of Dermal Lesions			
96922	LASER TX SKIN >500 SQ CM	LASER SKIN DISEASE PSORIASIS >500 SQ CM	No Auth Required	Removal of Dermal Lesions			
96931	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	

96932	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	Authorization Required	General Medicine - other services and procedures		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		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		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		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		Full Clinical Review	
96999	DERMATOLOGICAL PROCEDURE	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED	Authorization Required	General Medicine - other services and procedures		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		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	No Auth Required	General Medicine - health and behavior assessment/intervention			
97130	THER IVNTJ EA ADDL 15 MIN	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	No Auth Required	General Medicine - health and behavior assessment/intervention			
97139	PHYSICAL MEDICINE PROCEDURE	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Authorization Required	General Medicine - other services and procedures		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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97152	BHV ID SUPRT ASSMT BY 1 TECH	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97153	ADAPTIVE BEHAVIOR TX BY TECH	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97154	GRP ADAPT BHV TX BY TECH	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97155	ADAPT BEHAVIOR TX PHYS/QHP	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97156	FAM ADAPT BHV TX GDN PHY/QHP	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			

97157	MULT FAM ADAPT BHV TX GDN	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
97158	GRP ADAPT BHV TX BY PHY/QHP	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
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		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		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				
97763	ORTHC/PROSTC MGMT SBSQ ENC	ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
97799	PHYSICAL MEDICINE PROCEDURE	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Authorization Required	General Medicine - other services and procedures		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				
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				
99072	ADDL SUPL MATRL&STAF TM PHE	ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	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		Full Clinical Review	
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		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	No Auth Required				
99218	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 30 MINUTES	No Auth Required				
99219	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 50 MINUTES	No Auth Required				
99220	INITIAL OBSERVATION CARE	INITIAL OBSERVATION CARE/DAY 70 MINUTES	No Auth Required				
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	No Auth Required				
99225	SUBSEQUENT OBSERVATION CARE	SBSQ OBSERVATION CARE/DAY 25 MINUTES	No Auth Required				
99226	SUBSEQUENT OBSERVATION CARE	SBSQ OBSERVATION CARE/DAY 35 MINUTES	No Auth Required				
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	No Auth Required				
99235	OBSERV/HOSP SAME DATE	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	No Auth Required				
99236	OBSERV/HOSP SAME DATE	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	No Auth Required				
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 COMPLJ 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	No Auth Required	NA			
99342	HOME VISIT NEW PATIENT	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	No Auth Required	NA			
99343	HOME VISIT NEW PATIENT	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	No Auth Required	NA			
99344	HOME VISIT NEW PATIENT	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES	No Auth Required	NA			
99345	HOME VISIT NEW PATIENT	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN	No Auth Required	NA			
99347	HOME VISIT EST PATIENT	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES	No Auth Required	NA			
99348	HOME VISIT EST PATIENT	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	No Auth Required	NA			
99349	HOME VISIT EST PATIENT	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	No Auth Required	NA			
99350	HOME VISIT EST PATIENT	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS	No Auth Required	NA			
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				
99408	AUDIT/DAST 15-30 MIN	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			

99409	AUDIT/DAST OVER 30 MIN	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	No Auth Required	General Medicine - health and behavior assessment/intervention			
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				
99417	PROLNG OFF/OP E/M EA 15 MIN	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 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		Full Clinical Review	
99439	CHRNC CARE MGMT SVC EA ADDL	CHRONIC CARE MANAGEMENT SERVICES EA ADDL 20 MIN	No Auth Required				
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				
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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
99452	NTRPROF PH1/NTRNET/EHR RFRL	NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			

99453	REM MNTR PHYSIOL PARAM SETUP	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
99454	REM MNTR PHYSIOL PARAM DEV	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
99458	REM PHYSIOL MNTR EA ADDL 20	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
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				
99483	ASSMT & CARE PLN PT COG IMP	ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	No Auth Required	General Medicine - health and behavior assessment/intervention			
99484	CARE MGMT SVC BHVL HLTH COND	CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	No Auth Required	General Medicine - health and behavior assessment/intervention			
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	No Auth Required	General Medicine - central nervous system assessments/tests (neuro-cognitive, mental status, speech testing)			
99492	1ST PSYC COLLAB CARE MGMT	1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	No Auth Required	General Medicine - health and behavior assessment/intervention			
99493	SBSQ PSYC COLLAB CARE MGMT	SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	No Auth Required	General Medicine - health and behavior assessment/intervention			
99494	1ST/SBSQ PSYC COLLAB CARE	1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	No Auth Required	General Medicine - health and behavior assessment/intervention			
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	No Auth Required	General Medicine - health and behavior assessment/intervention			
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		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				
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	No Auth Required				
0001F	HEART FAILURE COMPOSITE	HRT FAILURE ASSESSED	No Auth Required				
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	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		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		Full Clinical Review	
0007M	ONC GASTRO 51 GENE NOMOGRAM	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Authorization Required	Genetic testing and counseling		Full Clinical Review	
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				
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	No Auth Required				
0011M	ONC PRST8 CA MRNA 12 GEN ALG	ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	Authorization Required	Genetic Testing and Counseling		Full Clinical Review	
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				
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	No Auth Required				
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		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		Full Clinical Review	
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				
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				
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	No Auth Required				
01850	ANESTH LOWER ARM VEIN SURG	ANESTHESIA VEINS FOREARM WRIST &	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	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	No Auth Required				
01924	ANES THER INTERVEN RAD ARTRL	ANESTHESIA THER IVNTL	No Auth Required				
01925	ANES THER INTERVEN RAD CARD	ANESTHESIA CAROTID/CORONARY THER	No Auth Required				
01926	ANES TX INTERV RAD HRT/CRAN	ANES ICRA ICAR/AORTIC THER IVNTL	No Auth Required				
01930	ANES THER INTERVEN RAD VEIN	ANES VENOUS/LYMPHATIC NOS THER	No Auth Required				
01931	ANES THER INTERVEN RAD TIPS	ANESTHESIA INTRAHEPATIC/PORTAL	No Auth Required				
01932	ANES TX INTERV RAD TH VEIN	ANESTHESIA INTRATHORACIC/JUGULAR	No Auth Required				
01933	ANES TX INTERV RAD CRAN VEIN	ANES INTRACRANIAL THER IVNTL RAD	No Auth Required				
01935	ANESTH PERC IMG DX SP PROC	ANESTHESIA PERQ IMAGE GUIDED	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		Full Clinical Review	
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				
10040	ACNE SURGERY	ACNE SURGERY	Authorization Required	Surgery of integumentary system		Full Clinical Review	
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	No Auth Required				
1110F	PT LFT INPT FAC W/IN 60 DAYS	PT DISCHARGE INPT FACILITY WITHIN	No Auth Required				
1111F	DSCHRG MED/CURRENT MED MERGE	DISCHRG MEDS RECONCILED	No Auth Required				
1116F	AURIC/PERI PAIN ASSESSED	AURICULAR/PERIAURICULAR PAIN	No Auth Required				
1118F	GERD SYMPS ASSESSED 12 MONTH	GERD SYMPTOMS ASSESSED AFTER 12	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	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				
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	No Auth Required	Surgery of digestive system			
3141F	UPPER GI ENDO NOT BARRTTS	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S	No Auth Required	Surgery of digestive system			
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	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	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	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	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				
87428	SARSCOV & INF VIR A&B AG IA	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	No Auth Required				
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE	No Auth Required				
87811	SARS-COV-2 COVID19 W/OPTIC	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	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				
91300	SARSCOV2 VAC 30MCG/0.3ML IM	SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE	No Auth Required				
91301	SARSCOV2 VAC 100MCG/0.5ML IM	SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE	No Auth Required				
A0021	AMB SRVC OTSD STATE-MILE TRANSPORT	AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT	No Auth Required				
A0080	NONEMERG TRNSPRT VOLUN NOT VESTED	NONEMERG TRNSPRT-MILE-VEH VOLUN W/NO VESTED INT	No Auth Required				
A0090	NONEMERG TRNSPRT IND W/VESTED INT	NONEMERG TRNSPRT-MILE-VEH PROV IND W/VESTED INT	No Auth Required				
A0100	NONEMERGENCY TRANSPORTATION; TAXI	NONEMERGENCY TRANSPORTATION; TAXI	No Auth Required				
A0110	NONEMERG TRNSPRT&BUS INTERSTATE	NONEMERG TRNSPRT&BUS INTRA-/INTERSTATE CARRIER	No Auth Required				
A0120	NONEMERG TRNSPRT: MINI-BUS MTN/OTH	NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS	No Auth Required				
A0130	NONEMERG TRNSPRT: WHEELCHAIR VAN	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	No Auth Required				
A0140	NONEMERG TRNSPRT & AIR TRAVEL	NONEMERG TRNSPRT & AIR TRAVEL INTRA-/INTERSTATE	No Auth Required				
A0160	NONEMERG TRNSPRT:MILE-CASE/SOCL WRK	NONEMERG TRNSPRT: PER MILE-CASE/SOCIAL WORKER	No Auth Required				
A0170	TRNSPRT ANCILLRY: PARK FEE TOLL OTH	TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH	No Auth Required				
A0180	NONEMERG TRNSPRT: LODGING-RECIP	NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP	No Auth Required				
A0190	NONEMERG TRNSPRT: MEALS-RECIP	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP	No Auth Required				
A0200	NONEMERG TRNSPRT: LODGING-ESCORT	NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT	No Auth Required				
A0210	NONEMERG TRNSPRT: MEALS-ESCORT	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT	No Auth Required				
A0225	AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	AMB SRVC NEONAT TRNSPRT BASE RATE EMERG 1 WAY	No Auth Required				
A0380	BLS MILEAGE	BLS MILEAGE	No Auth Required				
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	BLS ROUTINE DISPOSABLE SUPPLIES	No Auth Required				
A0384	BLS SPCLIZED SRVC DISPBL SPL; DEFIB	BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB	No Auth Required				
A0390	ALS MILEAGE	ALS MILEAGE	No Auth Required				
A0392	ALS SPCLIZED SRVC DISPBL SPL; DEFIB	ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB	No Auth Required				
A0394	ALS SPCLIZED SRVC DISPBL SPL; IV RX	ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX	No Auth Required				
A0396	ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT	No Auth Required				
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	ALS ROUTINE DISPOSABLE SUPPLIES	No Auth Required				
A0420	AMB WAITING TIME 1/2 HR INCREMENTS	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS	No Auth Required				
A0422	AMB OXYGEN&O2 SPL LIFE SUSTAINING	AMB OXYGEN&O2 SUPPLIES LIFE SUSTAINING SITUATION	No Auth Required				

A0424	EXTRA AMB ATTENDANT GROUND/AIR;	EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;	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		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		Full Clinical Review	
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		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		Full Clinical Review	
A0888	NONCOVERED AMB MILEAGE PER MILE	NONCOVERED AMBULANCE MILEAGE PER MILE	No Auth Required				
A0998	AMBULANCE RSPN&TREATMENT NO TRNSPRT	AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT	No Auth Required				
A0999	UNLISTED AMBULANCE SERVICE	UNLISTED AMBULANCE SERVICE	Authorization Required	General Medicine - other services and procedures		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				
A4210	NEEDLE-FREE INJECTION DEVICE EACH	NEEDLE-FREE INJECTION DEVICE 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	No Auth Required	Supplies for Drug Administration			
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	No Auth Required				
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				
A4232	SYRINGE NDLE EXT INSULIN PUMP STERL	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	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				
A4250	URINE TEST/REAGENT STRIPS/TABLETS	URINE TEST OR REAGENT STRIPS OR TABLETS	No Auth Required				
A4252	BLOOD KETONE TEST/REAGENT STRIP EA	BLOOD KETONE TEST OR REAGENT STRIP EACH	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				
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	CERVICAL CAP FOR CONTRACEPTIVE USE	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				

A4264	PERM IMPL CONTRCPTV TUBAL OCCL DEV	PERM IMPL CONTRACEPTIVE TUBAL OCCL DEV & DEL SYS	No Auth Required				
A4265	PARAFFIN PER POUND	PARAFFIN PER POUND	No Auth Required				
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	DIAPHRAGM FOR CONTRACEPTIVE USE	No Auth Required				
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EA	CONTRACEPTIVE SUPPLY CONDOM MALE EACH	No Auth Required				
A4268	CONTRACEPT SUPPLY CONDOM FEMALE EA	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH	No Auth Required				
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EA	CONTRACEPTIVE SUPPLY SPERMICIDE EACH	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:		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			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			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	No Auth Required	General Medicine - health and behavior assessment/intervention			
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				
A4490	SURG STOCKING ABOVE KNEE LENGTH EA	SURGICAL STOCKING ABOVE KNEE LENGTH EACH	No Auth Required				
A4495	SURGICAL STOCKING THIGH LENGTH EACH	SURGICAL STOCKING THIGH LENGTH EACH	No Auth Required				
A4500	SURG STOCKING BELOW KNEE LENGTH EA	SURGICAL STOCKING BELOW KNEE LENGTH EACH	No Auth Required				
A4510	SURGICAL STOCKING FULL-LENGTH EACH	SURGICAL STOCKING FULL-LENGTH EACH	No Auth Required				
A4520	INCONTINENCE GARMENT ANY TYPE EACH	INCONTINENCE GARMENT ANY TYPE EACH	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				
A4554	DISPOSABLE UNDERPADS ALL SIZES	DISPOSABLE UNDERPADS ALL SIZES	No Auth Required				
A4555	E/TRANSDUCR E-STIM U CA TX RPL ONLY	ELECTRD/TRANSDUCR E-STIM DVC USED CA TX RPL ONLY	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				
A4566	SHOULDR SLING/VEST ABD RSTRN PREFAB	SHOULDER SLING/VEST ABDUCTION RESTRAINER PREFAB	No Auth Required				
A4570	SPLINTS	SPLINTS	No Auth Required				
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE	Authorization Required	Hyperbaric Oxygen		Full Clinical Review	
A4580	CAST SUPPLIES	CAST SUPPLIES	No Auth Required				
A4590	SPECIAL CASTING MATERIAL	SPECIAL CASTING MATERIAL	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				
A4611	BATTRY HEVY DUTY; REPL PT-OWND VENT	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR	No Auth Required				
A4612	BATTRY CABLES; REPL PT-OWNED VENT	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR	No Auth Required				
A4613	BATTRY CHARGER; REPL PT-OWNED VENT	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR	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				
A4627	SPACR BAG/RESRVOR METRD DOSE INHAL	SPACR BAG/RESRVOR W/WO MASK W/METRD DOSE INHAL	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		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			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				
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	AUTOMATIC BLOOD PRESSURE MONITOR	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			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				
A6000	NON-CNTC WND WARMING COVR W/DEVC	NON-CNTC WND WARMING WND COVR W/DEVC&CARD	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Full Clinical Review	
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				
A6413	ADHESIVE BANDAGE FIRST-AID TYPE EA	ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE 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				
A6530	GRADIENT COMPRS STK BK 18-30 MMHG	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA	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				
A6533	GRADENT COMPRS STK THIGH 18-30 MMHG	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA	No Auth Required				
A6534	GRADENT COMPRS STK THIGH 30-40 MMHG	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA	No Auth Required				
A6535	GRADENT COMPRS STK THIGH 40-50 MMHG	GRADIENT COMPRESSION STK THIGH LEN 40-50 MMHG EA	No Auth Required				
A6536	GRADENT COMPRS STK FULL 18-30 MMHG	GRADIENT COMPRS STK FULL LEN/CHAP 18-30 MMHG EA	No Auth Required				
A6537	GRADENT COMPRS STK FULL 30-40 MMHG	GRADIENT COMPRS STK FULL LEN/CHAP 30-40 MMHG EA	No Auth Required				
A6538	GRADENT COMPRS STK FULL 40-50 MMHG	GRADIENT COMPRS STK FULL LEN/CHAP 40-50 MMHG EA	No Auth Required				
A6539	GRADENT COMPRS STK WAIST 18-30 MMHG	GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA	No Auth Required				
A6540	GRADENT COMPRS STK WAIST 30-40 MMHG	GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA	No Auth Required				
A6541	GRADENT COMPRS STK WAIST 40-50 MMHG	GRADIENT COMPRESSION STK WAIST LEN 40-50 MMHG EA	No Auth Required				
A6544	GRADENT COMPRESSION STK GARTER BELT	GRADIENT COMPRESSION STOCKING GARTER BELT	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				
A6549	GRADIENT COMP STOCKING/SLEEVE NOS	GRADIENT COMPRESSION STOCKING/SLEEVE NOS	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		Full Clinical Review	
A7026	HI FREQ CHST WALL OSCILAT HOSE REPL	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND	Authorization Required	DME		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				
A9152	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	SINGLE VIT/MINERAL/TRACE ELEMENT ORAL-DOSE NOS	No Auth Required				
A9153	MULTIPLE VITAMINS ORAL PER DOSE NOS	MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS	No Auth Required				
A9155	ARTFICIAL SALIVA 30 ML	ARTFICIAL SALIVA 30 ML	No Auth Required				
A9180	PEDICULOSIS TX TOP ADMN PT/CARETAKR	PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER	No Auth Required				
A9270	NONCOVERED ITEM OR SERVICE	NONCOVERED ITEM OR SERVICE	No Auth Required				
A9272	WND SCTN DISPBL DRSG ACC ANY TYP EA	WND SUCT DISPBL DSG ALL ACC & CMPNT ANY TYP EA	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Full Clinical Review	
A9273	COLD/HOT FL BTL IC/C HT&/CLD W ANY	COLD/HOT FL BTL ICE CAP/C HEAT &/ COLD WRAP ANY	No Auth Required				
A9274	EXT AMB INSULIN DEL SYS DISPOSBL EA	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	No Auth Required				
A9275	HOME GLU DISPBL MON W/TEST STRIPS	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS	No Auth Required				
A9276	SENSOR; INVSV INTRSTL GLU MON SYS	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D	No Auth Required				
A9277	TRANSMTR; EXT INTRSTL CONT GLU MON	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	No Auth Required				
A9278	RECEIVER MON; EXT INTRSTL GLU MON	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	No Auth Required				
A9279	MON FEATURE/DEVC ALONE/INTEGRAT NOC	MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC	No Auth Required				
A9280	ALERT OR ALARM DEVICE NOC	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED	No Auth Required				
A9281	REACH/GRABBING DEVC ANY TYPE/LEN EA	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA	No Auth Required				
A9282	WIG ANY TYPE EACH	WIG ANY TYPE EACH	No Auth Required				
A9283	FOOT PRESSURE OFF LOAD/SUPP DEV EA	FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH	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				
A9286	HYG I/DVC DISPBL/NON-DISPBL ANY T E	HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA	No Auth Required	General Medicine - health and behavior assessment/intervention			
A9300	EXERCISE EQUIPMENT	EXERCISE EQUIPMENT	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				
A9591	FLUOROESTRADIOL F 18 DIAG 1 MCI	FLUOROESTRADIOL F 18 DIAGNOSTIC 1 MCI	No Auth Required				
A9592	COPPER CU-64 DOTATATE DIAGNOSTIC 1	COPPER CU-64 DOTATATE DIAGNOSTIC 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			Full Clinical Review	
B4034	ENTERAL FEED SPL KIT; SYRINGE DAY	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
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				
B4100	FOOD THICKENER ADMINED ORALLY-OUNCE	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	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		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		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		Full Clinical Review	
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS	Authorization Required	DME		Full Clinical Review	
B4150	ENTRAL F NUTRITIONALLY COMPLETE	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS	Authorization Required	DME		Full Clinical Review	
B4152	ENTRAL F NUTRITION CMPL CAL DENSE	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Authorization Required	DME		Full Clinical Review	
B4153	ENTRL F NUTRTN CMPL HYDROLYZD PROTS	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Authorization Required	DME		Full Clinical Review	
B4154	ENTRAL F CMPL NO INHERITED DZ METAB	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Authorization Required	DME		Full Clinical Review	
B4155	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	Authorization Required	DME		Full Clinical Review	
B4157	ENTRAL F CMPL INHERITED DZ METAB	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Authorization Required	DME		Full Clinical Review	
B4158	ENTRAL F PED NUTRITION COMPLETE	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS	Authorization Required	DME		Full Clinical Review	
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Authorization Required	DME		Full Clinical Review	
B4160	ENTRAL F PED NUTRITN CMPL CAL DENSE	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Authorization Required	DME		Full Clinical Review	
B4161	ENTRAL F PED HYDROLYZED/AA PROTEINS	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	Authorization Required	DME		Full Clinical Review	
B4162	ENTRAL F PED INHERITED DZ METAB	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Authorization Required	DME		Full Clinical Review	
B4164	PARNTRAL NUT SOL; CARBS 50%/< HOM	PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX	Authorization Required	DME		Full Clinical Review	
B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX	Authorization Required	DME		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		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		Full Clinical Review	
B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX	Authorization Required	DME		Full Clinical Review	
B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX	Authorization Required	DME		Full Clinical Review	
B4185	PARENTERAL NUTR SOL NOS 10 G LIPIDS	PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS	Authorization Required	DME		Full Clinical Review	
B4187	OMEGAVEN 10 G LIPIDS	OMEGAVEN 10 G LIPIDS	Authorization Required	DME		Full Clinical Review	
B4189	PARNTRAL NUT;AMINOACID&CARB 10-51GM	PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT	Authorization Required	DME		Full Clinical Review	
B4193	PARNTRAL NUT;AMINOACID&CARB 52-73GM	PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT	Authorization Required	DME		Full Clinical Review	
B4197	PARNTRL NUT;AMINOACID&CARB 74-100GM	PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT	Authorization Required	DME		Full Clinical Review	
B4199	PARNTRAL NUT;AMINO ACID&CARB >100GM	PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR	Authorization Required	DME		Full Clinical Review	
B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY	Authorization Required	DME		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		Full Clinical Review	
B5000	PARNTRAL NUT; AMINO ACID&CARBS RENL	PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN	Authorization Required	DME		Full Clinical Review	
B5100	PARENTERL NUT SOL AMINO ACID & CARB	PARENTERAL NUT SOL AMINO ACID AND CARBOHYDRATES	Authorization Required	DME		Full Clinical Review	
B5200	PARNTRL NUT AMINO ACID & CARS STRSS	PARNTRAL NUT SOL AMINO ACID&CARB STRSS-BR CHAIN	Authorization Required	DME		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		Full Clinical Review	
C1052	HEMOSTATIC AGT GASTROINTESTINAL TOP	HEMOSTATIC AGENT GASTROINTESTINAL TOPICAL	No Auth Required				
C1062	INTRAVERTEBRAL BODY FX AUG IMPLANT	INTRAVERTEBRAL BODY FRACTURE AUG WITH IMPLANT	No Auth Required				
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				
C1748	ENDO 1-USE UPPER GI IMAG/ILLUM DEVC	ENDOSCOPE SINGLE-USE UPPER GI IMAG/ILLUM DEVC	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		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	Authorization Required			Full Clinical Review	
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:		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				
C1825	GN NROSTM NONRCHRGBL CR SN BR STM L	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	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				
C1842	RET PROS ALL I&EX CMPNT;AO TO C1841	RETINAL PROS ALL INT&EXT CMPNT; ADD-ON TO C1841	No Auth Required	Surgery of eye and ocular adnexa			

C1849	SKIN SUBST SYNTH RESORB PER SQ CM	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM	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		Full Clinical Review	
C8901	MR ANGIOGRAPHY WITHOUT CONTRST ABD	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8903	MR IMAGING W/CONTRAST BREAST; UNI	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8906	MR IMAGING W/CONTRST BREAST; BIL	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	MR ANGIOGRAPHY WITH CONTRAST CHEST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8910	MR ANGIO WITHOUT CONTRST CHEST	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8911	MR ANGIO NO CONTRST FLW CNTRST CHST	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8912	MR ANGIO W/CONTRST LOWER EXTREMITY	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8913	MR ANGIO WITHOUT CONTRST LOW EXTREM	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8919	MRA WITHOUT CONTRAST PELVIS	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8920	MRA NO CONTRST FLWED W/CONTRST PELV	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8932	MRA W/O CONTRST SP CANAL CONTENTS	MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS	Authorization Required	Radiology - diagnostic radiology		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		Full Clinical Review	
C8934	MRA WITH CONTRAST UPPER EXTREMITY	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
C8935	MRA WITHOUT CONTRST UPPER EXTREMITY	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Authorization Required	Radiology - diagnostic radiology		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		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		Full Clinical Review	
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			Full Clinical Review	
C9042	INJECTION BENDAMUSTINE HCL 1 MG	INJECTION BENDAMUSTINE HCL 1 MG	Authorization Required			Full Clinical Review	
C9044	INJECTION CEMIPLIMAB-RWLC 1 MG	INJECTION CEMIPLIMAB-RWLC 1 MG	Authorization Required			Full Clinical Review	
C9045	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Authorization Required			Full Clinical Review	
C9046	COCAINE HCI NASAL SOL TOP ADMN 1 MG	COCAINE HYDROCHLORIDE NASAL SOL TOP ADMN 1 MG	Authorization Required			Full Clinical Review	
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	INJECTION CAPLACIZUMAB-YHDP 1 MG	Authorization Required			Full Clinical Review	
C9048	DEXAMETHASONE LAC OPHTH INSR 0.1 MG	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Authorization Required			Full Clinical Review	
C9049	INJECTION TAGRAXOFUSP-ERZS 10 MCG	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Authorization Required			Full Clinical Review	
C9050	INJECTION EMAPALUMAB-LZSG 1 MG	INJECTION EMAPALUMAB-LZSG 1 MG	Authorization Required			Full Clinical Review	
C9051	INJECTION OMADACYCLINE 1 MG	INJECTION OMADACYCLINE 1 MG	Authorization Required			Full Clinical Review	
C9052	INJECTION RAVULIZUMAB-CWVZ 10 MG	INJECTION RAVULIZUMAB-CWVZ 10 MG	Authorization Required			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			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			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		Full Clinical Review	Always processed by medical
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		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		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		Full Clinical Review	
C9738	ADJUNCT BLUE LT CYSTO FLUO IMAG AGT	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	No Auth Required	Surgery of urinary system			
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		Full Clinical Review	
C9746	TRNSPRNL IMPL PRM ADJ BALLN CNT DVC	TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE	Authorization Required	Surgery		Full Clinical Review	
C9747	ABLATION PROS TR HIFU INCL I GUID	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Authorization Required	Surgery		Full Clinical Review	
C9749	REPAIR NAS VEST LAT WALL STEN IMPL	REPAIR NASAL VEST LATERAL WALL STEN W/IMPLANT	Authorization Required	Surgery		Full Clinical Review	
C9751	BRONCH RIGID/FLEX TRANSBRON ABL LES	BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION	No Auth Required	Surgery			
C9752	DESTRC IO BASIVA N 1ST 2 VERT B L/S	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB/SAC	Authorization Required	Surgery		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		Full Clinical Review	
C9756	IO NIR FLUOR LM OF LYM W/ADMIN ICG	INTRAOPERATIVE NIR FLUOR LM OF LYM W/ADMIN ICG	Authorization Required			Full Clinical Review	
C9757	LAMINOTOMY DECOMP NRV RT;1 ISP LUMB	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Authorization Required			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		Full Clinical Review	
C9759	TRANSCATH IO BLD VES MICROINFUS TX	TRANSCATHETER IO BLOOD VESSEL MICROINFUSION TX	Authorization Required			Full Clinical Review	
C9760	NRND NBLD PD NYHA CLS II III IV HF;	NONRND NONBLINDED PROC NYHA CLASS II III IV HF;	Authorization Required			Full Clinical Review	

C9761	CS URS&/PYLSCPY LTH&ASPR K CLL SYS	CS URS&/PYELOSCPY LITH & VAC ASPIR K COLL SYS&U	Authorization Required			Full Clinical Review	
C9762	CMRI MRPHOL&FNC Q SEG DYSF;STR IMAG	CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRAIN IMAG	Authorization Required			Network Validation	
C9763	CMRI MRPHOL&FNC Q SEG DYSF;STS IMAG	CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRESS IMAG	Authorization Required			Network Validation	
C9764	REV EVAR OPEN/PERQ LE AA; IV LITHO	REV EVAR OPN/PERQ LE AA; NO TIB/PR;IV LITHOTRIP	Authorization Required			Full Clinical Review	
C9765	REV EVR LE AA;IV LITH&TL STNT PLCMT	REV EVAR LE AA;IV LITHOTRIPSY & TL STENT PLCMT	Authorization Required			Full Clinical Review	
C9766	REV EVAR LE AA; IV LITHO & ATHERECT	REV EVAC LE AA; IV LITHOTRIPSY & ATHERECTOMY	Authorization Required			Full Clinical Review	
C9767	REV EVR LE AA; IV LITHO & TL ST&ATH	REV EVAR LE AA; IV LITHO&TL STNT PLCMT&ATHERECT	Authorization Required			Full Clinical Review	
C9768	ENDO UG DIR MSR HEP PORTOSYS PSG	ENDO UG DIR MSR HEP PORTOSYS PRESS GRAD ANY METH	Authorization Required			Full Clinical Review	
C9769	CS INSERTION TEMP PROS IMPL/STENT	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	Authorization Required			Full Clinical Review	
C9770	VT MC PP APP SR IJ PHRMACL/BIOL AGT	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOL AGENT	Authorization Required			Full Clinical Review	
C9771	NASAL/SINUS ENDO CRYO NSL TISS&/NRV	NASAL/SINUS ENDO CRYO NSL TISS &/ NERVE UNIL/BIL	Authorization Required			Full Clinical Review	
C9772	RVSC EVAR OPN/PERC TB/PA IVASC LITH	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Authorization Required			Full Clinical Review	
C9773	RVSC EVAR O/PC TB/PA;IVASC LTH&TSP	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH & TL SP	Authorization Required			Full Clinical Review	
C9774	RVSC EVAR O/PC TIB/PA;IVASC LITH&AT	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH&ATHREC	Authorization Required			Full Clinical Review	
C9775	RVSC EVAR O/P TB/PA; IVL & TSP & AT	RVSC EVAR OPN/P TIB/PA;IVASC LITH&TL STNT PL&ATH	Authorization Required			Full Clinical Review	
C9776	IO NIR FLUOR IMAG MAJ EXTRA-HEP BD	IO NEAR-INFR FLUOR IMAG MAJ EXTRA-HEP BILE DUCT	Authorization Required			Full Clinical Review	
C9777	ESO MUCOSAL INTEGR TST ELEC IMPD TO	ESOPHAGEAL MUCOSAL INTEGR TST ELEC IMPD TO	Authorization Required			Full Clinical Review	
C9803	H OC SP CLCT SARS-COV-2 COVD-19 ANY	H O/P CLI SPEC CLCT SARS-COV-2 COVID-19 ANY SRC	No Auth Required				
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				
E0172	SEAT LIFT MECH PLACE OVR/TOP TOILET	SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE	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				
E0203	TX LTBOX MINI 10000 LUX TABLE TOP	THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL	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				
E0231	NON-CNTC WND WARM DEVC W/CARD&COVR	NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Full Clinical Review	
E0232	WOUND WARMING WOUND COVER	WOUND WARMING WOUND COVER	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	Full Clinical Review	
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				
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE	No Auth Required				
E0241	BATHTUB WALL RAIL EACH	BATHTUB WALL RAIL EACH	No Auth Required				
E0242	BATHTUB RAIL FLOOR BASE	BATHTUB RAIL FLOOR BASE	No Auth Required				
E0243	TOILET RAIL EACH	TOILET RAIL EACH	No Auth Required				
E0244	RAISED TOILET SEAT	RAISED TOILET SEAT	No Auth Required				
E0245	TUB STOOL OR BENCH	TUB STOOL OR BENCH	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		Full Clinical Review	
E0261	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS	Authorization Required	DME		Full Clinical Review	
E0265	HOS BED TOT ELEC W/RAIL W/MATTRSS	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS	Authorization Required	DME		Full Clinical Review	
E0266	HOS BED TOT ELEC W/RAIL W/O MATTRSS	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS	Authorization Required	DME		Full Clinical Review	
E0270	HOSP BED INST TYPE: W/MATTRSS	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS	Authorization Required	DME		Full Clinical Review	
E0271	MATTRESS INNER SPRING	MATTRESS INNER SPRING	No Auth Required				
E0272	MATTRESS FOAM RUBBER	MATTRESS FOAM RUBBER	No Auth Required				
E0273	BED BOARD	BED BOARD	No Auth Required				
E0274	OVER-BED TABLE	OVER-BED TABLE	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		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		Full Clinical Review	
E0296	HOS BED TOT ELEC W/O RAIL W/MATTRSS	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS	Authorization Required	DME		Full Clinical Review	
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS	Authorization Required	DME		Full Clinical Review	
E0300	PED CRIB HOS GRADE ENC W/WO TOP ENC	PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC	Authorization Required	DME		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		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		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		Full Clinical Review	
E0304	HOS BED XTRA HD WT CAP>600 MTTRSS	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS	Authorization Required	DME		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				
E0315	BED ACCESS: BOARD/TABL/SUPPRT DEVC	BED ACCESS: BOARD TABLE/SUPPORT DEVICE ANY TYPE	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		Full Clinical Review	
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Authorization Required	DME		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		Full Clinical Review	
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	Authorization Required	DME		Full Clinical Review	
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	Authorization Required	DME		Full Clinical Review	
E0434	PRTBLE LIQUID O2 SYS RENTAL;	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Authorization Required	DME		Full Clinical Review	
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			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				
E0457	CHEST SHELL	CHEST SHELL	No Auth Required				
E0459	CHEST WRAP	CHEST WRAP	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		Full Clinical Review	
E0466	HOME VENT TYPE USED NON-INVASV INTF	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	Authorization Required	DME		Full Clinical Review	
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				
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES	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		Full Clinical Review	
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		Full Clinical Review	
E0486	ORL DEVC/APPL RDUC UA COLLAPS CSTM	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Authorization Required	DME		Full Clinical Review	
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		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				
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	PATIENT LIFT BATHROOM OR TOILET NOC	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		Full Clinical Review	
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Authorization Required	DME		Full Clinical Review	
E0636	MX PSTN PT SUPP SYS LIFT PT CNTRL	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL	Authorization Required	DME		Full Clinical Review	
E0637	COMB SIT STAND FRAME/TABLE SEATLIFT	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	No Auth Required				
E0638	STAND FRAME/TABLE SYS 1 POS ANY SZ	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	No Auth Required				
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				
E0641	STAND FRAME/TABLE SYS MX-POS ANY SZ	STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ	No Auth Required				

E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	No Auth Required				
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Authorization Required	DME		Full Clinical Review	
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Authorization Required	DME		Full Clinical Review	
E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Authorization Required	DME		Full Clinical Review	
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		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		Full Clinical Review	
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		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		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		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	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	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	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	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		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		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		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		Full Clinical Review	
E0783	INFUS PUMP SYSTEM IMPL PROGMMABLE	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Authorization Required	DME		Full Clinical Review	
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Authorization Required	DME		Full Clinical Review	
E0785	IMPLANT INTRASPINL CATH PUMP-REPL	IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL	Authorization Required	DME		Full Clinical Review	
E0786	IMPLNT PROGRAM INFUSION PUMP-REPL	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Authorization Required	DME		Full Clinical Review	
E0787	EXT AMB INFUS PUMP INSULIN D R ADJ	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	No Auth Required	DME			

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				
E0936	CONT PASS MOTION EXER DEVC NOT KNEE	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	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		Full Clinical Review	
E0948	FX FRAME ATTCH CMPLX CERV TRAC	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	Authorization Required	DME		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		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		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				
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	NO 2 FOOTPLATES EXCEPT FOR ELEVATING LEGREST	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		Full Clinical Review	
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		Full Clinical Review	
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC	Authorization Required	DME		Full Clinical Review	
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC	Authorization Required	DME		Full Clinical Review	
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC	Authorization Required	DME		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		Full Clinical Review	
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		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		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		Full Clinical Review	

E1060	FULL RECLN WHLCHAR;DTACH ARM LEGRST	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1070	FULL RECLN WHLCHR;DTACH ARM FOOTRST	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1083	HEMI-W/C; FIXED ARM DETACH LEGREST	HEMI-W/C; FIXED FULL-LEN ARMS DETACHBLE LEGREST	Authorization Required	DME		Full Clinical Review	
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1085	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1086	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1087	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST	Authorization Required	DME		Full Clinical Review	
E1088	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1089	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST	Authorization Required	DME		Full Clinical Review	
E1090	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST	Authorization Required	DME		Full Clinical Review	
E1092	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1093	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1100	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1110	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST	Authorization Required	DME		Full Clinical Review	
E1130	STD WHLCHAIR; FIX ARM DTACH FOOTRST	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS	Authorization Required	DME		Full Clinical Review	
E1140	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1150	WHLCHAIR; DTACHBLE ARMS LEGRESTS	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1160	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS	Authorization Required	DME		Full Clinical Review	
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Authorization Required	DME		Full Clinical Review	
E1170	AMP WHLCHAIR; FIX ARM DTACH LEGREST	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1171	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST	Authorization Required	DME		Full Clinical Review	
E1172	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1180	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1190	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1195	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	Authorization Required	DME		Full Clinical Review	
E1200	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	Authorization Required	DME		Full Clinical Review	
E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED	Authorization Required	DME		Full Clinical Review	
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS	WHEELCHAIR WITH FIXED ARM FOOTRESTS	Authorization Required	DME		Full Clinical Review	

E1222	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1223	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1224	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS	Authorization Required	DME		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		Full Clinical Review	
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER	Authorization Required	DME		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		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		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		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		Full Clinical Review	
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM	Authorization Required	DME		Full Clinical Review	
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM	Authorization Required	DME		Full Clinical Review	
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	WHLCHAIR PED SZ RIGD ADJUSTBL W/O SEATING SYSTEM	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
E1240	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST	Authorization Required	DME		Full Clinical Review	
E1250	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1260	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1270	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1280	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1285	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS	Authorization Required	DME		Full Clinical Review	
E1290	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	HEVY-DUTY WC DTCHBL ARMS SWNG AWAY DTCHBL FTRST	Authorization Required	DME		Full Clinical Review	
E1295	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS	Authorization Required	DME		Full Clinical Review	
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Authorization Required	DME		Full Clinical Review	
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	Authorization Required	DME		Full Clinical Review	
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	SPECIAL WHLCHAIR SEAT DEPTH &OR WIDTH CONSTRUCT	Authorization Required	DME		Full Clinical Review	

E1300	WHIRLPOOL PORTABLE	WHIRLPOOL PORTABLE	No Auth Required				
E1310	WHIRLPOOL NONPORTABLE	WHIRLPOOL NONPORTABLE	Authorization Required	DME		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			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	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
E1592	AUTO INTERMIT PERITON DIALYSIS SYS	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
E1594	CYCLR DIALYSIS MACH PERITON DIALYS	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
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	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	WEARABLE ARTIFICIAL KIDNEY EACH	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
E1634	PERITONEAL DIALYSIS CLAMPS EACH	PERITONEAL DIALYSIS CLAMPS EACH	No Auth Required				
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	COMPACT TRAVEL HEMODIALYZER SYSTEM	No Auth Required	Dialysis, Hemodialysis and Peritoneal Dialysis			
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		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		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		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		Full Clinical Review	
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	CMNCT BD NON-ELEC AUG/ALTERNATV CMNCT DEVICE	Authorization Required	General Medicine - other services and procedures		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		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		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		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		Full Clinical Review	
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Authorization Required	DME		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		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		Full Clinical Review	
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Authorization Required	DME		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		Full Clinical Review	
E2500	SPEECH GEN DEV DIGTIZD</=8 MINS REC	SPEECH GEN DEVC DIGITIZED </= 8 MINS REC TIME	Authorization Required	General Medicine - other services and procedures		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		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		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		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		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		Full Clinical Review	
E2511	SPEECH GENERATING SOFTWARE PROGRAM	SPEECH GEN SOFTWARE PROG PC/PERS DIGITAL ASSIST	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
E2599	ACCESS SPEECH GENERATING DEVICE NOC	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Authorization Required	General Medicine - other services and procedures		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		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		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		Full Clinical Review	
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN/>	Authorization Required	DME		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		Full Clinical Review	
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	Authorization Required	DME		Full Clinical Review	
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Authorization Required	DME		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		Full Clinical Review	
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Authorization Required	DME		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				
E8000	GAIT TRAINER PED SZ POST SUPP	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS&CMPNTS	No Auth Required				
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS&CMPNTS	No Auth Required				
E8002	GAIT TRAINER PED SZ ANT SUPP	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS&CMPNTS	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				
G0027	SEMEN ANALY; PRES/MOT EXCLD HUHNER	SEMEN ANALY; PRES/MOT EXCLD HUHNER	No Auth Required	Pathology and Lab			
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				
G0088	P SVC INI V ADM ANT-INF PM H EA 15M	PROF SRVC INIT VST ADM ANTI-INF PM IND H EA 15 M	No Auth Required				
G0089	PROF SVC INI V ADM SUB IMT/OTH INF	PROF SVC INI V ADM SUB IMT/OTH INF RX H EA 15M	No Auth Required				
G0090	PROF ADM IV CT/COP INFS RX H EA 15M	PROF INI V ADM IV CT/OTH HH COP INFS RX H EA 15M	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				
G0122	COLOREC CANCER SCREENING; BA ENEMA	COLORECTAL CANCER SCREENING; BARIUM ENEMA	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		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		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		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		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		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		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		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		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		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		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		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		Full Clinical Review	
G0186	DESTRUC LES CHOROID; PHOTOCOAG FEDR	DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH	No Auth Required				
G0219	PET BDY; MELANOMA NON-COVR INDICAT	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
G0235	PET IMAGING ANY SITE NOS	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	

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				
G0252	PET IMAG DX BREST CA&/SURG PLAN	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
G0255	CPT/SNCT PER LIMB ANY NERVE	CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE	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		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		Full Clinical Review	
G0282	E-STIM 1/> AREAS WND CARE NOT G0281	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	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		Full Clinical Review	

G0294	NONCOVR PROC NO ANES/LOC-MCR QUAL	NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY	Authorization Required	Surgery		Full Clinical Review	
G0295	ELECMAGNET TX 1/>AREA NOT G0329/OTH	ELECMAGNET TX 1/>AREA WND CARE NOT G0329/OTH USE	Authorization Required	Wound Therapy	PA for Code in Group Applies to All Codes within Specific Group	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		Full Clinical Review	
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		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		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	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		Full Clinical Review	
G0340	IMAGE GUID ROB SRS FRAC TX 2-5 SESS	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Authorization Required	Surgery		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)		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)		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)		Full Clinical Review	
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				

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		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		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		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				
G0428	COLL MENISC IMPL FIL MENISCAL DEFEC	COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS	Authorization Required			Full Clinical Review	
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		Full Clinical Review	
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				
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		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				

G1012	CLINICAL DECISION SUPP MECH AGILEMD	CLINICAL DECISION SUPPORT MECHANISM AGILEMD	No Auth Required				
G1013	CLN DECN SUP MCH EVDNCECAR IMAG ADV	CLINICAL DECISION SUPP MECH EVIDNCECARE IMAG ADV	No Auth Required				
G1014	CD SUP MCH INVENIQA SMNTC ANSW MED	CLINICL DECN SUPP MECH INVENIQA SMNTC ANSWRS MED	No Auth Required				
G1015	CLIN DECN SUPP MECH RELIANT MED GRP	CLINICAL DECISION SUPP MECH RELIANT MEDICAL GRP	No Auth Required				
G1016	CLINICAL DECN SUPP MECH SPD OF CARE	CLINICAL DECISION SUPP MECHANISM SPEED OF CARE	No Auth Required				
G1017	CLINICAL DECN SUPP MECH HEALTHHELP	CLINICAL DECISION SUPPORT MECHANISM HEALTHHELP	No Auth Required				
G1018	CLINICAL DECISION SUPP MECH INFINX	CLINICAL DECISION SUPPORT MECHANISM INFINX	No Auth Required				
G1019	CLINICAL DECN SUPP MECH LOGICNETS	CLINICAL DECISION SUPPORT MECHANISM LOGICNETS	No Auth Required				
G1020	CDS MECH CURBSIDE CLIN AUGMENTED WF	CLINICAL DECN SUP MECH CURBSIDE CLIN AUGMNTD WF	No Auth Required				
G1021	CDS MECH EHEALTHLINE CDS MECH	CLIN DECN SUP MECH EHLTHLINE CLIN DECN SUP MECH	No Auth Required				
G1022	CDS MECH INTRMTN CLIN DECN SUP MECH	CLIN DECN SUP MECH INTERMTN CLIN DECN SUP MECH	No Auth Required				
G1023	CDS MECH PERSIVIA CLIN DECN SUP	CLINICAL DECN SUP MECH PERSIVIA CLIN DECN SUP	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				

G2020	SRVC FOR HI INTENS CLIN SRVC ASSOC	SERVICES FOR HIGH INTENSITY CLINICAL SRVC ASSOC	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				
G2023	SPEC CLCT SARS-COV2 COVID19 ANY SRC	SPEC CLCT FOR SARS-COV-2 COVID-19 ANY SPEC SRC	No Auth Required				
G2024	SP CLCT SARS-COV2 COVID19 SNF/L ANY	SP CLCT SARS-COV2 COVID19 FRM SNF/LAB ANY SPEC	No Auth Required				
G2025	PMT TH DSNT SITE FURN RHC/FQHC ONLY	PAYMENT TH DSNT SITE SRVC FURN RHC/FQHC ONLY	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	No Auth Required				
G2068	MAT BUPRENORPHINE ORAL; WKLY BUNDLE	MED ASST TX BUPRENORPHINE ORAL; WEEKLY BUNDLE	No Auth Required				
G2069	MAT BUPRENORPHINE INJ;WEEKLY BUNDLE	MED ASST TX BUPRENORPHINE INJ; WEEKLY BUNDLE	No Auth Required				
G2070	MAT BUPRENORPHNE IMPL INSRT;WKLY BD	MAT BUPRENORPHINE IMPLANT INSRT; WEEKLY BUNDLE	No Auth Required				
G2071	MAT BUPRENORPHINE IMPL REMV;WKLY BD	MAT BUPRENORPHINE IMPL REMOVAL; WEEKLY BUNDLE	No Auth Required				
G2072	MAT BUPRENORPHINE IMPL I&R;WKLY BD	MAT BUPRENORPHINE IMPLANT I & R; WEEKLY BUNDLE	No Auth Required				
G2073	MED ASST TX NALTREXONE;WKLY BUNDLE	MEDICATION ASSIST TX NALTREXONE; WEEKLY BUNDLE	No Auth Required				
G2074	MED ASST WKLY BUNDLE NOT INCL DRUG	MEDICATION ASSIST WEEKLY BUNDLE NOT INCL DRUG	No Auth Required				
G2075	MAT MEDICATION NOS; WEEKLY BUNDLE	MEDICATION ASST TX MEDICATION NOS; WEEKLY BUNDLE	No Auth Required				
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				
G2081	PT 66 &> INST SNP/RES LTC >90 D MSR	PT 66 &> INST SNP/RESID LTC >90 DAYS DUR MSR PRD	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				
G2168	SRVC PRFRM PT ASST HH SET EA 15 MIN	SERVICES PRFRM BY PT ASST HH SETTING EA 15 MIN	No Auth Required				

G2169	SRVC PRFRM OT ASST HH SET EA 15 MIN	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	No Auth Required				
G2170	PC AVF DIR TISS APP TR E&SEC RDR BF	PERQ AVF DIR SITE TISS APP TR E&SEC PROC RDR BF	No Auth Required				
G2171	PRQ AVF DR ANY MG-GD ART&V CTH&RF E	PERQ AVF DIR ANY SITE MAG-GD ART&V CATH & RF E	No Auth Required				
G2172	AI PMT SRVC REL HI COORD&INT OUD TX	ALL INCL PMT FOR SRVC REL HI COORD & INT OUD TX	No Auth Required				
G2173	URI EP PT CMPT CM CND DUR 12M EP DT	URI EP PT CMPT CM COND DUR 12 MO PRI/ON EP DATE	No Auth Required				
G2174	URI EPI PT RX ABX 30D PRI/ON EPI DT	URI EPI PT NU/RFL RX ABX 30 DAYS PRI/ON EPI DT	No Auth Required				
G2175	EPIS PT CMPET CM CND DUR 12M EPIS D	EPIS PT CMPET COMRBD CND DUR 12 M PRI/ON EPIS DT	No Auth Required				
G2176	OP ED/OBS VISITS RSLT IN IP ADM	O/P ED/OBS VISITS RSLT IN INPATIENT ADMISSION	No Auth Required				
G2177	AC BR EP PT NU/RFL RX ABX 30 D EP D	AC BR EPIS PT NU/REFILL RX ABX 30 D PRI/ON EP DT	No Auth Required				
G2178	CLIN DC PT NO LE NEUR EX MSR B AMP;	CLIN DOC PT NO LE NEURO EX MSR EXMPL PT BIL AMP;	No Auth Required				
G2179	CLIN DOC PT MED RSN NO LE NEURO EX	CLIN DOC PT MED RSN NOT PRFM LW EXT NEURO EXAM	No Auth Required				
G2180	CLIN DOC PT NOT ELG EVAL FTWR B LEA	CLIN DOC PT NOT ELIG EVAL FTWR PT BIL LW EXT AMP	No Auth Required				
G2181	BMI NOT DC MD RSN/PT REFS HT/WT MSR	BMI NOT DOC D/T MED RSN/PT REFUS HGT/WGT MSR	No Auth Required				
G2182	PT RCV FT BIOL DZ MOD ANTIRHM DX TX	PATIENT RECV FRST-TM BIOL DZ MOD ANTIRHEUM DX TX	No Auth Required				
G2183	DOC PT UNABL TO COM & INF NOT AVAIL	DOCUMENTATION PT UNABLE TO COM & INF NOT AVAIL	No Auth Required				
G2184	PATIENT DOES NOT HAVE A CAREGIVER	PATIENT DOES NOT HAVE A CAREGIVER	No Auth Required				
G2185	DOC CAREGIV IS TRN & CERT DEM CARE	DOCUMENTATION CAREGIV IS TRN & CERT IN DEM CARE	No Auth Required				
G2186	PT/CG DYAD RF APP RS & CON RES CNF	PT/CG DYAD REF TO APP RES & CON TO RES IS CONF	No Auth Required				
G2187	PT CLIN IND IMAG HEAD: HEAD TAURMA	PATIENTS CLINICAL IND IMAG HEAD: HEAD TRAUMA	No Auth Required				
G2188	PT CLN IND IMG HD:NW/CHG HA >50 YA	PT CLIN IND IMAG HEAD: NEW/CHG HA ABV 50 YOA	No Auth Required				
G2189	PT CLIN IND IMAG HEAD: ABN NEURO EX	PATIENTS CLINICAL IND IMAG HEAD: ABN NEURO EXAM	No Auth Required				
G2190	PT CLIN IND IMAG HEAD: HA RAD NECK	PATIENTS CLINICAL IND IMAG HEAD: HA RAD NECK	No Auth Required				
G2191	PT CLIN IND IMAG HEAD: POSIT HA	PATIENTS CLIN IND IMAG HEAD: POSIT HEADACHES	No Auth Required				
G2192	PT CLN IND IMG HD:TMP HA PT O 55 YA	PT CLIN IND IMAG HEAD: TEMP HA PT OVR 55 YOA	No Auth Required				
G2193	PT CLIN IND IMG HD:NEW ON HA <6 YOA	PT CLIN IND IMAG HEAD: NEW ON HEADACHE <6 YOA	No Auth Required				
G2194	PT CLN IND IMG HD;NU ON HA PD PT DB	PT CLIN IND IMG HEAD: NEW ON HA PED PT W/DISAB	No Auth Required				
G2195	PT CLIN IND IMAG HEAD: OCC HA CHILD	PT CLIN IND IMAG HEAD: OCC HEADACHE CHILDREN	No Auth Required				
G2196	PT IDENT UH ALC USR SCR UH ALC USE	PT IDENT AS UH ALC USR WHEN SCR FOR UH ALC USE	No Auth Required				

G2197	PT SCR UH ALC USE NOT ID UH ALC USR	PATIENT SCR UH ALC USE NOT ID AS AN UH ALC USR	No Auth Required				
G2198	DOC MD RSN NO S UH ALC USE SYS S ME	DOC MED RSN NO SCR UH ALC USE SYS SCR METHOD	No Auth Required				
G2199	PT NOT SCR UH ALC USE SYS SM NO RSN	PT NOT SCR UH ALC USE USING SYS SCR METH NO RSN	No Auth Required				
G2200	PT IDENT UH ALC USER RCV BRF CNSLG	PATIENT IDENTIFIED UH ALC USER RCV BRIEF CNSLG	No Auth Required				
G2201	DOC MED RSN FOR NOT PROV BRF CNSLG	DOC OF MED RSN FOR NOT PROV BRIEF COUNSELING	No Auth Required				
G2202	PT NO CNSL ID UH ALC USR NO RSN GVN	PT DID NOT RECV BRF CNSL ID UH ALC USR NO RSN	No Auth Required				
G2203	DOC MED RSN NO CNSLG ID UH ALC USER	DOC MED RSN NOT PROV BRF CNSLG ID UH ALC USER	No Auth Required				
G2204	PT B/T 50&85 Y RCVD SCR CC DUR PR P	PT BTWN 50 & 85 YOA RCVD SCR COLO DUR PFRF PER	No Auth Required				
G2205	PT WITH PREGNANCY DUR ADJ TX CRS	PATIENTS WITH PREGNANCY DURING ADJUVANT TX CRS	No Auth Required				
G2206	PT RCV ADJ TX CRS CHEMO&HER2-TGT TX	PT RECEIVED ADJ TX COURSE CHEMO & HER2-TGT TX	No Auth Required				
G2207	RSN NOT ADM ADJ TX CRS CHMO&HER2-TT	RSN NOT ADM ADJ TX COURSE INCL CHEMO & HER2-TT	No Auth Required				
G2208	PT DID NOT RECV ADJUVANT TX COURSE	PATIENT DID NOT RECV ADJUVANT TREATMENT COURSE	No Auth Required				
G2209	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required				
G2210	RD CG SC NCK IMPR NO MSR PT NOT CMP	RD CG SC NCK IMPR NO MSR PT NOT CMPL NFS PROM	No Auth Required				
G2211	VISIT CPLX INHERENT E&M ASSOC MCS	VISIT CPLX INHERENT E&M ASSOC WITH MED CARE SRVC	No Auth Required				
G2212	PROLNG OF/OP E&M BYND RT;EA AD 15 M	PROLONG OFC/OP E&M BYND REQ TIME; EA ADD 15 M	No Auth Required				
G2213	INIT MED TX OPIOID USE D/O ED SET	INIT MEDICATION TX OPIOID USE D/O ED SETTING	No Auth Required				
G2214	INIT/SUB PSY CCM 1ST 30 M MO BH CAR	INIT/SUB PSY CCM 1ST 30 M IN MO OF BH CARE ACTY	No Auth Required				
G2215	TAKE H SPLY NSL NLX;LIST SEP ADD CD	TAKE HOME SPLY NSL NLX; LIST SEP ADD CD PRIM PCR	No Auth Required				
G2216	TAKE HM SPLY INJ NLXLIST SEP ADD CD	TAKE HOME SPLY INJ NLXLIST SEP ADD CD PRIM PROC	No Auth Required				
G2250	REM ASMT REC VID &/ IMAG SUB EST PT	REMOTE ASMT RECORD VIDEO &/ IMAGES SUB ESTAB PT	No Auth Required				
G2251	BRF COM TECH-B SRVC VR C/I Q HCP	BRIEF COMM TECH-BASED SRVC VR C/I QUAL HCP	No Auth Required				
G2252	BRF CM TCH-B SRVC VR C/I P/O Q HCP	BRIEF COM TECH-B SRVC VR C/I PHYS/OTH QUAL HCP	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		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				
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				
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				
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				
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				
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				
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				

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				
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				
G9012	OTH SPEC CASE MGMT SERVICE NEC	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	No Auth Required	General Medicine - health and behavior assessment/intervention			
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	ESRD DEMO BASIC BUNDLE LEVEL I	No Auth Required				
G9014	ESRD DEMO EXPND BUNDLE W/VENUS ACSS	ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS&REL SRVC	No Auth Required				
G9016	SMOK CESSATN CNSL IND ABSNC/ADD E&M	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS	No Auth Required				
G9050	ONC; PRIM FOCUS; WRKUP EVAL/STAG	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG@TM DX/RECUR	No Auth Required				
G9051	ONC; PRIM FOCUS; TX DECISION OPTNS	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS	No Auth Required				
G9052	ONC; PRIM; SURVEILLANCE RECUR;	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE	No Auth Required				

G9053	ONC; PRIM; EXPECT MGMT EVIDENCE CA;	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE	No Auth Required				
G9054	ONC;PRIM;SUP PT TERM CA;PALLIATV TX	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX	No Auth Required				
G9055	ONC;PRIM;OTH UNS NOT OTHERWISE LIST	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST	No Auth Required				
G9056	ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES	No Auth Required				
G9057	ONC; PRAC; MGMT DIFFER CLIN TRIAL	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL	No Auth Required				
G9058	ONC; MGMT DIFFR PHYS DISAGREE GUIDE	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE	No Auth Required				
G9059	ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX	No Auth Required				
G9060	ONC; PRAC; MGMT DIFFER COMORBID ILL	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL	No Auth Required				
G9061	ONC; PTS COND NOT ADDRESSED GUIDE	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE	No Auth Required				
G9062	ONC; PRAC; MGMT DIFFERS OTH REASON	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON	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		Full Clinical Review	
G9147	OIVIT MSR: RQ; &/UUN; &/GLU; &/K+	OP IV INSULIN TX MEASURE: RQ; &/UUN; &/GLU; &/K+	No Auth Required				
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				
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				
G9473	SRVC PERF CHAPLN HOSPICE EA 15 MIN	SERVICES PERF BY CHAPLAIN HOSPICE SET EA 15 MIN	No Auth Required	Hospice			
G9474	SRVC PRF DIET CNSLR HOSPICE EA 15 M	SRVC PERF DIETARY COUNSELOR HOSPICE EA 15 MIN	No Auth Required	Hospice			
G9475	SRVC PERF OTH COUNS HSPCE EA 15 MIN	SERVICES PERF OTH COUNSELOR HOSPICE SET EA15 MIN	No Auth Required	Hospice			
G9476	SRVC PRF VOLUNTEER HOSPICE EA15 MIN	SERVICES PERF VOLUNTEER HOSPICE SETTING EA15 MIN	No Auth Required	Hospice			
G9477	SRVC PRF CARE COORD HOSPICE EA 15 M	SRVC PERF CARE COORDINATOR HOSPICE SET EA 15 MIN	No Auth Required	Hospice			
G9478	SRVC PRF OTH QUAL TH HOSPCE EA 15 M	SRVC PERF OTH QUAL THERAPIST HOSPICE EA 15 MIN	No Auth Required	Hospice			

G9479	SRVC PRF QUAL PHARM HOSPICE EA 15 M	SRVC PERF QUAL PHARMACIST HOSPICE SET EA 15 MIN	No Auth Required	Hospice			
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				
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		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		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		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	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
G9937	DIAGNOSTIC COLONOSCOPY	DIAGNOSTIC COLONOSCOPY	No Auth Required	Colonoscopy	PA for Code in Group Applies to All Codes within Specific Group		
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				
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:		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				
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				

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				
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	ALCOHOL AND/OR DRUG ASSESSMENT	No Auth Required				
H0002	BHVAL HLTH SCR DETRM ADMIS TX PROGM	BHVAL HEALTH SCR DETERM ELIGBLITY ADMIS TX PROGM	No Auth Required				
H0003	ALCOHL&/RX SCR;LAB ANALY ALCOHL&/RX	ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX	No Auth Required				
H0004	BEHAVIORAL HEALTH CNSL&TX-15 MIN	BEHAVIORAL HEALTH CNSL&THERAPY PER 15 MINUTES	No Auth Required				
H0005	ALCOHL&/RX SRVC; GRP CNSL CLINICIAN	ALCOHOL &OR DRUG SERVICES; GROUP CNSL CLINICIAN	No Auth Required				
H0006	ALCOHOL &OR DRUG SRVC; CASE MGMT	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	No Auth Required				
H0007	ALCOHL &OR RX SRVC; CRISIS INTERVEN	ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0008	ALCOHL&/RX SRVC;SUB-AC DTOX HOSP IP	ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0009	ALCOHL&/RX SRVC; ACUTE DTOX HOSP IP	ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0010	ALCOHL&/RX SRVC; SUB-AC DTOX RES IP	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0011	ALCOHL&/RX SRVC;AC DTOX RES PROG IP	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0012	ALCOHL&/RX SRVC; SUB-AC DTOX RES OP	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0013	ALCOHL&/RX SRVC;AC DTOX RES PROG OP	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0014	ALCOHL &/ RX SRVC; AMB DTOXFICATION	ALCOHOL &OR DRUG SERVICES; AMB DETOXIFICATION	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	

H0015	ALCOHL&/RX SRVC; INTENSV OP; INTRVN	ALCOHL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0016	ALCOHL &OR RX SRVC; MEDICAL/SOMATIC	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0017	BHVAL HEALTH; RES W/O ROOM&BD-DIEM	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0018	BHVAL HLTH; SHRT-TERM RES PER DIEM	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0019	BHVAL HLTH; LNG-TERM RES PER DIEM	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0020	ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC	ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0021	ALCOHOL &OR DRUG TRAINING SERVICE	ALCOHOL AND/OR DRUG TRAINING SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0022	ALCOHOL &OR DRUG INTERVEN SERVICE	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	BEHAVIORAL HEALTH OUTREACH SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0024	BHVAL HLTH PRV INFORM DISSEMIN SRVC	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0025	BHVAL HEALTH PREV EDUCATION SERVICE	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0026	ALCOHL&/RX PREV PRC SRVC CMTY-BASED	ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0027	ALCOHL &OR RX PREV ENVIR SERVICE	ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC	ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS	No Auth Required	General Medicine - health and behavior assessment/intervention			

H0029	ALCOHL &OR RX PREVENTION ALT SRVC	ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE	No Auth Required	General Medicine - health and behavior assessment/intervention			
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	BEHAVIORAL HEALTH HOTLINE SERVICE	No Auth Required				
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0032	MENTL HLTH SRVC PLAN DVLP NON-PHYS	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0033	ORAL MEDADMIN DIR OBSERVATION	ORAL MEDICATION ADMIN DIRECT OBSERVATION	No Auth Required				
H0034	MEDICATION TRN&SUPPORT PER 15 MIN	MEDICATION TRAINING AND SUPPORT PER 15 MINUTES	No Auth Required				
H0035	MENTAL HEALTH PART HOSP TX < 24 HR	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H0036	CMTY PSYC SUPP TX FCE-TO-FCE-15 MIN	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	No Auth Required				
H0037	CMTY PSYC SUPPORTIVE TX PROGM-DIEM	COMMUNITY PSYC SUPPORTIVE TX PROGM PER DIEM	No Auth Required				
H0038	SELF-HELP/PEER SERVICES PER 15 MIN	SELF-HELP/PEER SERVICES PER 15 MINUTES	No Auth Required				
H0039	ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	No Auth Required				
H0040	ASSERTIVE CMTY TX PROGM PER DIEM	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM	No Auth Required				
H0041	FOSTER CARE CHLD NON-TX-DIEM	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	No Auth Required				
H0042	FOSTER CARE CHLD NON-TX-MONTH	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	No Auth Required				
H0043	SUPPORTED HOUSING PER DIEM	SUPPORTED HOUSING PER DIEM	No Auth Required				
H0044	SUPPORTED HOUSING PER MONTH	SUPPORTED HOUSING PER MONTH	No Auth Required				
H0045	RESPITE CARE SRVC NOT HOME PER DIEM	RESPITE CARE SERVICES NOT IN THE HOME PER DIEM	No Auth Required				
H0046	MENTAL HEALTH SERVICES NOS	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Authorization Required			Full Clinical Review	
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	Authorization Required			Full Clinical Review	
H0048	ALC &/OTH RX TST: CLCT&HNDL NOT BLD	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD	No Auth Required				
H0049	ALCOHOL AND/OR DRUG SCREENING	ALCOHOL AND/OR DRUG SCREENING	No Auth Required				
H0050	ALCOHOL &/ DRUG SRVC BRF PER 15 MIN	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN	No Auth Required				
H1000	PRENATAL CARE AT-RISK ASSESSMENT	PRENATAL CARE AT-RISK ASSESSMENT	No Auth Required				
H1001	PRENATAL @RISK ENHNCD SRVC; ANTPRTM	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT	No Auth Required				
H1002	PRENATAL @RISK ENHNCD SRVC; COORD	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD	No Auth Required				
H1003	PRENATAL @RISK ENHNCD SRVC; ED	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION	No Auth Required				

H1004	PRENATAL @RISK ENHNCD SRVC; F/U HOM	PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT	No Auth Required				
H1005	PRENATAL @RISK ENHNCD SRVC PKG	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE	No Auth Required				
H1010	NON-MEDICAL FAM PLANNING ED-SESSION	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION	No Auth Required				
H1011	FAM ASSESS LIC BHVAL HLTH STATE DEF	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED	No Auth Required				
H2000	COMP MULTIDISCIPLINARY EVALUATION	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	No Auth Required				
H2001	REHABILITATION PROGRAM PER 1/2 DAY	REHABILITATION PROGRAM PER 1/2 DAY	No Auth Required				
H2010	COMP MEDICATION SERVICES PER 15 MIN	COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES	No Auth Required				
H2011	CRISIS INTERVEN SERVICE PER 15 MIN	CRISIS INTERVENTION SERVICE PER 15 MINUTES	No Auth Required				
H2012	BEHAVIORAL HEALTH DAY TX PER HOUR	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H2013	PSYC HEALTH FACL SERVICE PER DIEM	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Authorization Required			Full Clinical Review	
H2014	SKILLS TRAINING&DVLP PER 15 MINUTES	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	No Auth Required				
H2015	COMP CMTY SUPPORT SRVC PER 15 MIN	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	No Auth Required				
H2016	COMP CMTY SUPPORT SRVC PER DIEM	COMP COMMUNITY SUPPORT SERVICES PER DIEM	No Auth Required				
H2017	PSYCHOSOCIAL REHAB SRVC 15 MINUTES	PSYCHOSOCIAL REHAB SERVICES PER 15 MINUTES	No Auth Required				
H2018	PSYCHOSOCIAL REHAB SRVC PER DIEM	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	No Auth Required				
H2019	THERAPEUTIC BEHAVIORAL SRVC 15 MIN	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H2020	THERAPEUTIC BEHAVIORAL SRVC DIEM	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
H2021	CMTY-BASED WRAP-AROUND SRVC 15 MIN	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN	No Auth Required				
H2022	CMTY-BASED WRAP-AROUND SRVC DIEM	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	No Auth Required				
H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	SUPPORTED EMPLOYMENT PER 15 MINUTES	No Auth Required				
H2024	SUPPORTED EMPLOYMENT PER DIEM	SUPPORTED EMPLOYMENT PER DIEM	No Auth Required				
H2025	ONGOING SUPP MNTAIN EMPLOY 15 MIN	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	No Auth Required				
H2026	ONGOING SUPP MNTAIN EMPLOYMENT DIEM	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT PER DIEM	No Auth Required				
H2027	PSYCHOEDUCATIONAL SERVICE 15 MIN	PSYCHOEDUCATIONAL SERVICE PER 15 MINUTES	No Auth Required				
H2028	SEXLOFFENDER TX SERVICE PER 15 MIN	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES	No Auth Required				
H2029	SEXUAL OFFENDER TX SERVICE PER DIEM	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM	No Auth Required				

H2030	MENTAL HEALTH CLUBHOUSE SRVC 15 MIN	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	No Auth Required				
H2031	MENTAL HEALTH CLUBHOUSE SRVC DIEM	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM	No Auth Required				
H2032	ACTIVITY THERAPY PER 15 MINUTES	ACTIVITY THERAPY PER 15 MINUTES	No Auth Required				
H2033	MULTISYS THERAPY JUVS PER 15 MIN	MULTISYSTEMIC THERAPY JUVENILES PER 15 MINUTES	No Auth Required				
H2034	ALC&/RX ABS HALFWAY HOUSE SRVC DIEM	ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM	No Auth Required				
H2035	ALCOHOL &OR OTH DRUG TX PROGM-HOUR	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR	Authorization Required			Full Clinical Review	
H2036	ALCOHOL &OR OTH DRUG TX PROGM-DIEM	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM	Authorization Required			Full Clinical Review	
H2037	DVLPMNTL DLAY PREV ACTV CHLD 15 MIN	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	No Auth Required				
J0120	INJECTION TETRACYCLINE UP TO 250 MG	INJECTION TETRACYCLINE UP TO 250 MG	No Auth Required	Drug Administration			
J0121	INJECTION OMADACYCLINE 1 MG	INJECTION OMADACYCLINE 1 MG	No Auth Required				
J0122	INJECTION ERAVACYCLINE 1 MG	INJECTION ERAVACYCLINE 1 MG	No Auth Required				
J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Authorization Required	Drug Administration		Full Clinical Review	
J0130	INJECTION ABCIXIMAB 10 MG	INJECTION ABCIXIMAB 10 MG	No Auth Required	Drug Administration			
J0131	INJECTION ACETAMINOPHEN 10 MG	INJECTION ACETAMINOPHEN 10 MG	No Auth Required	Drug Administration			
J0132	INJECTION ACETYLCYSTEINE 100 MG	INJECTION ACETYLCYSTEINE 100 MG	No Auth Required	Drug Administration			
J0133	INJECTION ACYCLOVIR 5 MG	INJECTION ACYCLOVIR 5 MG	No Auth Required	Drug Administration			
J0135	INJECTION ADALIMUMAB 20 MG	INJECTION ADALIMUMAB 20 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J0153	INJECTION ADENOSINE 1 MG	INJECTION ADENOSINE 1 MG	No Auth Required	Drug Administration			
J0171	INJ ADRENALIN EPINEPHRINE 0.1 MG	INJECTION ADRENALIN EPINEPHRINE 0.1 MG	No Auth Required	Drug Administration			
J0178	INJECTION AFLIBERCEPT 1 MG	INJECTION AFLIBERCEPT 1 MG	No Auth Required	Drug Administration			
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG	INJECTION BROLUCIZUMAB-DBLL 1 MG	Authorization Required			Full Clinical Review	
J0180	INJECTION AGALSIDASE BETA 1 MG	INJECTION AGALSIDASE BETA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0185	INJECTION APREPITANT 1 MG	INJECTION APREPITANT 1 MG	Authorization Required	Drug Administration		Network Validation	
J0190	INJECTION BIPERIDEN LACTAT PER 5 MG	INJECTION BIPERIDEN LACTATE PER 5 MG	No Auth Required	Drug Administration			
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	INJECTION ALATROFLOXACIN MESYLATE 100 MG	No Auth Required	Drug Administration			
J0202	INJECTION ALEMTUZUMAB 1 MG	INJECTION ALEMTUZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0205	INJECTION ALGLUCERASE PER 10 UNITS	INJECTION ALGLUCERASE PER 10 UNITS	No Auth Required	Drug Administration			
J0207	INJECTION AMIFOSTINE 500 MG	INJECTION AMIFOSTINE 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0210	INJ METHYLDOPATE HCL TO 250 MG	INJECTION METHYLDOPATE HCL UP TO 250 MG	No Auth Required	Drug Administration			
J0215	INJECTION ALEFACEPT 0.5 MG	INJECTION ALEFACEPT 0.5 MG	No Auth Required	Drug Administration			
J0220	INJ ALGLUCOSIDASE ALFA 10 MG NOS	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	No Auth Required	Drug Administration			
J0221	INJ ALGLUCOSIDASE ALFA 10 MG	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0222	INJECTION PATISIRAN 0.1 MG	INJECTION PATISIRAN 0.1 MG	Authorization Required			Full Clinical Review	
J0223	Inj givosiran 0.5 mg	Injection, givosiran, 0.5 mg	Authorization Required			Full Clinical Review	
J0256	INJ ALPHA 1-PROTASE INHIB NOS 10 MG	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	No Auth Required	Drug Administration			
J0257	INJ ALPHA 1 PROTEINASE INH 10 MG	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	No Auth Required	Drug Administration			
J0270	INJECTION ALPROSTADIL 1.25 MCG	INJECTION ALPROSTADIL 1.25 MCG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy

J0275	ALPROSTADIL URETHRAL SUPPOSITORY	ALPROSTADIL URETHRAL SUPPOSITORY	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J0278	INJECTION AMIKACIN SULFATE 100 MG	INJECTION AMIKACIN SULFATE 100 MG	No Auth Required	Drug Administration			
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	INJECTION AMINOPHYLLIN UP TO 250 MG	No Auth Required	Drug Administration			
J0282	INJ AMIODARONE HYDROCHLORIDE 30 MG	INJECTION AMIODARONE HYDROCHLORIDE 30 MG	No Auth Required	Drug Administration			
J0285	INJECTION AMPHOTERICIN B 50 MG	INJECTION AMPHOTERICIN B 50 MG	No Auth Required	Drug Administration			
J0287	INJ AMPHOTERICN B LIPID CMPLX 10 MG	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	No Auth Required	Drug Administration			
J0288	INJ AMPHOTERICIN B CHOLESTRYL 10 MG	INJ AMPHOTERICIN B CHOLESTRYL SULFAT CMPLX 10 MG	No Auth Required	Drug Administration			
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	No Auth Required	Drug Administration			
J0290	INJECTION AMPICILLIN SODIUM 500 MG	INJECTION AMPICILLIN SODIUM 500 MG	No Auth Required	Drug Administration			
J0291	INJECTION PLAZOMICIN 5 MG	INJECTION PLAZOMICIN 5 MG	No Auth Required				
J0295	INJ AMPCLLN SODIM/SULBACTAM-1.5 G	INJECTION AMPCLLN SODIUM/SULBACTAM SODIUM-1.5 G	No Auth Required	Drug Administration			
J0300	INJECTION AMOBARBITAL UP TO 125 MG	INJECTION AMOBARBITAL UP TO 125 MG	No Auth Required	Drug Administration			
J0330	INJ SUCCINYLCHOLINE CHLORID UP 20MG	INJECTION SUCCINYLCHOLINE CHLORIDE UP TO 20 MG	No Auth Required	Drug Administration			
J0348	INJECTION ANIDULAFUNGIN 1 MG	INJECTION ANIDULAFUNGIN 1 MG	No Auth Required	Drug Administration			
J0350	INJECTION ANISTREPLASE PER 30 UNITS	INJECTION ANISTREPLASE PER 30 UNITS	No Auth Required	Drug Administration			
J0360	INJECTION HYDRALAZINE HCL UP 20 MG	INJECTION HYDRALAZINE HCL UP TO 20 MG	No Auth Required	Drug Administration			
J0364	INJ APOMORPH HYDROCHLORID 1 MG	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	No Auth Required	Drug Administration			
J0365	INJECTION APROTININ 10000 KIU	INJECTION APROTININ 10000 KIU	No Auth Required	Drug Administration			
J0380	INJ METARAMINOL BITARTRATE 10 MG	INJECTION METARAMINOL BITARTRATE PER 10 MG	No Auth Required	Drug Administration			
J0390	INJECTION CHLOROQUINE HCL UP 250 MG	INJECTION CHLOROQUINE HCL UP TO 250 MG	No Auth Required	Drug Administration			
J0395	INJECTION ARBUTAMINE HCL 1 MG	INJECTION ARBUTAMINE HCL 1 MG	No Auth Required	Drug Administration			
J0400	INJ ARIPIPRAZOLE IM 0.25 MG	INJECTION ARIPIPRAZOLE INTRAMUSCULAR 0.25 MG	No Auth Required	Drug Administration			
J0401	INJ ARIPIPRAZOLE EXT RELEASE 1 MG	INJECTION ARIPIPRAZOLE EXTENDED RELEASE 1 MG	No Auth Required	Drug Administration			
J0456	INJECTION AZITHROMYCIN 500 MG	INJECTION AZITHROMYCIN 500 MG	No Auth Required	Drug Administration			
J0461	INJECTION ATROPINE SULFATE 0.01 MG	INJECTION ATROPINE SULFATE 0.01 MG	No Auth Required	Drug Administration			
J0470	INJECTION DIMERCAPROL PER 100 MG	INJECTION DIMERCAPROL PER 100 MG	No Auth Required	Drug Administration			
J0475	INJECTION BACLOFEN 10 MG	INJECTION BACLOFEN 10 MG	No Auth Required	Drug Administration			
J0476	INJ BACLOFEN 50 MCG INTRATHEC TRIAL	INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL	No Auth Required	Drug Administration			
J0480	INJECTION BASILIXIMAB 20 MG	INJECTION BASILIXIMAB 20 MG	No Auth Required	Drug Administration			
J0485	INJECTION BELATACEPT 1 MG	INJECTION BELATACEPT 1 MG	No Auth Required	Drug Administration			
J0490	INJECTION BELIMUMAB 10 MG	INJECTION BELIMUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0500	INJECTION DICYCLOMINE HCL UP 20 MG	INJECTION DICYCLOMINE HCL UP TO 20 MG	No Auth Required	Drug Administration			
J0515	INJ BENZTROPINE MESYLATE PER 1 MG	INJECTION BENZTROPINE MESYLATE PER 1 MG	No Auth Required	Drug Administration			
J0517	INJECTION BENRALIZUMAB 1 MG	INJECTION BENRALIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	

J0520	INJ BETHANECHOL CHLORIDE UP TO 5 MG	INJ BETHANECHOL CHLORIDE UP TO 5 MG	No Auth Required	Drug Administration			
J0558	INJ PCN G BENZ & PROCAINE 100000 U	INJECTION PCN G BENZ PCN G PROCAINE 100000 UNITS	No Auth Required	Drug Administration			
J0561	INJECTION PCN G BENZ 100000 UNITS	INJECTION PENICILLIN G BENZATHINE 100000 UNITS	No Auth Required	Drug Administration			
J0565	INJECTION BEZLOTOXUMAB 10 MG	INJECTION BEZLOTOXUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0567	INJECTION CERLIPONASE ALFA 1 MG	INJECTION CERLIPONASE ALFA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0570	BUPRENORPHINE IMPLANT 74.2 MG	BUPRENORPHINE IMPLANT 74.2 MG	No Auth Required	Drug Administration			
J0571	BUPRENORPHINE ORAL 1 MG	BUPRENORPHINE ORAL 1 MG	No Auth Required	Drug Administration			
J0572	BPN/NALOXONE ORAL </=TO 3 MG BPN	BUPRENORPHINE/NALOXONE ORAL </=TO 3 MG BPN	No Auth Required	Drug Administration			
J0573	BPN/NLX ORAL >3 MG BUT </=6 MG BPN	BUPRENORPHNE/NALOXONE ORAL >3 MG BUT </=6 MG BPN	No Auth Required	Drug Administration			
J0574	BPN/NLX O >6 MG BUT </=TO 10 MG BPN	BUPRENORPHINE/NLX ORAL >6 MG BUT </=TO 10 MG BPN	No Auth Required	Drug Administration			
J0575	BPN/NALOXONE ORAL >10 MG BPN	BUPRENORPHINE/NALOXONE ORAL >10 MG BUPRENORPHINE	No Auth Required	Drug Administration			
J0583	INJECTION BIVALIRUDIN 1 MG	INJECTION BIVALIRUDIN 1 MG	No Auth Required	Drug Administration			
J0584	INJECTION BUROSUMAB-TWZA 1 MG	INJECTION BUROSUMAB-TWZA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0585	BOTULINUM TOXIN TYPE A PER UNIT	BOTULINUM TOXIN TYPE A PER UNIT	Authorization Required	Drug Administration		Full Clinical Review	
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Authorization Required	Drug Administration		Full Clinical Review	
J0592	INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG	No Auth Required	Drug Administration			
J0593	INJECTION LANADELUMAB-FLYO 1 MG	INJECTION LANADELUMAB-FLYO 1 MG	Authorization Required			Full Clinical Review	
J0594	INJECTION BUSULFAN 1 MG	INJECTION BUSULFAN 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0595	INJECTION BUTORPHANOL TARTRATE 1 MG	INJECTION BUTORPHANOL TARTRATE 1 MG	No Auth Required	Drug Administration			
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Authorization Required	Drug Administration		Full Clinical Review	
J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J0600	INJ EDETATE CALCM DISODIM TO 1000MG	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG	No Auth Required	Drug Administration			
J0604	CINACALCET ORAL 1 MG	CINACALCET ORAL 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0606	INJECTION ETELCALCETIDE 0.1 MG	INJECTION ETELCALCETIDE 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0610	INJECTION CALCM GLUCONATE PER 10 ML	INJECTION CALCIUM GLUCONATE PER 10 ML	No Auth Required	Drug Administration			
J0620	INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	INJ CALCM GLYCEROPHOSPHATE&CALCM LACTAT-10 ML	No Auth Required	Drug Administration			
J0630	INJ CALCITONIN SALMON TO 400 UNITS	INJECTION CALCITONIN-SALMON UP TO 400 UNITS	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J0636	INJECTION CALCITRIOL 0.1 MCG	INJECTION CALCITRIOL 0.1 MCG	No Auth Required	Drug Administration			
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	INJECTION CASPOFUNGIN ACETATE 5 MG	No Auth Required	Drug Administration			
J0638	INJECTION CANAKINUMAB 1 MG	INJECTION CANAKINUMAB 1 MG	No Auth Required	Drug Administration			

J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	INJECTION LEUCOVORIN CALCIUM PER 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0642	INJECTION LEVOLEUCOVORIN 0.5 MG	INJECTION LEVOLEUCOVORIN 0.5 MG	No Auth Required				
J0670	INJECTION MEPIVACAINE HCL PER 10 ML	INJECTION MEPIVACAINE HCL PER 10 ML	No Auth Required	Drug Administration			
J0690	INJECTION CEFAZOLIN SODIUM 500 MG	INJECTION CEFAZOLIN SODIUM 500 MG	No Auth Required	Drug Administration			
J0692	INJ CEFEPIME HYDROCHLORID 500 MG	INJECTION CEFEPIME HYDROCHLORIDE 500 MG	No Auth Required	Drug Administration			
J0694	INJ CEFOXITIN SODIUM 1 GM	INJECTION CEFOXITIN SODIUM 1 G	No Auth Required	Drug Administration			
J0695	INJ CEFTOLOZANE 50 MG & TAZ 25 MG	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	No Auth Required	Drug Administration			
J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	INJECTION CEFTRIAXONE SODIUM PER 250 MG	No Auth Required	Drug Administration			
J0697	INJ STERL CEFUROXIME SODIUM 750 MG	INJECTION STERILE CEFUROXIME SODIUM PER 750 MG	No Auth Required	Drug Administration			
J0698	INJECTION CEFOTAXIME SODIUM PER G	INJECTION CEFOTAXIME SODIUM PER G	No Auth Required	Drug Administration			
J0702	INJ BETAMETHASONE AC & PHOS 3 MG	INJ BETAMETHASONE ACETATE & PHOSPHATE 3 MG	No Auth Required	Drug Administration			
J0706	INJECTION CAFFEINE CITRATE 5MG	INJECTION CAFFEINE CITRATE 5 MG	No Auth Required	Drug Administration			
J0710	INJ CEPHAPIRIN SODIUM TO 1 GM	INJECTION CEPHAPIRIN SODIUM UP TO 1 G	No Auth Required	Drug Administration			
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	INJECTION CEFTAROLINE FOSAMIL 10 MG	No Auth Required	Drug Administration			
J0713	INJECTION CEFTAZIDIME PER 500 MG	INJECTION CEFTAZIDIME PER 500 MG	No Auth Required	Drug Administration			
J0714	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	INJECTION CEFTAZIDIME & AVIBACTAM 0.5 G/0.125 G	No Auth Required	Drug Administration			
J0715	INJ CEFTIZOXIME SODIUM PER 500 MG	INJECTION CEFTIZOXIME SODIUM PER 500 MG	No Auth Required	Drug Administration			
J0716	INJ CENTRUROIDS IMM FAB2 TO 120 MCI	INJECTION CENTRUROIDES IMMUNE FAB2 UP TO 120 MCI	No Auth Required	Drug Administration			
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	INJECTION CERTOLIZUMAB PEGOL 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0720	INJ CHLORMPHNICL SODIM SUCCNT TO 1G	INJECTION CHLORAMPHENICOL SODIUM SUCCNAT TO 1 G	No Auth Required	Drug Administration			
J0725	INJ CHORIONIC GONADOTROPIN-1000 USP	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	No Auth Required	Drug Administration			
J0735	INJ CLONIDINE HYDROCHLORID 1 MG	INJECTION CLONIDINE HYDROCHLORIDE 1 MG	No Auth Required	Drug Administration			
J0740	INJECTION CIDOFOVIR 375 MG	INJECTION CIDOFOVIR 375 MG	No Auth Required	Drug Administration			
J0743	INJ CILASTATIN SODIM IMIPENEM-250MG	INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG	No Auth Required	Drug Administration			
J0744	INJ CIPROFLOXACIN IV INFUS 200 MG	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG	No Auth Required	Drug Administration			
J0745	INJ CODEINE PHOSPHATE PER 30 MG	INJECTION CODEINE PHOSPHATE PER 30 MG	No Auth Required	Drug Administration			
J0770	INJ COLISTIMETHATE SODIUM TO 150 MG	INJECTION COLISTIMETHATE SODIUM UP TO 150 MG	No Auth Required	Drug Administration			
J0775	INJ COLLAGENASE CHC 0.01 MG	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0780	INJ PROCHLORPERAZINE TO 10 MG	INJ PROCHLORPERAZINE TO 10 MG	No Auth Required	Drug Administration			
J0791	Inj crizanlizumab-tmca 5mg	Injection, crizanlizumab-tmca, 5 mg	Authorization Required			Full Clinical Review	
J0795	INJ CORTICORELN OVINE TRIFLUT 1 MCG	INJ CORTICORELIN OVINE TRIFLUTATE 1 MICROGM	No Auth Required	Drug Administration			

J0800	INJECTION CORTICOTROPIN UP 40 UNITS	INJECTION CORTICOTROPIN UP TO 40 UNITS	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J0834	INJECTION COSYNTROPIN 0.25 MG	INJECTION COSYNTROPIN 0.25 MG	No Auth Required	Drug Administration			
J0840	INJ CROTALIDAE POLYV IMM FAB UP 1 G	INJ CROTALIDAE POLYVALENT IMMUNE FAB UP TO 1 G	No Auth Required	Drug Administration			
J0841	INJECTION CROTALIDAE IMMUNE F120 MG	INJECTION CROTALIDAE IMMUNE F120 MG	No Auth Required	Drug Administration			
J0850	INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Authorization Required	Drug Administration		Full Clinical Review	
J0875	INJECTION DALBAVANCIN 5MG	INJECTION DALBAVANCIN 5MG	No Auth Required	Drug Administration			
J0878	INJECTION DAPTOMYCIN 1 MG	INJECTION DAPTOMYCIN 1 MG	Authorization Required	Drug Administration		Network Validation	
J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Authorization Required	Drug Administration		Full Clinical Review	
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	No Auth Required	Drug Administration			
J0883	INJ ARGATROBAN 1 MG NON-ESRD USE	INJECTION ARGATROBAN 1 MG NON-ESRD USE	No Auth Required	Drug Administration			
J0884	INJ ARGATROBN 1 MG ESRD ON DIALYSIS	INJECTION ARGATROBAN 1 MG ESRD ON DIALYSIS	No Auth Required	Drug Administration			
J0885	INJ EPOETIN ALFA NON-ESRD 1000 UNIT	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Authorization Required	Drug Administration		Full Clinical Review	Always processed by medical
J0887	INJECTION EPOETIN BETA 1 MICROGRAM	INJECTION EPOETIN BETA 1 MICROGRAM	Authorization Required	Drug Administration		Full Clinical Review	
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	INJECTION EPOETIN BETA 1 MICROGRAM	Authorization Required	Drug Administration		Full Clinical Review	
J0890	INJECTION PEGINESATIDE 0.1 MG	INJECTION PEGINESATIDE 0.1 MG	No Auth Required	Drug Administration			
J0894	INJECTION DECITABINE 1 MG	INJECTION DECITABINE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0895	INJ DEFEROXAMINE MESYLATE 500 MG	INJECTION DEFEROXAMINE MESYLATE 500 MG	No Auth Required	Drug Administration			
J0896	Inj luspatercept-aamt 0.25mg	Injection, luspatercept-aamt, 0.25 mg	Authorization Required			Full Clinical Review	
J0897	INJECTION DENOSUMAB 1 MG	INJECTION DENOSUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J0945	INJ BROMPHENIRAMINE MALEATE-10 MG	INJECTION BROMPHENIRAMINE MALEATE PER 10 MG	No Auth Required	Drug Administration			
J1000	INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	No Auth Required	Drug Administration			
J1020	INJ METHYLPRDNISOLONE ACTAT 20 MG	INJECTION METHYLPREDNISOLONE ACETATE 20 MG	No Auth Required	Drug Administration			
J1030	INJ METHYLPRDNISOLONE ACTAT 40 MG	INJECTION METHYLPREDNISOLONE ACETATE 40 MG	No Auth Required	Drug Administration			
J1040	INJ METHYLPRDNISOLONE ACTAT 80 MG	INJECTION METHYLPREDNISOLONE ACETATE 80 MG	No Auth Required	Drug Administration			
J1050	INJ MEDROXYPROGESTERNE ACETATE 1 MG	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	No Auth Required	Drug Administration			
J1071	INJ TESTOSTERONE CYPIONATE 1 MG	INJECTION TESTOSTERONE CYPIONATE 1 MG	No Auth Required	Drug Administration			
J1094	INJECTION DEXAMETHASONE ACTAT 1 MG	INJECTION DEXAMETHASONE ACETATE 1 MG	No Auth Required	Drug Administration			
J1095	INJ DEXAMETHASONE 9% IN= IOL 1 MCG	INJECTION DEXAMETHASONE 9% INTRAOCULAR 1 MCG	Authorization Required	Drug Administration		Full Clinical Review	
J1096	DXAMETHASONE LAC OPHTH INSRT 0.1 MG	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Authorization Required			Full Clinical Review	
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	No Auth Required				
J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG	No Auth Required	Drug Administration			
J1110	INJ DIHYDROERGOTAMINE MESYLATE 1 MG	INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG	No Auth Required	Drug Administration			

J1120	INJ ACETAZOLAMIDE SODIUM TO 500 MG	INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG	No Auth Required	Drug Administration			
J1130	INJECTION DICLOFENAC SODIUM .5 MG	INJECTION DICLOFENAC SODIUM .5 MG	No Auth Required	Drug Administration			
J1160	INJECTION DIGOXIN UP TO 0.5 MG	INJECTION DIGOXIN UP TO 0.5 MG	No Auth Required	Drug Administration			
J1162	INJ DIGOXIN IMMUNE FAB OVINE VIAL	INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL	No Auth Required	Drug Administration			
J1165	INJ PHENYTOIN SODIUM PER 50 MG	INJECTION PHENYTOIN SODIUM PER 50 MG	No Auth Required	Drug Administration			
J1170	INJECTION HYDROMORPHONE UP TO 4 MG	INJECTION HYDROMORPHONE UP TO 4 MG	No Auth Required	Drug Administration			
J1180	INJECTION DYPHYLLINE UP TO 500 MG	INJECTION DYPHYLLINE UP TO 500 MG	No Auth Required	Drug Administration			
J1190	INJ DEXRAZOXANE HCL PER 250 MG	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	No Auth Required	Drug Administration			
J1200	INJ DIPHENHYDRAMINE HCL TO 50 MG	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	No Auth Required	Drug Administration			
J1205	INJ CHLOROTHIAZIDE SODIUM 500 MG	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG	No Auth Required	Drug Administration			
J1212	INJ DMSO DIMETHYL SULFOXID 50% 50ML	INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML	No Auth Required	Drug Administration			
J1230	INJECTION METHADONE HCL UP TO 10 MG	INJECTION METHADONE HCL UP TO 10 MG	No Auth Required	Drug Administration			
J1240	INJECTION DIMENHYDRINATE TO 50 MG	INJECTION DIMENHYDRINATE UP TO 50 MG	No Auth Required	Drug Administration			
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	INJECTION DIPYRIDAMOLE PER 10 MG	No Auth Required	Drug Administration			
J1250	INJECTION DOBUTAMINE HCI PER 250 MG	INJECTION DOBUTAMINE HCI PER 250 MG	No Auth Required	Drug Administration			
J1260	INJECTION DOLASETRON MESYLATE 10 MG	INJECTION DOLASETRON MESYLATE 10 MG	No Auth Required	Drug Administration			
J1265	INJECTION DOPAMINE HCL 40 MG	INJECTION DOPAMINE HCL 40 MG	No Auth Required	Drug Administration			
J1267	INJECTION DORIPENEM 10 MG	INJECTION DORIPENEM 10 MG	No Auth Required	Drug Administration			
J1270	INJECTION DOXERCALCIFEROL 1 MCG	INJECTION DOXERCALCIFEROL 1 MCG	No Auth Required	Drug Administration			
J1290	INJECTION ECALLANTIDE 1 MG	INJECTION ECALLANTIDE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1300	INJECTION ECULIZUMAB 10 MG	INJECTION ECULIZUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1301	INJECTION EDARAVONE 1 MG	INJECTION EDARAVONE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	INJECTION RAVULIZUMAB-CWVZ 10 MG	Authorization Required			Full Clinical Review	
J1320	INJ AMITRIPTYLINE HCL TO 20 MG	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	No Auth Required	Drug Administration			
J1322	INJECTION ELOSULFASE ALFA 1 MG	INJECTION ELOSULFASE ALFA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1324	INJECTION ENFUVIRTIDE 1 MG	INJECTION ENFUVIRTIDE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1325	INJECTION EPOPROSTENOL 0.5 MG	INJECTION EPOPROSTENOL 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1327	INJECTION EPTIFIBATIDE 5 MG	INJECTION EPTIFIBATIDE 5 MG	No Auth Required	Drug Administration			
J1330	INJ ERGONOVINE MALEATE UP TO 0.2 MG	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG	No Auth Required	Drug Administration			
J1335	INJECTION ERTAPENEM SODIUM 500 MG	INJECTION ERTAPENEM SODIUM 500 MG	No Auth Required	Drug Administration			
J1364	INJECTION ERYTH LACTOBIONATE 500 MG	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG	No Auth Required	Drug Administration			
J1380	INJ ESTRADIOL VALERATE TO 10 MG	INJECTION ESTRADIOL VALERATE UP TO 10 MG	No Auth Required	Drug Administration			
J1410	INJECTION ESTROGEN CONJUGATED 25 MG	INJECTION ESTROGEN CONJUGATED PER 25 MG	No Auth Required	Drug Administration			
J1427	Injection, viltolarsen, 10mg (VILTEPSO)	Injection, viltolarsen, 10mg (VILTEPSO)	Authorization Required			Full Clinical Review	

J1428	INJECTION ETEPLIRSEN 10 MG	INJECTION ETEPLIRSEN 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1429	Inj golodirsen 10 mg	Injection, golodirsen, 10 mg	Authorization Required			Full Clinical Review	
J1430	INJ ETHANOLAMINE OLEATE 100 MG	INJECTION ETHANOLAMINE OLEATE 100 MG	No Auth Required	Drug Administration			
J1435	INJECTION ESTRONE PER 1 MG	INJECTION ESTRONE PER 1 MG	No Auth Required	Drug Administration			
J1436	INJ ETIDRONATE DISODIUM PER 300 MG	INJECTION ETIDRONATE DISODIUM PER 300 MG	No Auth Required	Drug Administration			
J1438	INJECTION ETANERCEPT 25 MG	INJECTION ETANERCEPT 25 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1439	INJ FERRIC CARBOXYMALTOSE 1 MG	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1442	INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Authorization Required	Drug Administration		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	No Auth Required	Drug Administration			
J1444	INJECTION FPC POWDER 0.1 MG IRON	INJ FERRIC PYROPHOSPHATE CITRATE PWD 0.1 MG IRON	No Auth Required				
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Authorization Required	Drug Administration		Full Clinical Review	
J1450	INJECTION FLUCONAZOLE 200 MG	INJECTION FLUCONAZOLE 200 MG	No Auth Required	Drug Administration			
J1451	INJECTION FOMEPIZOLE 15 MG	INJECTION FOMEPIZOLE 15 MG	No Auth Required	Drug Administration			
J1452	INJ FOMIVIRSEN SODIUM IO 1.65 MG	INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG	No Auth Required	Drug Administration			
J1453	INJECTION FOSAPREPITANT 1 MG	INJECTION FOSAPREPITANT 1 MG	No Auth Required	Drug Administration			
J1454	INJ FOSNETPT 235 MG & PLNST 0.25 MG	INJ FOSNETUPITANT 235 MG & PALONOSETRON 0.25 MG	No Auth Required	Drug Administration			
J1455	INJECTION FOSCARNET SODIUM 1000 MG	INJECTION FOSCARNET SODIUM PER 1000 MG	No Auth Required	Drug Administration			
J1457	INJECTION GALLIUM NITRATE 1 MG	INJECTION GALLIUM NITRATE 1 MG	No Auth Required	Drug Administration			
J1458	INJECTION GALSULFASE 1 MG	INJECTION GALSULFASE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1459	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1460	INJECTION GAMMA GLOB IM 1 CC	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	No Auth Required	Drug Administration			
J1555	INJECTION IMMUNE GLOBULIN 100 MG	INJECTION IMMUNE GLOBULIN 100 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1556	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1557	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1559	INJECTION IG HIZENTRA 100 MG	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1560	INJECTION GAMMA GLOB IM OVER 10 CC	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	No Auth Required	Drug Administration			
J1561	INJ IG NONLYOPHILIZED 500 MG	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1562	INJECTION IG VIVAGLOBIN 100 MG	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Authorization Required	Drug Administration		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		Full Clinical Review	
J1568	INJ IG OCTOGAM IV NONLYO 500MG	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	INJECTION GANCICLOVIR SODIUM 500 MG	No Auth Required	Drug Administration			
J1571	INJ HEP B IG HEPAGAM B IM 0.5 ML	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	No Auth Required	Drug Administration			

J1572	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1573	INJ HEP B IG HEPAGAM B IV 0.5 ML	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	No Auth Required	Drug Administration			
J1575	INJ IG/HYALURONIDASE 100 MG IG	INJ IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG	No Auth Required	Drug Administration			
J1580	INJ GARAMYCIN GENTAMICIN UP 80 MG	INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG	No Auth Required	Drug Administration			
J1595	INJECTION GLATIRAMER ACETATE 20 MG	INJECTION GLATIRAMER ACETATE 20 MG	Authorization Required	Drug Administration		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		Full Clinical Review	
J1600	INJ GOLD SODIUM THIOMALATE TO 50 MG	INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG	No Auth Required	Drug Administration			
J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Authorization Required	Drug Administration		Full Clinical Review	
J1610	INJ GLUCAGON HYDROCHLORIDE PER 1 MG	INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG	No Auth Required	Drug Administration			
J1620	INJ GONADORELN HYDROCHLORID 100 MCG	INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG	No Auth Required	Drug Administration			
J1626	INJ GRANISETRN HYDROCHLORID 100 MCG	INJECTION GRANISETRON HYDROCHLORIDE 100 MCG	No Auth Required	Drug Administration			
J1627	INJ GRANISETRON EXT-RLSE 0.1 MG	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1628	INJECTION GUSELKUMAB 1 MG	INJECTION GUSELKUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1630	INJECTION HALOPERIDOL UP TO 5 MG	INJECTION HALOPERIDOL UP TO 5 MG	No Auth Required	Drug Administration			
J1631	INJ HALOPERIDOL DECANOATE PER 50 MG	INJECTION HALOPERIDOL DECANOATE PER 50 MG	No Auth Required	Drug Administration			
J1632	Injection, brexanolone, 1 mg	Injection, brexanolone, 1 mg	Authorization Required			Full Clinical Review	
J1640	INJECTION HEMIN 1 MG	INJECTION HEMIN 1 MG	No Auth Required	Drug Administration			
J1642	INJECTION HEPARIN SODIUM 10 UNITS	INJECTION HEPARIN SODIUM PER 10 UNITS	No Auth Required	Drug Administration			
J1644	INJ HEPARIN SODIUM PER 1000 UNITS	INJECTION HEPARIN SODIUM PER 1000 UNITS	No Auth Required	Drug Administration			
J1645	INJ DALTEPARIN SODIUM PER 2500 IU	INJECTION DALTEPARIN SODIUM PER 2500 IU	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1650	INJECTION ENOXAPARIN SODIUM 10 MG	INJECTION ENOXAPARIN SODIUM 10 MG	No Auth Required	Drug Administration			Always processed by pharmacy
J1652	INJ FONDAPARINUX SODIUM 0.5 MG	INJECTION FONDAPARINUX SODIUM 0.5 MG	No Auth Required	Drug Administration			
J1655	INJECTION TINZAPARIN SODIUM 1000 IU	INJECTION TINZAPARIN SODIUM 1000 IU	No Auth Required	Drug Administration			
J1670	INJ TETNS IMMUN GLOB HUMN TO 250 U	INJECTION TETANUS IMMUNE GLOB HUMAN TO 250 UNITS	No Auth Required	Drug Administration			
J1675	INJ HISTRELIN ACTAT 10 MICROGMS	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	No Auth Required	Drug Administration			
J1700	INJ HYDROCORTISONE ACTAT TO 25 MG	INJECTION HYDROCORTISONE ACETATE UP TO 25 MG	No Auth Required	Drug Administration			
J1710	INJ HYDROCORTISON SOD PHOS TO 50 MG	INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG	No Auth Required	Drug Administration			
J1720	INJ HYDROCORTSON SOD SUCC TO 100 MG	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG	Authorization Required	Drug Administration		Network Validation	
J1726	INJECTION HPC 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Authorization Required	Drug Administration		Full Clinical Review	

J1729	INJECTION HPC NOS 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1730	INJECTION DIAZOXIDE UP TO 300 MG	INJECTION DIAZOXIDE UP TO 300 MG	No Auth Required	Drug Administration			
J1740	INJECTION IBANDRONATE SODIUM 1 MG	INJECTION IBANDRONATE SODIUM 1 MG	No Auth Required	Drug Administration			
J1741	INJECTION IBUPROFEN 100 MG	INJECTION IBUPROFEN 100 MG	No Auth Required	Drug Administration			
J1742	INJ IBUTILIDE FUMARATE 1 MG	INJ IBUTILIDE FUMARATE 1 MG	No Auth Required	Drug Administration			
J1743	INJECTION IDURSULFASE 1 MG	INJECTION IDURSULFASE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1744	INJECTION ICATIBANT 1 MG	INJECTION ICATIBANT 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	INJECTION IBALIZUMAB-UIYK 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1750	INJECTION IRON DEXTRAN 50 MG	INJECTION IRON DEXTRAN 50 MG	No Auth Required	Drug Administration			
J1756	INJECTION IRON SUCROSE 1 MG	INJECTION IRON SUCROSE 1 MG	No Auth Required	Drug Administration			
J1786	INJECTION IMIGLUCERASE 10 UNITS	INJECTION IMIGLUCERASE 10 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J1790	INJECTION DROPERIDOL UP TO 5 MG	INJECTION DROPERIDOL UP TO 5 MG	No Auth Required	Drug Administration			
J1800	INJECTION PROPRANOLOL HCL TO 1 MG	INJECTION PROPRANOLOL HCL UP TO 1 MG	No Auth Required	Drug Administration			
J1810	INJ DROPRIDL&FENTNYL CITRAT TO 2ML	INJ DROPERIDOL&FENTANYL CITRATE UP TO 2 ML AMP	No Auth Required	Drug Administration			
J1815	INJECTION INSULIN PER 5 UNITS	INJECTION INSULIN PER 5 UNITS	Authorization Required	Drug Administration		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		Full Clinical Review	Always processed by pharmacy
J1826	INJECTION INTERFERON BETA-1A 30 MCG	INJECTION INTERFERON BETA-1A 30 MCG	Authorization Required	Drug Administration		Full Clinical Review	
J1830	INJ INTERFERON BETA-1B 0.25 MG	INJECTION INTERFERON BETA-1B 0.25 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J1833	INJECTION ISAVUCONAZONIUM 1 MG	INJECTION ISAVUCONAZONIUM 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1835	INJECTION ITRACONAZOLE 50 MG	INJECTION ITRACONAZOLE 50 MG	No Auth Required	Drug Administration			
J1840	INJ KANAMYCIN SULFATE TO 500 MG	INJECTION KANAMYCIN SULFATE UP TO 500 MG	No Auth Required	Drug Administration			
J1850	INJ KANAMYCIN SULFATE TO 75 MG	INJECTION KANAMYCIN SULFATE UP TO 75 MG	No Auth Required	Drug Administration			
J1885	INJ KETOROLAC TROMETHAMINE 15 MG	INJECTION KETOROLAC TROMETHAMINE PER 15 MG	No Auth Required	Drug Administration			
J1890	INJ CEPHALOTHIN SODIUM TO 1 GM	INJECTION CEPHALOTHIN SODIUM UP TO 1 G	No Auth Required	Drug Administration			
J1930	INJECTION LANREOTIDE 1 MG	INJECTION LANREOTIDE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1931	INJECTION LARONIDASE 0.1 MG	INJECTION LARONIDASE 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J1940	INJECTION FUROSEMIDE UP TO 20 MG	INJECTION FUROSEMIDE UP TO 20 MG	No Auth Required	Drug Administration			
J1942	INJECTION ARIPIPRAZOLE LAUROXL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	No Auth Required	Drug Administration			
J1943	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	No Auth Required				
J1944	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	No Auth Required				
J1945	INJECTION LEPIRUDIN 50 MG	INJECTION LEPIRUDIN 50 MG	No Auth Required	Drug Administration			
J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	No Auth Required	Drug Administration			
J1953	INJECTION LEVETIRACETAM 10 MG	INJECTION LEVETIRACETAM 10 MG	No Auth Required	Drug Administration			
J1955	INJECTION LEVOCARNITINE PER 1 G	INJECTION LEVOCARNITINE PER 1 G	No Auth Required	Drug Administration			
J1956	INJECTION LEVOFLOXACIN 250 MG	INJECTION LEVOFLOXACIN 250 MG	No Auth Required	Drug Administration			
J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	INJECTION LEVORPHANOL TARTRATE UP TO 2 MG	No Auth Required	Drug Administration			
J1980	INJ HYOSCYAMINE SULFATE TO 0.25 MG	INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG	No Auth Required	Drug Administration			

J1990	INJ CHLORDIAZEPOXIDE HCL TO 100 MG	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	No Auth Required	Drug Administration			
J2001	INJECTION LIDO HCL IV INFUS 10 MG	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG	No Auth Required	Drug Administration			
J2010	INJECTION LINCOMYCIN HCL TO 300 MG	INJECTION LINCOMYCIN HCL UP TO 300 MG	No Auth Required	Drug Administration			
J2020	INJECTION LINEZOLID 200 MG	INJECTION LINEZOLID 200 MG	No Auth Required	Drug Administration			
J2060	INJECTION LORAZEPAM 2 MG	INJECTION LORAZEPAM 2 MG	No Auth Required	Drug Administration			
J2062	LOXAPINE FOR INHALATION 1 MG	LOXAPINE FOR INHALATION 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2150	INJECTION MANNITOL 25% IN 50 ML	INJECTION MANNITOL 25% IN 50 ML	No Auth Required	Drug Administration			
J2170	INJECTION MECASERMIN 1 MG	INJECTION MECASERMIN 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J2175	INJECTION MEPERIDINE HCL PER 100 MG	INJECTION MEPERIDINE HCL PER 100 MG	No Auth Required	Drug Administration			
J2180	INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	INJECTION MEPERIDINE&PROMETHAZINE HCL TO 50 MG	No Auth Required	Drug Administration			
J2182	INJECTION MEPOLIZUMAB 1 MG	INJECTION MEPOLIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2185	INJECTION MEROPENEM 100 MG	INJECTION MEROPENEM 100 MG	No Auth Required	Drug Administration			
J2186	INJ MEM VABORBACTAM 10 MG/10 MG	INJECTION MEROPENEM VABORBACTAM 10 MG/10 MG	No Auth Required	Drug Administration			
J2210	INJ METHYLRGONOVIN MALATE TO 0.2 MG	INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG	No Auth Required	Drug Administration			
J2212	INJECTION METHYLNALTREXONE 0.1 MG	INJECTION METHYLNALTREXONE 0.1 MG	No Auth Required	Drug Administration			Always processed by pharmacy
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	INJECTION MICAFUNGIN SODIUM 1 MG	No Auth Required	Drug Administration			
J2250	INJECTION MIDAZOLAM HCL PER 1 MG	INJECTION MIDAZOLAM HCL PER 1 MG	No Auth Required	Drug Administration			
J2260	INJECTION MILRINONE LACTATE 5 MG	INJECTION MILRINONE LACTATE 5 MG	No Auth Required	Drug Administration			
J2265	INJECTION MINOCYCLINE HCL 1 MG	INJECTION MINOCYCLINE HCL 1 MG	No Auth Required	Drug Administration			
J2270	INJ MORPHINE SULFATE UP TO 10 MG	INJECTION MORPHINE SULFATE UP TO 10 MG	No Auth Required	Drug Administration			
J2274	INJ MS PRS-FREE EPID/INTH USE 10 MG	INJECTION MS PRES-FREE EPID/INTRATHECL USE 10 MG	No Auth Required	Drug Administration			
J2278	INJECTION ZICONOTIDE 1 MICROGRAM	INJECTION ZICONOTIDE 1 MICROGRAM	No Auth Required	Drug Administration			
J2280	INJECTION MOXIFLOXACIN 100 MG	INJECTION MOXIFLOXACIN 100 MG	No Auth Required	Drug Administration			
J2300	INJECTION NALBUPHINE HCL PER 10 MG	INJECTION NALBUPHINE HCL PER 10 MG	No Auth Required	Drug Administration			
J2310	INJECTION NALOXONE HCL PER 1 MG	INJECTION NALOXONE HCL PER 1 MG	No Auth Required	Drug Administration			
J2315	INJ NALTREXONE DEPOT FORM 1 MG	INJECTION NALTREXONE DEPOT FORM 1 MG	No Auth Required	Drug Administration			
J2320	INJ NANDROLONE DECANOATE TO 50 MG	INJECTION NANDROLONE DECANOATE UP TO 50 MG	No Auth Required	Drug Administration			
J2323	INJECTION NATALIZUMAB 1 MG	INJECTION NATALIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2325	INJECTION NESIRITIDE 0.1 MG	INJECTION NESIRITIDE 0.1 MG	No Auth Required	Drug Administration			
J2326	INJECTION NUSINERSEN 0.1 MG	INJECTION NUSINERSEN 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2350	INJECTION OCRELIZUMAB 1 MG	INJECTION OCRELIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Authorization Required	Drug Administration		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		Full Clinical Review	Always processed by pharmacy
J2355	INJECTION OPRELVEKIN 5 MG	INJECTION OPRELVEKIN 5 MG	No Auth Required	Drug Administration			
J2357	INJECTION OMALIZUMAB 5 MG	INJECTION OMALIZUMAB 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2358	INJ OLANZAPINE LONG-ACTING 1 MG	INJECTION OLANZAPINE LONG-ACTING 1 MG	No Auth Required	Drug Administration			

J2360	INJ ORPHENADRINE CITRATE TO 60 MG	INJECTION ORPHENADRINE CITRATE UP TO 60 MG	No Auth Required	Drug Administration			
J2370	INJECTION PHENYLEPHRINE HCL TO 1 ML	INJECTION PHENYLEPHRINE HCL UP TO 1 ML	No Auth Required	Drug Administration			
J2400	INJ CHLOROPROCAINE HCL PER 30 ML	INJECTION CHLOROPROCAINE HCL PER 30 ML	No Auth Required	Drug Administration			
J2405	INJECTION ONDANSETRON HCL PER 1 MG	INJECTION ONDANSETRON HCL PER 1 MG	No Auth Required	Drug Administration			
J2407	INJECTION ORITAVANCIN 10 MG	INJECTION ORITAVANCIN 10 MG	No Auth Required	Drug Administration			
J2410	INJECTION OXYMORPHONE HCL TO 1 MG	INJECTION OXYMORPHONE HCL UP TO 1 MG	No Auth Required	Drug Administration			
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	INJECTION PALIFERMIN 50 MICROGRAMS	No Auth Required	Drug Administration			
J2426	INJ PALIPERIDONE PALM EXT RLSE 1 MG	INJECTION PALIPERIDONE PALMITATE EXT RLSE 1 MG	No Auth Required	Drug Administration			
J2430	INJ PAMIDRONATE DISODIUM PER 30 MG	INJECTION PAMIDRONATE DISODIUM PER 30 MG	No Auth Required	Drug Administration			
J2440	INJECTION PAPAVERINE HCL TO 60 MG	INJECTION PAPAVERINE HCL UP TO 60 MG	No Auth Required	Drug Administration			
J2460	INJ OXYTETRACYCLINE HCL TO 50 MG	INJECTION OXYTETRACYCLINE HCL UP TO 50 MG	No Auth Required	Drug Administration			
J2469	INJECTION PALONOSETRON HCL 25 MCG	INJECTION PALONOSETRON HCL 25 MCG	No Auth Required	Drug Administration			
J2501	INJECTION PARICALCITOL 1 MCG	INJECTION PARICALCITOL 1 MCG	No Auth Required	Drug Administration			
J2502	INJ PASIREOTIDE LONG ACTING 1 MG	INJECTION PASIREOTIDE LONG ACTING 1 MG	No Auth Required	Drug Administration			
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	INJECTION PEGAPTANIB SODIUM 0.3 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2504	INJECTION PEGADEMASE BOVINE 25 IU	INJECTION PEGADEMASE BOVINE 25 IU	No Auth Required	Drug Administration			
J2505	INJECTION PEGFILGRASTIM 6 MG	INJECTION PEGFILGRASTIM 6 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J2507	INJECTION PEGLOTICASE 1 MG	INJECTION PEGLOTICASE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2510	INJ PCN G PROCAINE AQUEOUS 600000 U	INJECTION PCN G PROCAINE AQUEOUS TO 600000 UNITS	No Auth Required	Drug Administration			
J2513	INJ PENTASTARCH 10% SOL 100 ML	INJECTION PENTASTARCH 10% SOLUTION 100 ML	No Auth Required	Drug Administration			
J2515	INJ PENTOBARBITAL SODIUM PER 50 MG	INJECTION PENTOBARBITAL SODIUM PER 50 MG	No Auth Required	Drug Administration			
J2540	INJECTION PCN G K+ TO 600000 UNITS	INJECTION PENICILLIN G POTASSIUM TO 600000 UNITS	No Auth Required	Drug Administration			
J2543	INJ PIP SOD/TZ SOD 1 G/0.125 G	INJ PIPERACILLIN SOD/TAZOBACTAM SOD 1 G/0.125 G	No Auth Required	Drug Administration			
J2545	PENTAMIDINE ISETHIONAT I SOL 300 MG	PENTAMIDINE ISETHIONATE I SOL NONCP UD P 300 MG	No Auth Required	Drug Administration			
J2547	INJECTION PERAMIVIR 1 MG	INJECTION PERAMIVIR 1 MG	No Auth Required	Drug Administration			
J2550	INJECTION PROMETHAZINE HCL TO 50 MG	INJECTION PROMETHAZINE HCL UP TO 50 MG	No Auth Required	Drug Administration			
J2560	INJ PHENOBARBITAL SODIUM TO 120 MG	INJECTION PHENOBARBITAL SODIUM UP TO 120 MG	No Auth Required	Drug Administration			
J2562	INJECTION PLERIXAFOR 1 MG	INJECTION PLERIXAFOR 1 MG	No Auth Required	Drug Administration			
J2590	INJECTION OXYTOCIN UP TO 10 UNITS	INJECTION OXYTOCIN UP TO 10 UNITS	No Auth Required	Drug Administration			
J2597	INJ DESMOPRESSIN ACETATE PER 1 MCG	INJECTION DESMOPRESSIN ACETATE PER 1 MCG	No Auth Required	Drug Administration			
J2650	INJ PREDNISOLONE ACETATE TO 1 ML	INJECTION PREDNISOLONE ACETATE UP TO 1 ML	No Auth Required	Drug Administration			
J2670	INJECTION TOLAZOLINE HCL TO 25 MG	INJECTION TOLAZOLINE HCL UP TO 25 MG	No Auth Required	Drug Administration			

J2675	INJECTION PROGESTERONE PER 50 MG	INJECTION PROGESTERONE PER 50 MG	No Auth Required	Drug Administration			
J2680	INJ FLUPHENAZINE DECANOATE TO 25 MG	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	No Auth Required	Drug Administration			
J2690	INJ PROCAINAMIDE HCL TO 1 GM	INJECTION PROCAINAMIDE HCL UP TO 1 GM	No Auth Required	Drug Administration			
J2700	INJ OXACILLIN SODIUM TO 250 MG	INJECTION OXACILLIN SODIUM UP TO 250 MG	No Auth Required	Drug Administration			
J2704	INJECTION PROPOFOL 10 MG	INJECTION PROPOFOL 10 MG	No Auth Required	Drug Administration			
J2710	INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	INJECTION NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG	No Auth Required	Drug Administration			
J2720	INJ PROTAMINE SULFATE PER 10 MG	INJECTION PROTAMINE SULFATE PER 10 MG	No Auth Required	Drug Administration			
J2724	INJ PROTEN C CONC IV HUMAN 10 IU	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	No Auth Required	Drug Administration			
J2725	INJECTION PROTIRELIN PER 250 MCG	INJECTION PROTIRELIN PER 250 MCG	No Auth Required	Drug Administration			
J2730	INJ PRALIDOXIME CHLORIDE TO 1 GM	INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM	No Auth Required	Drug Administration			
J2760	INJ PHENTOLAMINE MESYLATE TO 5 MG	INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG	No Auth Required	Drug Administration			
J2765	INJ METOCLOPRAMIDE HCL TO 10 MG	INJECTION METOCLOPRAMIDE HCL UP TO 10 MG	No Auth Required	Drug Administration			
J2770	INJ QUINUPRISTIN/DALFOPRISTN 500 MG	INJECTION QUINUPRISTIN/DALFOPRISTIN 500 MG	No Auth Required	Drug Administration			
J2778	INJECTION RANIBIZUMAB 0.1 MG	INJECTION RANIBIZUMAB 0.1 MG	No Auth Required	Drug Administration			
J2780	INJ RANITIDINE HYDROCHLORIDE 25 MG	INJECTION RANITIDINE HYDROCHLORIDE 25 MG	No Auth Required	Drug Administration			
J2783	INJECTION RASBURICASE 0.5 MG	INJECTION RASBURICASE 0.5 MG	No Auth Required	Drug Administration			
J2785	INJECTION REGADENOSON 0.1 MG	INJECTION REGADENOSON 0.1 MG	Authorization Required	Drug Administration		Network Validation	
J2786	INJECTION RESLIZUMAB 1 MG	INJECTION RESLIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2787	RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	No Auth Required	Drug Administration			
J2788	INJ RHO D IG HUMAN MINIDOSE 50 MCG	INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG	No Auth Required	Drug Administration			
J2790	INJ RHO D IG HUMN FULL DOSE 300 MCG	INJECTION RHO D IG HUMAN FULL DOSE 300 MCG	No Auth Required	Drug Administration			
J2791	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	INJ RHO D IG HUMAN RHOPHYLAC IM/IV 100 IU	No Auth Required	Drug Administration			
J2792	INJ RHO D IMMUE GLOB IV HUMN 100 IU	INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU	No Auth Required	Drug Administration			
J2793	INJECTION RILONACEPT 1 MG	INJECTION RILONACEPT 1 MG	No Auth Required	Drug Administration			
J2794	INJECTION RISPERIDONE 0.5 MG	INJECTION RISPERIDONE 0.5 MG	No Auth Required	Drug Administration			
J2795	INJ ROPIVACAINE HYDROCHLORID 1 MG	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG	No Auth Required	Drug Administration			
J2796	INJECTION ROMIPLOSTIM 10 MCG	INJECTION ROMIPLOSTIM 10 MCG	Authorization Required	Drug Administration		Full Clinical Review	
J2797	INJECTION ROLAPITANT 0.5 MG	INJECTION ROLAPITANT 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2798	INJECTION RISPERIDONE 0.5 MG	INJECTION RISPERIDONE 0.5 MG	No Auth Required				
J2800	INJECTION METHOCARBAMOL UP TO 10 ML	INJECTION METHOCARBAMOL UP TO 10 ML	No Auth Required	Drug Administration			
J2805	INJECTION SINCALIDE 5 MICROGRAMS	INJECTION SINCALIDE 5 MICROGRAMS	No Auth Required	Drug Administration			
J2810	INJECTION THEOPHYLLINE PER 40 MG	INJECTION THEOPHYLLINE PER 40 MG	No Auth Required	Drug Administration			
J2820	INJECTION SARGRAMOSTIM 50 MCG	INJECTION SARGRAMOSTIM 50 MCG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J2840	INJECTION SEBELIPASE ALFA 1 MG	INJECTION SEBELIPASE ALFA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2850	INJ SECRETIN SYNTH HUMN 1 MICROGM	INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM	No Auth Required	Drug Administration			

J2860	INJECTION SILTUXIMAB 10 MG	INJECTION SILTUXIMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J2910	INJECTION AUROTHIOGLUCOSE TO 50 MG	INJECTION AUROTHIOGLUCOSE UP TO 50 MG	No Auth Required	Drug Administration			
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG	No Auth Required	Drug Administration			
J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 40 MG	No Auth Required	Drug Administration			
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG	No Auth Required	Drug Administration			
J2940	INJECTION SOMATREM 1 MG	INJECTION SOMATREM 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J2941	INJECTION SOMATROPIN 1 MG	INJECTION SOMATROPIN 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J2950	INJECTION PROMAZINE HCL UP TO 25 MG	INJECTION PROMAZINE HCL UP TO 25 MG	No Auth Required	Drug Administration			
J2993	INJECTION RETEPLASE 18.1 MG	INJECTION RETEPLASE 18.1 MG	No Auth Required	Drug Administration			
J2995	INJ STREPTOKINASE PER 250000 IU	INJECTION STREPTOKINASE PER 250000 IU	No Auth Required	Drug Administration			
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	INJECTION ALTEPLASE RECOMBINANT 1 MG	No Auth Required	Drug Administration			
J3000	INJECTION STREPTOMYCIN UP TO 1 G	INJECTION STREPTOMYCIN UP TO 1 G	No Auth Required	Drug Administration			
J3010	INJECTION FENTANYL CITRATE 0.1 MG	INJECTION FENTANYL CITRATE 0.1 MG	No Auth Required	Drug Administration			
J3030	INJECTION SUMATRIPTAN SUCCNAT 6 MG	INJECTION SUMATRIPTAN SUCCINATE 6 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	INJECTION FREMANEZUMAB-VFRM 1 MG	Authorization Required			Full Clinical Review	
J3060	INJECTION TALIGLUCERASE ALFA 10 U	INJECTION TALIGLUCERASE ALFA 10 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J3070	INJECTION PENTAZOCINE 30 MG	INJECTION PENTAZOCINE 30 MG	No Auth Required	Drug Administration			
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	INJECTION TEDIZOLID PHOSPHATE 1 MG	No Auth Required	Drug Administration			
J3095	INJECTION TELAVANCIN 10 MG	INJECTION TELAVANCIN 10 MG	No Auth Required	Drug Administration			
J3101	INJECTION TENECTEPLASE 1 MG	INJECTION TENECTEPLASE 1 MG	No Auth Required	Drug Administration			
J3105	INJ TERBUTALINE SULFATE TO 1 MG	INJECTION TERBUTALINE SULFATE UP TO 1 MG	No Auth Required	Drug Administration			
J3110	INJECTION TERIPARATIDE 10 MCG	INJECTION TERIPARATIDE 10 MCG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	INJECTION ROMOSOZUMAB-AQQG 1 MG	Authorization Required			Full Clinical Review	
J3121	INJ TESTOSTERONE ENANTHATE 1 MG	INJECTION TESTOSTERONE ENANTHATE 1 MG	No Auth Required	Drug Administration			
J3145	INJ TESTOSTERONE UNDECANOATE 1 MG	INJECTION TESTOSTERONE UNDECANOATE 1 MG	No Auth Required	Drug Administration			
J3230	INJ CHLORPROMAZINE HCL TO 50 MG	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	No Auth Required	Drug Administration			
J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL	Authorization Required	Drug Administration		Full Clinical Review	
J3243	INJECTION TIGECYCLINE 1 MG	INJECTION TIGECYCLINE 1 MG	No Auth Required	Drug Administration			
J3245	INJECTION TILDRAKIZUMAB 1 MG	INJECTION TILDRAKIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3246	INJECTION TIROFIBAN HCI 0.25 MG	INJECTION TIROFIBAN HCI 0.25 MG	No Auth Required	Drug Administration			
J3250	INJ TRIMETHOBENZAMIDE HCL TO 200 MG	INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG	No Auth Required	Drug Administration			
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	INJECTION TOBRAMYCIN SULFATE UP TO 80 MG	No Auth Required	Drug Administration			
J3262	INJECTION TOCILIZUMAB 1 MG	INJECTION TOCILIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3265	INJECTION TORSEMIDE 10 MG/ML	INJECTION TORSEMIDE 10 MG/ML	No Auth Required	Drug Administration			
J3280	INJ THIETHYLPRAZINE MALEAT TO 10 MG	INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG	No Auth Required	Drug Administration			
J3285	INJECTION TREPROSTINIL 1 MG	INJECTION TREPROSTINIL 1 MG	Authorization Required	Drug Administration		Full Clinical Review	

J3300	INJ TRIAMCINOLONE ACETONIDE PF 1 MG	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	No Auth Required	Drug Administration			
J3301	INJ TRIAMCINOLON ACETONID NOS 10 MG	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG	No Auth Required	Drug Administration			
J3302	INJ TRIAMCINOLONE DIACTAT 5 MG	INJECTION TRIAMCINOLONE DIACETATE PER 5 MG	No Auth Required	Drug Administration			
J3303	INJ TRIAMCINOLONE HEXACETONIDE 5 MG	INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG	No Auth Required	Drug Administration			
J3304	INJ TAA PF ER MS FORMULATION 1 MG	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	No Auth Required	Drug Administration			
J3305	INJ TRIMETREXATE GLUCORONATE 25 MG	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG	No Auth Required	Drug Administration			
J3310	INJECTION PERPHENAZINE UP TO 5 MG	INJECTION PERPHENAZINE UP TO 5 MG	No Auth Required	Drug Administration			
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	INJECTION TRIPTORELIN PAMOATE 3.75 MG	No Auth Required	Drug Administration			
J3316	INJECTION TRIPTORELIN ER 3.75 MG	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	No Auth Required	Drug Administration			
J3320	INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM	No Auth Required	Drug Administration			
J3350	INJECTION UREA UP TO 40 G	INJECTION UREA UP TO 40 G	No Auth Required	Drug Administration			
J3355	INJECTION UROFOLLITROPIN 75 IU	INJECTION UROFOLLITROPIN 75 IU	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3360	INJECTION DIAZEPAM UP TO 5 MG	INJECTION DIAZEPAM UP TO 5 MG	No Auth Required	Drug Administration			
J3364	INJECTION UROKINASE 5000 IU VIAL	INJECTION UROKINASE 5000 IU VIAL	No Auth Required	Drug Administration			
J3365	INJ IV UROKINASE 250000 IU VIAL	INJECTION IV UROKINASE 250000 IU VIAL	No Auth Required	Drug Administration			
J3370	INJECTION VANCOMYCIN HCL 500 MG	INJECTION VANCOMYCIN HCL 500 MG	No Auth Required	Drug Administration			
J3380	INJECTION VEDOLIZUMAB 1 MG	INJECTION VEDOLIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3385	INJ VELAGLUCERASE ALFA 100 UNITS	INJECTION VELAGLUCERASE ALFA 100 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J3396	INJECTION VERTEPORFIN 0.1 MG	INJECTION VERTEPORFIN 0.1 MG	No Auth Required	Drug Administration			
J3397	INJECT VESTRONIDASE ALFA-VJBK 1 MG	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J3398	INJ VORETGN NEPARVVC-RZYL 1 B VEC G	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	No Auth Required	Drug Administration			
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15VG	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS	Authorization Required	Drug Administration		Full Clinical Review	
J3400	INJ TRIFLUPROMAZINE HCL TO 20 MG	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG	No Auth Required	Drug Administration			
J3410	INJECTION HYDROXYZINE HCL TO 25 MG	INJECTION HYDROXYZINE HCL UP TO 25 MG	No Auth Required	Drug Administration			
J3411	INJECTION THIAMINE HCL 100 MG	INJECTION THIAMINE HCL 100 MG	No Auth Required	Drug Administration			
J3415	INJECTION PYRIDOXINE HCL 100 MG	INJECTION PYRIDOXINE HCL 100 MG	No Auth Required	Drug Administration			
J3420	INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	INJECTION VIT B-12 CYANOCOBALAMIN TO 1000 MCG	No Auth Required	Drug Administration			
J3430	INJECTION PHYTONADIONE PER 1 MG	INJECTION PHYTONADIONE PER 1 MG	No Auth Required	Drug Administration			
J3465	INJECTION VORICONAZOLE 10 MG	INJECTION VORICONAZOLE 10 MG	No Auth Required	Drug Administration			
J3470	INJ HYALURONIDASE TO 150 UNITS	INJECTION HYALURONIDASE UP TO 150 UNITS	No Auth Required	Drug Administration			
J3471	INE HYALURONIDASE OVINE 1 USP U	INE HYALURONIDASE OVINE PRES FREE 1 USP UNIT	No Auth Required	Drug Administration			

J3472	INJ HYALURONIDASE OVINE 1000 USP U	INJ HYALURONIDASE OVINE PRES FREE-1000 USP UNITS	No Auth Required	Drug Administration			
J3473	INJ HYALURONIDASE RECOMB 1 USP UNIT	INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT	No Auth Required	Drug Administration			
J3475	INJ MAGNESIUM SULFATE PER 500 MG	INJECTION MAGNESIUM SULPHATE PER 500 MG	No Auth Required	Drug Administration			
J3480	INJ POTASSIUM CHLORIDE PER 2 MEQ	INJECTION POTASSIUM CHLORIDE PER 2 MEQ	No Auth Required	Drug Administration			
J3485	INJECTION ZIDOVUDINE 10 MG	INJECTION ZIDOVUDINE 10 MG	No Auth Required	Drug Administration			
J3486	INJ ZIPRASIDONE MESYLATE 10 MG	INJECTION ZIPRASIDONE MESYLATE 10 MG	No Auth Required	Drug Administration			
J3489	INJECTION ZOLEDRONIC ACID 1 MG	INJECTION ZOLEDRONIC ACID 1 MG	No Auth Required	Drug Administration			
J3490	UNCLASSIFIED DRUGS	UNCLASSIFIED DRUGS	Authorization Required	Drug Administration		Full Clinical Review	Always processed by medical
J3520	EDETATE DISODIUM PER 150 MG	EDETATE DISODIUM PER 150 MG	No Auth Required	Drug Administration			
J3530	NASAL VACCINE INHALATION	NASAL VACCINE INHALATION	No Auth Required				
J3535	DRUG ADMIN THRU METERED DOSE INHAL	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	No Auth Required	Drug Administration			
J3570	LAETRILE AMYGDALIN VITAMIN B17	LAETRILE AMYGDALIN VITAMIN B17	No Auth Required	Drug Administration			
J3590	UNCLASSIFIED BIOLOGICS	UNCLASSIFIED BIOLOGICS	Authorization Required	Drug Administration		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		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	No Auth Required	Drug Administration			
J7110	INFUSION DEXTRAN 75 500 ML	INFUSION DEXTRAN 75500 ML	No Auth Required	Drug Administration			
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		Full Clinical Review	
J7175	INJECTION FACTOR X 1 I.U.	INJECTION FACTOR X 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7177	INJ HUMAN FIBRINOGEN CONCENTR 1 MG	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	No Auth Required	Drug Administration			
J7178	INJ HUMAN FIBRINOGEN CONC NOS 1 MG	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	No Auth Required	Drug Administration			
J7179	INJECTION VWF 1 I.U. VWF:RCO	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Authorization Required	Drug Administration		Full Clinical Review	
J7180	INJECTION FACTOR XIII 1 I.U.	INJECTION FACTOR XIII 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7181	INJ FACTOR XIII A-SUBUNIT PER IU	INJECTION FACTOR XIII A-SUBUNIT PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7182	INJECTION FACTOR VIII PER IU	INJECTION FACTOR VIII PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Authorization Required	Drug Administration		Full Clinical Review	
J7185	INJECTION FACTOR VIII PER IU	INJECTION FACTOR VIII PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7186	INJ AHF/ VWF CMPLX-FACTOR VIII IU	INJ AHF/ VWF CMPLX PER FACTOR VIII IU	Authorization Required	Drug Administration		Full Clinical Review	
J7187	INJ VONWILLBRND FCT CMPLX HUMN IU	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Authorization Required	Drug Administration		Full Clinical Review	

J7188	INJECTION FACTOR VIII PER I.U.	INJECTION FACTOR VIII PER I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7189	FACTOR VIIA 1 MICROGRAM	FACTOR VIIA 1 MICROGRAM	Authorization Required	Drug Administration		Full Clinical Review	
J7190	FACTOR VIII AHF HUMAN PER IU	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7191	FACTOR VIII AHF PROCINE PER IU	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	No Auth Required	Drug Administration			
J7192	FACTOR VIII PER IU NOS	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Authorization Required	Drug Administration		Full Clinical Review	
J7193	FACTOR IX AHF PURIFIED NON-RECMB-IU	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7194	FACTOR IX COMPLEX PER IU	FACTOR IX COMPLEX PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7195	INJECTION FACTOR IX PER IU NOS	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Authorization Required	Drug Administration		Full Clinical Review	
J7196	INJ ANTITHROMBIN RECOMB 50 I.U.	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	No Auth Required	Drug Administration			
J7197	ANTITHROMBIN III PER IU	ANTITHROMBIN III PER IU	No Auth Required	Drug Administration			
J7198	ANTI-INHIBITOR PER IU	ANTI-INHIBITOR PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7199	HEMOPHILIA CLOTTING FACTOR NOC	HEMOPHILIA CLOTTING FACTOR NOC	Authorization Required	Drug Administration		Full Clinical Review	
J7200	INJECTION FACTOR IX RIXUBIS PER IU	INJECTION FACTOR IX RIXUBIS PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
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		Full Clinical Review	
J7203	INJ FACTOR IX GLYCOPEGYLATED 1 IU	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Authorization Required	Drug Administration		Full Clinical Review	
J7205	INJ FACTOR VIII FC FUS PROTEIN IU	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Authorization Required	Drug Administration		Full Clinical Review	
J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7208	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Authorization Required			Full Clinical Review	
J7209	INJECTION FACTOR VIII 1 I.U.	INJECTION FACTOR VIII 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7210	INJ FACTOR VIII AFSTYLA 1 I.U.	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Authorization Required	Drug Administration		Full Clinical Review	
J7212	Factor viia recomb sevenfact	Intravenous Powder for Solution, Factor viia, (antihemophilic factor, recombinant)-jncw (sevenfact)	Authorization Required			Full Clinical Review	
J7296	LNG-RELEASING IU COC SYS 19.5 MG	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	No Auth Required				
J7297	LNG-RLS INTRAUTERINE COC SYS 52 MG	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	No Auth Required				
J7298	LNG-RLS INTRAUTERINE COC SYS 52 MG	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	No Auth Required				
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	INTRAUTERINE COPPER CONTRACEPTIVE	No Auth Required				
J7301	LNG-RLS INTRAUTERNE COC SYS 13.5 MG	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	No Auth Required				
J7303	CNTRACEPTVE SPL HORMONE VAG RING EA	CONTRACEPT SUPPLY HORMONE CONTAINING VAG RING EA	No Auth Required				
J7304	CONTRACEPTIVE SPL HORMONE PATCH EA	CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA	No Auth Required				
J7306	LEVONORGESTREL CONTRACPTV IMPL SYS	LEVONORGESTREL CNTRACPTV IMPL SYS INCL IMPL&SPL	No Auth Required				
J7307	ETONOGESTREL IMPL SYS INCL IMPL&SPL	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	No Auth Required				

J7308	AMINOLEVULINIC ACID HCL TOP 20% 1 U	AMINOLEVULINIC ACID HCL TOP ADMN 20% 1 U DOSE	Authorization Required	Drug Administration		Network Validation	
J7309	METHYL AMINOLEVULINATE TOP 16.8% 1G	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8% 1 G	No Auth Required	Drug Administration			
J7310	GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	No Auth Required	Drug Administration			
J7311	INJ FA INTRAVTRL IMPL RTSRT 0.01 MG	INJECTION FA INTRAVITREAL IMPL RETISERT 0.01 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7312	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	No Auth Required	Drug Administration			
J7313	INJ FA INTRAVTRL IMPL ILUVN 0.01 MG	INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7314	INJECT FA INTRAVITREAL IMPL 0.01 MG	INJECTION FA INTRAVITREAL IMPL 0.01 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7315	MITOMYCIN OPTHALMIC 0. 2 MG	MITOMYCIN OPTHALMIC 0. 2 MG	No Auth Required	Drug Administration			
J7316	INJECTION OCRIPLASMIN 0.125 MG	INJECTION OCRIPLASMIN 0.125 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7318	HYALN/DERIV DUROLANE IA INJ 1 MG	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	HYALURONAN/DERIVITIVE GENVISC 850 IA INJ 1 MG	Authorization Required	Drug Administration		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		Full Clinical Review	
J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	HYALURONAN/DERIVATIVE HYMOVIS IA INJ 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7323	HYALURONAN/DERIV EUFLEXXA IA INJ PD	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE	Authorization Required	Drug Administration		Full Clinical Review	
J7324	HYALURONAN/DRIV ORTHOVISC IA INJ PD	HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE	Authorization Required	Drug Administration		Full Clinical Review	
J7325	HYALURONAN/DERIV SYNVISC INJ 1 MG	HYALURONAN/DERIV SYNVISC/SYNVISC-ONE IA INJ 1 MG	Authorization Required	Drug Administration		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		Full Clinical Review	
J7327	HYLAN/DERV MONOVISC IA INJ PER DOSE	HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE	Authorization Required	Drug Administration		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		Full Clinical Review	
J7329	HYALN/DERIV TRIVISC FOR IA INJ 1 MG	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7330	AUTOL CULTURD CHONDROCYTES IMPL	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Authorization Required	Drug Administration		Full Clinical Review	
J7331	HYAL/DERIV SYNOJOYNT IA INJ 1 MG	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Authorization Required			Full Clinical Review	
J7332	HYAL/DERIV TRILURON IA INJ 1 MG	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Authorization Required			Full Clinical Review	
J7333	HYAL/DERIV VISCO-3 IA INJ PER DOSE	HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE	Authorization Required	Drug Administration		Full Clinical Review	
J7336	CAPSAICIN 8% PATCH PER SQ CM	CAPSAICIN 8% PATCH PER SQ CM	No Auth Required	Drug Administration			
J7340	CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML	CARBIDPA 5 MG/LEVODPA 20 MG EN SUSP 100 ML	No Auth Required	Drug Administration			
J7342	INSTILLATION CIPRO OTIC SUSPN 6 MG	INSTILLATION CIPROFLOXACIN OTIC SUSPENSION 6 MG	No Auth Required	Drug Administration			
J7345	ALA HCL TOP ADMIN 10% GEL 10 MG	AMINOLEVULINIC ACID HCL TOP ADMIN 10% GEL 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7351	INJ BIMATOPROST IC IMPLANT 1 MCG	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Authorization Required	Drug Administration		Full Clinical Review	
J7401	MOMETASONE FUROATE SIN IMPL 10 MCG	MOMETASONE FUROATE SINUS IMPLANT 10 MCG	Authorization Required			Full Clinical Review	

J7500	AZATHIOPRINE ORAL 50 MG	AZATHIOPRINE ORAL 50 MG	No Auth Required	Drug Administration			
J7501	AZATHIOPRINE PARENTERAL 100 MG	AZATHIOPRINE PARENTERAL100 MG	No Auth Required	Drug Administration			
J7502	CYCLOSPORINE ORAL 100 MG	CYCLOSPORINE ORAL 100 MG	No Auth Required	Drug Administration			
J7503	TACROLIMUS EXT RELEASE ORAL 0.25 MG	TACROLIMUS EXTENDED RELEASE ORAL 0.25 MG	No Auth Required	Drug Administration			
J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	No Auth Required	Drug Administration			
J7505	MUROMONAB-CD3 PARENTERAL 5 MG	MUROMONAB-CD3 PARENTERAL 5 MG	No Auth Required	Drug Administration			
J7507	TACROLIMUS IMMED RELEASE ORAL 1 MG	TACROLIMUS IMMEDIATE RELEASE ORAL 1 MG	No Auth Required	Drug Administration			
J7508	TACROLIMUS EXT RELEASE ORAL 0.1 MG	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	No Auth Required	Drug Administration			
J7509	METHYLPREDNISOLONE ORAL PER 4 MG	METHYLPREDNISOLONE ORAL PER 4 MG	No Auth Required	Drug Administration			
J7510	PREDNISOLONE ORAL PER 5 MG	PREDNISOLONE ORAL PER 5 MG	No Auth Required	Drug Administration			
J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	No Auth Required	Drug Administration			
J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	PREDNISONE IMMEDIATE RLSE/DELAYED RLSE ORAL 1 MG	No Auth Required	Drug Administration			
J7513	DACLIZUMAB PARENTERAL 25 MG	DACLIZUMAB PARENTERAL 25 MG	No Auth Required	Drug Administration			
J7515	CYCLOSPORINE ORAL 25 MG	CYCLOSPORINE ORAL 25 MG	No Auth Required	Drug Administration			
J7516	CYCLOSPORINE PARENTERAL 250 MG	CYCLOSPORINE PARENTERAL 250 MG	No Auth Required	Drug Administration			
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG	MYCOPHENOLATE MOFETIL ORAL 250 MG	No Auth Required	Drug Administration			
J7518	MYCOPHENOLIC ACID ORAL 180 MG	MYCOPHENOLIC ACID ORAL 180 MG	No Auth Required	Drug Administration			
J7520	SIROLIMUS ORAL 1 MG	SIROLIMUS ORAL 1 MG	No Auth Required	Drug Administration			
J7525	TACROLIMUS PARENTERAL 5 MG	TACROLIMUS PARENTERAL 5 MG	No Auth Required	Drug Administration			
J7527	EVEROLIMUS ORAL 0. 25 MG	EVEROLIMUS ORAL 0. 25 MG	No Auth Required	Drug Administration			
J7599	IMMUNOSUPPRESSIVE DRUG NOC	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	No Auth Required	Drug Administration			
J7604	ACETYLCYSTEINE I SOL CP PROD UD P G	ACETYLCYSTEINE INHAL SOL COMP PROD UNIT DOSE P G	No Auth Required	Drug Administration			
J7605	ARFORMOTEROL I SOL NONCOMP UD 15 MG	ARFORMOTEROL INHAL SOL NONCOMP UNIT DOSE 15 MG	No Auth Required	Drug Administration			
J7606	FORMOTEROL FUMARATE IHAL U D 20 MCG	FORMOTEROL FUMARATE INHAL SOL U DOSE FORM 20 MCG	No Auth Required	Drug Administration			
J7607	LEVALBUTERAL INHAL CP DME 0.5 MG	LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG	No Auth Required	Drug Administration			
J7608	ACETYLCYSTEINE I SOL NONCP UD PER G	ACETYLCYSTEINE INHAL SOL NONCOMP UNIT DOSE PER G	No Auth Required	Drug Administration			
J7609	ALBUTEROL INHAL CP THRU DME 1 MG	ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG	No Auth Required	Drug Administration			
J7610	ALBUTEROL INHAL ADMIN THRU DME 1MG	ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG	No Auth Required	Drug Administration			
J7611	ALBUTEROL INHAL NON-CP CONC 1 MG	ALBUTEROL INHAL NON-CP THRU DME CONC FORM 1 MG	No Auth Required	Drug Administration			
J7612	LEVALBUTROL INHL NON-CP CONC 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU DME CONC 0.5 MG	No Auth Required	Drug Administration			
J7613	ALBUTEROL INHAL NON-CP U DOSE 1 MG	ALBUTEROL INHAL NON-CP PROD THRU DME U DOSE 1 MG	No Auth Required	Drug Administration			
J7614	LEVALBUTEROL INHAL NON-CP U 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU DME U DOSE 0.5 MG	No Auth Required	Drug Administration			
J7615	LEVALBUTEROL INHAL DME UNIT 0.5 MG	LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG	No Auth Required	Drug Administration			
J7620	ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG	No Auth Required	Drug Administration			

J7622	BECLOMETHASONE INHAL CP UNIT PER MG	BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7624	BETAMETHASONE INHAL CP UNIT PER MG	BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7626	BUDESONIDE INHAL NON-CP U TO 0.5 MG	BUDESONIDE INHAL NON-CP UNIT DOSE UP TO 0.5 MG	No Auth Required	Drug Administration			
J7627	BUDESONIDE INHAL CP UNIT TO 0.5 MG	BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG	No Auth Required	Drug Administration			
J7628	BITOLTEROL MESYLAT INHAL CP CONC MG	BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG	No Auth Required	Drug Administration			
J7629	BITOLTEROL MESYLATE INHAL CP U MG	BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7631	CROMOLYN NA I SOL NONCP UD P 10 MG	CROMOLYN SODIUM INHALATION SOL NONCP UD P 10 MG	No Auth Required	Drug Administration			
J7632	CROMOLYN NA I SOL CP PROD UD 10 MG	CROMOLYN SODIUM INHAL SOL COMP PROD UD 10 MG	No Auth Required	Drug Administration			
J7633	BUDESONIDE INHAL NON-CP CNC 0.25 MG	BUDESONIDE INHAL NON-CP CONC FORM PER 0.25 MG	No Auth Required	Drug Administration			
J7634	BUDESONIDE INHAL CP DME 0.25 MG	BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG	No Auth Required	Drug Administration			
J7635	ATROPINE INHAL CP CONC FORM PER MG	ATROPINE INHAL SOL COMP PROD CONC FORM PER MG	No Auth Required	Drug Administration			
J7636	ATROPINE INHAL CP UNIT DOSE PER MG	ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG	No Auth Required	Drug Administration			
J7637	DEXAMETHASONE INHAL CP CONC PER MG	DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG	No Auth Required	Drug Administration			
J7638	DEXAMETHASONE INHAL CP UNIT PER MG	DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7639	DORNASE ALFA I SOL NONCP U D-MG	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7640	FORMOTEROL INHAL CP U DOSE 12 MCG	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG	No Auth Required	Drug Administration			
J7641	FLUNISOLIDE INHAL COMP UNIT PER MG	FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7642	GLYCOPYRROLATE INHAL CP CONC PER MG	GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG	No Auth Required	Drug Administration			
J7643	GLYCOPYRROLATE INHAL U DOSE PER MG	GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG	No Auth Required	Drug Administration			
J7644	IPRATROPIUM BROM INHAL NON-CP U MG	IPRATROPIUM BROMIDE INHAL NON-CP U DOSE PER MG	No Auth Required	Drug Administration			
J7645	IPRATROPIUM BROMIDE INHAL U PER MG	IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG	No Auth Required	Drug Administration			
J7647	ISOETHARINE HCL INHAL CP DME PER MG	ISOETHARINE HCL INHAL CP PROD THRU DME PER MG	No Auth Required	Drug Administration			
J7648	ISOETHARINE HCI INH NON-CP CONC MG	ISOETHARINE HCI INHAL NON-CP CONC FORM PER MG	No Auth Required	Drug Administration			
J7649	ISOETHARINE HCI NON-CP U DOS PER MG	ISOETHARINE HCI NON-COMP UNIT DOSE FORM PER MG	No Auth Required	Drug Administration			
J7650	ISOETHARINE HCI INHAL U DOSE PER MG	ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7657	ISOPROTERENOL HCI INHAL CP DME MG	ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG	No Auth Required	Drug Administration			
J7658	ISOPROTERNOL HCI INH NON-CP CONC MG	ISOPROTERENOL HCI INHAL NON-CP CONC FORM PER MG	No Auth Required	Drug Administration			
J7659	ISOPROTERENOL HCI INH NON-CP U MG	ISOPROTERENOL HCI INHAL NON-CP UNIT DOSE PER MG	No Auth Required	Drug Administration			

J7660	ISOPROTERENOL HCI INHAL UNIT PER MG	ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG	No Auth Required	Drug Administration			
J7665	MANNITOL ADMIN THRU AN INHALER 5 MG	MANNITOL ADMINISTERED THROUGH AN INHALER 5 MG	No Auth Required	Drug Administration			
J7667	METAPROTERENOL SULF INHAL CP 10 MG	METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG	No Auth Required	Drug Administration			
J7668	METAPROTERNOL INH NON-CP CONC 10 MG	METAPROTERENOL SULF INHAL NON-CP CONC PER 10 MG	No Auth Required	Drug Administration			
J7669	METAPROTERNOL INH NON-CP CONC 10 MG	METAPROTERENOL SULF INHAL NON-CP UNIT DOSE 10 MG	No Auth Required	Drug Administration			
J7670	METAPROTERENOL SULFATE INHAL 10 MG	METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG	No Auth Required	Drug Administration			
J7674	METHACHOLINE CHLORID INHAL PER 1 MG	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG	No Auth Required	Drug Administration			
J7676	PENTAMIDINE ISETHIONATE I SL 300 MG	PENTAMIDINE ISETHIONATE I SOL CP PROD U D 300 MG	No Auth Required	Drug Administration			
J7677	REVEFENACIN I SOL NONCP DME 1 MCG	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	No Auth Required				
J7680	TERBUTALINE SULFATE INH CP CONC MG	TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG	No Auth Required	Drug Administration			
J7681	TERBUTALINE SULF INH COMP U DOSE MG	TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	No Auth Required	Drug Administration			
J7683	TRIAMCINOLONE INHAL CP CONC PER MG	TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG	No Auth Required	Drug Administration			
J7684	TRIAMCINOLONE INHAL CP UNIT PER MG	TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG	No Auth Required	Drug Administration			
J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG	TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG	No Auth Required	Drug Administration			
J7686	TREPROSTINIL INHAL UNIT DOS 1.74 MG	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Authorization Required	Drug Administration		Full Clinical Review	
J7699	NOC RX INHAL SOL ADMINED THRU DME	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	No Auth Required	Drug Administration			
J7799	NOC RX NOT INHAL RX ADMNED THRU DME	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	No Auth Required	Drug Administration			
J7999	COMPOUNDED DRUG NOC	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	No Auth Required	Drug Administration			
J8498	ANTIEMETIC DRUG RECTAL/SUPP NOS	ANTIEMETIC DRUG RECTAL/SUPPOSITORY NOS	No Auth Required	Drug Administration			
J8499	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	No Auth Required	Drug Administration			
J8501	APREPITANT ORAL 5 MG	APREPITANT ORAL 5 MG	No Auth Required	Drug Administration			
J8510	BUSULFAN ORAL 2 MG	BUSULFAN ORAL 2 MG	No Auth Required	Drug Administration			
J8515	CABERGOLINE ORAL 0.25 MG	CABERGOLINE ORAL 0.25 MG	No Auth Required	Drug Administration			
J8520	CAPECITABINE ORAL 150 MG	CAPECITABINE ORAL 150 MG	No Auth Required	Drug Administration			
J8521	CAPECITABINE ORAL 500 MG	CAPECITABINE ORAL 500 MG	No Auth Required	Drug Administration			
J8530	CYCLOPHOSHAMIDE ORAL 25 MG	CYCLOPHOSPHAMIDE ORAL 25 MG	No Auth Required	Drug Administration			
J8540	DEXAMETHASONE ORAL 0.25 MG	DEXAMETHASONE ORAL 0.25 MG	No Auth Required	Drug Administration			
J8560	ETOPOSIDE ORAL 50 MG	ETOPOSIDE ORAL 50 MG	No Auth Required	Drug Administration			
J8562	FLUDARABINE PHOSPHATE ORAL 10 MG	FLUDARABINE PHOSPHATE ORAL 10 MG	No Auth Required	Drug Administration			
J8565	GEFITINIB ORAL 250 MG	GEFITINIB ORAL 250 MG	No Auth Required	Drug Administration			
J8597	ANTIEMETIC DRUG ORAL NOS	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	No Auth Required	Drug Administration			
J8600	MELPHALAN ORAL 2 MG	MELPHALAN ORAL 2 MG	No Auth Required	Drug Administration			
J8610	METHOTREXATE ORAL 2.5 MG	METHOTREXATE ORAL 2.5 MG	No Auth Required	Drug Administration			

J8650	NABILONE ORAL 1 MG	NABILONE ORAL 1 MG	No Auth Required	Drug Administration			
J8655	NETUPT 300 MG & PALONOST 0.5 MG ORL	NETUPITANT 300 MG & PALONOSETRON 0.5 MG ORAL	No Auth Required	Drug Administration			
J8670	ROLAPITANT ORAL 1 MG	ROLAPITANT ORAL 1 MG	No Auth Required	Drug Administration			
J8700	TEMOZOLOMIDE ORAL 5 MG	TEMOZOLOMIDE ORAL 5 MG	No Auth Required	Drug Administration			
J8705	TOPOTECAN ORAL 0.25 MG	TOPOTECAN ORAL 0.25 MG	No Auth Required	Drug Administration			
J8999	PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	No Auth Required	Drug Administration			
J9000	INJECTION DOXORUBICIN HCL 10 MG	INJECTION DOXORUBICIN HCL 10 MG	No Auth Required	Drug Administration			
J9015	INJ ALDESLEUKIN PER SINGLE USE VIAL	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Authorization Required	Drug Administration		Full Clinical Review	
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	INJECTION ARSENIC TRIOXIDE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9019	INJ ASPARAGINASE ERWINAZE 1000 IU	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Authorization Required	Drug Administration		Full Clinical Review	
J9020	INJECTION ASPARAGINASE 10000 UNITS	INJECTION ASPARAGINASE 10000 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J9022	INJECTION ATEZOLIZUMAB 10 MG	INJECTION ATEZOLIZUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9023	INJECTION AVELUMAB 10 MG	INJECTION AVELUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9025	INJECTION AZACITIDINE 1 MG	INJECTION AZACITIDINE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9027	INJECTION CLOFARABINE 1 MG	INJECTION CLOFARABINE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9030	BCG LIVE INTRAVESICAL INSTL 1 MG	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Authorization Required			Full Clinical Review	
J9031	BCG PER INSTILLATION	BCG PER INSTILLATION	Authorization Required	Drug Administration		Full Clinical Review	
J9032	INJECTION BELINOSTAT 10 MG	INJECTION BELINOSTAT 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9033	INJ BENDAMUSTINE HCL TREANDA 1 MG	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9035	INJECTION BEVACIZUMAB 10 MG	INJECTION BEVACIZUMAB 10 MG	No Auth Required	Drug Administration			
J9036	INJ BENDAMUSTINE HYDROCHLORIDE 1 MG	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Authorization Required			Full Clinical Review	
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	INJECTION BLINATUMOMAB 1 MICROGRAM	Authorization Required	Drug Administration		Full Clinical Review	
J9040	INJECTION BLEOMYCIN SULFATE 15 UNIT	INJECTION BLEOMYCIN SULFATE 15 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
J9041	INJECTION BORTEZOMIB 0.1 MG	INJECTION BORTEZOMIB 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9043	INJECTION CABAZITAXEL 1 MG	INJECTION CABAZITAXEL 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	INJECTION BORTEZOMIB NOS 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9045	INJECTION CARBOPLATIN 50 MG	INJECTION CARBOPLATIN 50 MG	No Auth Required	Drug Administration			
J9047	INJECTION CARFILZOMIB 1 MG	INJECTION CARFILZOMIB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9050	INJECTION CARMUSTINE 100 MG	INJECTION CARMUSTINE 100 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9055	INJECTION CETUXIMAB 10 MG	INJECTION CETUXIMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9057	INJECTION COPANLISIB 1 MG	INJECTION COPANLISIB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9060	INJ CISPLATIN POWDER/SOLUTION 10 MG	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	No Auth Required	Drug Administration			
J9065	INJECTION CLADRIBINE PER 1 MG	INJECTION CLADRIBINE PER 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9070	CYCLOPHOSPHAMIDE 100 MG	CYCLOPHOSPHAMIDE 100 MG	No Auth Required	Drug Administration			
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	INJECTION CYTARABINE LIPOSOME 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9100	INJECTION CYTARABINE 100 MG	INJECTION CYTARABINE 100 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9118	INJECT CALASPARGASE PEGOL-MKNL 10 U	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS	Authorization Required			Full Clinical Review	
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	INJECTION CEMIPLIMAB-RWLC 1 MG	Authorization Required			Full Clinical Review	
J9120	INJECTION DACTINOMYCIN 0.5 MG	INJECTION DACTINOMYCIN 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9130	DACARBAZINE 100 MG	DACARBAZINE 100 MG	Authorization Required	Drug Administration		Full Clinical Review	

J9145	INJECTION DARATUMUMAB 10 MG	INJECTION DARATUMUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9150	INJECTION DAUNORUBICIN 10 MG	INJECTION DAUNORUBICIN 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9151	INJ DAUNORUBICIN CITRATE LIP 10 MG	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG	Authorization Required	Drug Administration		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		Full Clinical Review	
J9155	INJECTION DEGARELIX 1 MG	INJECTION DEGARELIX 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9160	INJ DENILEUKIN DIFTITOX 300 MCG	INJECTION DENILEUKIN DIFTITOX 300 MCG	Authorization Required	Drug Administration		Full Clinical Review	
J9165	INJ DIETHYLSTILBESTROL 250 MG	INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9171	INJECTION DOCETAXEL 1 MG	INJECTION DOCETAXEL 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9173	INJECTION DURVALUMAB 10 MG	INJECTION DURVALUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9175	INJECTION ELLIOTTS' B SOLUTION 1 ML	INJECTION ELLIOTTS B SOLUTION 1 ML	Authorization Required	Drug Administration		Full Clinical Review	
J9176	INJECTION ELOTUZUMAB 1 MG	INJECTION ELOTUZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9178	INJECTION EPIRUBICIN HCL 2 MG	INJECTION EPIRUBICIN HCL 2 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	INJECTION ERIBULIN MESYLATE 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9181	INJECTION ETOPOSIDE 10 MG	INJECTION ETOPOSIDE 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9185	INJ FLUDARABINE PHOSPHATE 50 MG	INJECTION FLUDARABINE PHOSPHATE 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9190	INJECTION FLUOROURACIL 500 MG	INJECTION FLUOROURACIL 500 MG	No Auth Required	Drug Administration			
J9199	INJ GEMCITABINE HCL INFUGEM 200 MG	INJECTION GEMCITABINE HCL INFUGEM 200 MG	Authorization Required			Full Clinical Review	
J9200	INJECTION FLOXURIDINE 500 MG	INJECTION FLOXURIDINE 500 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9201	INJ GEMCITABINE HCL NOS 200 MG	INJECTION GEMCITABINE HCL NOS 200 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Authorization Required			Full Clinical Review	
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	INJECTION IRINOTECAN LIPOSOME 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9206	INJECTION IRINOTECAN 20 MG	INJECTION IRINOTECAN 20 MG	No Auth Required	Drug Administration			
J9207	INJECTION IXABEPILONE 1 MG	INJECTION IXABEPILONE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9208	INJECTION IFOSFAMIDE 1 G	INJECTION IFOSFAMIDE 1 G	Authorization Required	Drug Administration		Full Clinical Review	
J9209	INJECTION MESNA 200 MG	INJECTION MESNA 200 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	INJECTION EMAPALUMAB-LZSG 1 MG	Authorization Required			Full Clinical Review	
J9211	INJECTION IDARUBICIN HCL 5 MG	INJECTION IDARUBICIN HCL 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9212	INJ INTRFERN ALFACON-1 RECOMB 1 MCG	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J9213	INJ INTERFERON ALFA-2A RECOM 3 M U	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	Authorization Required	Drug Administration		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		Full Clinical Review	
J9215	INJ INTERFERON ALFA-N3 250,000 IU	INJECTION INTERFERON ALFA-N3 250,000 IU	Authorization Required	Drug Administration		Full Clinical Review	
J9216	INJ INTERFERON GAMMA-1B 3 MILLION U	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J9217	LEUPROLIDE ACETATE 7.5 MG	LEUPROLIDE ACETATE 7.5 MG	Authorization Required	Drug Administration		Network Validation	
J9218	LEUPROLIDE ACETATE PER 1 MG	LEUPROLIDE ACETATE PER 1 MG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	LEUPROLIDE ACETATE IMPLANT 65 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9225	HISTRELIN IMPLANT VANTAS 50 MG	HISTRELIN IMPLANT VANTAS 50 MG	Authorization Required	Drug Administration		Full Clinical Review	

J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9228	INJECTION IPILIMUMAB 1 MG	INJECTION IPILIMUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9229	INJECT INOTUZUMAB OZOGAMICIN 0.1 MG	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	INJECTION MECHLORETHAMINE HCL 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9245	INJECTION MELPHALAN HCL 50 MG	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9250	METHOTREXATE SODIUM 5 MG	METHOTREXATE SODIUM 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9260	METHOTREXATE SODIUM 50 MG	METHOTREXATE SODIUM 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9261	INJECTION NELARABINE 50 MG	INJECTION NELARABINE 50 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9262	INJ OMACETAXINE MEPESUCCINAT .01 MG	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9263	INJECTION OXALIPLATIN 0.5 MG	INJECTION OXALIPLATIN 0.5 MG	No Auth Required	Drug Administration			
J9264	INJ PACLITAXEL PROTBND PARTICL 1 MG	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Authorization Required	Drug Administration		Full Clinical Review	
J9267	INJECTION PACLITAXEL 1 MG	INJECTION PACLITAXEL 1 MG	No Auth Required	Drug Administration			
J9268	INJECTION PENTOSTATIN 10 MG	INJECTION PENTOSTATIN 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Authorization Required			Full Clinical Review	
J9270	INJECTION PLICAMYCIN 2.5 MG	INJECTION PLICAMYCIN 2.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9271	INJECTION PEMBROLIZUMAB 1 MG	INJECTION PEMBROLIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9280	INJECTION MITOMYCIN 5 MG	INJECTION MITOMYCIN 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9285	INJECTION OLARATUMAB 10 MG	INJECTION OLARATUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	INJECTION MITOXANTRONE HCL PER 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9295	INJECTION NECITUMUMAB 1 MG	INJECTION NECITUMUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9299	INJECTION NIVOLUMAB 1 MG	INJECTION NIVOLUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9301	INJECTION OBINUTUZUMAB 10 MG	INJECTION OBINUTUZUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9302	INJECTION OFATUMUMAB 10 MG	INJECTION OFATUMUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9303	INJECTION PANITUMUMAB 10 MG	INJECTION PANITUMUMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9305	INJECTION PEMETREXED 10 MG	INJECTION PEMETREXED 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9306	INJECTION PERTUZUMAB 1 MG	INJECTION PERTUZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9307	INJECTION PRALATREXATE 1 MG	INJECTION PRALATREXATE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9308	INJECTION RAMUCIRUMAB 5 MG	INJECTION RAMUCIRUMAB 5 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9309	INJ GEMCITABINE HCL NOS 200 MG	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	Authorization Required			Full Clinical Review	
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Authorization Required	Drug Administration		Full Clinical Review	
J9312	INJECTION RITUXIMAB 10 MG	INJECTION RITUXIMAB 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9313	INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Authorization Required			Full Clinical Review	
J9315	INJECTION ROMIDEPSIN 1 MG	INJECTION ROMIDEPSIN 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9320	INJECTION STREPTOZOCIN 1 G	INJECTION STREPTOZOCIN 1 G	Authorization Required	Drug Administration		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		Full Clinical Review	
J9328	INJECTION TEMOZOLOMIDE 1 MG	INJECTION TEMOZOLOMIDE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9330	INJECTION TEMSIROLIMUS 1 MG	INJECTION TEMSIROLIMUS 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9340	INJECTION THIOTEPA 15 MG	INJECTION THIOTEPA 15 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9351	INJECTION TOPOTECAN 0.1 MG	INJECTION TOPOTECAN 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9352	INJECTION TRABECTEDIN 0.1 MG	INJECTION TRABECTEDIN 0.1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	

J9355	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9356	INJ TRA 10 MG & HYALURONIDASE-OYSK	INJECTION TRASTUZUMAB 10 MG & HYALURONIDASE-OYSK	Authorization Required			Full Clinical Review	
J9357	INJ VALRUBICIN INTRAVESICAL 200 MG	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9360	INJECTION VINBLASTINE SULFATE 1 MG	INJECTION VINBLASTINE SULFATE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9370	VINCRISTINE SULFATE 1 MG	VINCRISTINE SULFATE 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9371	INJ VINCRISTINE SULF LIPOSOME 1 MG	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9390	INJ VINORELBINE TARTRATE 10 MG	INJECTION VINORELBINE TARTRATE 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9395	INJECTION FULVESTRANT 25 MG	INJECTION FULVESTRANT 25 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	INJECTION ZIV-AFLIBERCEPT 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9600	INJECTION PORFIMER SODIUM 75 MG	INJECTION PORFIMER SODIUM 75 MG	Authorization Required	Drug Administration		Full Clinical Review	
J9999	NOT OTHWISE CLASS ANTINEOPLSTC DRUG	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Authorization Required	Drug Administration		Full Clinical Review	Always processed by medical
K0001	STANDARD WHEELCHAIR	STANDARD WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0002	STANDARD HEMI WHEELCHAIR	STANDARD HEMI WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0003	LIGHTWEIGHT WHEELCHAIR	LIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	ULTRALIGHTWEIGHT WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0006	HEAVY-DUTY WHEELCHAIR	HEAVY-DUTY WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	EXTRA HEAVY-DUTY WHEELCHAIR	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL	Authorization Required	DME		Full Clinical Review	
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Authorization Required	DME		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	No Auth Required	Supplies for Drug Administration			
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		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		Full Clinical Review	
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	REPL BATTRY EXT INFUS PUMP SILVER OXIDE 1.5 V EA	No Auth Required	Supplies for Drug Administration			
K0602	REPL BATTERY SILVER OXIDE 3 V EA	REPL BATTERY EXT INFUS PUMP SILVER OXIDE 3 V EA	No Auth Required	Supplies for Drug Administration			

K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	REPL BATTERY EXT INFUS PUMP ALKALINE 1.5 VOLT EA	No Auth Required	Supplies for Drug Administration			
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	REPL BATTERY EXT INFUS PUMP LITHIUM 3.6 VOLT EA	No Auth Required	Supplies for Drug Administration			
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	REPL BATTERY EXT INFUS PUMP LITHIUM 4.5 VOLT EA	No Auth Required	Supplies for Drug Administration			
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	Authorization Required	DME		Full Clinical Review	
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		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		Full Clinical Review	
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS	No Auth Required				
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	REPR/SRVC FOR O2 EQP 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		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		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		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		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		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		Full Clinical Review	
K0812	POWER OPERATED VEHICLE NOC	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Authorization Required	DME		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		Full Clinical Review	
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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		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		Full Clinical Review	
K0898	POWER WHEELCHAIR NOC	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Authorization Required	DME		Full Clinical Review	
K0899	PWR MOBILTY DEVC NOT CODED DME PDAC	PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT	Authorization Required	DME		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			Full Clinical Review	

K1002	CES SYS INCL ALL SPL & ACCESS ANY T	CES SYS INCL ALL SUPPLIES & ACCESSORIES ANY TYPE	Authorization Required			Full Clinical Review	
K1003	WHIRLPOOL TUB WALK IN PORTABLE	WHIRLPOOL TUB WALK IN PORTABLE	Authorization Required			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			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				
K1006	SP HOME MODEL ELEC USE EXT URINE MS	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS	No Auth Required				
K1007	BIL HKAFO DEVC PWR PELV COMP UP KJ	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	No Auth Required				
K1009	SPCH VOL MOD SYS INCL ALL CMP & ACC	SPEECH VOLUME MODULATION SYS INCL ALL COMP & ACC	No Auth Required				
K1010	INDWLL IU DRNG D VLV PT INSR RPLC E	INDWELL IU DRNG DEVC VLV PT INSR REPLC ONLY EA	No Auth Required				
K1011	ACTV DEVC IU DRNG DEVC VLV REPL EA	ACTIVATION DEVC IU DRNG DEVC VLV REPLAC ONLY EA	No Auth Required				
K1012	CHGR & BASE STA IU ACTV DEVC REPLAC	CHARGER & BASE STATION IU ACTV DEVC REPLAC ONLY	No Auth Required				
K1013	ENEMA TUBE ANY TYPE REPL ONLY EACH	ENEMA TUBE ANY TYPE REPLACEMENT ONLY EACH	No Auth Required				
K1014	ADD ENDOSK K-SHN S 4 B L/MXAX FL SW	ADD ENDOSK KN-SHIN SYS 4 BAR LINK/MXAXIAL FL SW	No Auth Required				
K1015	FOOT ADDUCTUS POSITIONING DEVC ADJ	FOOT ADDUCTUS POSITIONING DEVICE ADJUSTABLE	No Auth Required				
K1016	TRANSCUT ELEC N STIM ELEC STIM TG N	TRANSCUT ELEC NERVE STIM FOR ELEC STIM TG NERVE	No Auth Required				
K1017	MONTHLY SPL USE DEVC CODED K1016	MONTHLY SUPPLIES FOR USE OF DEVICE CODED K1016	No Auth Required				
K1018	EXT UL TREMOR STIM PERIPH N WRIST	EXTERNAL UL TREMOR STIM PERIPH NERVES WRIST	No Auth Required				
K1019	MONTHLY SPL USE OF DEVC CODED K1018	MONTHLY SUPPLIES FOR USE OF DEVICE CODED K1018	No Auth Required				
K1020	NONINVASIVE VAGUS NERVE STIMULATOR	NONINVASIVE VAGUS NERVE STIMULATOR	Authorization Required			Full Clinical Review	
L0112	CRANIL CERV ORTHOS CONGN TORTICOLLI	CRANIL CERV ORTHOS CONGN TORTICOLLIS TYPE CUSTOM	Authorization Required	DME		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		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		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		Full Clinical Review	
L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB	Authorization Required	DME		Full Clinical Review	
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB	Authorization Required	DME		Full Clinical Review	
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Full Clinical Review	
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Full Clinical Review	
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB	Authorization Required	DME		Full Clinical Review	
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		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		Full Clinical Review	
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM	Authorization Required	DME		Full Clinical Review	
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM	Authorization Required	DME		Full Clinical Review	
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM	Authorization Required	DME		Full Clinical Review	
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER PRFAB	Authorization Required	DME		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		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		Full Clinical Review	
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		Full Clinical Review	
L0636	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Authorization Required	DME		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		Full Clinical Review	
L0638	LSO SAG-COR CNTRL RIGID A&P CUSTOM	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A&P CUSTOM	Authorization Required	DME		Full Clinical Review	
L0639	LSO SAG-COR CNTRL RIGD SHELL PREFAB	LUMB-SAC ORTHOS SAG-COR CNTRL RIGID SHELL PREFAB	Authorization Required	DME		Full Clinical Review	
L0640	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	LSO SAGITTAL-CORONAL RIGID SHELL/PANEL CUSTM FAB	Authorization Required	DME		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		Full Clinical Review	
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		Full Clinical Review	
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS/PANELS	Authorization Required	DME		Full Clinical Review	
L0700	CTLSO ANT-POST-LAT CNTRL MOLD PT	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Authorization Required	DME		Full Clinical Review	
L0710	CTLSO-MOLD PT-INTERFACE MATERIAL	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Authorization Required	DME		Full Clinical Review	

L0810	HALO PROC CERV HALO IN JACKT VEST	HALO PROC CERV HALO INCORPORATED IN JACKET VEST	Authorization Required	DME		Full Clinical Review	
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	HALO PROC CERV HALO INC IN PLASTR BDY JACKET	Authorization Required	DME		Full Clinical Review	
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS	Authorization Required	DME		Full Clinical Review	
L0859	RINGS&PINS	ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL	Authorization Required	DME		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		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		Full Clinical Review	
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		Full Clinical Review	
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		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		Full Clinical Review	
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET	Authorization Required	DME		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		Full Clinical Review	
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Authorization Required	DME		Full Clinical Review	
L1686	HIP ORTHOS POSTOP HIP ABDCT PRFAB	HIP ORTHOS ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ	Authorization Required	DME		Full Clinical Review	
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOS	COMB BIL LUMBO-SAC HIP FEM ORTHOS PRFB W/FIT&ADJ	Authorization Required	DME		Full Clinical Review	
L1700	LEGG PERTHES ORTHOSIS TORONTO CSTM	LEGG PERTHES ORTHOSIS TORONTO CUSTOM FABRICATED	Authorization Required	DME		Full Clinical Review	
L1710	LEGG PERTHES ORTHOS NEWINGTON CSTM	LEGG PERTHES ORTHOSIS NEWINGTON CUSTOM FAB	Authorization Required	DME		Full Clinical Review	
L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	LEGG PERTHES ORTHOSIS TRILAT TACHDIJAN CSTM FAB	Authorization Required	DME		Full Clinical Review	

L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE	LEGG PERTHES ORTHOSIS SCOTTISH RITE CUSTOM FAB	Authorization Required	DME		Full Clinical Review	
L1755	LEGG PERTHES ORTHOS PATTEN BOTTOM	LEGG PERTHES ORTHOSIS PATTEN BOTTOM CSTM FAB	Authorization Required	DME		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		Full Clinical Review	
L1833	KNEE ORTHOSIS ADJUST JNT RIGD SUPP	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	Authorization Required	DME		Full Clinical Review	
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Authorization Required	DME		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		Full Clinical Review	
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PREFAB	Authorization Required	DME		Full Clinical Review	
L1844	KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF CUSTOM	Authorization Required	DME		Full Clinical Review	
L1845	KNEE ORTHOS DBL UPRT THI&CALF PRFAB	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF PREFAB	Authorization Required	DME		Full Clinical Review	
L1846	KNEE ORTHOS DBL UPRT THI&CALF CUSTM	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF CUSTOM	Authorization Required	DME		Full Clinical Review	
L1847	KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	KNEE ORTHOSIS DOUBLE UPRIGHT AIR PREFAB CUSTOM	Authorization Required	DME		Full Clinical Review	
L1848	KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB	Authorization Required	DME		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		Full Clinical Review	
L1852	KNEE ORTHOS DBLE UPRT THIGH & CALF	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF	Authorization Required	DME		Full Clinical Review	
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Authorization Required	DME		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		Full Clinical Review	
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		Full Clinical Review	
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		Full Clinical Review	
L1950	AFO SPIRAL PLASTIC CUSTOM FAB	ANKLE FOOT ORTHOSIS SPIRAL PLASTIC CUSTOM-FAB	Authorization Required	DME		Full Clinical Review	
L1951	ANK FT ORTHOS SPIRAL PLSTC/OTH MATL	ANK FT ORTHOS SPIRAL PLSTC/OTH MATL PRFAB W/FIT	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
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		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		Full Clinical Review	
L2006	KAF DVC ANY MATERIAL ADJ CUSTOM FAB	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Authorization Required			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		Full Clinical Review	
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB	Authorization Required	DME		Full Clinical Review	
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM	Authorization Required	DME		Full Clinical Review	
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Authorization Required	DME		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		Full Clinical Review	
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Authorization Required	DME		Full Clinical Review	
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Authorization Required	DME		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		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		Full Clinical Review	
L2108	AFO TIB FX CAST ORTHS CSTM	AFO FX ORTHOSIS TIB FX CAST ORTHOSIS CSTM FAB	Authorization Required	DME		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		Full Clinical Review	
L2116	AFO TIB FX ORTHOS RIGD PRFAB FIT	AFO TIB FX ORTHOSIS RIGID PRFAB W/FIT & ADJ	Authorization Required	DME		Full Clinical Review	
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM	KAFO FEM FX CAST ORTHOSIS THERMOPLSTC CSTM FAB	Authorization Required	DME		Full Clinical Review	
L2128	KAFO FEM FX CAST ORTHOS CSTM FAB	KAFO FX ORTHOSIS FEM FX CAST ORTHOSIS CSTM FAB	Authorization Required	DME		Full Clinical Review	
L2132	KAFO FEM FX CAST ORTHOS SFT PRFAB	KAFO FEM FX CAST ORTHOSIS SFT PRFAB W/FIT & ADJ	Authorization Required	DME		Full Clinical Review	
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	KAFO FEM FX CAST ORTHOS SEMI-RIGD PRFAB FIT&ADJ	Authorization Required	DME		Full Clinical Review	
L2136	KAFO FEM FX CAST ORTHOS RIGD PRFAB	KAFO FEM FX CAST ORTHOSIS RIGD PRFAB W/FIT & ADJ	Authorization Required	DME		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		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		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		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		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		Full Clinical Review	
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	ADDITION LOWER EXTREM PELV CONTROL PELV SLING	Authorization Required	DME		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		Full Clinical Review	
L2628	ADD LW EXT PELV METL FRME-CABLES	ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES	Authorization Required	DME		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 SOCK FX/EQUL EA	No Auth Required				
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	ADD LOW EXT JOINT KNEE/ANK CSTM FAB ONLY EA	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		Full Clinical Review	
L3001	FOOT INSRT REMV MOLD PT SPENCO EA	FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA	Authorization Required	DME		Full Clinical Review	
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA	Authorization Required	DME		Full Clinical Review	
L3003	FOOT INSRT REMV MOLD SILCON GEL EA	FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA	Authorization Required	DME		Full Clinical Review	
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA	Authorization Required	DME		Full Clinical Review	
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA	FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA	Authorization Required	DME		Full Clinical Review	
L3030	FOOT INSERT REMV FORMED PT FT EA	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH	Authorization Required	DME		Full Clinical Review	
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORS	FOOT INSRT/PLAT REMV ADD LW EXT ORTHOS HI STRGTH	Authorization Required	DME		Full Clinical Review	
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA	Authorization Required	DME		Full Clinical Review	
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA	Authorization Required	DME		Full Clinical Review	
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA	Authorization Required	DME		Full Clinical Review	
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA	FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA	Authorization Required	DME		Full Clinical Review	
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT	FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA	Authorization Required	DME		Full Clinical Review	
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA	FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA	Authorization Required	DME		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		Full Clinical Review	
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	Authorization Required	DME		Full Clinical Review	
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Authorization Required	DME		Full Clinical Review	
L3170	FOOT PLASTC SIL HEEL STAB PREFAB EA	FOOT PLASTIC SILCONE HEEL STABILIZER PREFAB EACH	Authorization Required	DME		Full Clinical Review	
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT	Authorization Required	DME		Full Clinical Review	
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD	Authorization Required	DME		Full Clinical Review	
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	ORTHOPEDIC SHOE OXFORD W/SUPINATOR/PRONATOR JR	Authorization Required	DME		Full Clinical Review	
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT	Authorization Required	DME		Full Clinical Review	

L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD	Authorization Required	DME		Full Clinical Review	
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR/PRONATOR JR	Authorization Required	DME		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				
L3215	ORTHOPED FTWEAR LADIES OXFORD EA	ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH	Authorization Required	DME		Full Clinical Review	
L3216	ORTHO FTWEAR LADIES SHOE DPTH INLAY	ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH	Authorization Required	DME		Full Clinical Review	
L3217	ORTHOPED FTWEAR LADIES HITOP INLAY	ORTHOPED FTWEAR LADIES SHOE HITOP DEPTH INLAY EA	Authorization Required	DME		Full Clinical Review	
L3219	ORTHOPED FTWEAR MENS SHOE OXFORD EA	ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH	Authorization Required	DME		Full Clinical Review	
L3221	ORTHOPD FTWEAR MENS SHOE DPTH INLAY	ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH	Authorization Required	DME		Full Clinical Review	
L3222	ORTHO FTWEAR MENS HITOP DPTH INLAY	ORTHOPED FOOTWEAR MENS SHOE HITOP DEPTH INLAY EA	Authorization Required	DME		Full Clinical Review	
L3224	ORTHO FTWEAR WOMAN OXFRD PART BRACE	ORTHOPEDIC FOOTWEAR WOMAN SHOE OXFRD PART BRACE	Authorization Required	DME		Full Clinical Review	
L3225	ORTHO FTWEAR MAN OXFRD PART BRACE	ORTHOPEDIC FOOTWEAR MAN SHOE OXFORD PART BRACE	Authorization Required	DME		Full Clinical Review	
L3230	ORTHO FTWEAR CSTM SHOE DEPTH INLAY	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	Authorization Required	DME		Full Clinical Review	
L3250	ORTHOPED FOOTWEAR CSTM MOLD PROSTH	ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH	Authorization Required	DME		Full Clinical Review	
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA	Authorization Required	DME		Full Clinical Review	
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA	Authorization Required	DME		Full Clinical Review	
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH	Authorization Required	DME		Full Clinical Review	
L3254	NONSTANDARD SIZE OR WIDTH	NONSTANDARD SIZE OR WIDTH	Authorization Required	DME		Full Clinical Review	
L3255	NONSTANDARD SIZE OR LENGTH	NONSTANDARD SIZE OR LENGTH	Authorization Required	DME		Full Clinical Review	
L3257	ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE	Authorization Required	DME		Full Clinical Review	
L3260	SURGICAL BOOT/SHOE EACH	SURGICAL BOOT/SHOE EACH	Authorization Required	DME		Full Clinical Review	
L3265	PLASTAZOTE SANDAL EACH	PLASTAZOTE SANDAL EACH	Authorization Required	DME		Full Clinical Review	
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	LIFT ELEVATION HEEL TAPERED METATARSALS PER INCH	Authorization Required	DME		Full Clinical Review	
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	Authorization Required	DME		Full Clinical Review	
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	LIFT ELEVATION HEEL AND SOLE CORK PER INCH	Authorization Required	DME		Full Clinical Review	
L3330	LIFT ELEVATION METAL EXTENSION	LIFT ELEVATION METAL EXTENSION	Authorization Required	DME		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		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		Full Clinical Review	
L3350	HEEL WEDGE	HEEL WEDGE	Authorization Required	DME		Full Clinical Review	
L3360	SOLE WEDGE OUTSIDE SOLE	SOLE WEDGE OUTSIDE SOLE	Authorization Required	DME		Full Clinical Review	
L3370	SOLE WEDGE BETWEEN SOLE	SOLE WEDGE BETWEEN SOLE	Authorization Required	DME		Full Clinical Review	
L3380	CLUBFOOT WEDGE	CLUBFOOT WEDGE	Authorization Required	DME		Full Clinical Review	

L3390	OUTFLARE WEDGE	OUTFLARE WEDGE	No Auth Required				
L3400	METATARSAL BAR WEDGE ROCKER	METATARSAL BAR WEDGE ROCKER	Authorization Required	DME		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		Full Clinical Review	
L3440	HEEL COUNTER LEATHER REINFORCED	HEEL COUNTER LEATHER REINFORCED	Authorization Required	DME		Full Clinical Review	
L3450	HEEL SACH CUSHION TYPE	HEEL SACH CUSHION TYPE	Authorization Required	DME		Full Clinical Review	
L3455	HEEL NEW LEATHER STANDARD	HEEL NEW LEATHER STANDARD	Authorization Required	DME		Full Clinical Review	
L3460	HEEL NEW RUBBER STANDARD	HEEL NEW RUBBER STANDARD	Authorization Required	DME		Full Clinical Review	
L3465	HEEL THOMAS WITH WEDGE	HEEL THOMAS WITH WEDGE	Authorization Required	DME		Full Clinical Review	
L3470	HEEL THOMAS EXTENDED TO BALL	HEEL THOMAS EXTENDED TO BALL	Authorization Required	DME		Full Clinical Review	
L3480	HEEL PAD AND DEPRESSION FOR SPUR	HEEL PAD AND DEPRESSION FOR SPUR	Authorization Required	DME		Full Clinical Review	
L3485	HEEL PAD REMOVABLE FOR SPUR	HEEL PAD REMOVABLE FOR SPUR	Authorization Required	DME		Full Clinical Review	
L3500	ORTHOPED SHOE ADD INSOLE LEATHR	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	Authorization Required	DME		Full Clinical Review	
L3510	ORTHOPED SHOE ADD INSOLE RUBBER	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	Authorization Required	DME		Full Clinical Review	
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	ORTHOPED SHOE ADDITION INSOLE FELT COVR W/LEATHR	Authorization Required	DME		Full Clinical Review	
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	ORTHOPEDIC SHOE ADDITION SOLE HALF	Authorization Required	DME		Full Clinical Review	
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	ORTHOPEDIC SHOE ADDITION SOLE FULL	Authorization Required	DME		Full Clinical Review	
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	Authorization Required	DME		Full Clinical Review	
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	Authorization Required	DME		Full Clinical Review	
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP	Authorization Required	DME		Full Clinical Review	
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS	Authorization Required	DME		Full Clinical Review	
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER	Authorization Required	DME		Full Clinical Review	
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	ORTHOPEDIC SHOE ADDITION MARCH BAR	Authorization Required	DME		Full Clinical Review	
L3600	TRF ORTHOS 1 SHOE-ANR CALIP PL EXST	TRANSF ORTHOS 1 SHOE TO ANOTH CALIP PLATE EXIST	Authorization Required	DME		Full Clinical Review	
L3610	TX ORTHOS 1 SHOE-ANOTH CALIP PLT N	TRNSF ORTHOS ONE SHOE TO ANOTHER CALIP PLATE NEW	Authorization Required	DME		Full Clinical Review	
L3620	TRF ORTHOS 1 SHOE-ANOTH SLD STIR EX	TRANS ORTHOS 1 SHOE-ANOTHER SLD STIRRUP EXISTING	Authorization Required	DME		Full Clinical Review	
L3630	TRNS ORTHOS 1 SHOE-ANOTH SLD STIR N	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW	Authorization Required	DME		Full Clinical Review	
L3640	TRNS ORTHOS SHOE-SHOE DENNS BRWNE B	TRNS ORTHOS SHOE TO ANOTH DENNIS BRWNE BTH SHOES	Authorization Required	DME		Full Clinical Review	
L3649	ORTHOPED SHOE MOD ADD/TRANSFER NOS	ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS	Authorization Required	DME		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		Full Clinical Review	
L3674	SHOULDER ORTHOSIS ABDUCT PSTN CSTM	SHOULDER ORTHOSIS ABDUCT PSTN THOR COMP CUSTOM	Authorization Required	DME		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		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		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		Full Clinical Review	
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	No Auth Required	General Medicine - health and behavior assessment/intervention			
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		Full Clinical Review	
L3764	EWHO 1/> NONTORSION JNTS CSTM FAB	EWHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3765	EWHFO RIGID W/O JOINTS CUSTOM FAB	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	Authorization Required	DME		Full Clinical Review	
L3766	EWHFO 1/> NONTORSION JNTS CSTM FAB	EWHFO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		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				
L3891	ADD UP EXT JNT WRIST/ELB CSTM EA	ADD UP EXT JNT WRIST/ELB CSTM FAB ORTHOT ONLY EA	No Auth Required				
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Authorization Required	DME		Full Clinical Review	
L3905	WHO 1/> NONTORSION JOINTS CSTM FAB	WHO INCL 1/MORE NONTORSION JOINTS CSTM FAB	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	SEWHO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	SEWHO ABDUCT PSTN ERBS PALS DESN PRFAB W/FIT&ADJ	Authorization Required	DME		Full Clinical Review	
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	SEWHO ABDUCTION POSITIONING W/O JOINTS CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	SEWHO SHOULDER CAP DESIGN CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3973	SEWHO ABDUCTION POSITION CSTM FAB	SEWHO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	Authorization Required	DME		Full Clinical Review	
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	SEWHFO SHOULDER CAP DESIGN W/O JOINTS CSTM FAB	Authorization Required	DME		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		Full Clinical Review	
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	SEWHFO SHOULD CAP DESIGN CUSTOM FAB ELASTIC BAND	Authorization Required	DME		Full Clinical Review	

L3978	SEWHFO ABDUCTION P0SITION CSTM FAB	SEWHFO ABDUCT PSTN THOR CMPNT&SUPP BAR CSTM FAB	Authorization Required	DME		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		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		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		Full Clinical Review	
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL	Authorization Required	DME		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		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		Full Clinical Review	
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER	Authorization Required	DME		Full Clinical Review	
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER	Authorization Required	DME		Full Clinical Review	
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL	Authorization Required	DME		Full Clinical Review	
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	ANKLE SYMES MOLDED SOCKET SACH FOOT	Authorization Required	DME		Full Clinical Review	
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Authorization Required	DME		Full Clinical Review	
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Authorization Required	DME		Full Clinical Review	
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT	Authorization Required	DME		Full Clinical Review	
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Authorization Required	DME		Full Clinical Review	
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Authorization Required	DME		Full Clinical Review	
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Authorization Required	DME		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		Full Clinical Review	
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Authorization Required	DME		Full Clinical Review	
L5230	AK PROX FEM FOCAL DEFIC SACH FOOT	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Authorization Required	DME		Full Clinical Review	
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Authorization Required	DME		Full Clinical Review	
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Authorization Required	DME		Full Clinical Review	
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Authorization Required	DME		Full Clinical Review	
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Authorization Required	DME		Full Clinical Review	
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Authorization Required	DME		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		Full Clinical Review	
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	JOINT SINGLE AXIS KNEE SACH FOOT	Authorization Required	DME		Full Clinical Review	
L5341	SINGLE AXIS KNEE SACH FOOT	SINGLE AXIS KNEE SACH FOOT	Authorization Required	DME		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		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		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		Full Clinical Review	
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Authorization Required	DME		Full Clinical Review	
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Authorization Required	DME		Full Clinical Review	
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Authorization Required	DME		Full Clinical Review	
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM	Authorization Required	DME		Full Clinical Review	
L5530	PREP BK PTB THERMOPLSTC/=MOLD MODEL	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL	Authorization Required	DME		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		Full Clinical Review	
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Authorization Required	DME		Full Clinical Review	
L5560	PREP AK-DISARTIC PLASTER MOLD MODEL	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Authorization Required	DME		Full Clinical Review	
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED	Authorization Required	DME		Full Clinical Review	
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL	Authorization Required	DME		Full Clinical Review	
L5585	PREP AK-DISARTIC PRFAB ADJ OPEN END	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Authorization Required	DME		Full Clinical Review	
L5590	PREP AK-DISARTC LAMINATD SCKT MOLD	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Authorization Required	DME		Full Clinical Review	
L5595	PREP HIP DISARTC THERMOPLSTC/=MOLD	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD	Authorization Required	DME		Full Clinical Review	
L5600	PREP HIP DISARTC LAMINATD SCKT MOLD	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Authorization Required	DME		Full Clinical Review	
L5610	ADD LOW EXTRM ENDO AK HYDRACADENCE	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Authorization Required	DME		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		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		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		Full Clinical Review	
L5616	ADD LOW EXT AK UNIVRSL MXPLX FRICT	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Authorization Required	DME		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		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		Full Clinical Review	
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT	Authorization Required	DME		Full Clinical Review	
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET	Authorization Required	DME		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		Full Clinical Review	
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	Authorization Required	DME		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		Full Clinical Review	
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT	Authorization Required	DME		Full Clinical Review	
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	Authorization Required	DME		Full Clinical Review	
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKET	ADD LOW EXT ABOVE KNEE AIR FL GEL/= CUSHN SOCKET	Authorization Required	DME		Full Clinical Review	
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
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		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		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		Full Clinical Review	
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		Full Clinical Review	
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		Full Clinical Review	
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		Full Clinical Review	
L5682	ADD LOW EXTREM BK THIGH LACER MOLD	ADD LW EXTRM BELW KNEE THI LACER GLUTL/ISCH MOLD	Authorization Required	DME		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		Full Clinical Review	
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		Full Clinical Review	
L5701	REPL SCKT AK/DISARTIC W/ ATTCH PLAT	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Authorization Required	DME		Full Clinical Review	
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Authorization Required	DME		Full Clinical Review	
L5703	ANK SYMES MLD PT MDL SACH FT REPL	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Authorization Required	DME		Full Clinical Review	
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE BK	Authorization Required	DME		Full Clinical Review	
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Authorization Required	DME		Full Clinical Review	
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Authorization Required	DME		Full Clinical Review	
L5707	CUSTOM SHAPED COVER HIP DISARTIC	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Authorization Required	DME		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		Full Clinical Review	
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Authorization Required	DME		Full Clinical Review	
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Authorization Required	DME		Full Clinical Review	
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Authorization Required	DME		Full Clinical Review	
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Authorization Required	DME		Full Clinical Review	
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL	Authorization Required	DME		Full Clinical Review	
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Authorization Required	DME		Full Clinical Review	
L5781	ADD LW LIMB PROS LIMB MGMT SYS	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Authorization Required	DME		Full Clinical Review	
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Authorization Required	DME		Full Clinical Review	
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL	Authorization Required	DME		Full Clinical Review	
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL	Authorization Required	DME		Full Clinical Review	
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Authorization Required	DME		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		Full Clinical Review	
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	Authorization Required	DME		Full Clinical Review	

L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Authorization Required	DME		Full Clinical Review	
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Authorization Required	DME		Full Clinical Review	
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL	Authorization Required	DME		Full Clinical Review	
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Authorization Required	DME		Full Clinical Review	
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Authorization Required	DME		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		Full Clinical Review	
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL	Authorization Required	DME		Full Clinical Review	
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Authorization Required	DME		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		Full Clinical Review	
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Authorization Required	DME		Full Clinical Review	
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Authorization Required	DME		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		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		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		Full Clinical Review	
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		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		Full Clinical Review	
L5960	ADD ENDOSKL HIP DISARTC ULTRA-LGHT	ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Authorization Required	DME		Full Clinical Review	
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Authorization Required	DME		Full Clinical Review	
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING	Authorization Required	DME		Full Clinical Review	
L5964	ADD ENDO AK FLXBL PROTVE OUTR COVER	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Authorization Required	DME		Full Clinical Review	
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Authorization Required	DME		Full Clinical Review	

L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Authorization Required	DME		Full Clinical Review	
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		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		Full Clinical Review	
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		Full Clinical Review	
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Authorization Required	DME		Full Clinical Review	
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Authorization Required	DME		Full Clinical Review	
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT	Authorization Required	DME		Full Clinical Review	
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	ALL ENDOSKEL LOW EXT PROSTH AXIAL ROTAT UNIT ADJ	Authorization Required	DME		Full Clinical Review	
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		Full Clinical Review	
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Authorization Required	DME		Full Clinical Review	
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Authorization Required	DME		Full Clinical Review	
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Authorization Required	DME		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		Full Clinical Review	
L6010	PART HAND LITTLE &/ RING FINGER REM	PARTIAL HAND LITTLE & OR RING FINGER REMAINING	Authorization Required	DME		Full Clinical Review	
L6020	PARTIAL HAND NO FINGER REMAINING	PARTIAL HAND NO FINGER REMAINING	Authorization Required	DME		Full Clinical Review	
L6026	TRANSCARPL/MC/PART HAND DISART PROS	TRANSCARPAL/MC/PART HAND DISARTICULATION PROS	Authorization Required	DME		Full Clinical Review	
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Authorization Required	DME		Full Clinical Review	
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Authorization Required	DME		Full Clinical Review	
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Authorization Required	DME		Full Clinical Review	
L6110	BELOW ELBOW MOLDED SOCKET	BELOW ELBOW MOLDED SOCKET	Authorization Required	DME		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		Full Clinical Review	

L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Authorization Required	DME		Full Clinical Review	
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Authorization Required	DME		Full Clinical Review	
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Authorization Required	DME		Full Clinical Review	
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Authorization Required	DME		Full Clinical Review	
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Authorization Required	DME		Full Clinical Review	
L6310	SHLDR DISART PASS REST COMPL PROSTH	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Authorization Required	DME		Full Clinical Review	
L6320	SHLDR DISART PASS REST SHLDR CAP	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Authorization Required	DME		Full Clinical Review	
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM	Authorization Required	DME		Full Clinical Review	
L6360	INTERSCAPULAR THOR COMPLT PROSTH	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Authorization Required	DME		Full Clinical Review	
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Authorization Required	DME		Full Clinical Review	
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC	Authorization Required	DME		Full Clinical Review	
L6382	IMMED POSTSURG RIGD DRSG ELB DISRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC	Authorization Required	DME		Full Clinical Review	
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC	Authorization Required	DME		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		Full Clinical Review	
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Authorization Required	DME		Full Clinical Review	
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Authorization Required	DME		Full Clinical Review	
L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Authorization Required	DME		Full Clinical Review	
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Authorization Required	DME		Full Clinical Review	
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Authorization Required	DME		Full Clinical Review	
L6582	PREP WRST DISARTC ELB SCKT DIR FORM	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Authorization Required	DME		Full Clinical Review	
L6584	PREP ELB DISARTC PLASTIC SOCKT MOLD	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Authorization Required	DME		Full Clinical Review	
L6586	PREP ELB DISARTIC SOCKET DIR FORM	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Authorization Required	DME		Full Clinical Review	
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Authorization Required	DME		Full Clinical Review	
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Authorization Required	DME		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		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		Full Clinical Review	
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Authorization Required	DME		Full Clinical Review	
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	UPPER EXTREM ADD ROTATION WRST UNIT W/CABLE LOCK	Authorization Required	DME		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		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		Full Clinical Review	
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	UP EXTREM ADD SHLDR LOCK MECH BDY PWR ACTUATOR	Authorization Required	DME		Full Clinical Review	
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Authorization Required	DME		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		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		Full Clinical Review	
L6688	UP EXT ADD FRME TYPE SOCKT ABVE ELB	UP EXTRM ADD FRME TYPE SOCKT ABVE ELB/ELB DISRTC	Authorization Required	DME		Full Clinical Review	
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	UPPER EXTREM ADD FRAME TYPE SOCKT SHLDR DISARTIC	Authorization Required	DME		Full Clinical Review	
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	UPPER EXTREM ADD FRAME TYPE SOCKT INTERSCAP-THOR	Authorization Required	DME		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		Full Clinical Review	
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Authorization Required	DME		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		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		Full Clinical Review	
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Authorization Required	DME		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		Full Clinical Review	
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT	Authorization Required	DME		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		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		Full Clinical Review	
L6708	TERMINAL DEVC HAND MECH VOL OPENING	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Authorization Required	DME		Full Clinical Review	
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Authorization Required	DME		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		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		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		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		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		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		Full Clinical Review	
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Authorization Required	DME		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		Full Clinical Review	
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Authorization Required	DME		Full Clinical Review	
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Authorization Required	DME		Full Clinical Review	
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	REPL SOCKET BE/WD MOLDED TO PATIENT MODEL	Authorization Required	DME		Full Clinical Review	
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	REPL SOCKET ABOVE ELBOW/ELBOW DISART MOLD TO PT	Authorization Required	DME		Full Clinical Review	
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	REPL SOCKET SD/INTERSCAPULAR THOR MOLD PT MODEL	Authorization Required	DME		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		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		Full Clinical Review	
L6905	HND REST PART HND W/GLOV MX FNGR	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Authorization Required	DME		Full Clinical Review	
L6910	HND REST PART HND W/GLOV NO FNGR	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Authorization Required	DME		Full Clinical Review	
L6915	HAND REST REPL GLOVE FOR ABOVE	HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE	Authorization Required	DME		Full Clinical Review	
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVICE	Authorization Required	DME		Full Clinical Review	
L6925	WRIST DSRTC OTTO BOCK/=MYOELC CNTRL	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6930	BELW ELBOW OTTO BOCK/=SWITCH CNTRL	BELOW ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVICE	Authorization Required	DME		Full Clinical Review	
L6935	BELW ELBOW OTTO BOCK/=MYOELEC CNTRL	BELOW ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVICE	Authorization Required	DME		Full Clinical Review	
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	ELBOW DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6950	ABOVE ELB OTTO BOCK/=SWITCH CONTROL	ABOVE ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6955	ABVE ELBOW OTTO BOCK/=MYOELEC CNTRL	ABOVE ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	

L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	SHOULDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM	Authorization Required	DME		Full Clinical Review	
L6970	INTERSCAPULR-THOR OTTO BOCK/=SWITCH	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC	Authorization Required	DME		Full Clinical Review	
L6975	INTERSCAP-THORAC OTTO BOCK/=MYOELEC	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC	Authorization Required	DME		Full Clinical Review	
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Authorization Required	DME		Full Clinical Review	
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Authorization Required	DME		Full Clinical Review	
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Authorization Required	DME		Full Clinical Review	
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	PREHENSILE ACTUATOR SWITCH CONTROLLED	Authorization Required	DME		Full Clinical Review	
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Authorization Required	DME		Full Clinical Review	
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Authorization Required	DME		Full Clinical Review	
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB&TERM DEVC	Authorization Required	DME		Full Clinical Review	
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC	Authorization Required	DME		Full Clinical Review	
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Authorization Required	DME		Full Clinical Review	
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Authorization Required	DME		Full Clinical Review	
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	ELEC ELB ADOLES VRITY VILLAGE/= MYOELEC CNTRL	Authorization Required	DME		Full Clinical Review	
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	ELEC ELB CHLD VRITY VILL/= MYOELECTRNICALY CNTRL	Authorization Required	DME		Full Clinical Review	
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	ELECTRONIC WRIST ROTATOR ANY TYPE	Authorization Required	DME		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		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		Full Clinical Review	
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	ADD UP EXTREM PROS SD/INTERSCAP THOR ACRYLC MATL	Authorization Required	DME		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				
L7600	PROSETIC DONNING SLEEVE MATERIAL EA	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH	No Auth Required				
L7700	GKT/SEAL USE PROS SOC INS ANY TY EA	GASKET/SEAL USE PROS SOCKET INSERT ANY TYPE EA	No Auth Required	General Medicine - health and behavior assessment/intervention			
L7900	MALE VACUUM ERECTION SYSTEM	MALE VACUUM ERECTION SYSTEM	No Auth Required				
L7902	TENSION RING VAC ERECT DEVC REPL EA	TENSION RING VAC ERECTION DEVC REPLACE ONLY EACH	No Auth Required				
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			Full Clinical Review	
L8035	CSTM BRST PROSTH POST MASTECT MOLD	CSTM BREAST PROSTH POST MASTECT MOLDED PT MODEL	Authorization Required	DME		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		Full Clinical Review	
L8041	MIDFCE PROSTH PROV NON-PHYSICIAN	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8042	ORB PROSTH PROVIDED NON-PHYSICIAN	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8043	UPPER FCE PROSTH PROV NON-PHYSICIAN	UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8044	HEMI-FCE PROSTH PROV NON-PHYSICIAN	HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8045	AURICULAR PROSTH PROV NON-PHYSICIAN	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8046	PART FCE PROSTH PROV NON-PHYSICIAN	PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN	Authorization Required	DME		Full Clinical Review	
L8047	NASL SEPTAL PROSTH PROV NON-PHYS	NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN	Authorization Required	DME		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		Full Clinical Review	
L8500	ARTIFICIAL LARYNX ANY TYPE	ARTIFICIAL LARYNX ANY TYPE	Authorization Required	DME		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		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		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			Full Clinical Review	
L8609	ARTIFICIAL CORNEA	ARTIFICIAL CORNEA	Authorization Required	DME		Full Clinical Review	
L8610	OCULAR IMPLANT	OCULAR IMPLANT	Authorization Required	DME		Full Clinical Review	
L8612	AQUEOUS SHUNT	AQUEOUS SHUNT	Authorization Required	DME		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		Full Clinical Review	
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids		Full Clinical Review	
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT	Authorization Required	Hearing Aids		Full Clinical Review	
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids		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		Full Clinical Review	
L8619	COCHLR IMPL SPCH PRCSSR/CNTLR REPL	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL	Authorization Required	Hearing Aids		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		Full Clinical Review	
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL	Authorization Required	DME		Full Clinical Review	
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL	Authorization Required	DME		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		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		Full Clinical Review	
L8670	VASC GRAFT MATERIAL SYNTH IMPLANT	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT	Authorization Required	DME		Full Clinical Review	

L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	Authorization Required	DME		Full Clinical Review	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY	Authorization Required	DME		Full Clinical Review	
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER	Authorization Required	DME		Full Clinical Review	
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV	Authorization Required	DME		Full Clinical Review	
L8684	RF TRNSMT BOWEL BLADDR MGMT REPL	RF TRNSMT IMPL SCRL NEURO BOWEL BLADDR MGMT REPL	Authorization Required	DME		Full Clinical Review	
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE	No Auth Required				
L8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE	No Auth Required				
L8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE	No Auth Required				
L8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	No Auth Required				
L8689	EXT RECHARG SYS IMPL NEUROSTIM REPL	EXT RECHARG SYS BATTRY IMPL NEUROSTIM REPL ONLY	Authorization Required	DME		Full Clinical Review	
L8690	AUDITORY OSSEOINTEGRTD INT/EXT COMP	AUDITORY OSSEOINTEGRATED DEVC INT/EXT COMPONENTS	Authorization Required	Hearing Aids		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		Full Clinical Review	
L8692	AUDITORY OSSEOINTEGRAT DEV BDY WORN	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Authorization Required	Hearing Aids		Full Clinical Review	
L8693	AUD OSSEOINTEGRATED DEVC ABUT REPL	AUD OSSEOINTEGRATED DEVC ABUT LENGTH REPL ONLY	Authorization Required	Hearing Aids		Full Clinical Review	
L8694	AUD OI DVC TRNSDUCR/ACTUATR REPL EA	AUD OSSEOINTEG DEVC TRANSDUCER/ACTR REPL ONLY EA	Authorization Required	Hearing Aids		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			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				
M0075	CELLULAR THERAPY	CELLULAR THERAPY	No Auth Required				
M0076	PROLOTHERAPY	PROLOTHERAPY	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
M0100	INTRAGASTR HYPOTHM USE GASTR FREEZ	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	No Auth Required				
M0300	IV CHELATION THERAPY	IV CHELATION THERAPY	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	

M0301	FABRIC WRAPPING ABDOMINAL ANEURYSM	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	No Auth Required				
P2028	CEPHALIN FLOCULATION BLOOD	CEPHALIN FLOCULATION BLOOD	No Auth Required				
P2029	CONGO RED BLOOD	CONGO RED BLOOD	No Auth Required				
P2031	HAIR ANALYSIS	HAIR ANALYSIS	Authorization Required	Pathology and Lab		Full Clinical Review	
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				
P7001	CULT BACTERL URINE; QUAN SENS STUDY	CULT BACTERL URINE; QUAN SENSITIVITY STUDY	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	No Auth Required	General Medicine - other services and procedures			
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		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				
Q0144	AZITHROMYCIN ORAL CAP/POWDER 1 GM	AZITHROMYCIN DIHYDRATE ORAL CAP/POWDER 1 GRAM	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		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		Full Clinical Review	
Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY	Authorization Required	DME		Full Clinical Review	
Q0481	MICRPROCSS CU FOR ELEC VAD REPL	MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY	Authorization Required	DME		Full Clinical Review	
Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL	MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL	Authorization Required	DME		Full Clinical Review	
Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL	MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY	Authorization Required	DME		Full Clinical Review	
Q0484	MON ELEC OR ELEC/PNEUMAT VAD REPL	MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		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		Full Clinical Review	
Q0490	EMERGENCY PWR SRC FOR ELEC VAD RE	EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY	Authorization Required	DME		Full Clinical Review	
Q0491	EMERG PWR SRC ELEC/PNEUMAT VAD RE	EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY	Authorization Required	DME		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		Full Clinical Review	
Q0496	BATT NOT LITHIUM-ION ELEC VAD REPL	BATTERY NOT LITHIUM-ION ELEC/PNEUMAT VAD REPL	Authorization Required	DME		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		Full Clinical Review	
Q0503	BATT FOR PNEUMAT VAD REPL ONLY EA	BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	Authorization Required	DME		Full Clinical Review	
Q0504	PWR ADPTR PNEUMAT VAD REPL VEH TYPE	POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE	Authorization Required	DME		Full Clinical Review	
Q0506	BATT LITHIUM-ION ELEC VAD REPL	BATTERY LITHIUM-ION ELEC/PNEUMATIC VAD REPL	Authorization Required	DME		Full Clinical Review	
Q0507	MISC SUPPLY/ACCESSORY USE W/EXT VAD	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Authorization Required			Full Clinical Review	
Q0508	MISC SUPL/ACCSSRY USE W/IMPLANT VAD	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Authorization Required			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			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		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		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		Full Clinical Review	
Q2043	SIPULEUCEL-T AUTO CD54+	SIPULEUCEL-T AUTO CD54+	Authorization Required	Drug Administration		Full Clinical Review	
Q2049	INJ DOX HCI LIP IMPRT LIPODOX 10 MG	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q2050	INJ DOXORUBICIN HCL LIPO NOS 10 MG	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Authorization Required	Drug Administration		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				
Q3028	INJ INTERFERON BETA-1A 1 MCG SUBQ	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
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	Authorization Required			Full Clinical Review	
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			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	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	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	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	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	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	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	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				
Q4227	AMNIOCORETM PER SQ CM	AMNIOCORETM PER SQ CM	No Auth Required				
Q4228	BIONEXTPATCH PER SQ CM	BIONEXTPATCH PER SQ CM	No Auth Required				
Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	COGENEX AMNIOTIC MEMBRANE PER SQ CM	No Auth Required				
Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	COGENEX FLOWABLE AMNION PER 0.5 CC	No Auth Required				
Q4231	CORPLEX P PER CC	CORPLEX P PER CC	No Auth Required				
Q4232	CORPLEX PER SQ CM	CORPLEX PER SQ CM	No Auth Required				
Q4233	SURFACTOR OR NUDYN PER 0.5 CC	SURFACTOR OR NUDYN PER 0.5 CC	No Auth Required				
Q4234	XCELLERATE PER SQ CM	XCELLERATE PER SQ CM	No Auth Required				
Q4235	AMNIOREPAIR OR ALTIPLY PER SQ CM	AMNIOREPAIR OR ALTIPLY PER SQ CM	No Auth Required				
Q4236	CAREPATCH PER SQ CM	CAREPATCH PER SQ CM	No Auth Required				
Q4237	CRYO-CORD PER SQ CM	CRYO-CORD PER SQ CM	No Auth Required				
Q4238	DERM-MAXX PER SQ CM	DERM-MAXX PER SQ CM	No Auth Required				
Q4239	AMNIO-MAXX/AMNIO-MAXX LITE P-SQ CM	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	No Auth Required				
Q4240	CORECYTE TOP USE ONLY PER 0.5 CC	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	No Auth Required				
Q4241	POLYCYTE TOP USE ONLY PER 0.5 CC	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	No Auth Required				
Q4242	AMNIOCYTE PLUS PER 0.5 CC	AMNIOCYTE PLUS PER 0.5 CC	No Auth Required				

Q4244	PROCENTA PER 200 MG	PROCENTA PER 200 MG	No Auth Required				
Q4245	AMNIOTEXT PER CC	AMNIOTEXT PER CC	No Auth Required				
Q4246	CORETEXT OR PROTEXT PER CC	CORETEXT OR PROTEXT PER CC	No Auth Required				
Q4247	AMNIOTEXT PATCH PER SQ CM	AMNIOTEXT PATCH PER SQ CM	No Auth Required				
Q4248	DERMACYTE AM ALLOGFT PER SQ CM	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	No Auth Required				
Q4249	AMNIPLY TOPICAL USE ONLY PER SQ CM	AMNIPLY FOR TOPICAL USE ONLY PER SQ CM	No Auth Required				
Q4250	AMNIOAMP-MP PER SQ CM	AMNIOAMP-MP PER SQ CM	No Auth Required				
Q4254	NOVAFIX DL PER SQ CM	NOVAFIX DL PER SQ CM	No Auth Required				
Q4255	REGUARD TOPICAL USE ONLY PER SQ CM	REGUARD FOR TOPICAL USE ONLY PER SQ CM	No Auth Required				
Q5001	HOSPICE/HOME HLTH CARE PT HOME/RES	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE	No Auth Required	Hospice			
Q5002	HOSPICE/HHC PROV ASSTD LIVING FACL	HOSPICE/HOME HEALTH CARE IN ASSISTED LIVING FACL	No Auth Required	Hospice			
Q5003	HOSPICE CARE PRVO LTC/NON-SKILL NF	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	No Auth Required	Hospice			
Q5004	HOSPICE CARE PROVIDED IN SNF	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	No Auth Required	Hospice			
Q5005	HOSPICE CARE PROV IN IP HOSPITAL	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	No Auth Required	Hospice			
Q5006	HOSPICE CARE PROV IP HOSPICE FACL	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY	No Auth Required	Hospice			
Q5007	HOSPICE CARE PROV IN LTC FACL	HOSPICE CARE PROV LONG TERM CARE FACILITY	No Auth Required	Hospice			
Q5008	HOSPICE CARE PROV IP PSYCH FACILITY	HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY	No Auth Required	Hospice			
Q5009	HOSPICE/HOME HLTH CARE IN PLACE NOS	HOSPICE/HOME HEALTH CARE PROVIDED IN PLACE NOS	No Auth Required	Hospice			
Q5010	HOSPICE HOME CARE PROV HOSPICE FACL	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	No Auth Required	Hospice			
Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Authorization Required			Full Clinical Review	Always processed by pharmacy
Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5105	INJ EPO ALFA-EPBX BIOSIMILAR 100 U	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
Q5106	INJ EPO ALFA-EPBX BIOSIMILAR 1000 U	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Authorization Required	Drug Administration		Full Clinical Review	
Q5107	INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5109	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Authorization Required	Drug Administration		Full Clinical Review	
Q5111	INJ PEGFLGRASTM-CBQV BIOSMLR 0.5 MG	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5112	INJ TRASTUZUMAB-DTTB BIOSIM 10 MG	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5113	INJ TRASTUZUMAB-PKRB BIOSIM 10 MG	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	

Q5114	INJ TRASTUZUMAB-DKST BIOSIM 10 MG	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5115	INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5116	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5117	INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5118	INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG	INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG	Authorization Required			Full Clinical Review	
Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5120	INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG	INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q5121	INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG	INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	Authorization Required	Drug Administration		Full Clinical Review	
Q9001	ASSESSMENT BY DVA CHAPLAIN SERVICES	ASSESSMENT BY DEPT VA AFFAIRS CHAPLAIN SERVICES	No Auth Required				
Q9002	COUNSELING IND BY DVA CHAPLAIN SVCS	COUNSELING INDIVIDUAL BY DVA CHAPLAIN SERVICES	No Auth Required				
Q9003	COUNSELING GRP BY DVA CHAPLAIN SVCS	COUNSELING GROUP BY DVA CHAPLAIN SERVICES	No Auth Required				
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				
S0012	BUTORPHANL TARTRAT NASL SPRAY 25 MG	BUTORPHANOL TARTRATE NASAL SPRAY 25 MG	Non-reimbursable service code				
S0014	TACRINE HYDROCHLORIDE 10 MG	TACRINE HYDROCHLORIDE 10 MG	Non-reimbursable service code				
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS	INJECTION AMINOCAPROIC ACID 5 GRAMS	Non-reimbursable service code				
S0020	INJ BUPIVICAINE HYDROCHLORIDE 30 ML	INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML	Non-reimbursable service code				
S0021	INJ CEFOPERAZONE SODIUM 1 GM	INJECTION CEFOPERAZONE SODIUM 1 GM	Non-reimbursable service code				
S0023	INJ CIMETIDINE HYDROCHLORIDE 300 MG	INJECTION CIMETIDINE HYDROCHLORIDE 300 MG	Non-reimbursable service code				
S0028	INJECTION FAMOTIDINE 20 MG	INJECTION FAMOTIDINE 20 MG	Non-reimbursable service code				
S0030	INJECTION METRONIDAZOLE 500 MG	INJECTION METRONIDAZOLE 500 MG	Non-reimbursable service code				
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	INJECTION NAFCILLIN SODIUM 2 GRAMS	Non-reimbursable service code				
S0034	INJECTION OFLOXACIN 400 MG	INJECTION OFLOXACIN 400 MG	Non-reimbursable service code				
S0039	INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	INJECTION SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML	Non-reimbursable service code				
S0040	INJ TICARCLLN & CLAVULANAT K+3.1 GM	INJ TICARCILLIN DISODIUM&CLAVULANATE K+ 3.1 GMS	Non-reimbursable service code				
S0073	INJECTION AZTREONAM 500 MG	INJECTION AZTREONAM 500 MG	Non-reimbursable service code				
S0074	INJECTION CEFOTETAN DISODIUM 500 MG	INJECTION CEFOTETAN DISODIUM 500 MG	Non-reimbursable service code				
S0077	INJ CLINDAMYCIN PHOSPHATE 300 MG	INJECTION CLINDAMYCIN PHOSPHATE 300 MG	Non-reimbursable service code				
S0078	INJ FOSPHENYTOIN SODIUM 750 MG	INJECTION FOSPHENYTOIN SODIUM 750 MG	Non-reimbursable service code				
S0080	INJ PENTAMIDINE ISETHIONATE 300 MG	INJECTION PENTAMIDINE ISETHIONATE 300 MG	Non-reimbursable service code				
S0081	INJ PIPERACILLIN SODIUM 500 MG	INJECTION PIPERACILLIN SODIUM 500 MG	Non-reimbursable service code				

S0088	IMATINIB 100 MG	IMATINIB 100 MG	Non-reimbursable service code				
S0090	SILDENAFIL CITRATE 25 MG	SILDENAFIL CITRATE 25 MG	Non-reimbursable service code				
S0091	GRANISETRON HYDROCHLORIDE 1 MG	GRANISETRON HYDROCHLORIDE 1 MG	Non-reimbursable service code				
S0092	INJ HYDMORPHONE HYDROCHLORID 250 MG	INJECTION HYDROMORPHONE HYDROCHLORIDE 250 MG	Non-reimbursable service code				
S0093	INJECTION MORPHINE SULFATE 500 MG	INJECTION MORPHINE SULFATE 500 MG	Non-reimbursable service code				
S0104	ZIDOVUDINE ORAL 100 MG	ZIDOVUDINE ORAL 100 MG	Non-reimbursable service code				
S0106	BUPROPION HCI SR TAB 150 MG 60 TABS	BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS	Non-reimbursable service code				
S0108	MERCAPTOPURINE ORAL 50 MG	MERCAPTOPURINE ORAL 50 MG	Non-reimbursable service code				
S0109	METHADONE ORAL 5MG	METHADONE ORAL 5MG	Non-reimbursable service code				
S0117	TRETINOIN TOPICAL 5 GRAMS	TRETINOIN TOPICAL 5 GRAMS	Non-reimbursable service code				
S0119	ONDANSETRON ORAL 4 MG	ONDANSETRON ORAL 4 MG	Non-reimbursable service code				
S0122	INJECTION MENOTROPINS 75 IU	INJECTION MENOTROPINS 75 IU	Non-reimbursable service code				
S0126	INJECTION FOLLITROPIN ALFA 75 IU	INJECTION FOLLITROPIN ALFA 75 IU	Non-reimbursable service code				
S0128	INJECTION FOLLITROPIN BETA 75 IU	INJECTION FOLLITROPIN BETA 75 IU	Non-reimbursable service code				
S0132	INJECTION GANIRELIX ACETATE 250 MCG	INJECTION GANIRELIX ACETATE 250 MCG	Non-reimbursable service code				
S0136	CLOZAPINE 25 MG	CLOZAPINE 25 MG	Non-reimbursable service code				
S0137	DIDANOSINE 25 MG	DIDANOSINE 25 MG	Non-reimbursable service code				
S0138	FINASTERIDE 5 MG	FINASTERIDE 5 MG	Non-reimbursable service code				
S0139	MINOXIDIL 10 MG	MINOXIDIL 10 MG	Non-reimbursable service code				
S0140	SAQUINAVIR 200 MG	SAQUINAVIR 200 MG	Non-reimbursable service code				
S0142	COLISTMTHATE SODUIM INHAL CONC-MG	COLISTMTHATE SODIUM INHAL SOL CONC FORM-PER MG	Non-reimbursable service code				
S0145	INJ PEGYLATD IFN ALFA-2A 180 MCG ML	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Non-reimbursable service code				
S0148	INJ PEGYLATD INTRFER ALFA-2B 10 MCG	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Non-reimbursable service code				
S0155	STERILE DILUTANT EPOPROSTENOL 50 ML	STERILE DILUTANT FOR EPOPROSTENOL 50 ML	Non-reimbursable service code				
S0156	EXEMESTANE 25 MG	EXEMESTANE 25 MG	Non-reimbursable service code				
S0157	BECAPLERMIN GEL 0.01% 0.5 GM	BECAPLERMIN GEL 0.01% 0.5 GM	Non-reimbursable service code				
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	DEXTROAMPHETAMINE SULFATE 5 MG	Non-reimbursable service code				
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG	INJECTION PANTOPRAZOLE SODIUM 40 MG	Non-reimbursable service code				

S0166	INJECTION OLANZAPINE 2.5 MG	INJECTION OLANZAPINE 2.5 MG	Non-reimbursable service code				
S0169	CALCITROL 0.25 MICROGRAM	CALCITROL 0.25 MICROGRAM	Non-reimbursable service code				
S0170	ANASTROZOLE ORAL 1 MG	ANASTROZOLE ORAL 1 MG	Non-reimbursable service code				
S0171	INJECTION BUMETANIDE 0.5 MG	INJECTION BUMETANIDE 0.5 MG	Non-reimbursable service code				
S0172	CHLORAMBUCIL ORAL 2 MG	CHLORAMBUCIL ORAL 2 MG	Non-reimbursable service code				
S0174	DOLASETRON MESYLATE ORAL 50 MG	DOLASETRON MESYLATE ORAL 50 MG	Non-reimbursable service code				
S0175	FLUTAMIDE ORAL 125 MG	FLUTAMIDE ORAL 125 MG	Non-reimbursable service code				
S0176	HYDROXYUREA ORAL 500 MG	HYDROXYUREA ORAL 500 MG	Non-reimbursable service code				
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	Non-reimbursable service code				
S0178	LOMUSTINE ORAL 10 MG	LOMUSTINE ORAL 10 MG	Non-reimbursable service code				
S0179	MEGESTROL ACETATE ORAL 20 MG	MEGESTROL ACETATE ORAL 20 MG	Non-reimbursable service code				
S0182	PROCARBAZINE HYDROCHLORD ORAL 50 MG	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG	Non-reimbursable service code				
S0183	PROCHLORPERAZINE MALEATE ORAL 5MG	PROCHLORPERAZINE MALEATE ORAL 5MG	Non-reimbursable service code				
S0187	TAMOXIFEN CITRATE ORAL 10 MG	TAMOXIFEN CITRATE ORAL 10 MG	Non-reimbursable service code				
S0189	TESTOSTERONE PELLET 75 MG	TESTOSTERONE PELLET 75 MG	Non-reimbursable service code				
S0190	MIFEPRISTONE ORAL 200 MG	MIFEPRISTONE ORAL 200 MG	Non-reimbursable service code				
S0191	MISOPROSTOL ORAL 200 MCG	MISOPROSTOL ORAL 200 MCG	Non-reimbursable service code				
S0194	DIALYS/STRESS VIT SUPL ORAL 100 CAP	DIALYSIS/STRESS VITAMIN SUPL ORAL 100 CAPSULES	Non-reimbursable service code				
S0197	PRENATAL VITAMINS 30-DAY SUPPLY	PRENATAL VITAMINS 30-DAY SUPPLY	Non-reimbursable service code				
S0199	MED INDUCED AB ORAL INGEST MED	MED INDUCED AB ORAL INGESTION MED W/SRVC & SPL	Non-reimbursable service code				
S0201	PART HOSITALIZATN SRVC<24 HR-DIEM	PARTIAL HOSITALIZATION SERVICES < 24 HR PER DIEM	Non-reimbursable service code			Full Clinical Review	
S0207	PARAMED INTERCEPT NON-HOS-BASED ALS	PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T	Non-reimbursable service code				
S0208	PARAMED INTRCPT ALS NON-TRNSPRT	PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT	Non-reimbursable service code				
S0209	WHEELCHAIR VAN MILEAGE PER MILE	WHEELCHAIR VAN MILEAGE PER MILE	Non-reimbursable service code				
S0215	NON-EMERG TRANSPORTATION; PER MILE	NON-EMERGENCY TRANSPORTATION; PER MILE	Non-reimbursable service code				
S0220	MED CONF MD W/TEAM HLTH PROF;30 MIN	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN	Non-reimbursable service code				
S0221	MED CONF MD W/TEAM HLTH PROF;60 MIN	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN	Non-reimbursable service code				
S0250	COMP GERIATRIC ASSESS&TX PLANNING	COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM	Non-reimbursable service code				

S0255	BY NRS SOCL WRKER/OTH DESNATD STAFF	BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF	Non-reimbursable service code				
S0257	CNSL&DISCUSS AD/EOL PT&/SURROGATE	CNSL&DISCUSS ADV DIRCTV/EOL CARE PT&/SURROGATE	Non-reimbursable service code				
S0260	HX & PHYS RELATED TO SURGICAL PROC	HISTORY AND PHYSICAL RELATED TO SURGICAL PROC	Non-reimbursable service code				
S0265	GENETIC CNSL PHYS SUP EA 15 MINS	GENETIC COUNSELING PHYS SUPERVISION EA 15 MINS	Non-reimbursable service code	Genetic testing and counseling			
S0270	PHYS MGT PT HOME CARE STD MON RATE	PHYSICIAN MGT PT HOME CARE STD MONTHLY CASE RATE	Non-reimbursable service code				
S0271	PHYS MGT PT HM CARE HOSPICE MO RATE	PHYS MGT PT HOME CARE HOSPICE MONTHLY CASE RATE	Non-reimbursable service code				
S0272	PHYS MGT PT HM CARE EPISODC MO RATE	PHYS MGT PT HOME CARE EPISODIC CARE MO CASE RATE	Non-reimbursable service code				
S0273	PHYS VST MEMBER HOME OUT CAPITATION	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT	Non-reimbursable service code				
S0274	NP VST MEMBR HOM OUTSIDE CAPITATION	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT	Non-reimbursable service code				
S0280	MED HOME PROG COMP CARE COORD INIT	MEDICAL HOME PROG COMP CARE COORD INITIAL PLAN	Non-reimbursable service code				
S0281	MED HOME PROGRAM CARE COORD MAINT	MEDICAL HOME PROGRAM COMP CARE COORD MAINT PLAN	Non-reimbursable service code				
S0285	COL CNSLT PRFRM PRIOR SCR COL PROC	COLONOSCOPY CNSLT PRFRM PRI SCR COLONOSCOPY PROC	Non-reimbursable service code				
S0302	CMPL EARLY PRD SCREEN DX&TX SRVC	CMPL EARLY PERIODIC SCREENING DX&TX SERVICE	Non-reimbursable service code				
S0310	HOSPITALIST SERVICES	HOSPITALIST SERVICES	Non-reimbursable service code				
S0311	COMP MGMT&CARE COORD ADV ILL CAL MO	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	Non-reimbursable service code				
S0315	DZ MGMT PROGM; INIT ASSESS&INIT PRO	DISEASE MANAGEMENT PROGM; INIT ASSESS&INIT PROGM	Non-reimbursable service code				
S0316	DZ MGMT PROGM FOLLOW-UP/REASSESS	DZ MANAGEMENT PROGRAM FOLLOW-UP/REASSESSMENT	Non-reimbursable service code				
S0317	DISEASE MANAGEMENT PROGM; PER DIEM	DISEASE MANAGEMENT PROGRAM; PER DIEM	Non-reimbursable service code				
S0320	TEL CALLS RN DZ MGMT MEMB MONITR;MO	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO	Non-reimbursable service code				
S0340	LIFESTYL MOD MGMT COR ART DZ; 1 QTR	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD	Non-reimbursable service code				
S0341	LIFESTYL MOD MGMT CAD; 2ND/3RD QTR	LIFESTYL MOD PROG MGMT COR ART DZ; 2ND/3RD QTR	Non-reimbursable service code				
S0342	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	LIFESTYL MOD PROG MGMT COR ART DZ; 4TH QTR/STAGE	Non-reimbursable service code				
S0353	TX PLAN CARE COORD MGMT CA INIT TX	TX PLANNING CARE COORDINATION MGMT CANCR INIT TX	Non-reimbursable service code				
S0354	TX PLAN CARE MGMT CA EST PT CHG REG	TX PLAN CARE COORD MGMT CA EST PT CHG REGIMEN	Non-reimbursable service code				
S0390	ROUTINE FOOT CARE; PER VISIT	ROUTINE FOOT CARE; PER VISIT	Non-reimbursable service code				
S0395	IMPRESSION CAST FOOT-PRACTITIONER	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER	Non-reimbursable service code				
S0400	GLOBL FEE XTRACORP SHOCK WAVE LITH	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE	Non-reimbursable service code				
S0500	DISPOSABLE CONTACT LENS PER LENS	DISPOSABLE CONTACT LENS PER LENS	Non-reimbursable service code				

S0504	SINGLE VISION PRSC LENS PER LENS	SINGLE VISION PRESCRIPTION LENS PER LENS	Non-reimbursable service code				
S0506	BIFOCAL VISION PRSC LENS PER LENS	BIFOCAL VISION PRESCRIPTION LENS PER LENS	Non-reimbursable service code				
S0508	TRIFOCAL VISION PRSC LENS PER LENS	TRIFOCAL VISION PRESCRIPTION LENS PER LENS	Non-reimbursable service code				
S0510	NON-PRESCRIPTION LENS PER LENS	NON-PRESCRIPTION LENS PER LENS	Non-reimbursable service code				
S0512	DAILY WEAR SPCLTY CNTC LENS-LENS	DAILY WEAR SPECIALTY CONTACT LENS PER LENS	Non-reimbursable service code				
S0514	COLOR CONTACT LENS PER LENS	COLOR CONTACT LENS PER LENS	Non-reimbursable service code				
S0515	SCLERAL LENS LQD BANDGE DEVICE-LENS	SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS	Non-reimbursable service code				
S0516	SAFETY EYEGLASS FRAMES	SAFETY EYEGLASS FRAMES	Non-reimbursable service code				
S0518	SUNGLASSES FRAMES	SUNGLASSES FRAMES	Non-reimbursable service code				
S0580	POLYCARBONATE LENS	POLYCARBONATE LENS	Non-reimbursable service code				
S0581	NONSTANDARD LENS	NONSTANDARD LENS	Non-reimbursable service code				
S0590	INTEGRL LENS SRVC MISC REPORTED SEP	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Non-reimbursable service code				
S0592	COMP CONTACT LENS EVALUATION	COMPREHENSIVE CONTACT LENS EVALUATION	Non-reimbursable service code				
S0595	DISPNS NEW SPCTCL LENS PT SPL FRME	DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME	Non-reimbursable service code				
S0596	PHAKIC IOL CORRECT REFRACTIVE ERROR	PHAKIC INTRAOCULAR LENS CORRECT REFRACTIVE ERROR	Non-reimbursable service code				
S0601	SCREENING PROCTOSCOPY	SCREENING PROCTOSCOPY	Non-reimbursable service code				
S0610	ANNUAL GYN EXAMINATION NEW PATIENT	ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT	Non-reimbursable service code				
S0612	ANNUAL GYN EXAMINATION EST PATIENT	ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT	Non-reimbursable service code				
S0613	ANNUAL GYN EX CLIN BRST EX NO PELV	ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EVAL	Non-reimbursable service code				
S0618	AUDIOMETRY FOR HEARING AID EVAL	AUDIOMETRY FOR HEARING AID EVALUATION	Non-reimbursable service code				
S0620	ROUTINE OPHTH EX W/REFRAC; NEW PT	ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT	Non-reimbursable service code				
S0621	ROUTINE OPHTH EX W/REFRAC; EST PT	ROUTINE OPHTH EXAM INCL REFRACTION; EST PT	Non-reimbursable service code				
S0622	PHYSICAL EXAM COLLEGE NEW/EST PT	PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT	Non-reimbursable service code				
S0630	REMV SUTURS; MD NOT MD WHO CLOS WND	RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND	Non-reimbursable service code				
S0800	LASER IN SITU KERATOMILEUSIS	LASER IN SITU KERATOMILEUSIS	Non-reimbursable service code				
S0810	PHOTOREFRACTIVE KERATECTOMY	PHOTOREFRACTIVE KERATECTOMY	Non-reimbursable service code				
S0812	PHOTOTHERAPEUTIC KERATECTOMY	PHOTOTHERAPEUTIC KERATECTOMY	Non-reimbursable service code				
S1001	DELUXE ITEM PATIENT AWARE	DELUXE ITEM PATIENT AWARE	Non-reimbursable service code				

S1002	CUSTOMIZED ITEM	CUSTOMIZED ITEM	Non-reimbursable service code				
S1015	IV TUBING EXTENSION SET	IV TUBING EXTENSION SET	Non-reimbursable service code				
S1016	NON-PVC IV ADMN SET RX NOT STABLE	NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC	Non-reimbursable service code				
S1030	CONT NONINVAS GLU MON DEVC PURCHASE	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE	Non-reimbursable service code				
S1031	CONT NONINVAS GLU MON DEVC RENTAL	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL	Non-reimbursable service code				
S1034	ARTIF PANC DEVC SYS CMNCT ALL DEVC	ARTIF PANCREAS DEVC SYS THAT CMNCT W/ALL DEVC	Non-reimbursable service code				
S1035	SNSR;INVASV DSPBL ART PANC DEVC SYS	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Non-reimbursable service code				
S1036	TRANSMTTR;EXT USE ART PANC DEVC SYS	TRANSMITTER; EXT USE W/ARTIF PANCREAS DEVC SYS	Non-reimbursable service code				
S1037	RECVER; EXT USE ARTIF PANC DEVC SYS	RECEIVER; EXTERNAL USE W/ARTIF PANCREAS DEVC SYS	Non-reimbursable service code				
S1040	CRANIAL REMOLD ORTHOT PED CUST FAB	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Non-reimbursable service code				
S1090	MOMETASONE FUROATE SS IMPL 370 MCG	MOMETASONE FUROATE SINUS IMPLANT 370 MICROGRAMS	Non-reimbursable service code				
S1091	STENT NONCORONARY TEMPORARY DEL SYS	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Non-reimbursable service code				
S2053	TPLNT SM INTESTINE&LIVER ALLOGFTS	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2054	TRANSPLANTATION MULTIVISCERAL ORGN	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2055	HARV DONR MX-VSCRL ORGN; CADVR DONR	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2060	LOBAR LUNG TRANSPLANTATION	LOBAR LUNG TRANSPLANTATION	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2061	DONOR LOBECT TPLNT LIVING DONOR	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2065	SIMULTANEOUS PANC KIDNEY TPLNT	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2066	BREAST RECON W/GAP FLAP UNILATERAL	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI	Non-reimbursable service code				

S2067	BRST RECN 1 BRST DIEP&/GAP FLP(S)	BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI	Non-reimbursable service code				
S2068	BREAST RECON DIEP/SIEA FLAP UNI	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI	Non-reimbursable service code				
S2070	CYSTO; LASER TX URETERAL CALC	CYSTO W/URETERSCPY&/PYELSCPY;LASR TX URETRL CALC	Non-reimbursable service code				
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE	LAP ESOPHAGOMYOTOMY HELLER TYPE	Non-reimbursable service code				
S2080	LASER-ASSISTED UVULOPALATOPLASTY	LASER-ASSISTED UVULOPALATOPLASTY	Non-reimbursable service code	Surgery of respiratory system			
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE	Non-reimbursable service code	Bariatric Surgery			
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	Non-reimbursable service code				
S2102	ISLET CELL TISS TPLNT PANC; ALLOGEN	ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC	Non-reimbursable service code				
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	ADRENAL TISSUE TRANSPLANT TO BRAIN	Non-reimbursable service code				
S2107	ADOPTIVE IMMUNOTX COURSE TREATMENT	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Non-reimbursable service code				
S2112	ARTHROSCOPY KNEE SURG HARVEST CART	ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE	Non-reimbursable service code				
S2115	OSTEOT PERIACETABULAR W/INTRL FIX	OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION	Non-reimbursable service code				
S2117	ARTHROEREISIS SUBTALAR	ARTHROEREISIS SUBTALAR	Non-reimbursable service code				
S2118	MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT	Non-reimbursable service code				
S2120	LDL APHERES HEPARN XTRCRP LDL PRECP	LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP	Non-reimbursable service code				
S2140	CORD BLD HARVEST TPLNT ALLOGENEIC	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Non-reimbursable service code				
S2142	CORD BLOOD STEM-CELL TPLNT ALLOGEN	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Non-reimbursable service code				
S2150	BN MARRW/STEM CELL HARV TPLNT&COMP;	BN MARROW/BLD DERIVD STEM CELLS HARV TPLNT&COMP;	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2152	SOLID ORGAN; TPLNT & RELATED COMP	SOLID ORGAN; TRANSPLANTATION & RELATED COMP	Non-reimbursable service code	Transplants and transplant related services (including pre and post transplant testing)			
S2202	ECHOSCLEROTHERAPY	ECHOSCLEROTHERAPY	Non-reimbursable service code				
S2205	MIN INVAS DIR CAB; ART GFT 1 CAG	MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT	Non-reimbursable service code				
S2206	MIN INVAS DIR CAB; ART GFT 2 CAG	MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT	Non-reimbursable service code				
S2207	MIN INVAS DIR CAB; VEN ONLY 1 CVG	MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT	Non-reimbursable service code				
S2208	MIN INVAS DIR CAB; 1 ART&VG 1 VG	MIN INVAS DIR CAB SURG; 1 ART&VEN GFT 1 VEN GFT	Non-reimbursable service code				
S2209	MIN INVAS DIR CAB; 2 ART GFT&1 VG	MIN INVASV DIR CAB SURG; 2 ART GFT&1 VENUS GFT	Non-reimbursable service code				

S2225	MYRINGOTOMY LASER-ASSISTED	MYRINGOTOMY LASER-ASSISTED	Non-reimbursable service code				
S2230	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	IMPL MAGNET CMPNT SEMI-IMPL HEARING DEVC MID EAR	Non-reimbursable service code	Hearing Aids			
S2235	IMPL AUDITRY BRAIN STEM IMPLANT	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	Non-reimbursable service code	Hearing Aids			
S2260	INDUCD AB 17-24 WEEKS ANY SURG METH	INDUCED ABORTION 17 TO 24 WEEKS	Non-reimbursable service code				
S2265	INDUCED ABORTION 25 TO 28 WEEKS	INDUCED ABORTION 25 TO 28 WEEKS	Non-reimbursable service code				
S2266	INDUCED ABORTION 29 TO 31 WEEKS	INDUCED ABORTION 29 TO 31 WEEKS	Non-reimbursable service code				
S2267	INDUCED ABORTION 32 WEEKS/GREATER	INDUCED ABORTION 32 WEEKS OR GREATER	Non-reimbursable service code				
S2300	SCOPE SHLDR;W/THERML-INDUCD CPSLORR	ARTHROSCOPE SHLDR SURG; W/THERML-INDUCD CPSLORR	Non-reimbursable service code	Joint			
S2325	HIP CORE DECOMPRESSION	HIP CORE DECOMPRESSION	Non-reimbursable service code				
S2340	CHEMODNERVAT ABDUCTR MUSC VOCL CORD	CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD	Non-reimbursable service code				
S2341	CHEMODENERVAT ADDUCT MUSC VOCAL CRD	CHEMODENERVATION ADDUCTOR MUSCLE VOCAL CORD	Non-reimbursable service code				
S2342	NASL ENDO POSTOP DEBRID UNI/BIL	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR	Non-reimbursable service code				
S2348	DECOMP PERQ DISC RF 1/MX LUMB	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB	Non-reimbursable service code	Spine Care relating to neck and back conditions, including:			
S2350	DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1 INTERSPACE	Non-reimbursable service code	Spine Care relating to neck and back conditions, including:			
S2351	DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	DISKECT ANT W/OSTEOPHYTECT; LUMB EA ADD INTRSP	Non-reimbursable service code	Spine Care relating to neck and back conditions, including:			
S2400	REPAIR CONGEN HERNIA FETUS-UTERO	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	Non-reimbursable service code				
S2401	REPAIR URIN TRACT OBST FETUS-UTERO	REPAIR URINARY TRACT OBSTRUCTION FETUS IN UTERO	Non-reimbursable service code				
S2402	REPAIR CONGEN CYST MALF FETUS-UTERO	REPAIR CCAM IN THE FETUS PROCEDURE IN UTERO	Non-reimbursable service code				
S2403	REPAIR EPS IN THE FETUS IN UTERO	REPAIR EPS IN FETUS PROCEDURE PERFORMED IN UTERO	Non-reimbursable service code				
S2404	REPR MYELOMENINGO FETUS PROC-UTERO	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO	Non-reimbursable service code				
S2405	REPR SACROCOC TRATOMA FETUS IN UTRO	REPR SACROCOC TERATOMA FETUS IN UTERO	Non-reimbursable service code				
S2409	REP CONGN MALFORM FETUS-UTERO NOC	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	Non-reimbursable service code				
S2411	FETOSCOPIC LASER THERAPY TX OF TTTS	FETOSCOPIC LASER THERAPY FOR TREATMENT-TTTS	Non-reimbursable service code				
S2900	SURG TECH RQR USE ROBOTIC SURG SYS	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	Non-reimbursable service code				
S3000	DIAB IND; RET EYE EX DILAT BIL	DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL	Non-reimbursable service code				
S3005	PRFRM MSR EVAL PT SELF ASSESS DPRSS	PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION	Non-reimbursable service code				
S3600	STAT LABORATORY REQUEST	STAT LABORATORY REQUEST	Non-reimbursable service code				

S3601	EMERG STAT LAB CHRG PT HB/NRS FACL	EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL	Non-reimbursable service code				
S3620	NEWBORN METABOLIC SCREENING PANEL	NEWBORN METABOLIC SCREENING PANEL SPEC-STATE	Non-reimbursable service code				
S3630	EOSINOPHIL COUNT BLOOD DIRECT	EOSINOPHIL COUNT BLOOD DIRECT	Non-reimbursable service code				
S3645	HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE	Non-reimbursable service code				
S3650	SALIVA TEST HORMONE LEVEL;MENOPAUSE	SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE	Non-reimbursable service code	Pathology and Lab			
S3652	SLIVA TST HORMONE LEVL;PRTERM LABOR	SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK	Non-reimbursable service code	Pathology and Lab			
S3655	ANTISPERM ANTIBODIES TEST	ANTISPERM ANTIBODIES TEST	Non-reimbursable service code				
S3708	GASTROINTESTINAL FAT ABSORB STUDY	GASTROINTESTINAL FAT ABSORPTION STUDY	Non-reimbursable service code				
S3722	DOSE OPTIMIZATION AUC ANAL INF 5-FU	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Non-reimbursable service code				
S3800	GENETIC TESTING ALS	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS	Non-reimbursable service code				
S3840	DNA ANALYSIS RET PROTO-ONCOGENE	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	Non-reimbursable service code	Genetic testing and counseling			
S3841	GENETIC TESTING FOR RETINOBLASTOMA	GENETIC TESTING FOR RETINOBLASTOMA	Non-reimbursable service code	Genetic testing and counseling			
S3842	GENETIC TST VON HIPPEL-LINDAU DZ	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Non-reimbursable service code	Genetic testing and counseling			
S3844	DNA ANALY GJB2 CONGN PFND DEAFNESS	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	Non-reimbursable service code	Genetic testing and counseling			
S3845	GENETIC TESTING ALPHA-THALASSEMIA	GENETIC TESTING FOR ALPHA-THALASSEMIA	Non-reimbursable service code	Genetic testing and counseling			
S3846	GENETIC TST HGB E BETA-THALASSEMIA	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	Non-reimbursable service code	Genetic testing and counseling			
S3849	GENETIC TESTING NIEMANN-PICK DZ	GENETIC TESTING FOR NIEMANN-PICK DISEASES	Non-reimbursable service code	Genetic testing and counseling			
S3850	GENETIC TESTING SICKLE CELL ANEMIA	GENETIC TESTING FOR SICKLE CELL ANEMIA	Non-reimbursable service code	Genetic testing and counseling			
S3852	DNA ANALY APOE EPSILON 4 ALLELE ALZ	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Non-reimbursable service code	Genetic testing and counseling			
S3853	GENETIC TST MYOTONIC MUSC DYSTROPHY	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	Non-reimbursable service code	Genetic testing and counseling			
S3854	GENE EXPRESSION PROFILING PANEL	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Non-reimbursable service code	Genetic testing and counseling			
S3861	GENETIC TEST SCN5A&VARIANTS SPCT BS	GENETIC TESTING SCN5A & VARIANTS FOR SUSPCTED BS	Non-reimbursable service code	Genetic testing and counseling			
S3865	COMP GENE SEQUENCE ANALYSIS HCM	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Non-reimbursable service code	Genetic testing and counseling			
S3866	GENETIC ANALYSIS GENE MUTAT HCM	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Non-reimbursable service code	Genetic testing and counseling			
S3870	CGH MICROARRAY TEST DD ASD &/OR ID	CGH MICROARRAY TEST DD ASD &/OR INTELL DISABILTY	Non-reimbursable service code	Genetic testing and counseling			
S3900	SURFACE ELECTROMYOGRAPHY	SURFACE ELECTROMYOGRAPHY	Non-reimbursable service code				
S3902	BALLISTOCARDIOGRAM	BALLISTOCARDIOGRAM	Non-reimbursable service code				
S3904	MASTERS TWO STEP	MASTERS TWO STEP	Non-reimbursable service code				

S4005	INTERIM LABOR FACILITY GLOBAL	INTERIM LABOR FACILITY GLOBAL	Non-reimbursable service code				
S4011	IN VITRO FERTILIZATION;	IN VITRO FERTILIZATION;	Non-reimbursable service code	Infertility Testing or Treatment			
S4013	COMPLETE CYCLE GIFT CASE RATE	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4014	COMPLETE CYCLE ZIFT CASE RATE	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4015	COMPLETE IVF CYCLE CASE RATE NOS	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS	Non-reimbursable service code	Infertility Testing or Treatment			
S4016	FROZEN IVF CYCLE CASE RATE	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4017	INCPL CYCL TX CANCELD PRIOR TO STIM	INCPL CYCLE TX CANCELED PRIOR TO STIM CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4018	FRZN EMB TRANS CANCL CASE RATE	FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4020	IVF PROC CANCL BEFR ASPIR CASE RATE	IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4021	IVF PROC CANCL AFTR ASPIR CASE RATE	IVF PROC CANCELLED AFTER ASPIRATION CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4022	ASSIST OOCYTE FERTILIZ CASE RATE	ASSISTED OOCYTE FERTILIZATION CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4023	DONOR EGG CYCLE INCPL CASE RATE	DONOR EGG CYCLE INCOMPLETE CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4025	DONOR SRVC IN VITRO FERTILIZATION	DONOR SERVICES IN VITRO FERTILIZATION CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4026	PROCUREMENT DONR SPERM SPERM BANK	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	Non-reimbursable service code	Infertility Testing or Treatment			
S4027	STORAGE PREVIOUSLY FROZEN EMBRYOS	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Non-reimbursable service code	Infertility Testing or Treatment			
S4028	MICSURG EPIDIDYMAL SPERM ASPIR	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	Non-reimbursable service code	Infertility Testing or Treatment			
S4030	SPERM PROCUREMENT&CRYOPRES; 1 VISIT	SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT	Non-reimbursable service code	Infertility Testing or Treatment			
S4031	SPERM PROCURE&CRYOPRES; SUBSQT VST	SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT	Non-reimbursable service code	Infertility Testing or Treatment			
S4035	STIM INTRAUTERINE INSEMIN CASE RATE	STIM INTRAUTERINE INSEMINATION CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4037	CRYOPRESERVD EMBRYO TRNSF CASE RATE	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	Non-reimbursable service code	Infertility Testing or Treatment			
S4040	MON & STOR CRYOPRESRV EMBRYOS 30 DA	MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS	Non-reimbursable service code	Infertility Testing or Treatment			
S4042	MGMT OVULATION INDUCTION PER CYCLE	MANAGEMENT OF OVULATION INDUCTION PER CYCLE	Non-reimbursable service code				
S4981	INSRT LEVONORGESTREL INTRAUTRN SYS	INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS	Non-reimbursable service code				
S4989	CONTRACEPT IUD INCL IMPL&SUPPLIES	CONTRACEPTIVE IUD INCLUDING IMPLANTS&SUPPLIES	Non-reimbursable service code				
S4990	NICOTINE PATCHES LEGEND	NICOTINE PATCHES LEGEND	Non-reimbursable service code				
S4991	NICOTINE PATCHES NON-LEGEND	NICOTINE PATCHES NON-LEGEND	Non-reimbursable service code				
S4993	CONTRACEPTIVE PILLS BIRTH CONTROL	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Non-reimbursable service code				
S4995	SMOKING CESSATION GUM	SMOKING CESSATION GUM	Non-reimbursable service code				

S5000	PRESCRIPTION DRUG GENERIC	PRESCRIPTION DRUG GENERIC	Non-reimbursable service code				
S5001	PRESCRIPTION DRUG BRAND NAME	PRESCRIPTION DRUG BRAND NAME	Non-reimbursable service code				
S5010	5% DXTROS & 0.45% NL SALINE 1000 ML	5% DEXTROSE AND 0.45% NORMAL SALINE 1000 ML	Non-reimbursable service code				
S5012	5% DXTROS W/K+ CHLORID 1000 ML	5% DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML	Non-reimbursable service code				
S5013	5% DXTROS/0.45% S KCL&MGSO4 1000 ML	5% DXTROS/0.45% NL SALINE KCL&MGSO4 1000 ML	Non-reimbursable service code				
S5014	5% DXTRS/0.45% NS KCI&MGSO4 1500 ML	5% DEXTROSE/0.45% NL SALINE W/KCL&MGSO4 1500 ML	Non-reimbursable service code				
S5035	HOME INFUS TX ROUTINE INFUS DEVC	HOME INFUS THERAPY ROUTINE SERVICE INFUS DEVICE	Non-reimbursable service code				
S5036	HOME INFUS TX REPAIR INFUS DEVICE	HOME INFUSION THERAPY REPAIR OF INFUSION DEVICE	Non-reimbursable service code				
S5100	DAY CARE SERVICES ADULT; PER 15 MIN	DAY CARE SERVICES ADULT; PER 15 MINUTES	Non-reimbursable service code				
S5101	DAY CARE SRVC ADULT; PER HALF DAY	DAY CARE SERVICES ADULT; PER HALF DAY	Non-reimbursable service code				
S5102	DAY CARE SERVICES ADULT; PER DIEM	DAY CARE SERVICES ADULT; PER DIEM	Non-reimbursable service code				
S5105	DAY CARE CNTR-BASD; SRVC NOT W/FEE	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE	Non-reimbursable service code				
S5108	HOM CARE TRN HOM CARE CLIENT 15 MIN	HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN	Non-reimbursable service code				
S5109	HOME CARE TRN HOME CARE CLIENT SESS	HOME CARE TRAINING HOME CARE CLIENT PER SESSION	Non-reimbursable service code				
S5110	HOME CARE TRAINING FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES	Non-reimbursable service code	Home Health Services			
S5111	HOME CARE TRAINING FAM; PER SESSION	HOME CARE TRAINING FAMILY; PER SESSION	Non-reimbursable service code				
S5115	HOME CARE TRN NON-FAM; PER 15 MIN	HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES	Non-reimbursable service code				
S5116	HOME CARE TRN NON-FAM; PER SESSION	HOME CARE TRAINING NON-FAMILY; PER SESSION	Non-reimbursable service code				
S5120	CHORE SERVICES; PER 15 MINUTES	CHORE SERVICES; PER 15 MINUTES	Non-reimbursable service code				
S5121	CHORE SERVICES; PER DIEM	CHORE SERVICES; PER DIEM	Non-reimbursable service code				
S5125	ATTENDANT CARE SERVICES; PER 15 MIN	ATTENDANT CARE SERVICES; PER 15 MINUTES	Non-reimbursable service code				
S5126	ATTENDANT CARE SERVICES; PER DIEM	ATTENDANT CARE SERVICES; PER DIEM	Non-reimbursable service code				
S5130	HOMEMAKER SERVICE NOS; PER 15 MIN	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Non-reimbursable service code				
S5131	HOMEMAKER SERVICE NOS; PER DIEM	HOMEMAKER SERVICE NOS; PER DIEM	Non-reimbursable service code				
S5135	COMPANION CARE ADULT; PER 15 MIN	COMPANION CARE ADULT ; PER 15 MINUTES	Non-reimbursable service code				
S5136	COMPANION CARE ADULT ; PER DIEM	COMPANION CARE ADULT ; PER DIEM	Non-reimbursable service code				
S5140	FOSTER CARE ADULT; PER DIEM	FOSTER CARE ADULT; PER DIEM	Non-reimbursable service code				
S5141	FOSTER CARE ADULT; PER MONTH	FOSTER CARE ADULT; PER MONTH	Non-reimbursable service code				

S5145	FOSTER CARE THERAPEUTIC CHILD; DIEM	FOSTER CARE THERAPEUTIC CHILD; PER DIEM	Non-reimbursable service code				
S5146	FOSTER CARE THERAPEUTIC CHLD; MONTH	FOSTER CARE THERAPEUTIC CHILD; PER MONTH	Non-reimbursable service code				
S5150	UNSKLD RESPITE CARE NOT HOSPICE; 15	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Non-reimbursable service code	Hospice			
S5151	UNSKLD RESPITE CARE NOT HOSPICE;PER	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Non-reimbursable service code				
S5160	EMERG RESPONSE SYSTEM; INSTL&TST	EMERGENCY RESPONSE SYSTEM; INSTALLATION&TESTING	Non-reimbursable service code				
S5161	EMERG RESPONSE SYS; SRVC FEE-MONTH	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Non-reimbursable service code				
S5162	EMERG RESPONSE SYS; PURCHASE ONLY	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	Non-reimbursable service code				
S5165	HOME MODIFICATIONS; PER SERVICE	HOME MODIFICATIONS; PER SERVICE	Non-reimbursable service code				
S5170	HOME DEL MEALS INCL PREP; MEAL	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Non-reimbursable service code				
S5175	LAUNDRY SERVICE EXT PROF; ORDER	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER	Non-reimbursable service code				
S5180	HOME HEALTH RESP TX INIT EVALUATION	HOME HEALTH RESPIRATORY THERAPY INIT EVALUATION	Non-reimbursable service code	Home Health Services			
S5181	HOME HEALTH RESP TX NOS PER DIEM	HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM	Non-reimbursable service code	Home Health Services			
S5185	MED REMINDR SRVC NON-FCE-TO-FCE; MO	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH	Non-reimbursable service code				
S5190	WELLNESS ASSESS PRFRM NON-PHYSICIAN	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	Non-reimbursable service code				
S5199	PERSONAL CARE ITEM NOS EACH	PERSONAL CARE ITEM NOS EACH	Non-reimbursable service code				
S5497	HOME INFUS TX CATH CARE NOC; DIEM	HOME INFUS TX CATH CARE/MAINT NOC; PER DIEM	Non-reimbursable service code				
S5498	HOME INFUS TX CATH CARE SIMPLE DIEM	HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM	Non-reimbursable service code				
S5501	HOME INFUS TX CATH CARE COMPLX DIEM	HOME INFUS TX CATH CARE/MAINT COMPLEX PER DIEM	Non-reimbursable service code				
S5502	HIT CATH CARE IMPL ACSS DEVC PD	HOME INFUS TX CATH CARE IMPL ACCESS DEVC DIEM	Non-reimbursable service code				
S5517	HIT SPL RESTOR CATH PATENCY/DECLOT	HIT ALL SPL NECES RESTOR CATH PATENCY/DECLOT	Non-reimbursable service code				
S5518	HIT ALL SPL NECES FOR CATH REPAIR	HOME INFUSION THERAPY ALL SPL NECES CATH REPAIR	Non-reimbursable service code				
S5520	HIT ALL SPL NECES PICC LINE INSERT	HOME INFUSION TX ALL SPL NECES PICC LINE INSERT	Non-reimbursable service code				
S5521	HIT SPL NECES MIDLINE CATH INSERT	HOME INFUS TX ALL SPL NECES MIDLINE CATH INSERT	Non-reimbursable service code				
S5522	HIT INSRT PICC NURSE SRVC ONLY	HOME INFUS TX INSERT PICC NRS SRVC ONLY	Non-reimbursable service code				
S5523	HIT INSRT ML VEN CATH NRS SRVC ONLY	HOME INFUS TX INSERT MIDLINE CVC NRS SRVC ONLY	Non-reimbursable service code				
S5550	INSULIN RAPID ONSET; 5 UNITS	INSULIN RAPID ONSET; 5 UNITS	Non-reimbursable service code				
S5551	INSULIN MOST RAPID ONSET; 5 UNITS	INSULIN MOST RAPID ONSET; 5 UNITS	Non-reimbursable service code				
S5552	INSULIN INTERMED ACTING; 5 UNITS	INSULIN INTERMEDIATE ACTING; 5 UNITS	Non-reimbursable service code				

S5553	INSULIN LONG ACTING; 5 UNITS	INSULIN LONG ACTING; 5 UNITS	Non-reimbursable service code				
S5560	INSULIN DEVC REUSABLE PEN;1.5 ML SZ	INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ	Non-reimbursable service code				
S5561	INSULIN DEVC REUSABLE PEN; 3 ML SZ	INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE	Non-reimbursable service code				
S5565	INSULIN CARTRIDGE NOT PUMP; 150 U	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U	Non-reimbursable service code				
S5566	INSULIN CARTRIDGE NOT PUMP; 300 U	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U	Non-reimbursable service code				
S5570	INSULIN DISPOSABLE PEN; 1.5 ML SZ	INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE	Non-reimbursable service code				
S5571	INSULIN DISPOSABLE PEN; 3 ML SZ	INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE	Non-reimbursable service code				
S8030	SCLERAL APPLICATION TANTALUM RING	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX	Non-reimbursable service code				
S8035	MAGNETIC SOURCE IMAGING	MAGNETIC SOURCE IMAGING	Non-reimbursable service code				
S8037	MR CHOLANGIOPANCREATOGRAPHY	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Non-reimbursable service code	Radiology - diagnostic radiology			
S8040	TOPOGRAPHIC BRAIN MAPPING	TOPOGRAPHIC BRAIN MAPPING	Non-reimbursable service code				
S8042	MAGNETIC RESONANCE IMAG LOW-FIELD	MAGNETIC RESONANCE IMAGING LOW-FIELD	Non-reimbursable service code	Radiology - diagnostic radiology			
S8055	US GUID MXIFETL PG RDUC TECH CMPNT	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT	Non-reimbursable service code				
S8080	SCINTIMAMMO UNI W/SPL RADIOPHARM	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Non-reimbursable service code	Radiology - diagnostic radiology			
S8085	F-18 FDG IMAG 2-HD COINCDENC DETCT	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	Non-reimbursable service code				
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	ELECTRON BEAM COMPUTED TOMOGRAPHY	Non-reimbursable service code	Radiology - diagnostic radiology			
S8096	PORTABLE PEAK FLOW METER	PORTABLE PEAK FLOW METER	Non-reimbursable service code				
S8097	ASTHMA KIT	ASTHMA KIT	Non-reimbursable service code				
S8100	HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK	Non-reimbursable service code				
S8101	HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK	Non-reimbursable service code				
S8110	PEAK EXPIRATORY FLOW RATE	PEAK EXPIRATORY FLOW RATE	Non-reimbursable service code				
S8120	O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT	Non-reimbursable service code				
S8121	O2 CONTENTS LQD 1 U EQUALS 1 POUND	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND	Non-reimbursable service code				
S8130	INTERFERENTIAL CURR STIM 2 CHANNEL	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	Non-reimbursable service code	General Medicine - other services and procedures			
S8131	INTERFERENTIAL CURR STIM 4 CHANNEL	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	Non-reimbursable service code	General Medicine - other services and procedures			
S8185	FLUTTER DEVICE	FLUTTER DEVICE	Non-reimbursable service code				
S8186	SWIVEL ADAPTOR	SWIVEL ADAPTOR	Non-reimbursable service code				

S8189	TRACHEOSTOMY SUPPLY NOC	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Non-reimbursable service code				
S8210	MUCUS TRAP	MUCUS TRAP	Non-reimbursable service code				
S8265	HABERMAN FEEDER CLEFT LIP/PALATE	HABERMAN FEEDER FOR CLEFT LIP/PALATE	Non-reimbursable service code				
S8270	ENURESIS ALARM BUZZ&/VIBRATION DEVC	ENURESIS ALARM AUDITORY BUZZER &/ VIBRATION DEVC	Non-reimbursable service code				
S8301	INFECTION CONTROL SUPPLIES NOS	INFECTION CONTROL SUPPLIES NOS	Non-reimbursable service code				
S8415	SUPPLIES HOME DELIVERY OF INFANT	SUPPLIES FOR HOME DELIVERY OF INFANT	Non-reimbursable service code				
S8420	GRADENT PRESS AID SLEEVE&GLOVE CSTM	GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE	Non-reimbursable service code				
S8421	GRADENT PRESS AID SLV&GLOV RDY MADE	GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE	Non-reimbursable service code				
S8422	GRADENT PRESS AID SLEEV CSTM MED WT	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT	Non-reimbursable service code				
S8423	GRADENT PRESS AID SLEEV CSTM HVY WT	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT	Non-reimbursable service code				
S8424	GRADENT PRESS AID SLEEVE READY MADE	GRADIENT PRESSURE AID SLEEVE READY MADE	Non-reimbursable service code				
S8425	GRADENT PRESS AID GLOVE CSTM MED WT	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT	Non-reimbursable service code				
S8426	GRADENT PRESS AID GLOVE CSTM HVY WT	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT	Non-reimbursable service code				
S8427	GRADENT PRESS AID GLOVE READY MADE	GRADIENT PRESSURE AID GLOVE READY MADE	Non-reimbursable service code				
S8428	GRADENT PRESS AID GAUNTLET RDY MADE	GRADIENT PRESSURE AID GAUNTLET READY MADE	Non-reimbursable service code				
S8429	GRADIENT PRESSURE EXTERIOR WRAP	GRADIENT PRESSURE EXTERIOR WRAP	Non-reimbursable service code				
S8430	PADDING COMPRESSION BANDAGE ROLL	PADDING FOR COMPRESSION BANDAGE ROLL	Non-reimbursable service code				
S8431	COMPRESSION BANDAGE ROLL	COMPRESSION BANDAGE ROLL	Non-reimbursable service code				
S8450	SPLINT PREFABRICATED DIGIT	SPLINT PREFABRICATED DIGIT	Non-reimbursable service code				
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	SPLINT PREFABRICATED WRIST OR ANKLE	Non-reimbursable service code				
S8452	SPLINT PREFABRICATED ELBOW	SPLINT PREFABRICATED ELBOW	Non-reimbursable service code				
S8460	CAMISOLE POST-MASTECTOMY	CAMISOLE POST-MASTECTOMY	Non-reimbursable service code				
S8490	INSULIN SYRINGES	INSULIN SYRINGES	Non-reimbursable service code				
S8930	E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	E-STIM AUR ACUPUNCT PNTS; EA 15 MIN 1-1 CNTC PT	Non-reimbursable service code				
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Non-reimbursable service code				
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M	Non-reimbursable service code	General Medicine - other services and procedures			
S8950	COMPLEX LYMPHEDEMA TX EA 15 MIN	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	Non-reimbursable service code				
S8990	PHYS/MANIP TX MAINT NOT RESTORATION	PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION	Non-reimbursable service code				

S8999	RESUSCITATION BAG	RESUSCITATION BAG	Non-reimbursable service code				
S9001	HOME UTERIN MON W/WO ASSOC NRS SRVC	HOME UTERINE MONITOR W/WO ASSOC NURSING SERVICES	Non-reimbursable service code				
S9007	ULTRAFILTRATION MONITOR	ULTRAFILTRATION MONITOR	Non-reimbursable service code				
S9024	PARANASAL SINUS ULTRASOUND	PARANASAL SINUS ULTRASOUND	Non-reimbursable service code				
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	OMNICARDIOGRAM/CARDIOINTEGRAM	Non-reimbursable service code				
S9034	ESWL FOR GALL STONES	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES	Non-reimbursable service code				
S9055	PROCUREN/OTH GROWTH FACTOR PREP	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING	Non-reimbursable service code				
S9056	COMA STIMULATION PER DIEM	COMA STIMULATION PER DIEM	Non-reimbursable service code				
S9061	HOME ADMIN AEROSOLIZED DRUG TX DIEM	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM	Non-reimbursable service code				
S9083	GLOBAL FEE URGENT CARE CENTERS	GLOBAL FEE URGENT CARE CENTERS	Non-reimbursable service code				
S9088	SERVICES PROV AN URGENT CARE CENTER	SERVICES PROVIDED IN AN URGENT CARE CENTER	Non-reimbursable service code				
S9090	VERT AXIAL DECOMPRS PER SESSION	VERTEBRAL AXIAL DECOMPRESSION PER SESSION	Non-reimbursable service code				
S9097	HOME VISIT FOR WOUND CARE	HOME VISIT FOR WOUND CARE	Non-reimbursable service code				
S9098	HOME VISIT PHOTOTHERAPY SRVC DIEM	HOME VISIT PHOTOTHERAPY SERVICES PER DIEM	Non-reimbursable service code				
S9110	TELEMON PT HOME ALL EQUIP; PER MTH	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Non-reimbursable service code				
S9117	BACK SCHOOL PER VISIT	BACK SCHOOL PER VISIT	Non-reimbursable service code				
S9122	HOM HLTH AIDE/CNA PROV CARE HOM; HR	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	Non-reimbursable service code	Home Health Services			
S9123	NRS CARE HOM; REGISTERED NURSE-HOUR	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Non-reimbursable service code	Home Health Services			
S9124	NURSING CARE THE HOME; LPN PER HOUR	NURSING CARE IN THE HOME; BY LPN PER HOUR	Non-reimbursable service code	Home Health Services			
S9125	RESPITE CARE IN THE HOME PER DIEM	RESPITE CARE IN THE HOME PER DIEM	Non-reimbursable service code	Home Health Services			
S9126	HOSPICE CARE IN THE HOME PER DIEM	HOSPICE CARE IN THE HOME PER DIEM	Non-reimbursable service code	Hospice			
S9127	SOCIAL WORK VISIT THE HOME PER DIEM	SOCIAL WORK VISIT IN THE HOME PER DIEM	Non-reimbursable service code	Home Health Services			
S9128	SPEECH THERAPY IN THE HOME PER DIEM	SPEECH THERAPY IN THE HOME PER DIEM	Non-reimbursable service code	Home Health Services			
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Non-reimbursable service code	Home Health Services			
S9131	PHYSICAL THERAPY; HOME PER DIEM	PHYSICAL THERAPY; IN THE HOME PER DIEM	Non-reimbursable service code	Home Health Services			
S9140	DM MGMT PROGM F/U VST NON-MD PROV	DIABETIC MGMT PROGM F/U VISIT NON-MD PROVIDER	Non-reimbursable service code				
S9141	DIAB MGMT PROGM F/U VISIT MD PROV	DIABETIC MANAGEMENT PROGM F/U VISIT MD PROVIDER	Non-reimbursable service code				
S9145	INSULIN PUMP INIT INSTRUCT USE PUMP	INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP	Non-reimbursable service code				

S9150	EVALUATION BY OCCULARIST	EVALUATION BY OCCULARIST	Non-reimbursable service code				
S9152	SPEECH THERAPY RE-EVALUATION	SPEECH THERAPY RE-EVALUATION	Non-reimbursable service code				
S9208	HOME MGMT PRETERM LABOR PER DIEM	HOME MANAGEMENT OF PRETERM LABOR PER DIEM	Non-reimbursable service code	Home Health Services			
S9209	HOME MANGEMENT PPROM DIEM	HOME MGMT PRETERM PRMAT RUPTURE MEMBRANES DIEM	Non-reimbursable service code	Home Health Services			
S9211	HOME MGMT GESTATIONAL HTN; DIEM	HOME MGMT GESTATIONAL HYPERTENSION; PER DIEM	Non-reimbursable service code	Home Health Services			
S9212	HOME MANAGEMENT POSTPARTUM HTN DIEM	HOME MANAGEMENT POSTPARTUM HYPERTENSION PER DIEM	Non-reimbursable service code	Home Health Services			
S9213	HOME MANAGEMENT PREECLAMPSIA; DIEM	HOME MANAGEMENT OF PREECLAMPSIA; PER DIEM	Non-reimbursable service code	Home Health Services			
S9214	HOME MGMT GESTATIONAL DIABETES;DIEM	HOME MANAGEMENT OF GESTATIONAL DIABETES; DIEM	Non-reimbursable service code	Home Health Services			
S9325	HIT PAIN MANAGEMENT INFUS; PER DIEM	HIT PAIN MANAGEMENT INFUSION; PER DIEM	Non-reimbursable service code	Home Health Services			
S9326	HIT CONT PAIN MGMT INFUS; PER DIEM	HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM	Non-reimbursable service code	Home Health Services			
S9327	HIT INTERMIT PAIN MGMT INFUS; DIEM	HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM	Non-reimbursable service code	Home Health Services			
S9328	HIT IMPLANTED PUMP PAIN MGMT; DIEM	HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM	Non-reimbursable service code	Home Health Services			
S9329	HIT CHEMOTHERAPY INFUSION; PER DIEM	HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM	Non-reimbursable service code	Home Health Services			
S9330	HIT CONT CHEMOTHAPY INFUS; PER DIEM	HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM	Non-reimbursable service code	Home Health Services			
S9331	HIT INTERMIT CHEMOTHAPY INFUS; DIEM	HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM	Non-reimbursable service code	Home Health Services			
S9335	HOM TX HD; ADMIN SPL & EQP PER DIEM	HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM	Non-reimbursable service code	Home Health Services			
S9336	HIT CONT ANTICOAGULNT INFUS TX DIEM	HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM	Non-reimbursable service code	Home Health Services			
S9338	HOME INFUS TX IMMUOTHAPY; PER DIEM	HIT IMMUOTHAPY; CARE COORDINATION PER DIEM	Non-reimbursable service code	Home Health Services			
S9339	HOME TX; PERITONL DIALYSIS PER DIEM	HOME THERAPY; PERITONEAL DIALYSIS PER DIEM	Non-reimbursable service code	Home Health Services			
S9340	HOME TX; ENTERAL NUTRITION; DIEM	HOME THERAPY; ENTERAL NUTRITION; PER DIEM	Non-reimbursable service code	Home Health Services			
S9341	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM	Non-reimbursable service code	Home Health Services			
S9342	HT; ENTERAL NUTRIT VIA PUMP; DIEM	HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM	Non-reimbursable service code	Home Health Services			
S9343	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM	Non-reimbursable service code	Home Health Services			
S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM	Non-reimbursable service code	Home Health Services			
S9346	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM	Non-reimbursable service code	Home Health Services			
S9347	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM	Non-reimbursable service code	Home Health Services			
S9348	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM	Non-reimbursable service code	Home Health Services			
S9349	HOME INFUS TX TOCOLYTIC; PER DIEM	HOME INFUSION THERAPY TOCOLYTIC; PER DIEM	Non-reimbursable service code	Home Health Services			

S9351	HIT CONT ANTI-EMETIC; PER DIEM	HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM	Non-reimbursable service code	Home Health Services			
S9353	HOME INFUS TX CONT INSULIN; DIEM	HOME INFUSION THERAPY CONT INSULIN; PER DIEM	Non-reimbursable service code	Home Health Services			
S9355	HOME INFUS TX CHELATION; PER DIEM	HOME INFUSION THERAPY CHELATION; PER DIEM	Non-reimbursable service code	Home Health Services			
S9357	HIT ENZYME REPL IV TX; PER DIEM	HOME INFUSION TX ENZYME REPL IV TX; PER DIEM	Non-reimbursable service code	Home Health Services			
S9359	HIT ANTI-TUMR NECROS FACTOR IV TX;	HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM	Non-reimbursable service code	Home Health Services			
S9361	HIT DIURETIC IV TX; PER DIEM	HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM	Non-reimbursable service code	Home Health Services			
S9363	HIT ANTI-SPASMOTIC TX; PER DIEM	HIT ANTI-SPASMOTIC TX; CARE SPL&EQP PER DIEM	Non-reimbursable service code	Home Health Services			
S9364	HIT TPN; CARE COORDINATION DIEM	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM	Non-reimbursable service code	Home Health Services			
S9365	HIT TPN; 1 LITER PER DAY PER DIEM	HOM INFUS TX TPN; 1 LITER-DAY DIEM	Non-reimbursable service code	Home Health Services			
S9366	HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	HIT TPN; > 1 LITER BUT NOT > 2 LITERS-DA-DIEM	Non-reimbursable service code	Home Health Services			
S9367	HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	HIT TPN; > 2 LITERS BUT NOT > 3 LITERS-DA -DIEM	Non-reimbursable service code	Home Health Services			
S9368	HOM INFUS TX TPN; > 3 L-DAY-DIEM	HIT TOTAL PARENTERAL NUTRIT; > 3 LITERS-DA -DIEM	Non-reimbursable service code	Home Health Services			
S9370	HT INTERMITTENT ANTI-EMETIC INJ TX;	HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;	Non-reimbursable service code	Home Health Services			
S9372	HT; INTERMIT ANTICOAGULANT INJ TX;	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;	Non-reimbursable service code	Home Health Services			
S9373	HIT HYDRATION TX; PER DIEM	HOME INFUSION THERAPY HYDRATION TX; PER DIEM	Non-reimbursable service code	Home Health Services			
S9374	HIT HYDRATION TX; 1 LITER DAY	HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY	Non-reimbursable service code	Home Health Services			
S9375	HIT HYDRAT; >1 LITR NO>2 LITR DAY	HIT HYDRATION TX; >1 LITER NO>2 LITERS DAY	Non-reimbursable service code	Home Health Services			
S9376	HIT HYDRAT; >2 LITR NO>3 LITR DAY	HIT HYDRATION TX; >2 LITERS NO>3 LITERS DAY	Non-reimbursable service code	Home Health Services			
S9377	HIT HYDRATION TX; >3 LITERS DAY	HOME INFUS THERAPY HYDRATION TX; >3 LITERS DAY	Non-reimbursable service code	Home Health Services			
S9379	HOME INFUS TX INFUSION TX NOC; DIEM	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	Non-reimbursable service code	Home Health Services			
S9381	DEL/HI RISK REQ ESCRT/PROTECT VST	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT	Non-reimbursable service code				
S9401	ANTICOAGULAT CLIN NO LAB PER SESS	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS	Non-reimbursable service code				
S9430	PHARM COMPOUNDING & DISPENSING SERV	PHARMACY COMPOUNDING AND DISPENSING SERVICES	Non-reimbursable service code				
S9433	MED FOOD NUTR ORAL 100% NUTR INTAKE	MED FOOD NUTR CMPL ORAL 100% NUTRITNL INTAKE	Non-reimbursable service code				
S9434	MOD SOLID FOOD SUP INBORN ERR METAB	MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB	Non-reimbursable service code				
S9435	MEDICAL FOODS INBORN ERRORS METAB	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Non-reimbursable service code				
S9436	CHLDBRTH PREP/LAMAZE CLASS PER SESS	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS	Non-reimbursable service code				
S9437	CHILDBIRTH REFRESH CLASS PER SESS	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS	Non-reimbursable service code				

S9438	CESAREAN BRTH CLASS NON-MD PER SESS	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9439	VBAC CLASSES NON-MD PER SESSION	VBAC CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9441	ASTHMA ED NON-MD PROV PER SESSION	ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION	Non-reimbursable service code				
S9442	BIRTHING CLASSES NON-PHYS PROV-SESS	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION	Non-reimbursable service code				
S9443	LACTATION CLASS NON-PHYS PROV-SESS	LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION	Non-reimbursable service code				
S9444	PARENTING CLASSES NON-MD PER SESS	PARENTING CLASSES NON-PHYSICIAN PER SESS	Non-reimbursable service code				
S9445	PT ED NOC NON-MD PROV IND SESSION	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	Non-reimbursable service code				
S9446	PT ED NOC NON-MD PROV GROUP SESSION	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION	Non-reimbursable service code				
S9447	INFANT SAFETY CLASS NON-MD PER SESS	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9449	WEIGHT MGMT CLASS NON-PHYS PER SESS	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION	Non-reimbursable service code				
S9451	EXERCISE CLASSES NON-PHYS PER SESS	EXERCISE CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9452	NUTRITION CLASSES NON-PHYS PER SESS	NUTRITION CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9453	SMOKING CESSATION CLASS NON-MD SESS	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS	Non-reimbursable service code				
S9454	STRESS MGMT CLASS NON-PHYS PER SESS	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION	Non-reimbursable service code				
S9455	DIABETIC MGMT PROGM GROUP SESSION	DIABETIC MANAGEMENT PROGRAM GROUP SESSION	Non-reimbursable service code				
S9460	DIABETIC MGMT PROGM NURSE VISIT	DIABETIC MANAGEMENT PROGRAM NURSE VISIT	Non-reimbursable service code				
S9465	DIABETIC MGMT PROGM DIETITIAN VISIT	DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT	Non-reimbursable service code				
S9470	NUTRITIONAL CNSL DIETITIAN VISIT	NUTRITIONAL COUNSELING DIETITIAN VISIT	Non-reimbursable service code				
S9472	CARD REHAB PROGM NON-PHYS PROV DIEM	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Non-reimbursable service code				
S9473	PULM REHAB PROGM NON-PHYS PROV DIEM	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM	Non-reimbursable service code				
S9474	ENTRSTML TX RN CERT ENTRSTML TX DAY	ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM	Non-reimbursable service code				
S9475	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	AMB SET SUBSTANCE ABS TX/DTOXFICATION SRVC-DIEM	Non-reimbursable service code				
S9476	VESTIBULR REHAB NON-PHYS PROV-DIEM	VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM	Non-reimbursable service code				
S9480	INTENSIVE OP PSYC SERVICES PER DIEM	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Non-reimbursable service code	General Medicine - health and behavior assessment/intervention			
S9482	FAMILY STABILIZATN SRVC PER 15 MIN	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Non-reimbursable service code				
S9484	CRISIS INTERVEN MENTL HLTH SRVC-HR	CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR	Non-reimbursable service code				
S9485	CRISIS INTERVENT MENTAL HEALTH SERV	CRISIS INTERVENT MENTAL HEALTH SERV	Non-reimbursable service code				

S9490	HIT CORTICOSTEROID INFUS; ADMN SRVC	HIT CORTICOSTEROID INFUS; ADMN SRVC PROF PHRM SR	Non-reimbursable service code				
S9494	HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	HIT ABX ANTIVIRAL/ANTIFUNGAL THERAPY; PER DIEM	Non-reimbursable service code				
S9497	HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q3 HRS DIEM	Non-reimbursable service code				
S9500	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24 HRS DIEM	Non-reimbursable service code				
S9501	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12 HRS DIEM	Non-reimbursable service code				
S9502	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	HIT ABX ANTIVIRAL/ANTIFUNGAL; Q8 HRS PER DIEM	Non-reimbursable service code				
S9503	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	HIT ANTIBIOTC ANTIVIRAL/ANTIFUNGAL; Q6 HRS; DIEM	Non-reimbursable service code				
S9504	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	HIT ABX ANTIVIRAL/ANTIFUNGAL; Q4 HRS; PER DIEM	Non-reimbursable service code				
S9529	HOME OR SNF PATIENT	HOME OR SKILLED NURSING FACILITY PATIENT	Non-reimbursable service code				
S9537	HOM TX HEMATOPOIETIC H INJ TX;-DIEM	HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM	Non-reimbursable service code				
S9538	HOME TRANSFUSION BLOOD PROD; DIEM	HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM	Non-reimbursable service code				
S9542	HOME INJECTABLE THERAPY NOC-DIEM	HOME INJ TX NOC W/CARE COORDINATION PER DIEM	Non-reimbursable service code				
S9558	HOME INFUS TX GROWTH HORMONE-DIEM	HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM	Non-reimbursable service code				
S9559	HOME INFUS TX INTERFERON PER DIEM	HIT INTERFERON W/CARE COORDINATION PER DIEM	Non-reimbursable service code				
S9560	HOME INJ TX; HORMONAL THERAPY DIEM	HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM	Non-reimbursable service code				
S9562	HOM INJ TX PALIVIZUMAB-PER DIEM	HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM	Non-reimbursable service code				
S9590	HOM TX IRRIG TX; W/ADMN-PER DIEM	HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM	Non-reimbursable service code				
S9810	HOME THERAPY; NOC PER HOUR	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR	Non-reimbursable service code				
S9900	SRVC JOUR-LISTED CS PRACT HEAL-DIEM	SRVC JOURNAL-LISTED CS PRACT HEALING PER DIEM	Non-reimbursable service code				
S9901	SERVICES JNL-LISTED CS NURSE PER HR	SERVICES BY A JOURNAL-LISTED CS NURSE PER HR	Non-reimbursable service code				
S9960	AMB SERVC AIR NON-ER 1 WAY FIX WING	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Non-reimbursable service code	General Medicine - other services and procedures			
S9961	AMB SERVC AIR NON-ER 1 WAY ROT WING	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Non-reimbursable service code				
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	HEALTH CLUB MEMBERSHIP ANNUAL	Non-reimbursable service code				
S9975	TPLNT REL LODG MEALS & TRNSPRT DIEM	TRANSPLANT REL LODG MEALS & TRNSPRT PER DIEM	Non-reimbursable service code				
S9976	LODGING PER DIEM NOS	LODGING PER DIEM NOT OTHERWISE SPECIFIED	Non-reimbursable service code				
S9977	MEALS PER DIEM NOS	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Non-reimbursable service code				
S9981	MEDICAL RECORDS COPYING FEE ADMIN	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE	Non-reimbursable service code				

S9982	MEDICAL RECORDS COPYING FEE-PAGE	MEDICAL RECORDS COPYING FEE PER PAGE	Non-reimbursable service code				
S9986	NOT MEDICALLY NECESSARY SERVICE	NOT MEDICALLY NECESSARY SERVICE	Non-reimbursable service code				
S9988	SERV PART OF PHASE 1 CLINICAL TRIAL	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL	Non-reimbursable service code	General Medicine - health and behavior assessment/intervention			
S9989	SERVICES PROVIDED OUTSIDE USA	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA	Non-reimbursable service code	Clinical Trial			
S9990	SRVC PROV PART PHASE II CLIN TRIAL	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL	Non-reimbursable service code	Clinical Trial			
S9991	SRVC PROV PART PHASE III CLIN TRIAL	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL	Non-reimbursable service code	Clinical Trial			
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER	Non-reimbursable service code	Clinical Trial			
S9994	LODG COST CLIN TRIAL PRTCP&CAREGVR	LODGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR	Non-reimbursable service code	Clinical Trial			
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION	Non-reimbursable service code	Clinical Trial			
S9999	SALES TAX	SALES TAX	Non-reimbursable service code				
T1000	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	No Auth Required				
T1001	NURSING ASSESSMENT/EVALUATION	NURSING ASSESSMENT/EVALUATION	No Auth Required				
T1002	RN SERVICES UP TO 15 MINUTES	RN SERVICES UP TO 15 MINUTES	No Auth Required				
T1003	LPN/LVN SERVICES UP TO 15 MINUTES	LPN/LVN SERVICES UP TO 15 MINUTES	Authorization Required	Home Health Services		Full Clinical Review	
T1004	SRVC QUALIFIED NRS AIDE TO 15 MIN	SERVICES QUALIFIED NURSING AIDE UP TO 15 MINUTES	No Auth Required				
T1005	RESPITE CARE SERVICES TO 15 MIN	RESPITE CARE SERVICES UP TO 15 MINUTES	No Auth Required				
T1006	ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL	ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL	No Auth Required	General Medicine - health and behavior assessment/intervention			
T1007	ALCOHOL&/SUBSTANCE ABUSE SERVICES	ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD	No Auth Required	General Medicine - health and behavior assessment/intervention			
T1009	CHILD SIT IND ALC&/SUBSTNC ABS SRVC	CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC	No Auth Required	General Medicine - health and behavior assessment/intervention			
T1010	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC	No Auth Required				
T1012	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP	No Auth Required				
T1013	SIGN LANGE/ORAL INTEPR SRVC-15 MIN	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	No Auth Required				
T1014	TELEHEALTH TRANS MIN PROF SRVC	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP	No Auth Required				
T1015	CLINIC VST/ENCOUNTER ALL-INCLUSIVE	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE	No Auth Required				
T1016	CASE MANAGEMENT EACH 15 MINS	CASE MANAGEMENT EACH 15 MINS	No Auth Required				
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	TARGETED CASE MANAGEMENT EACH 15 MINS	No Auth Required				

T1018	SCHOOL-BASD IND ED PROG SERV BUNDLD	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED	No Auth Required				
T1019	PERSONAL CARE SERVICES PER 15 MINS	PERSONAL CARE SERVICES PER 15 MINUTES	No Auth Required				
T1020	PERSONAL CARE SERVICES PER DIEM	PERSONAL CARE SERVICES PER DIEM	No Auth Required				
T1021	HOME HLTH AIDE/CERT NURSE ASST VST	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	Authorization Required	Home Health Services		Full Clinical Review	
T1022	CONTRACT HOME HEALTH AGCY SRVC DAY	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Authorization Required	Home Health Services		Full Clinical Review	
T1023	SCR IND PARTICIP SPEC PROG PROJ/TX	SCR CONSIDER IND PARTICIP SPEC PROG PROJ/TX PER	No Auth Required				
T1024	EVAL&TX TEAM MX/SEV HANDICAP CHILD	EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER	No Auth Required				
T1025	MXDISCPLIN CHILD CMPLX IMPAIR DIEM	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR DIEM	No Auth Required				
T1026	MXDISCPLIN CHILD W/CMPLX IMPAIR HR	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR HR	No Auth Required				
T1027	FAM TRAIN & CNSL CHILD DVLP 15 MINS	FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS	No Auth Required				
T1028	ASSESS HOME PHYSICAL & FAMILY ENVIR	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT	No Auth Required				
T1029	COMP ENVIR LEAD INVESTIGAT-DWELL	COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL	No Auth Required				
T1030	NRS CARE HOME REGISTERED NURSE-DIEM	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	No Auth Required				
T1031	NURSING CARE THE HOME LPN PER DIEM	NURSING CARE IN THE HOME BY LPN PER DIEM	No Auth Required				
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	MEDICAID CERT COM BEHAVIORAL HLTH CLINIC SRVC PD	Authorization Required			Full Clinical Review	
T1041	MEDICAID CERT COM BH CLINIC SRVC PM	MEDICAID CERT COM BEHAVIORAL HLTH CLINIC SRVC PM	Authorization Required			Full Clinical Review	
T1502	ADMN ORL IM&/SUBQ MED HLTH PROF	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT	No Auth Required				
T1503	ADMN MED NOT ORAL&/INJ AGENCY/PROF	ADMN MED NOT ORAL & OR INJ HLTH AGENCY/PROF VST	No Auth Required				
T1505	ELECTRON MED COMPL MANAGE DEVC NOS	ELECTRONIC MEDICATION COMPLIANCE MANAGE DEVC NOS	No Auth Required				
T1999	MISC TX ITEMS&SPL RTAIL PURCHSE NOC	MISC TX ITEMS & SPL RETAIL PURCHASE NOC	Authorization Required			Full Clinical Review	
T2001	N-EMERG TRNSPRT; PT ATTENDNT/ESCORT	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT	No Auth Required				
T2002	NON-EMERG TRANSPORTATION; PER DIEM	NON-EMERGENCY TRANSPORTATION; PER DIEM	No Auth Required				
T2003	NON-EMERG TRNSPRT; ENCOUNTER/TRIP	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	No Auth Required				
T2004	N-EMERG TRNSPRT;COMMER CARR MX-PASS	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS	No Auth Required				
T2005	NONEMERGENCY TRNSPRT; STRETCHER VAN	NONEMERGENCY TRANSPORTATION; STRETCHER VAN	No Auth Required				
T2007	TRNSPRT WAIT TIME NON-ER VEH 1/2 HR	TRNSPRT WAIT TIME AIR AMB&NON-EMERG VEH 1/2 HR	No Auth Required				
T2010	PASRR LEVEL I ID SCREEN PER SCREEN	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN	No Auth Required				
T2011	PASRR LEVEL II EVALUATION PER EVAL	PASRR LEVEL II EVALUATION PER EVALUATION	No Auth Required				
T2012	HABILITATION ED WAIVER; DIEM	HABILITATION EDUCATIONAL WAIVER; PER DIEM	No Auth Required				

T2013	HABILITATION ED WAIVER; HOUR	HABILITATION EDUCATIONAL WAIVER; PER HOUR	No Auth Required				
T2014	HABILITATN PREVOCATIONL WAIVR;DIEM	HABILITATION PREVOCATIONAL WAIVER; PER DIEM	No Auth Required				
T2015	HABILITATION PREVOCATIONAL WAIVR;HR	HABILITATION PREVOCATIONAL WAIVER; PER HOUR	No Auth Required				
T2016	HABILITATION RES WAIVER; PER DIEM	HABILITATION RESIDENTIAL WAIVER; PER DIEM	No Auth Required				
T2017	HABILITATION RES WAIVER; PER 15 MIN	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	No Auth Required				
T2018	HABILITATN SUPP EMPLMNT WAIVR;DIEM	HABILITATION SUPP EMPLOYMENT WAIVER; PER DIEM	No Auth Required				
T2019	HABILTATN SUPP EMPLMNT WAIVR;15 MIN	HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN	No Auth Required				
T2020	DAY HABILITATION WAIVER; PER DIEM	DAY HABILITATION WAIVER; PER DIEM	No Auth Required				
T2021	DAY HABILITATION WAIVER; PER 15 MIN	DAY HABILITATION WAIVER; PER 15 MINUTES	No Auth Required				
T2022	CASE MANAGEMENT; PER MONTH	CASE MANAGEMENT; PER MONTH	No Auth Required				
T2023	TARGETED CASE MANAGEMENT; PER MONTH	TARGETED CASE MANAGEMENT; PER MONTH	No Auth Required				
T2024	SRVC ASSESS/PLAN CARE DVLP WAIVER	SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER	No Auth Required				
T2025	WAIVER SERVICES; NOS	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	No Auth Required				
T2026	SPCLIZED CHILDCARE WAIVER; PER DIEM	SPECIALIZED CHILDCARE WAIVER; PER DIEM	No Auth Required				
T2027	SPCLIZED CHILDCARE WAIVER; 15 MIN	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES	No Auth Required				
T2028	SPECIALIZED SUPPLY NOS WAIVER	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	No Auth Required				
T2029	SPECIALIZED MEDICAL EQP NOS WAIVER	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	No Auth Required				
T2030	ASSISTED LIVING WAIVER; PER MONTH	ASSISTED LIVING WAIVER; PER MONTH	No Auth Required				
T2031	ASSISTED LIVING WAIVER; PER DIEM	ASSISTED LIVING WAIVER; PER DIEM	No Auth Required				
T2032	RES CARE NOS WAIVER; PER MONTH	RESIDENTIAL CARE NOS WAIVER; PER MONTH	No Auth Required				
T2033	RES CARE NOS WAIVER; PER DIEM	RESIDENTIAL CARE NOS WAIVER; PER DIEM	No Auth Required				
T2034	CRISIS INTERVEN WAIVER; PER DIEM	CRISIS INTERVENTION WAIVER; PER DIEM	No Auth Required				
T2035	UTILITY SERVICES MED EQP WAIVER	UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER	No Auth Required				
T2036	TX CAMPING OVRNGT WAIVER; EA SESS	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
T2037	TX CAMPING DA WAIVER; EA SESS	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION	Authorization Required	General Medicine - health and behavior assessment/intervention		Full Clinical Review	
T2038	CMTY TRANSITION WAIVER; PER SERVICE	COMMUNITY TRANSITION WAIVER; PER SERVICE	No Auth Required				
T2039	VEHICLE MOD WAIVER; PER SERVICE	VEHICLE MODIFICATIONS WAIVER; PER SERVICE	No Auth Required				

T2040	FINANCIAL MGMT WAIVER; 15 MIN	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	No Auth Required				
T2041	SUPP BROKER SLF-DIRED WAIVR; 15 MIN	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN	No Auth Required				
T2042	HOSPICE ROUTINE HOME CARE PER DIEM	HOSPICE ROUTINE HOME CARE; PER DIEM	No Auth Required	Hospice			
T2043	HOSPICE CONTINUOUS HOME CARE PER HR	HOSPICE CONTINUOUS HOME CARE; PER HOUR	No Auth Required	Hospice			
T2044	HOSPICE INPAT RESPITE CARE PER DIEM	HOSPICE INPATIENT RESPITE CARE; PER DIEM	No Auth Required	Hospice			
T2045	HOSPICE GENERAL INPAT CARE PER DIEM	HOSPICE GENERAL INPATIENT CARE; PER DIEM	No Auth Required	Hospice			
T2046	HOSPICE LT CARE RM AND BD PER DIEM	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM	No Auth Required	Hospice			
T2047	HABIL PREVOC WAIVER; PER 15 MINS	HABILITATION PREVOCATIONAL WAIVER; PER 15 MINS	No Auth Required				
T2048	BHVAL HLTH; LTC RES W/ROOM&BD-DIEM	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM	No Auth Required				
T2049	NON-EMERG TRNSPRT; VAN MILEAGE;MILE	NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE	No Auth Required				
T2101	HUMN BRST MILK PRC STOR&DSTRB ONLY	HUMAN BREAST MILK PROCESSING STORAGE&DSTRB ONLY	No Auth Required				
T4521	ADLT SZ DISPBL INCONT BRF/DIAPER SM	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA	No Auth Required				
T4522	ADLT SZ DISPBL INCONT BRF/DIAPER MD	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	No Auth Required				
T4523	ADLT SZ DISPBL INCONT BRF/DIAPER LG	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA	No Auth Required				
T4524	ADLT DISPBL INCONT BRF/DIAPER X-LG	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA	No Auth Required				
T4525	ADLT SZD DISPBL INCONT UNDWEAR SM	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA	No Auth Required				
T4526	ADLT SZD DISPBL INCONT UNDWEAR MED	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	No Auth Required				
T4527	ADLT SZD DISPBL INCONT UNDWEAR LG	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	No Auth Required				
T4528	ADLT SZD DISPBL INCONT UNDWEAR X-LG	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	No Auth Required				
T4529	PED SZ DISPBL INCONT BRF/DIAPER S/M	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA	No Auth Required				
T4530	PED SZ DISPBL INCONT BRF/DIAPER LG	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA	No Auth Required				
T4531	PED SZ DISPBL INCONT UNDWEAR SM/MED	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA	No Auth Required				
T4532	PED SZ DISPBL INCONT UNDWEAR LG EA	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA	No Auth Required				
T4533	YOUTH SZD DISPBL INCONT BRF/DIAPER	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA	No Auth Required				
T4534	YOUTH SZD DISPBL INCONT UNDWEAR EA	YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA	No Auth Required				
T4535	DISPBL LINER/PAD/UNDGRMNT INCONT EA	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA	No Auth Required				
T4536	INCONT PROD UNDWEAR/PULLON REUSE SZ	INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA	No Auth Required				
T4537	INCONT PROD UNDPAD REUSBL BED SZ EA	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	No Auth Required				

T4538	DIAPER SRVC REUSBL DIAPER EA DIAPER	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER	No Auth Required			
T4539	INCONT PROD DIAPER/BRF REUSBL SZ EA	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA	No Auth Required			
T4540	INCONT PROD UNDPAD REUSBL CHAIR SZ	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	No Auth Required			
T4541	INCONT PRODUCT DISPBL UNDPAD LG EA	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	No Auth Required			
T4542	INCONT PROD DISPBL UNDPAD SM SZ EA	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	No Auth Required			
T4543	ADULT DISP INCONTINENCE PROD ABV XL	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	No Auth Required			
T4544	ADULT SIZE DISPBL PULLUP ABVE XL EA	ADULT SIZE DISPBL INCONT PULLUP ABVE EXTRA LG EA	No Auth Required			
T4545	INCONTIN PROD DISP PENILE WRAP EA	INCONTINENCE PRODUCT DISPOSABLE PENILE WRAP EACH	No Auth Required			
T5001	PSTN SEAT PERSON SPECL/ORTHO NEEDS	POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED	No Auth Required			
T5999	SUPPLY NOT OTHERWISE SPECIFIED	SUPPLY NOT OTHERWISE SPECIFIED	No Auth Required			
U0001	CDC 2019 NOVEL COV RT RT-PCR DX PNL	CDC 2019 NOVEL CORONAVIRUS RT RT-PCR DX PANEL	No Auth Required			
U0002	2019-NCOV CORONAVIRUS	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19)	No Auth Required			
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R.	No Auth Required			
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19)	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R.	No Auth Required			
V2020	FRAMES PURCHASES	FRAMES PURCHASES	No Auth Required			
V2025	DELUXE FRAME	DELUXE FRAME	Authorization Required	NA		Full Clinical Review
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			
V2524	CONTCT LENS HPI SPH PC ADD PER LENS	CONTACT LENS HPI SPH PC ADDITIVE 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		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		Full Clinical Review
V2623	PROSTHETIC EYE PLASTIC CUSTOM	PROSTHETIC EYE PLASTIC CUSTOM	Authorization Required	NA		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		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			
V2702	DELUXE LENS FEATURE	DELUXE LENS FEATURE	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			
V2787	ASTIGMATISM CORRECTING FUNCTION IOL	ASTIGMATISM CORRECTING FUNCTION INTRAOCULAR LENS	No Auth Required			
V2788	PRESBYOPIA CORRECTING FUNCT IO LENS	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS	No Auth Required			
V2790	AMNIOTIC MEMBRANE SURG RECNSTR-PROC	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC	Authorization Required	Reconstructive		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			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			
V5336	REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE	No Auth Required			
V5362	SPEECH SCREENING	SPEECH SCREENING	No Auth Required			
V5363	LANGUAGE SCREENING	LANGUAGE SCREENING	No Auth Required			
V5364	DYSPHAGIA SCREENING	DYSPHAGIA SCREENING	No Auth Required			