## 2021 SG Prior Authorization CPT Code List-CENTRUM 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.

	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	·	Surgery				
10008	FNA BX W/FLUOR GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL		Surgery				
10009	FNA BX W/CT GDN 1ST LES	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION		Surgery				
10010	FNA BX W/CT GDN EA ADDL	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	No Auth Required	Surgery				
	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		

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10180	COMPLEX DRAINAGE WOUND	INCISION & DRAINAGE COMPLEX PO	Authorization Required	Surgery of		Full Clinical Review	
		WOUND INFECTION		integumentary system			
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	Authorization Required	Surgery of		Full Clinical Review	
		EA 10% BDY SURF		integumentary system			
11004	DEBRIDE GENITALIA & PERINEUM	DBRDMT SKN SUBQ T/M/F NECRO	Authorization Required	Surgery of		Full Clinical Review	
		INFCTJ GENT&PR		integumentary system			
11005	DEBRIDE ABDOM WALL	DBRDMT SKN SUBQ T/M/F NECRO	Authorization Required	Surgery of		Full Clinical Review	
		INFCTJ ABDL WALL		integumentary system			
11006	DEBRIDE GENIT/PER/ABDOM WALL	DBRDMT SKN SUBQ T/M/F NECRO	Authorization Required	Surgery of		Full Clinical Review	
11000	DEBNIDE GENTITI ENTADDOM WALE	INFCTJ GENT/ABDL	Authorization Required	integumentary system		i dii ciiiicai neview	
11008	REMOVE MESH FROM ABD WALL	REMOVAL PROSTHETIC MATRL ABDL	Authorization Required	Surgery of		Full Clinical Review	
11008	KLINIOVE INIESTI I KOINI ABD WALL	WALL FOR INFECTION	Authorization Required			ruii Ciiiiicai Keview	
11010	DEBRIDE SKIN AT FX SITE	DBRDMT W/RMVL FM FX&/DISLC	Authorization Required	integumentary system Surgery of		Full Clinical Review	
11010	DEBRIDE SKIN AT TA SITE	SKIN&SUBQ TISSUS	Authorization Required			ruii Ciiiiicai Keview	
11011	DEBRIDE SKIN MUSC AT FX SITE		Authorization Descriped	integumentary system		Full Clinical Review	
11011	DEBRIDE SKIN MOSC AT FX SITE	DBRDMT W/RMVL FM FX&/DISLC SKN	Authorization Required	Surgery of		Full Clinical Review	
11012	DED CHINI DONE AT EVICITE	SUBQ T/M/F MUSC	Authorization Descriped	integumentary system		Full Clinical Davieur	
11012	DEB SKIN BONE AT FX SITE	DBRDMT FX&/DISLC SUBQ T/M/F BONE	Authorization Required	Surgery of		Full Clinical Review	
				integumentary system			
11042	DEB SUBQ TISSUE 20 SQ CM/<	DEBRIDEMENT SUBCUTANEOUS TISSUE	Authorization Required	Surgery of		Full Clinical Review	
		20 SQ CM/<		integumentary system			
11043	DEB MUSC/FASCIA 20 SQ CM/<	DEBRIDEMENT MUSCLE & FASCIA 20 SQ	Authorization Required	Surgery of		Full Clinical Review	
		CM/<		integumentary system			
11044	DEB BONE 20 SQ CM/<	DEBRIDEMENT BONE MUSCLE &/FASCIA	Authorization Required	Surgery of		Full Clinical Review	
		20 SQ CM/<		integumentary system			
11045	DEB SUBQ TISSUE ADD-ON	DBRDMT SUBCUTANEOUS TISSUE EA	Authorization Required	Surgery of		Full Clinical Review	
		ADDL 20 SQ CM		integumentary system			
11046	DEB MUSC/FASCIA ADD-ON	DEBRIDEMENT MUSCLE &/FASCIA EA	Authorization Required	Surgery of		Full Clinical Review	
		ADDL 20 SQ CM		integumentary system			
11047	DEB BONE ADD-ON	DEBRIDEMENT BONE EACH	Authorization Required	Surgery of		Full Clinical Review	
		ADDITIONAL 20 SQ CM		integumentary system			
11055	TRIM SKIN LESION	PARING/CUTTING BENIGN	Authorization Required	Surgery of		Full Clinical Review	
		HYPERKERATOTIC LESION 1		integumentary system			
11056	TRIM SKIN LESIONS 2 TO 4	PARING/CUTTING BENIGN	Authorization Required	Surgery of		Full Clinical Review	
		HYPERKERATOTIC LESION 2-4		integumentary system			
11057	TRIM SKIN LESIONS OVER 4	PARING/CUTTING BENIGN	Authorization Required	Surgery of		Full Clinical Review	
		HYPERKERATOTIC LESION >4		integumentary system			
11102	TANGNTL BX SKIN SINGLE LES	TANGENTIAL BIOPSY SKIN SINGLE	No Auth Required				
		LESION					
11103	TANGNTL BX SKIN EA SEP/ADDL	TANGENTIAL BIOPSY SKIN EA	No Auth Required				
11100		SEP/ADDITIONAL LESION	no man neganea				
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	No Auth Required				
11105	PONCH BX 3KIN EA 3EP/ADDL	SEP/ADDITIONAL LESION	No Autii Kequireu				
11106	INCAL BX SKN SINGLE LES	INCISIONAL BIOPSY SKIN SINGLE LESION	No Auth Required				
11100	INCAL BX 3KN 3INGLE LES	INCISIONAL BIOPST SKIN SINGLE LESION	No Autii Kequireu				
11107	INCAL BX SKN EA SEP/ADDL	INCISIONAL BIOPSY SKIN EA	No Auth Required	-			
11107	INCAL BX SKN EA SEP/ADDL		No Auth Required				
44200	DENAOVAL OF CUIN TACC 344/45	SEP/ADDITIONAL LESION	N. A. All D. a. Jane				
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>REMOVAL SKN TAGS MLT FIBRQ TAGS</td><td>No Auth Required</td><td></td><td></td><td></td><td></td></w>	REMOVAL SKN TAGS MLT FIBRQ TAGS	No Auth Required				
		ANY AREA UPW/15					
11201	REMOVE SKIN TAGS ADD-ON	REMOVAL SK TGS MLT FIBRQ TAGS ANY	No Auth Required				
		AREA EA 10					
11300	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1	No Auth Required	Removal of Dermal	PA for Code in Group		
		TRUNK/ARM/LEG DIAM 0.5CM/<		Lesions	Applies to All Codes		
					within Specific Group	]	

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11301	SHAVE SKIN LESION 0.6-1.0 CM	SHVG SKIN LESION 1 TRUNK/ARM/LEG	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 0.6-1.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11302	SHAVE SKIN LESION 1.1-2.0 CM	SHVG SKN LESION 1 TRUNK/ARM/LEG	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 1.1-2.0 CM	· ·	Lesions	Applies to All Codes	
					within Specific Group	
11303	SHAVE SKIN LESION >2.0 CM	SHVG SKIN LESION 1 TRUNK/ARM/LEG	No Auth Required	Removal of Dermal	PA for Code in Group	
11303	STAVE SKIN EESTON > 2.0 CM	DIAM >2.0 CM	No Auth Required	Lesions	Applies to All Codes	
		DIAIVI >2:0 CIVI		Lesions	1	
44205	CHANE CHIN LECION OF CAAL.	CHANING CKIN LECTON 4 C/N/H/E/C	No. Acatle Describer d	Danie and of Danie al	within Specific Group	
11305	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1 S/N/H/F/G	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 0.5 CM/<		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 0.6-1.0 CM		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 1.1-2.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11308	SHAVE SKIN LESION >2.0 CM	SHAVING SKIN LESION 1 S/N/H/F/G	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM >2.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11310	SHAVE SKIN LESION 0.5 CM/<	SHAVING SKIN LESION 1 F/E/E/N/L/M	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM 0.5 CM/<		Lesions	Applies to All Codes	
		Similar dis diriy		20310113	within Specific Group	
11311	SHAVE SKIN LESION 0.6-1.0 CM	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM	No Auth Boquired	Removal of Dermal	PA for Code in Group	
11311	SHAVE SKIN LESION 0.6-1.0 CIVI		No Autii Kequireu		· ·	
		0.6-1.0 CM		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		1.1-2.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11313	SHAVE SKIN LESION >2.0 CM	SHAVING SKIN LESION 1 F/E/E/N/L/M	No Auth Required	Removal of Dermal	PA for Code in Group	
		DIAM >2.0 CM		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		0.5 CM/<		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		0.6-1.0 CM	· ·	Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
11.02	Exe in Ext 55 tim into 111 E oil	1.1-2.0 CM	Tro Audit Required	Lesions	Applies to All Codes	
		1.1 2.0 6141		Lesions	within Specific Group	
11403	EXC TR-EXT B9+MARG 2.1-3CM	EXC B9 LESION MRGN XCP SK TG T/A/L	No Auth Required	Removal of Dermal	PA for Code in Group	
11402	LAC INTENT DETIVIANG 2.1-3CIVI		No Auth Required		· ·	
		2.1-3.0 CM		Lesions	Applies to All Codes	
44.00	EVC TD EVT DO MADO O 1 1 CO	EVE DO LECION LED ON VOD OV TO TO	No Acado D	Damanal CD :	within Specific Group	
11404	EXC TR-EXT B9+MARG 3.1-4 CM	EXC B9 LESION MRGN XCP SK TG T/A/L	No Auth Required	Removal of Dermal	PA for Code in Group	
		3.1-4.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11406	EXC TR-EXT B9+MARG >4.0 CM		No Auth Required	Removal of Dermal	PA for Code in Group	
		>4.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11420	EXC H-F-NK-SP B9+MARG 0.5/<	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 0.5 CM/<		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 0.6-1.0CM		Lesions	Applies to All Codes	
		. , , , , , , , , , , , , , , , , , , ,			within Specific Group	
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11422	EXC H-F-NK-SP B9+MARG 1.1-2	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 1.1-2.0CM		Lesions	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	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 2.1-3.0CM	·	Lesions	Applies to All Codes	
		2,, ., ., . =			within Specific Group	
11424	EXC H-F-NK-SP B9+MARG 3.1-4	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
	Exercise to be stored at a	S/N/H/F/G 3.1-4.0CM	1107 tatil Negalica	Lesions	Applies to All Codes	
		3/11/11/17 6 3.1 4.00111		Ecsions	within Specific Group	
11426	EXC H-F-NK-SP B9+MARG >4 CM	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
11420	EAC H-F-INK-SP B9+IVIANG >4 CIVI		No Autii Kequireu	Lesions	· ·	
		S/N/H/F/G > 4.0CM		Lesions	Applies to All Codes	
					within Specific Group	
11440	EXC FACE-MM B9+MARG 0.5 CM/<	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L/M 0.5CM/<		Lesions	Applies to All Codes	
					within Specific Group	
11441	EXC FACE-MM B9+MARG 0.6-1 CM	EXC B9 LES MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L/M 0.6-1.0CM		Lesions	Applies to All Codes	
					within Specific Group	
11442	EXC FACE-MM B9+MARG 1.1-2 CM	EXC B9 LES MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L/M 1.1-2.0CM		Lesions	Applies to All Codes	
					within Specific Group	
11443	EXC FACE-MM B9+MARG 2.1-3 CM	EXC B9 LES MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L/M 2.1-3.0CM	·	Lesions	Applies to All Codes	
					within Specific Group	
11444	EXC FACE-MM B9+MARG 3.1-4 CM	EXC B9 LES MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
	27.6 17.62 11.11 25 11.11 11.6 312 1 311	F/E/E/N/L/M 3.1-4.0CM	110 / tatil itequired	Lesions	Applies to All Codes	
		1,2,2,11,2,111 512 1106111		20310113	within Specific Group	
11446	EXC FACE-MM B9+MARG >4 CM	EXC B9 LESION MRGN XCP SK TG	No Auth Required	Removal of Dermal	PA for Code in Group	
11440	EXCTACE-IVIVI B9+IVIANG >4 CIVI	F/E/E/N/L/M > 4.0CM	No Autil Required	Lesions	Applies to All Codes	
		F/E/E/N/L/N/ > 4.0CIVI		Lesions		
11450	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS AXILLARY	No Auth Required	Cacar. of	within Specific Group	
11450	REMOVAL SWEAT GLAND LESION		No Auth Required	Surgery of		
		SMPL/INTRM RPR		integumentary system	+	
11451	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS AXILLARY	No Auth Required	Surgery of		
		COMPLEX REPAIR		integumentary system		
11462	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS INGUINAL	No Auth Required	Surgery of		
		SMPL/INTRM RPR		integumentary system		
11463	REMOVAL SWEAT GLAND LESION	EXCISION HIDRADENITIS INGUINAL	No Auth Required	Surgery of		
		COMPLEX REPAIR		integumentary system		
11470	REMOVAL SWEAT GLAND LESION	EXCISION H/P/P/U	No Auth Required	Surgery of		
		SIMPLE/INTERMEDIATE REPAIR		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	No Auth Required	Removal of Dermal	PA for Code in Group	
		TRUNK/ARM/LEG 0.5 CM/<	1	Lesions	Applies to All Codes	
			1		within Specific Group	
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	EXCISION MAL LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		TRUNK/ARM/LEG 0.6-1.0 CM		Lesions	Applies to All Codes	
		, , ,	1		within Specific Group	
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	EXCISION MAL LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		TRUNK/ARM/LEG 1.1-2.0 CM		Lesions	Applies to All Codes	
			1		within Specific Group	
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	EXCISION MAL LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
11003	LAC THELAT IVIALTIVIANG 2.1-3 CIVI	TRUNK/ARM/LEG 2.1-3.0 CM	No Auth Nequired	Lesions	Applies to All Codes	
		Thorny Anivi, LEG 2.1-3.0 Civi	1	LESIUIIS		
11004	EVC TD EVT MAN (MADC 2.4.4 CM	EVERSION MALL ESCON	No Auth Description	Demonal of Demonal	within Specific Group	
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	EXCISION MAL LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		TRUNK/ARM/LEG 3.1-4.0 CM		Lesions	Applies to All Codes	
	I				within Specific Group	

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11606	EXC TR-EXT MAL+MARG >4 CM	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		TRUNK/ARM/LEG > 4.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 0.5 CM/<		Lesions	Applies to All Codes	
					within Specific Group	
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 0.6-1.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 1.1-2.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 2.1-3.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		S/N/H/F/G 3.1-4.0 CM		Lesions	Applies to All Codes	
		-,,.,.,.			within Specific Group	
11626	EXC S/N/H/F/G MAL+MRG >4 CM	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
11020		S/N/H/F/G >4.0 CM		Lesions	Applies to All Codes	
		3/14/11/17 0 24.0 CIVI		Lesions	within Specific Group	
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
11040	EXCT/E/E/N/ENNAETNING 0.3CM	F/E/E/N/L 0.5 CM/<	No Addi Regulied	Lesions	Applies to All Codes	
		17L/L/N/L 0.3 CN/\		Lesions	within Specific Group	
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	EXCISION MALIGNANT LESION	No Auth Boquired	Removal of Dermal		
11041	EXC F/E/E/N/L WAL+WRG U.b-1		No Auth Required	Lesions	PA for Code in Group	
		F/E/E/N/L 0.6-1.0 CM		Lesions	Applies to All Codes	
44643	EVC E /E /E /N/L NANL : NADC 4 4 3	EVERSION MAN I CANANT I ESTONI	No. Acade Describer d	Danie and of Danie al	within Specific Group	
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L 1.1-2.0 CM		Lesions	Applies to All Codes	
44640	EVO E IE IE IN II AAA AAD OO AA O	51/0/5/04/14/1/04/14/17 (50/04/		2 1 (2 1	within Specific Group	
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L 2.1-3.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L 3.1-4.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11646	EXC F/E/E/N/L MAL+MRG >4 CM	EXCISION MALIGNANT LESION	No Auth Required	Removal of Dermal	PA for Code in Group	
		F/E/E/N/L >4.0 CM		Lesions	Applies to All Codes	
					within Specific Group	
11719	TRIM NAIL(S) ANY NUMBER	TRIMMING NONDYSTROPHIC NAILS	No Auth Required	Surgery of		
		ANY NUMBER		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	No Auth Required	Surgery of		
		PARTIAL/COMPLETE SIMPLE 1		integumentary system		
11732	REMOVE NAIL PLATE ADD-ON	AVULSION NAIL PLATE PARTIAL/COMP	No Auth Required	Surgery of		
		SIMPLE EA ADDL		integumentary system		
11740	DRAIN BLOOD FROM UNDER NAIL	EVACUATION SUBUNGUAL HEMATOMA	No Auth Required			
			·			
11750	REMOVAL OF NAIL BED	EXCISION NAIL MATRIX PERMANENT	No Auth Required			
		REMOVAL				
11755	BIOPSY NAIL UNIT	BIOPSY NAIL UNIT SEPARATE	No Auth Required	Surgery of		
		PROCEDURE	1	integumentary system		
11760	REPAIR OF NAIL BED	REPAIR NAIL BED	No Auth Required		<del>                                     </del>	

	I		L	I		1	
11762	RECONSTRUCTION OF NAIL BED	RECONSTRUCTION NAIL BED W/GRAFT	No Auth Required	Surgery of			
44705	5005000 05 000 500 505	WED OF EVOISION SWILLIAM FOLD		integumentary system			
11765	EXCISION OF NAIL FOLD TOE	WEDGE EXCISION SKIN NAIL FOLD	No Auth Required	Surgery of			
11770	REMOVE PILONIDAL CYST SIMPLE	EXCISION PILONIDAL CYST/SINUS	No Auth Required	integumentary system			
11//0	REMOVE FILONIDAL CIST SIMPLE	SIMPLE	No Auth Required				
11771	REMOVE PILONIDAL CYST EXTEN	EXCISION PILONIDAL CYST/SINUS	No Auth Required	Surgery of			
11//1	NEWOVE FIEONIDAE CIST EXTEN	EXTENSIVE	No Auth Required	integumentary system			
11772	REMOVE PILONIDAL CYST COMPL	EXCISION PILONIDAL CYST/SINUS	No Auth Required	Surgery of			
11//2	THE WOVE THE ON ID ALL CIST COMM E	COMPLICATED	No Auth Required	integumentary system			
11900	INJECT SKIN LESIONS <td>INJECTION INTRALESIONAL UP TO &amp;</td> <td>Authorization Required</td> <td>Surgery of</td> <td></td> <td>Network Validation</td> <td></td>	INJECTION INTRALESIONAL UP TO &	Authorization Required	Surgery of		Network Validation	
11300		INCLUD 7 LESIONS	/ acrionzación rieganica	integumentary system		Treemonk valladelon	
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	No Auth Required	Surgery of			
	·	MICROPIGMENTATION 6.0 CM/<	·	integumentary system			
11921	CORRECT SKN COLOR 6.1-20.0CM	TATTOOING INCL	No Auth Required	Surgery of			
		MICROPIGMENTATION 6.1-20.0 CM	·	integumentary system			
11922	CORRECT SKIN COLOR EA 20.0CM	TATTOOING INCL	No Auth Required	Surgery of			
		MICROPIGMENTATION EA 20.0 CM		integumentary system			
11950	TX CONTOUR DEFECTS 1 CC/<	SUBCUTANEOUS INJECTION FILLING	No Auth Required	Surgery of			
		MATERIAL 1 CC/<		integumentary system			
11951	TX CONTOUR DEFECTS 1.1-5.0CC	SUBCUTANEOUS INJECTION FILLING	No Auth Required	Surgery of			
		MATRL 1.1-5.0 CC		integumentary system			
11952	TX CONTOUR DEFECTS 5.1-10CC	SUBCUTANEOUS INJECTION FILLING	No Auth Required	Surgery of			
		MATRL 5.1-10.0CC		integumentary system			
11954	TX CONTOUR DEFECTS >10.0 CC	SUBCUTANEOUS INJECTION FILLING	No Auth Required	Surgery of			
		MATRL >10.0 CC		integumentary system			
11960	INSERT TISSUE EXPANDER(S)	INSERTION TISSUE EXPANDER INCL	No Auth Required	Surgery of			
		SBSQ XPNSJ		integumentary system			
11970	REPLACE TISSUE EXPANDER	REPLACEMENT TISS EXPANDER	Authorization Required	Surgery of		Full Clinical Review	
		PERMANENT PROSTHESIS		integumentary system			
11971	REMOVE TISSUE EXPANDER(S)	REMOVAL TISS EXPANDER W/O	Authorization Required	Surgery of		Full Clinical Review	
		INSERTION PROSTHESIS		integumentary system			
11976	REMOVE CONTRACEPTIVE CAPSULE	REMOVAL IMPLANTABLE	No Auth Required				
		CONTRACEPTIVE CAPSULES					
11980	IMPLANT HORMONE PELLET(S)	SUBCUTANEOUS HORMONE PELLET	No Auth Required	Surgery of			
		IMPLANTATION		integumentary system			
11981	INSERT DRUG IMPLANT DEVICE	INSJ NON-BIODEGRADABLE DRUG	No Auth Required	Surgery of			
		DELIVERY IMPLANT		integumentary system			
11982	REMOVE DRUG IMPLANT DEVICE	REMOVAL NON-BIODEGRADABLE DRUG	No Auth Required	Surgery of			
44000	DENACYE (INCEPT DRIVE INADI ANIT	DELIVERY IMPLANT	No. Acade Donoctor d	integumentary system		<u> </u>	<u> </u>
11983	REMOVE/INSERT DRUG IMPLANT	RMVL W/RINSJ NON-BIODEGRADABLE	No Auth Required			1	
12001	DDD C/N/AV/CEN/TDN/C 2 5 CAA/ -	DRUG DLVR IMPLT	No Auth Decretoral				
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	SIMPLE REPAIR	No Auth Required				
		SCALP/NECK/AX/GENIT/TRUNK	1			1	
12002	DDD C/N/AV/GEN/TDNV2 6 7 5CM	2.5CM/<	No Auth Poguirod		-	+	
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	SMPL REPAIR	No Auth Required				
		SCALP/NECK/AX/GENIT/TRUNK 2.6- 7.5CM					
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	SIMPLE RPR	No Auth Required	Wound Repair	PA for Code in Group		
12004	IN IN STREET, GEINT HINT. U-12.3CIVI	SCALP/NECK/AX/GENIT/TRUNK 7.6-	Auth Required	**Juliu Kepali	Applies to All Codes		
		12.5CM	1		within Specific Group		
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	SMPL RPR	No Auth Required	Wound Repair	PA for Code in Group		
12003	The Control of the Co	SCALP/NECK/AX/GENIT/TRUNK 12.6-			Applies to All Codes		
		20.0CM	1		within Specific Group		
	I	20.0CIVI	1	I	within Specific Group	I .	1

42225	Tools of the form from the contract of the con	Iosani non		I 15 :		
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	SMPL RPR	No Auth Required	Wound Repair	PA for Code in Group	
		SCALP/NECK/AX/GENIT/TRUNK 20.1-			Applies to All Codes	
		30.0CM			within Specific Group	
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	SIMPLE REPAIR	No Auth Required	Wound Repair	PA for Code in Group	
		SCALP/NECK/AX/GENIT/TRUNK			Applies to All Codes	
		>30.0CM			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				
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	No Auth Required	Wound Repair	PA for Code in Group	
1201		CM	. ro / tatil ricquired	Would Repui	Applies to All Codes	
		CIVI			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-	No Auth Required		within specific Group	
12015	KPK F/E/E/N/L/N 7.0-12.3 CN		No Auth Required			
40046	DDD 55 /5 /5 / / / / / / / / / / / / / /	12.5 CM				
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-	No Auth Required			
		20.0 CM				
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-	No Auth Required			
		30.0 CM				
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	No Auth Required	Surgery of		
		SIMPLE CLOSURE		integumentary system		
12021	CLOSURE OF SPLIT WOUND	TX SUPERFICIAL WOUND DEHISCENCE	No Auth Required	Surgery of		
		W/PACKING	· ·	integumentary system		
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	REPAIR INTERMEDIATE S/A/T/E 2.5	No Auth Required	Wound Repair	PA for Code in Group	
		CM/<		The state of the s	Applies to All Codes	
		Civiy			within Specific Group	
12032	INTMD RPR S/A/T/EXT 2.6-7.5	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5	No Auth Required	Wound Repair	PA for Code in Group	
12032	INTIVID RPR 3/A/1/EXT 2.0-7.5	CM	No Auth Required	woulld Kepali	Applies to All Codes	
		CIVI			1	
					within Specific Group	
12034	INTMD RPR S/TR/EXT 7.6-12.5	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5	No Auth Required	Wound Repair	PA for Code in Group	
		СМ			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-	No Auth Required	Wound Repair	PA for Code in Group	
		20.0CM			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-	No Auth Required	Wound Repair	PA for Code in Group	
		30.0 CM			Applies to All Codes	
					within Specific Group	
12037	INTMD RPR S/TR/EXT >30.0 CM	REPAIR INTERMEDIATE S/A/T/E >30.0	No Auth Required	Wound Repair	PA for Code in Group	
	, ,	СМ	· ·	·	Applies to All Codes	
					within Specific Group	
12041	INTMD RPR N-HF/GENIT 2.5CM/<	REPAIR INTERMEDIATE N/H/F/XTRNL	No Auth Required	Wound Repair	PA for Code in Group	
12041	INTIVID IN IN IN-THE OFFICE A SERVICE	GENT 2.5CM/<	No Auth Required	Woulld Repair	Applies to All Codes	
		GENT Z.SCIVI/			· ·	
12012	INTAID DDD NI HE/CENTS C 7 5	DEDAID INTERMEDIATE NAME (ACTOR)	No Auth Demilier	Marrad Daniele	within Specific Group	
12042	INTMD RPR N-HF/GENIT2.6-7.5	REPAIR INTERMEDIATE N/H/F/XTRNL	No Auth Required	Wound Repair	PA for Code in Group	
		GENT 2.6-7.5 CM			Applies to All Codes	
					within Specific Group	
12044	INTMD RPR N-HF/GENIT7.6-12.5	REPAIR INTERMEDIATE N/H/F/XTRNL	No Auth Required	Wound Repair	PA for Code in Group	
		GENT 7.6-12.5CM			Applies to All Codes	
					within Specific Group	
12045	INTMD RPR N-HF/GENIT12.6-20	REPAIR INTERMEDIATE N/H/F/XTRNL	No Auth Required	Wound Repair	PA for Code in Group	
		GENT 12.6-20 CM			Applies to All Codes	
					within Specific Group	
12046	INTMD RPR N-HF/GENIT20.1-30	RPR INTERMEDIATE N/H/F/XTRNL GENT	No Auth Required	Wound Repair	PA for Code in Group	
		20.1-30.0 CM		F -	Applies to All Codes	
					within Specific Group	
	I		1	1	within specific Group	

	T			1		1	1
12047	INTMD RPR N-HF/GENIT >30.0CM	REPAIR INTERMEDIATE N/H/F/XTRNL	No Auth Required	Wound Repair	PA for Code in Group		
		GENT >30.0 CM			Applies to All Codes		
					within Specific Group		
12051	INTMD RPR FACE/MM 2.5 CM/<	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
		F/E/E/N/L&/MUC 2.5 CM/<			Applies to All Codes		
					within Specific Group		
12052	INTMD RPR FACE/MM 2.6-5.0 CM	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
		F/E/E/N/L&/MUC 2.6-5.0 CM			Applies to All Codes		
					within Specific Group		
12053	INTMD RPR FACE/MM 5.1-7.5 CM	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
	·	F/E/E/N/L&/MUC 5.1-7.5 CM	·	·	Applies to All Codes		
					within Specific Group		
12054	INTMD RPR FACE/MM 7.6-12.5CM	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
	,	F/E/E/N/L&/MUC 7.6-12.5 CM			Applies to All Codes		
		, , =, =,, ==,			within Specific Group		
12055	INTMD RPR FACE/MM 12.6-20 CM	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
12000	111111111111111111111111111111111111111	F/E/E/N/L&/MUC 12.6-20.0CM	110 / tatar riegan ea	Wound Nepan	Applies to All Codes		
		17272714728714106 12.0-20.06141			within Specific Group		
12056	INTMD RPR FACE/MM 20.1-30.0	REPAIR INTERMEDIATE	No Auth Required	Wound Repair	PA for Code in Group		
12030	INTIVID REKTACL/WINT 20.1-30.0	F/E/E/N/L&/MUC 20.1-30.0CM	No Auth Required	Woulld Repail	Applies to All Codes		
		F/E/E/N/L&/NOC 20.1-30.0CN					
12057	INTMD RPR FACE/MM >30.0 CM	REPAIR INTERMEDIATE	No Auth Required	Marrad Danais	within Specific Group		
12057	INTIVID RPR FACE/IVIIVI >30.0 CIVI		No Auth Required	Wound Repair	PA for Code in Group		
		F/E/E/N/L&/MUC >30.0 CM			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	No Auth Required	Wound Repair	PA for Code in Group		
		ADDITIONAL 5 CM/<			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-	No Auth Required	Wound Repair	PA for Code in Group		
		2.5 CM			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-	No Auth Required	Wound Repair	PA for Code in Group		
		7.5 CM			Applies to All Codes		
					within Specific Group		
13122	CMPLX RPR S/A/L ADDL 5 CM/>	REPAIR COMPLEX SCALP/ARM/LEG EA	No Auth Required	Wound Repair	PA for Code in Group		
		ADDL 5 CM/<			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	No Auth Required	Wound Repair	PA for Code in Group		
		1.1-2.5 CM			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	No Auth Required	Wound Repair	PA for Code in Group		
	, 2, 2,,,,,	2.6-7.5 CM			Applies to All Codes		
		2.0 7.5 618			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	No Auth Required	Wound Repair	PA for Code in Group	+	
13133	Civil Ex III IX 17 C/ C/ W/ IV/ AX/ G/ II/I	EA ADDL 5 CM/<	110 Addi Nequired	** Odna Nepan	Applies to All Codes		
		EN ADDE 3 CIVIL					
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	REPAIR COMPLEX EYELID/NOSE/EAR/LIP	No Auth Booming	Wound Repair	within Specific Group	+	
19191	CIVIFLA NEW E/IN/E/L 1.1-2.5 CIVI		No Autii Required	vvouliu nepair	PA for Code in Group		
		1.1-2.5 CM			Applies to All Codes		
12152	CAADLY DDD E /N/E/L 2 C 7 E CAA	DEDAID COMPLEY EVELID /NGCC /CAR /LID	Authorization Descript	Marrad Donain	within Specific Group	Notonali Validati	
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	REPAIR COMPLEX EYELID/NOSE/EAR/LIP	Authorization Required	Wound Repair	PA for Code in Group	Network Validation	
		2.6-7.5 CM			Applies to All Codes		
					within Specific Group		

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13153	CMPLX RPR E/N/E/L ADDL 5CM/<	REPAIR COMPLX EYELID/NOSE/EAR/LIP	No Auth Required	Wound Repair	PA for Code in Group		
		EA ADDL 5 CM/<			Applies to All Codes		
					within Specific Group		
13160	LATE CLOSURE OF WOUND	SECONDARY CLOSURE SURG	No Auth Required	Surgery of			
		WOUND/DEHSN EXTSV/COMPLIC		integumentary system			
14000	TIS TRNFR TRUNK 10 SQ CM/<	ADJACENT TISSUE TRANSFER/REARGMT	Authorization Required	Surgery of		Network Validation	
		TRUNK 10 SQCM/<		integumentary system			
		·					
14001	TIS TRNFR TRUNK 10.1-30SQCM	ADJNT TIS TRANSFR/REARRANGE	No Auth Required	Surgery of			
		TRUNK 10.1-30.0 SQCM		integumentary system			
14020	TIS TRNFR S/A/L 10 SQ CM/<	ADJT TIS TRNSFR/REARGMT	No Auth Required	Surgery of			
14020	113 THAT IT 3/A/E 10 3Q CIVI/~	SCALP/ARM/LEG 10 SQ CM/<	No Auth Required	integumentary system			
14021	TIS TRNFR S/A/L 10.1-30 SQCM	ADJT/REARRGMT SCALP/ARM/LEG 10.1-	No Auth Required	Surgery of			
14021	113 TKNPK 3/A/L 10.1-30 3QCW		No Auth Required				
4 4 0 4 0	TIG TRAIFR E IO IO IA A IA IA IO IU IE	30.0 SQ CM		integumentary system			
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	ADJT TIS TRNS/REARGMT	Authorization Required	Surgery of		Network Validation	
		F/C/C/M/N/A/G/H/F 10SQCM/<		integumentary system			
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	ADJT/REARGMT F/C/C/M/N/AX/G/H/F	Authorization Required	Surgery of		Network Validation	
		10.1-30.0 SQ CM		integumentary system			
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	ADJT TIS TRNSFR/REARRGMT E/N/E/L	No Auth Required	Surgery of			
		DFCT 10 SQ CM/<		integumentary system			
14061	TIS TRNFR E/N/E/L10.1-30SQCM	ADJT TIS REARGMT EYE/NOSE/EAR/LIP	No Auth Required	Surgery of			
		10.1-30.0 SQCM	· ·	integumentary system			
14301	TIS TRNFR ANY 30.1-60 SQ CM	ADJNT TIS TRNSFR/REARGMT ANY AREA	Authorization Required	Surgery of		Network Validation	
14301	113 1144 1744 30.1 00 3Q CW	30.1-60 SQ CM	rationzation required	integumentary system		TVCCWOTK Validation	
14302	TIS TRNFR ADDL 30 SQ CM	ADJT TIS TRNSFR/REARGMT DEFEC EA	No Auth Required	Surgery of			
14302	113 TRINFR ADDL 30 3Q CIVI		No Auth Required				
4.4050	511 5755 511 OF 5 70 5 5 1 A 5	ADDL 30 SQCM		integumentary system			
14350	FILLETED FINGER/TOE FLAP	FILLETED FINGER/TOE FLAP W/PREPJ	No Auth Required	Surgery of			
		RECIPIENT SITE		integumentary system			
15002	WOUND PREP TRK/ARM/LEG	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ	No Auth Required	Surgery of			
		CM/1PCT		integumentary system			
15003	WOUND PREP ADDL 100 CM	PREP SITE TRUNK/ARM/LEG ADDL 100	No Auth Required	Surgery of			
		SQ CM/1PCT		integumentary system			
15004	WOUND PREP F/N/HF/G	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100	No Auth Required	Surgery of			
		SQ CM/1PCT		integumentary system			
15005	WND PREP F/N/HF/G ADDL CM	PREP SITE F/S/N/H/F/G/M/D GT ADDL	No Auth Required	Surgery of			
		100 SQ CM/1PCT		integumentary system			
15040	HARVEST CULTURED SKIN GRAFT	HARVEST SKIN TISSUE CLTR SKIN AGRFT	No Auth Required	Surgery of			
		100 CM/<		integumentary system			
15050	SKIN PINCH GRAFT	PINCH GRAFT 1/MLT SM ULCER TIP/OTH	No Auth Required	Surgery of			
13030	S	AREA 2CM		integumentary system			
15100	SKIN SPLT GRFT TRNK/ARM/LEG	SPLIT AGRFT T/A/L 1ST 100 CM/&/1%	No Auth Required			+	
13100	SKIN SELI GREI IRINK/ARIVI/LEG		ino Autii Requireu	Surgery of			
45404	CVIN CDIT CDETT/A/L 122 CV	BDY INFT/CHLD	No Acado Doc. 1. 1	integumentary system			
15101	SKIN SPLT GRFT T/A/L ADD-ON	SPLIT AGRFT T/A/L EA 100 CM/EA 1%	No Auth Required	Surgery of			
		BDY INFT/CHLD		integumentary system			
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1%	No Auth Required	Surgery of			
		BDY INFT/CHLD		integumentary system			
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	EPIDRM AGRFT T/A/L EA 100 CM/EA 1%	No Auth Required	Surgery of			
		BDY INFT/CHLD		integumentary system			
15115	EPIDRM A-GRFT FACE/NCK/HF/G	EPIDERMAL AGRFT F/S/N/H/F/G/M/D	No Auth Required	Surgery of			
		GT 1ST 100 CM/<		integumentary system			
15116	EPIDRM A-GRFT F/N/HF/G ADDL	EPIDERMAL AGRFT F/S/N/H/F/G/M/D	No Auth Required	Surgery of			
-		GT EA 100 CM		integumentary system			
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	SPLIT AGRET F/S/N/H/F/G/M/D GT 1ST	No Auth Required	Surgery of			
13120	S. C. S. Z. A GIN I MAGNETY II J	100 CM/ 1 %</td <td></td> <td>integumentary system</td> <td></td> <td></td> <td></td>		integumentary system			
15121	SKN SPLT A-GRFT F/N/HF/G ADD	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA	No Auth Required	Surgery of			
13121	SKN SI EL A-GKI I I/N/III/G ADD		No Auth Required	- ,			
		100 CM/EA 1 %	I	integumentary system	1	1	

15130 DERM AUTOGRAFT TRNK/ARM/LEG DERMAL AUTOGRAFT TRUNK/ARM/LEG No Auth Required Surgery of integumentary system  15131 DERM AUTOGRAFT T/A/L ADD-ON DERMAL AUTOGRAFT TRUNK/ARM/LEG No Auth Required Surgery of integumentary system  15135 DERM AUTOGRAFT FACE/NCK/HF/G DERMAL AUTOGRAFT No Auth Required Surgery of integumentary system  15136 DERM AUTOGRAFT FACE/NCK/HF/G DERMAL AGRET F/S/N/H/F/G/M/D GT 1ST 100 integumentary system  15136 DERM AUTOGRAFT F/N/HF/G ADD DERMAL AGRET F/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system  15150 CULT SKIN GRET T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 No Auth Required Surgery of integumentary system  15151 CULT SKIN GRET T/A/L ADDL CLTR SKIN AGRET T/A/L ADDL 1 CM-75 No Auth Required Surgery of integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRET T/A/L EA 100 CM/EA No Auth Required Surgery of integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRET T/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system  15157 SCULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRET T/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system  15151 SURGERY OF INTEGUMENT SYSTEM  15152 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRET F/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system  15153 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRET F/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system	
DERM AUTOGRAFT T/A/L ADD-ON DERMAL AUTOGRAFT TRUNK/ARM/LEG DERM AUTOGRAFT FACE/NCK/HF/G DERMAL AUTOGRAFT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT Solve of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT Solve of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system  DERMAL AUTOGRAFT F/N/HF/G M/D GT No Auth Required Surgery of integumentary system	
EA 100 CM/EA  15135 DERM AUTOGRAFT FACE/NCK/HF/G DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100  DERMAL AUTOGRAFT F/N/HF/G ADD DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA  15150 CULT SKIN GRFT T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/< CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM  15152 CULT SKIN GRAFT T/A/L +% CULT SKIN AGRFT T/A/L EA 100 CM/EA 1/80DY AREA  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT T/S/N/H/F/G/M/D GT 1/80DY AREA  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT T/S/N/H/F/G/M/D GT 1/80DY AREA  15156 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1/80DY AREA  1/80DY AREA  1/80DY AREA  CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1/80DY AREA  1	
15135 DERM AUTOGRAFT FACE/NCK/HF/G DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100  15136 DERM AUTOGRAFT F/N/HF/G ADD DERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100  15150 CULT SKIN GRFT T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM Surgery of integumentary system  15151 CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM Surgery of integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT T/S/N/H/F/G/M/D GT integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT integumentary system  15164 Surgery of integumentary system  151755 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT integumentary system	
F/S/N/H/F/G/M/D GT 1ST 100   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  15150 CULT SKIN GRFT T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM Surgery of integumentary system  15151 CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM Surgery of integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA INBODY AREA Surgery of integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT Surgery of integumentary system Integumentary system Surgery of integumentary system	
EA 100 CM/EA integumentary system  15150 CULT SKIN GRFT T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<  15151 CULT SKIN GRFT T/A/L ADDL CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM Surgery of integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT SURGERY of integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT SURGERY of integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT integumentary system	
15150 CULT SKIN GRFT T/ARM/LEG CLTR SKIN AUTOGRAFT T/A/L 1ST 25 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 integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ST 25CM/<  CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT IST 25CM/<  CULT SKIN GRAFT F/N/HF/G IST 25CM/<  CULT SKIN GRAFT F/N/HF/G IST 25CM/<	
CM/< integumentary system  CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 No Auth Required Surgery of integumentary system  CM integumentary system  CM Surgery of integumentary system  CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1/80 No Auth Required Surgery of integumentary system  CLTR SKIN AGRFT F/A/L EA 100 CM/EA 1/80 No Auth Required Surgery of integumentary system  CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 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 Surgery of integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1/8BODY AREA  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  Surgery of integumentary system  Surgery of integumentary system	
CM integumentary system  15152 CULT SKIN GRAFT T/A/L +% CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1/80DY AREA  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  15165 CULT SKIN GRAFT F/N/HF/G ST 1ST 25CM/<	
15152 CULT SKIN GRAFT T/A/L +%  CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1/80DY AREA  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  Surgery of integumentary system	
1%BODY AREA integumentary system  15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ST 25CM/< Surgery of integumentary system	
15155 CULT SKIN GRAFT F/N/HF/G CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system	
1ST 25CM/< integumentary system	
15156 CULT SKIN GRFT F/N/HFG ADD CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT No Auth Required Surgery of introgrammentary system	
ADDL 1-75CM integumentary system  15457 CHT EDIDERM CRET F/N/HFC 19/ CHT SYIN ACRET F/S/N/H/E/C/M/D CT No Auth Doquired System System	
15157 CULT EPIDERM GRFT F/N/HFG +% CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT No Auth Required Surgery of integumentary system	
20 CM/<   integumentary system   15220   SKIN FULL GRAFT SCLP/ARM/LEG   FTH/GFT FREE W/DIRECT CLOSURE   No Auth Required   Surgery of	
S/A/L 20 CM/< Integumentary system	
15221 SKIN FULL GRAFT ADD-ON FTH/GFT FR W/DIR CLSR S/A/L EA ADDL No Auth Required Surgery of	
20 CM/< integumentary system	
	work Validation
F/C/C/M/N/AX/G/H/F 20 CM/< integumentary system	work validation
15241 SKIN FULL GRAFT ADD-ON FTH/GT FR W/DIR CLSR No Auth Required Surgery of	
F/C/C/M/N/AX/G/H/F EA20CM/< integumentary system	
15260 SKIN FULL GRAFT EEN & LIPS FTH/GFT FREE W/DIRECT CLOSURE No Auth Required Surgery of	
N/E/E/L 20 SQ CM/< integumentary system	
15261 SKIN FULL GRAFT ADD-ON FTH/GFT FREE W/DIR CLSR N/E/E/L EA No Auth Required Surgery of	
20 SQ CM/< integumentary system	
15271 SKIN SUB GRAFT TRNK/ARM/LEG APP SKN SUB GRFT T/A/L AREA/100SQ No Auth Required Surgery of	
CM /<1ST 25 integumentary system	
15272 SKIN SUB GRAFT T/A/L ADD-ON APP SKN SUB GRFT T/A/L AREA/100SQ No Auth Required Surgery of	
CM EA ADL 25SC integumentary system	
15273 SKIN SUB GRFT T/ARM/LG CHILD APP SKN SUBGRFT T/A/L AREA/100SQ No Auth Required Surgery of	
CM 1ST 100SQ CM integumentary system	
15274 SKN SUB GRFT T/A/L CHILD ADD APP SKN SUB GRFT T/A/L No Auth Required Surgery of	
AREA>/=100SCM ADL 100SQCM integumentary system	
	work Validation
CM 1ST 25 SQ CM integumentary system	
15276 SKIN SUB GRAFT F/N/HF/G ADDL SUB GRFT F/S/N/H/F/G/M/D<100SQ CM No Auth Required Surgery of	
EA ADDL25SQ CM integumentary system	
15277 SKN SUB GRFT F/N/HF/G CHILD SUB GRFT F/S/N/H/F/G/M/D >/= No Auth Required Surgery of	
100SCM 1ST 100SQ CM integumentary system	
15278 SKN SUB GRFT F/N/HF/G CH ADD SUB GRFT F/S/N/H/F/G/M/D >/= No Auth Required Surgery of	
100SCM ADL 100SQ CM integumentary system	
15570 SKIN PEDICLE FLAP TRUNK FRMJ DIRECT/TUBED PEDICLE W/WO No Auth Required Surgery of	
TRANSFER TRUNK integumentary system	
15572 SKIN PEDICLE FLAP ARMS/LEGS FRMJ DIRECT/TUBE PEDICLE W/WO TR No Auth Required Surgery of	
SCALP ARMS/LEGS integumentary system	

15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	FRMJ DIR/TUBE PEDCL W/WOTR	No Auth Required	Surgery of		
13374	L EBELL THY CHY CHYWY WY WY WY WY	FH/CH/CH/M/N/AX/G/H/F	No Auth Required	integumentary system		
15576	PEDICLE E/N/E/L/NTRORAL	FRMJ DIRECT/TUBED PEDICLE W/WOTR	No Auth Required	Surgery of		
		E/N/E/L/NTRORAL	·	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	No Auth Required	Surgery of		
		ARMS/LEGS		integumentary system		
15620	DELAY FLAP F/C/C/N/AX/G/H/F	DELAY FLAP/SECTIONING FLAP	No Auth Required	Surgery of		
		F/C/C/N/AX/G/H/F		integumentary system		
15630	DELAY FLAP EYE/NOS/EAR/LIP	DELAY FLAP/SCTJ FLAP EYELIDS NOSE	No Auth Required	Surgery of		
		EARS/LIPS		integumentary system		
15650	TRANSFER SKIN PEDICLE FLAP	TRANSFER ANY PEDICLE FLAP ANY	No Auth Required	Surgery of		
15720	MADEC ELAD W/DDCDV/VACC DEDCI	LOCATION	No Auth Desuised	integumentary system		
15730	MDFC FLAP W/PRSRV VASC PEDCL	MIDFACE FLAP W/PRESERVATION OF	No Auth Required	Surgery of		
15731	FOREHEAD FLAP W/VASC PEDICLE	VASCULAR PEDICLES FOREHEAD FLAP W/PRESERVATION	No Auth Required	integumentary system		
15/51	POREHEAD FLAP W/ VASC PEDICLE	VASCULAR PEDICLE	No Autii Required	Surgery of integumentary system		
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	MUSC MYOQ/FSCQ FLAP HEAD&NECK	No Auth Required	Surgery of		
13733	WOSE WITOQTSEQTEL TIQUETEDEL	W/NAMED VASC PEDCL	No Auth Required	integumentary system		
15734	MUSCLE-SKIN GRAFT TRUNK	MUSC	Authorization Required	Surgery of	Full Clinical Review	
13734	WOSELE-SKIN GRAFT TROUK	MYOCUTANEOUS/FASCIOCUTANEOUS	Authorization Required	integumentary system	Tall Cliffical Review	
		FLAP TRUNK		integamental y system		
15736	MUSCLE-SKIN GRAFT ARM	MUSC	No Auth Required	Surgery of		
		MYOCUTANEOUS/FASCIOCUTANEOUS		integumentary system		
		FLAP UXTR				
15738	MUSCLE-SKIN GRAFT LEG	MUSC	Authorization Required	Surgery of	Full Clinical Review	
		MYOCUTANEOUS/FASCIOCUTANEOUS	·	integumentary system		
		FLAP LXTR				
15740	ISLAND PEDICLE FLAP GRAFT	FLAP ISLAND PEDICLE ANATOMIC	No Auth Required	Surgery of		
		NAMED AXIAL ARTERY		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	No Auth Required	Surgery of		
		W/MVASC ANAST		integumentary system		
15757	FREE SKIN FLAP MICROVASC	FREE SKIN FLAP W/MICROVASCULAR	No Auth Required	Surgery of		
		ANASTOMOSIS		integumentary system		
15758	FREE FASCIAL FLAP MICROVASC	FREE FASCIAL FLAP W/MICROVASCULAR	No Auth Required	Surgery of		
45760	CONTROLLE CHANGE OF A FE	ANASTOMOSIS		integumentary system		
15760	COMPOSITE SKIN GRAFT	GRAFT COMPOSITE W/PRIMARY	No Auth Required	Surgery of		
15769	GRFG AUTOL SOFT TISS DIR EXC	CLOSURE DONOR AREA	No Auth Desuised	integumentary system		
15/69	GREG AUTOL SOFT TISS DIR EXC	GRAFTING OF AUTOLOGOUS SOFT TISS	No Auth Required			
15770	DERMA-FAT-FASCIA GRAFT	BY DIRECT EXC	No Auth Required	Curaony of		
13//0	DENIVIA-I AT-FASCIA GRAFT	GRAFT DERMA-FAT-FASCIA	No Auth Required	Surgery of		
15771	GRFG AUTOL FAT LIPO 50 CC/<	GRAFTING OF AUTOLOGOUS FAT BY	No Auth Required	integumentary system		+
13//1	3 3.1010E1711 Ell 3.30 CC/2	LIPO 50 CC OR LESS	Addi Required			
15772	GRFG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY	No Auth Required			
13//2	The state of the s	LIPO EA ADDL 50 CC				
15773	GRFG AUTOL FAT LIPO 25 CC/<	GRAFTING OF AUTOLOGOUS FAT BY	No Auth Required			
	3 = 2 = 3,	LIPO 25 CC OR LESS				
15774	GFRG AUTOL FAT LIPO EA ADDL	GRAFTING OF AUTOLOGOUS FAT BY	No Auth Required			
		LIPO EA ADDL 25 CC	1			
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	PUNCH GRAFT HAIR TRANSPLANT 1-15	Authorization Required	Surgery of	Full Clinical Review	
		PUNCH GRAFTS		integumentary system		
15776	HAIR TRNSPL >15 PUNCH GRAFTS	PUNCH GRAFT HAIR TRANSPLANT >15	Authorization Required	Surgery of	 Full Clinical Review	
		PUNCH GRAFTS	<u>l                                      </u>	integumentary system	 	
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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	

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15838	EXCISE EXCESS SKIN FAT PAD	EXC EXCSV SKIN & SUBQ TISSUE	Authorization Required	Surgery of	Full Clinical Review	
		SUBMENTAL FAT PAD		integumentary system		
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	No Auth Required	Surgery of		
		FASCIAL GRAFT		integumentary system		
15841	NERVE PALSY MUSCLE GRAFT	GRAFT FACIAL NERVE PARALYSIS FREE	No Auth Required	Surgery of		
		MUSCLE GRAFT		integumentary system		
15842	NERVE PALSY MICROSURG GRAFT	GRF FACIAL NRV PALYSS FR MUSCLE	No Auth Required	Surgery of		
		FLAP MICROSURG		integumentary system		
15845	SKIN AND MUSCLE REPAIR FACE	GRF FACIAL NERVE PARALYSIS	No Auth Required	Surgery of		
		REGIONAL MUSCLE TR		integumentary system		
15847	EXC SKIN ABD ADD-ON	EXCISION EXCESSIVE SKIN & SUBQ	Authorization Required	Surgery of	Full Clinical Review	
		TISSUE ABDOMEN		integumentary system		
15850	REMOVE SUTURES SAME SURGEON	REMOVAL SUTURES UNDER	No Auth Required			
		ANESTHESIA SAME SURGEON				
15851	REMOVE SUTURES DIFF SURGEON	REMOVAL SUTURES UNDER	No Auth Required			
		ANESTHESIA OTHER SURGEON				
15852	DRESSING CHANGE NOT FOR BURN	DRESSING CHANGE UNDER ANESTHESIA	No Auth Required			
45000						
15860	TEST FOR BLOOD FLOW IN GRAFT	IV INJECTION TEST VASCULAR FLOW	No Auth Required	Surgery of		
45076	CLICTION LIBECTON AV LIEND ON ECK	FLAP/GRAFT	Authorization Descript	integumentary system	Full Cliniant Bouton	
15876	SUCTION LIPECTOMY HEAD&NECK	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Authorization Required	Surgery of	Full Clinical Review	
15877	SUCTION LIPECTOMY TRUNK	SUCTION ASSISTED LIPECTOMY TRUNK	Authorization Required	integumentary system	Full Clinical Boylow	
158//	SOCTION LIPECTOINTY TRONK	SUCTION ASSISTED LIPECTOWN TRUNK	Authorization Required	Surgery of	Full Clinical Review	
15878	SUCTION LIPECTOMY UPR EXTREM	SUCTION ASSISTED LIPECTOMY UPPER	Authorization Required	integumentary system	Full Clinical Review	
130/0	SOCTION LIPECTOINT OPR EXTREM	EXTREMITY	Authorization Required	Surgery of integumentary system	Full Cliffical Review	
15879	SUCTION LIPECTOMY LWR EXTREM	SUCTION ASSISTED LIPECTOMY LOWER	Authorization Required	Surgery of	Full Clinical Review	
25075		EXTREMITY	/ tatilonization required	integumentary system	r an enmournement	
15920	REMOVAL OF TAIL BONE ULCER	EXC COCCYGEAL PR ULC	No Auth Required	Surgery of		
		W/COCCYGECTOMY W/PRIM SUTR		integumentary system		
15922	REMOVAL OF TAIL BONE ULCER	EXC COCCYGEAL PR ULC	No Auth Required	Surgery of		
		W/COCCYGECTOMY W/FLAP CLSR		integumentary system		
15931	REMOVE SACRUM PRESSURE SORE	EXCISION SACRAL PRESSURE ULCER	No Auth Required	Surgery of		
		W/PRIMARY SUTURE	·	integumentary system		
15933	REMOVE SACRUM PRESSURE SORE	EXC SACRAL PRESSURE ULC W/PRIM	No Auth Required	Surgery of		
		SUTR W/OSTECTOMY		integumentary system		
15934	REMOVE SACRUM PRESSURE SORE	EXCISION SACRAL PRESSURE ULCER	No Auth Required	Surgery of		
		W/SKIN FLAP CLSR		integumentary system		
15935	REMOVE SACRUM PRESSURE SORE	EXC SACRAL PR ULCER W/SKN FLAP	No Auth Required	Surgery of		
		CLSR W/OSTECTOMY		integumentary system		
15936	REMOVE SACRUM PRESSURE SORE	EXC SAC PR ULC PREPJ MUSC/MYOQ	No Auth Required	Surgery of		
		FLAP/SKN GRF CLSR		integumentary system		
15937	REMOVE SACRUM PRESSURE SORE	EXC SAC PR ULC PREPJ MUSC/MYOQ	No Auth Required	Surgery of		
		FLAP/SKN GRF OSTC		integumentary system		
15940	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PRESSURE ULCER	No Auth Required	Surgery of		
45044	DEL 40.45 LUD DESCOLUES CODE	W/PRIMARY SUTURE		integumentary system		
15941	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PR ULC W/PRIM SUTR	No Auth Required	Surgery of		
45044	DENIONE HID DESCRIBE CODE	W/OSTC ISCHIECT	No. Acath. Dogovina d	integumentary system		
15944	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PRESSURE ULCER W/SKIN	No Auth Required	Surgery of		
15945	REMOVE HIP PRESSURE SORE	FLAP CLOSURE  EXC ISCHIAL PR ULC W/SKN FLAP CLSR	No Auth Poguirod	integumentary system	+	
13945	INCINIONE UIL LUESSORE SORE	W/OSTECTOMY	No Auth Required	Surgery of		
15946	REMOVE HIP PRESSURE SORE	EXC ISCHIAL PR ULCER W/OSTC	No Auth Required	integumentary system Surgery of		
13340	NEWOVE HIF FRESSORE SORE	MUSC/MYOQ FLAP/SKIN	No Auth Nequileu	integumentary system		
	1	INIOSC/INITOQ FLAP/SKIN	1	integumentary system		

				, ,		
15950	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PRESSURE ULCER	No Auth Required	Surgery of		
15951	REMOVE THIGH PRESSURE SORE	W/PRIMARY SUTR EXC TRCHNTRIC PR ULCER W/PRIM	No Auth Dogwined	integumentary system		
15951	REMOVE THIGH PRESSURE SORE	SUTR W/OSTECTOMY	No Auth Required	Surgery of integumentary system		
15952	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PR ULCER W/SKIN	No Auth Required	Surgery of		
		FLAP CLOSURE	·	integumentary system		
15953	REMOVE THIGH PRESSURE SORE	EXC TRCHNTRIC PR ULC W/SKN FLAP	No Auth Required	Surgery of		
		CLSR W/OSTECTOMY		integumentary system		
15956	REMOVE THIGH PRESSURE SORE	EXC TROCHANTERIC PR ULCER	No Auth Required	Surgery of		
		MUSC/MYOQ FLAP/SKIN		integumentary system		
15958	REMOVE THIGH PRESSURE SORE	EXC TRCHNTRIC PR ULC MUSC/MYOQ	No Auth Required	Surgery of		
		FLAP/SKIN W/OSTC		integumentary system		
15999	REMOVAL OF PRESSURE SORE	UNLISTED PROCEDURE EXCISION	Authorization Required	Surgery of	Full Clinical Review	
		PRESSURE ULCER		integumentary system		
16000	INITIAL TREATMENT OF BURN(S)	INITIAL TX 1ST DEGREE BURN LOCAL TX	No Auth Required	Surgery of		
45000	DESCRIPTION DE TUNOVIDANO	222 /2224 7 227 7 11/4/5 21/245		integumentary system		
16020	DRESS/DEBRID P-THICK BURN S	DRS&/DBRDMT PRTL-THKNS BURNS	No Auth Required	Surgery of		
16025	DRESS/DEBRID P-THICK BURN M	1ST/SBSQ SMALL DRS&/DBRDMT PRTL-THKNS BURNS	No Auth Required	integumentary system		
10025	DRESS/DEBRID F-THICK BORN IVI	1ST/SBSQ MEDIUM	No Auth Required	Surgery of		
16030	DRESS/DEBRID P-THICK BURN L	DRS&/DBRDMT PRTL-THKNS BURNS	No Auth Poquired	integumentary system		
10030	DRESS/ DEBRID F-THICK BORN E	1ST/SBSQ LARGE	No Auth Required	Surgery of integumentary system		
16035	INCISION OF BURN SCAB INITI	ESCHAROTOMY FIRST INCISION	No Auth Required	Surgery of		
10055	intersion of bonn sens in in	ESCHANOTOWN THIS INCISION	No Auth Required	integumentary system		
16036	ESCHAROTOMY ADDL INCISION	ESCHAROTOMY EACH ADDITIONAL	No Auth Required	Surgery of		
		INCISION		integumentary system		
17000	DESTRUCT PREMALG LESION	DESTRUCTION PREMALIGNANT LESION	No Auth Required	, , , , , , ,		
		1ST	· ·			
17003	DESTRUCT PREMALG LES 2-14	DESTRUCTION PREMALIGNANT LESION	No Auth Required			
		2-14 EA				
17004	DESTROY PREMAL LESIONS 15/>	DESTRUCTION PREMALIGNANT LESION	No Auth Required			
		15/>				
17106	DESTRUCTION OF SKIN LESIONS	DESTRUCTION CUTANEOUS VASC	Authorization Required	Surgery of	Full Clinical Review	
		PROLIFERATIVE <10CM		integumentary system		
17107	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS	Authorization Required	Surgery of	Full Clinical Review	
		10.0-50.0 SQ CM		integumentary system		
17108	DESTRUCTION OF SKIN LESIONS	DSTRJ CUTANEOUS VASCULAR LESIONS	Authorization Required	Surgery of	Full Clinical Review	
47440	DESTRUCT DO LECION 4.44	>50.0 SQ CM	No. Acade Described	integumentary system		
17110	DESTRUCT B9 LESION 1-14	DESTRUCTION BENIGN LESIONS UP TO	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	No Auth Required No Auth Required	Surgery of		
17230	CHEW CAST OF GRANETS 11550E	GRANULATION TISSUE	No Auth Required	integumentary system		
17260	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	Surgery of		
1,200		T/A/L 0.5 CM/<		integumentary system		
17261	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of		
		TRUNK/ARM/LEG 0.6-1.0 CM		integumentary system		
17262	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of		
		TRUNK/ARM/LEG 1.1-2.0CM	1	integumentary system		
17263	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of		
		TRUNK/ARM/LEG 2.1-3.0CM		integumentary system	 	
17264	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of	 	
		TRUNK/ARM/LEG 3.1-4.0CM		integumentary system		
17266	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of		
		TRUNK/ARM/LEG > 4.0 CM	ļ	integumentary system		
17270	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	Surgery of		
		S/N/H/F/G 0.5 CM/>	<u> </u>	integumentary system		

17271	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Desuised	Czan. of			
17271	DESTRUCTION OF SKIN LESIONS	S/N/H/F/G 0.6-1.0CM	No Auth Required	Surgery of			
17272	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	integumentary system			
1/2/2	DESTRUCTION OF SKIN LESIONS	S/N/H/F/G 1.1-2.0CM	No Autii Kequireu	Surgery of integumentary system			
17273	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	Surgery of			
1,2,3	DESTRUCTION OF SKIN EESIONS	S/N/H/F/G 2.1-3.0CM	No Auth Required	integumentary system			
17274	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	Surgery of			
1/2/4	DESTRUCTION OF SKIN EESIONS	S/N/H/F/G 3.1-4.0CM	No Auth Required	integumentary system			
17276	DESTRUCTION OF SKIN LESIONS	DSTRJ MAL LESION S/N/H/F/G LESION	No Auth Required	Surgery of			
		DIAM > 4.0 CM		integumentary system			
17280	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MALIGNANT LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M 0.5CM/<		integumentary system			
17281	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M 0.6-1.0CM	·	integumentary system			
17282	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M 1.1-2.0CM		integumentary system			
17283	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M 2.1-3.0CM		integumentary system			
17284	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M 3.1-4.0CM		integumentary system			
17286	DESTRUCTION OF SKIN LESIONS	DESTRUCTION MAL LESION	No Auth Required	Surgery of			
		F/E/E/N/L/M >4.0 CM		integumentary system			
17311	MOHS 1 STAGE H/N/HF/G	MOHS MICROGRAPHIC H/N/H/F/G 1ST	Authorization Required	Mohs	PA for Code in Group	Network Validation	
		STAGE 5 BLOCKS			Applies to All Codes		
					within Specific Group		
17312	MOHS ADDL STAGE	MOHS MICROGRAPHIC H/N/H/F/G	Authorization Required	Mohs	PA for Code in Group	Network Validation	
		EACH ADDL STAGE			Applies to All Codes		
					within Specific Group		
17313	MOHS 1 STAGE T/A/L	MOHS TRUNK/ARM/LEG 1ST STAGE 5	No Auth Required	Mohs	PA for Code in Group		
		BLOCKS			Applies to All Codes		
					within Specific Group		
17314	MOHS ADDL STAGE T/A/L	MOHS TRUNK/ARM/LEG EA STAGE	No Auth Required	Mohs	PA for Code in Group		
		AFTER 1ST STAGE			Applies to All Codes		
					within Specific Group		
17315	MOHS SURG ADDL BLOCK	MOHS TRUNK/ARM/LEG EA ADDL	No Auth Required	Mohs	PA for Code in Group		
		BLOCK ANY STAGE			Applies to All Codes		
					within Specific Group		
17340	CRYOTHERAPY OF SKIN	CRYOTHERAPY CO2 SLUSH LIQUID N2	Authorization Required	Reconstructive		Full Clinical Review	
47000	CVAL DEEL TUED A DV	ACNE				5 11 01: 1 1 5 1	
17360	SKIN PEEL THERAPY	CHEMICAL EXFOLIATION ACNE	Authorization Required	Reconstructive	+	Full Clinical Review	<del> </del>
17380	HAIR REMOVAL BY ELECTROLYSIS	ELECTROLYSIS EPILATION EACH 30	Authorization Required	Reconstructive		Full Clinical Review	
17000	CVINITICCUE PROCEDURE	MINUTES	Authorization Descriped	Common of		Full Clinical Davieur	
17999	SKIN TISSUE PROCEDURE	UNLISTED PX SKIN MUC MEMBRANE &	Authorization Required	Surgery of		Full Clinical Review	
10000	DRAINAGE OF BREAST LESION	SUBQ TISSUE	No Auth Boguired	integumentary system	+	+	
19000	DRAINAGE OF BREAST LESION	PUNCTURE ASPIRATION CYST BREAST	No Auth Required	Surgery of			
19001	DRAIN BREAST LESION ADD-ON	PUNCTURE ASPIRATION BREAST EACH	No Auth Required	integumentary system	+	+	
19001	DIAIN BILAST LESION ADD-ON	ADDITIONAL CYST	No Auth Required	Surgery of			
19020	INCISION OF BREAST LESION	MASTOTOMY	No Auth Required	integumentary system Surgery of			
13020	THE STORY OF BREAST LESION	W/EXPLORATION/DRAINAGE ABSCESS	Audi Nequileu	integumentary system			
		DEEP DEEP		integumentally system			
19030	INJECTION FOR BREAST X-RAY	INJECTION MAMMARY	No Auth Required	Surgery of	+	+	
13030	The state of the state of A live	DUCTOGRAM/GALACTOGRAM		integumentary system			
19081	BX BREAST 1ST LESION STRTCTC	BX BREAST W/DEVICE 1ST LESION	No Auth Required	Surgery of	1	1	
		STEREOTACTIC GUID		integumentary system			
19082	BX BREAST ADD LESION STRTCTC	BX BREAST W/DEVICE ADDL LESION	No Auth Required	Surgery of	1	1	
		STEREOTACT GUID		integumentary system			
	1	13.220	1	Imperation of Systems	I.	1	1

1968   MREAT FOLD LESON US MING   MELECAT WICKENES SET LESON   Mo-Auth Regimed   MELECATION SET LESON   MING   MELECATION SET LESON   MO-Auth Regimed   MELECATION SET LESON   MO-AUTH REGIMEN SET LESON		1			1		T
MREAST SELSON MR MAME	19083	BX BREAST 1ST LESION US IMAG		No Auth Required			
MARCHING COLD   MINISTER   MACHINE STATE   MACHINE STATE   MACHINE   MACHI							
1955   M. SERVAST IST ISSUA MEMARIA   M. SERVAST W/SPICE IST ISSUA   M. SAUR Required   Surgey of Surgey	19084	BX BREAST ADD LESION US IMAG		No Auth Required			
MACHETIC RES GUID   Integrinmentary years							
Supply Company	19085	BX BREAST 1ST LESION MR IMAG		No Auth Required	Surgery of		
MACHE TRES CUID W/D INAGE   MERCATE PROCUP W/D INAGE   MERCATE PROCUP W/D INAGE   MACHINE GUIDANCE STX   MACHINE					integumentary system		
1910   Dis REAST PERCUT W/O IMAGE   Dis REAST DEED CODE W/O   Dis REAST DEED CODE W/O IMAGE COURTED CODE W/O IMAGE CODE CODE W/O IMAGE CODE CODE CODE CODE CODE CODE CODE COD	19086	BX BREAST ADD LESION MR IMAG	BX BREAST W/DEVICE ADDL LESION	No Auth Required	Surgery of		
MASSING SUIDARS SPACE OF SPREAS OF			MAGNET RES GUID		integumentary system		
1910   1910	19100	BX BREAST PERCUT W/O IMAGE	BX BREAST NEEDLE CORE W/O	No Auth Required	Surgery of		
MOVAL OF BREAST LESION   MEDIC ENTOCOURGE CALL MYJOS GID FA   MEDIC ENTOCOURGE CALL			IMAGING GUIDANCE SPX		integumentary system		
Mode   Mart   Carolina California   Mode   Mode   Mart   Carolina California   Mode   Mode   Mart   Carolina California   Mode   Mart   Mode   Mode   Mart   Mode   Mart   Mode   Mode   Mart   Mode   Mode   Mart   Mode	19101	BIOPSY OF BREAST OPEN	BIOPSY BREAST OPEN INCISIONAL	No Auth Required	Surgery of		
Mode   Mart   Carolina California   Mode   Mode   Mart   Carolina California   Mode   Mode   Mart   Carolina California   Mode   Mart   Mode   Mode   Mart   Mode   Mart   Mode   Mode   Mart   Mode   Mode   Mart   Mode					integumentary system		
PRODUCTION   PRESENTATION   No PRESENT RESIDENT   No Auth Required   Surgery of integumentary system   Sur	19105	CRYOSURG ABLATE FA EACH	ABLTJ CRYOSURGICAL W/US GID EA	No Auth Required	1		
NPIPE ERPLORATION   NoPIE ERPLORATION   No Auth Required			FIBROADENOMA	·			
Surgery of integumentary system   Surg	19110	NIPPLE EXPLORATION	NIPPLE EXPLORATION	No Auth Required	1		
SCASE BREAST DUE FISTULA   SCASIONALCRIFEROUS DUET RISTULA   So Auth Required integlimentary system integlim				·			
Integruentary system	19112	EXCISE BREAST DUCT FISTULA	EXCISION LACTIFEROUS DUCT FISTULA	No Auth Required			
SECONTAPERRATT ISSUE   No Auth Required   Surgery of							
OPEN J. LESION   DECRET SEPRITOR   No Auth Required   Surgery of	19120	REMOVAL OF BREAST LESION	FXC CYST/ABERRANT BREAST TISSUE	No Auth Required			
SCHOLON BREAST LESION   EXC BREAST LES PREOP PLATE AD No. Auth Required integumentary system integumentary syste	15120	THE WILL OF BREADY ELSION		no mannequirea			
MARKE OPEN LES Integumentary system Integumentary s	10125	EVCISIONI PREAST LESIONI	·	No Auth Poquired			
SYCESION ADDLE BREAST LESION   EXC SIST LES PREOP PLAT FAD   No 4uth Required integrumentary system	19123	EXCISION BREAST ELSION		No Auth Required			
MARKER OPNE EA ADDL   Integumentary system	10126	EVERSION ADDI PREACT LECION		No Auth Doguined	1		
SPERQ DEVICE BREAST IST IMAG   PERQ DEVICE PLACEMENT REAST LOC No Auth Required Surgery of Integumentary system (Integumentary system)	19126	EXCISION ADDL BREAST LESION		No Auth Required			
STEEN WIGHNEE   Integumentary system   Surgery of whetegumentary system   Surgery of whetegumentary system   Surgery of whetegumentary system   STEETCE GONCE   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whetegumentary system   STEETCE GONCE   PERG BREAST IOC DEVICE PLACEMT 15T   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   LESION STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whetegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   LESION STRICT C   LESION STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   No Auth Required   Surgery of whitegumentary system   STRICT C   PERG BREAST IOC DEVICE PLACEMT 15T   PERC BREAST IOC DEVICE PLACEMT 15T   PERC BREAST IOC DEVICE PLA	40004	2520 251405 225407 407 4440					
PERQ DEVICE BREAST EA IMAG PERQ DEVICE PLACEMT BREAST LOC E. No Auth Required LESION W/GNOXE PERQ BREAST IST STRTCTC PERQ BREAST LOC DEVICE PLACEMT IST No Auth Required Integumentary system PREQ DEV BREAST STRTCTC PERQ BREAST LOC DEVICE PLACEMT TAN No Auth Required Integumentary system PREQ DEV BREAST ST US IMAG PERQ BREAST LOC DEVICE PLACEMT TAN No Auth Required Integumentary system PREQ DEV BREAST ST US IMAG PERQ BREAST LOC DEVICE PLACEMT TAN No Auth Required Integumentary system ILSION STRTCTC PREQ BREAST LOC DEVICE PLACEMT TAN NO Auth Required Integumentary system ILSION STRTCTC PREQ BREAST ST US IMAG PERQ BREAST LOC DEVICE PLACEMT TAN NO Auth Required Integumentary system ILSION IMAG PERQ DEV BREAST ST NR GUIDE PERQ BREAST LOC DEVICE PLACEMT TAN NO Auth Required Integumentary system ILSION IMAG PERQ DEV BREAST ST NR GUIDE PERQ BREAST LOC DEVICE PLACEMT TAN NO Auth Required Integumentary system ILSION IMAG PERQ DEV BREAST ST NR GUIDE PERQ BREAST LOC DEVICE PLACEMT TO NO Auth Required Integumentary system ILSION IMAG PERQ DEV BREAST ST NR GUIDE PERQ BREAST LOC DEVICE PLACEMT TO NO Auth Required Integumentary system ILSION IMAG ADD LESION IN GUIDE PERQ BREAST LOC DEVICE PLACEMT TO NO Auth Required Integumentary system INSUREMY OF INTEGURATION INTEGURED TO AUTHORISE TO A	19281	PERQ DEVICE BREAST 1ST IMAG		No Auth Required			
LESION W/CDNCE   Integumentary system					1		
PERQ DEV BREAST IST STRTCTC   PERC BREAST LOC DEVICE PLACEMT IST NO Auth Required Integumentary system	19282	PERQ DEVICE BREAST EA IMAG		No Auth Required			
STRICTC GDNCE   Integumentary system   STRICTC GDNCE   PERQ BREAST LOC DEVICE PLACEMT EA   No Auth Required   Surgery of   Integumentary system   Surgery of							
PERQ DEV BREAST ADD STRTCTC   PERG BREAST LOC DEVICE PLACEMT EA   No Auth Required   Integumentary system	19283	PERQ DEV BREAST 1ST STRTCTC		No Auth Required	Surgery of		
LESION STRICTC   Integumentary system   Surgery of   Integumentary system					integumentary system		
19285   PERQ DEV BREAST IST US IMAG   PERQ BREAST LOC DEVICE PLACEMT 1ST No Auth Required Integumentary system   PERQ BREAST ADD US IMAG   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEV BREAST ADD US IMAG   PERQ BREAST LOC DEVICE PLACEMT 1ST No Auth Required Integumentary system   PERQ DEV BREAST IST MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT 1ST No Auth Required Integumentary system   PERQ DEV BREAST ADD MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEV BREAST ADD MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEV BREAST ADD MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEV BREAST ADD MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEV BREAST ADD MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required Integumentary system   PERQ DEVICE PLACEMT   NO Auth Required Integumentary system   PERQ DEVICE PLACEMT   NO Auth Required Integumentary system   PURCEAST ADD MR GUIDE   PERQ BREAST CATH FOR RAD   PURCEAST CATH	19284	PERQ DEV BREAST ADD STRTCTC	PERQ BREAST LOC DEVICE PLACEMT EA	No Auth Required	Surgery of		
LESIO US IMAG   Integumentary system   PERQ DEV BREAST ADD US IMAG   PERQ BREAST LOC DEVICE PLACEMT   No Auth Required   Surgery of   Integumentary system   PERQ DEV BREAST LOC DEVICE PLACEMT   SURGED   PERQ BREAST LOC DEVICE PLACEMT IST   No Auth Required   Surgery of   Integumentary system   PERQ DEV BREAST LOC DEVICE PLACEMT IST   No Auth Required   Surgery of   Integumentary system   PERQ DEV BREAST ADD MR GUID   PERQ BREAST LOC DEVICE PLACEMT   ADD LESIO MR GUID   Integumentary system   PERQ DEV BREAST ADD MR GUID   PERQ BREAST LOC DEVICE PLACEMT   ADD LESIO MR GUID   Integumentary system   PERQ DEV BREAST ADD MR GUID   PERQ BREAST LOC DEVICE PLACEMT   ADD LESIO MR GUID   Integumentary system   PERQ DEV BREAST ADD MR GUID   PERQ BREAST LOC DEVICE PLACEMT   ADD LESIO MR GUID   Integumentary system   PERQ DEV BREAST CATH FOR RAD   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PUMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH BRST   No Auth Required   Surgery of   Integumentary system   PLMT EXPANDABLE CATH EXPANDABLE CAT			LESION STRTCTC		integumentary system		
PERQ DEV BREAST ADD US IMAG   PERQ BREAST LOC DEVICE PLACEMT   EACH LES US IMAGE   PERQ BREAST LOC DEVICE PLACEMT   Surgery of integumentary system   Surgery of integumentary system	19285	PERQ DEV BREAST 1ST US IMAG	PERQ BREAST LOC DEVICE PLACEMT 1ST	No Auth Required	Surgery of		
PERQ DEV BREAST 1ST MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT 1ST No Auth Required   Surgery of   Integumentary system			LESIO US IMAG		integumentary system		
19287   PERQ DEV BREAST 1ST MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT 1ST LEISIO MR GUID   PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID   Surgery of Integumentary system   Integ	19286	PERQ DEV BREAST ADD US IMAG	PERQ BREAST LOC DEVICE PLACEMT	No Auth Required	Surgery of		
19287   PERQ DEV BREAST 1ST MR GUIDE   PERQ BREAST LOC DEVICE PLACEMT 1ST No Auth Required integumentary system			EACH LES US IMAGE		integumentary system		
LESIO MR GUID   Integumentary system   Surgery of   Integumentary system   Surgery of   Integumentary system   I	19287	PERQ DEV BREAST 1ST MR GUIDE	PERQ BREAST LOC DEVICE PLACEMT 1ST	No Auth Required	Surgery of		
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ADD LESIO MR GUID   Integumentary system   Full Clinical Review	19288	PERQ DEV BREAST ADD MR GUIDE	PERQ BREAST LOC DEVICE PLACEMT	No Auth Required			
PREP TUM CAV IORT PRTL MAST PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY  PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY  PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY  PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY  PLACE PO BREAST CATH FOR RAD PLACE PO BREAST CATH FOR RAD PLACE BREAST CATH FOR RAD PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST POWN REMOVAL OF BREAST TISSUE MASTECTOMY GYNECOMASTIA MASTECTOMY GYNECOMASTIA No Auth Required Surgery of integumentary system  PARTIAL MASTECTOMY MASTECTOMY PARTIAL No Auth Required Surgery of integumentary system  No Auth Required Surgery of integumentary system  MASTECTOMY PARTIAL W/AXILLARY No Auth Required Surgery of integumentary system  MASTECTOMY W/LN REMOVAL MASTECTOMY PARTIAL W/AXILLARY No Auth Required Surgery of integumentary system  MASTECTOMY SIMPLE COMPLETE MASTECTOMY SIMPLE COMPLETE Authorization Required Surgery of Full Clinical Review  Full Clinical Review				·			
PLACE PO BREAST CATH FOR RAD   PLMT EXPANDABLE CATH BRST   FOLLOWING PRTL MAST   FOLLOWING PRTL MAST     19297   PLACE BREAST CATH FOR RAD   PLMT EXPANDABLE CATH BRST   FOLLOWING PRTL MAST     19298   PLACE BREAST RAD TUBE/CATHS   PLMT RADTHX BRACHYTX BRST   FOLLOWING PRTL MAST     19298   PLACE BREAST RAD TUBE/CATHS   PLMT RADTHX BRACHYTX BRST   FOLLOWING PRTL MAST     19300   REMOVAL OF BREAST TISSUE   MASTECTOMY GYNECOMASTIA   Authorization Required   Surgery of integumentary system     19301   PARTIAL MASTECTOMY   MASTECTOMY PARTIAL   No Auth Required   Surgery of integumentary system     19302   P-MASTECTOMY W/LN REMOVAL   MASTECTOMY PARTIAL W/AXILLARY   No Auth Required   Surgery of integumentary system     19303   MAST SIMPLE COMPLETE   MASTECTOMY SIMPLE COMPLETE   Authorization Required   Surgery of integumentary system     19304   Surgery of integumentary system   Surgery of integumentary system     19305   Surgery of integumentary system   Surgery of integumentary system     19306   Surgery of integumentary system   Surgery of integumentary system     19307   Surgery of integumentary system   Surgery of integumentary system     19308   MAST SIMPLE COMPLETE   MASTECTOMY SIMPLE COMPLETE   Authorization Required   Surgery of     19308   Surgery of   Full Clinical Review	19294	PREP TUM CAV IORT PRTL MAST		Authorization Required		Full Clinical Review	
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CONCURRENT PRTL MAST   Integumentary system	19297	DI ACE BREAST CATH FOR RAD		No Auth Required	1		
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Integumentary system	10200	DENAOVAL OF DDEACT TICCUIE		Authorization Domit		Full Clinical Boots	
19301     PARTIAL MASTECTOMY     MASTECTOMY PARTIAL     No Auth Required integumentary system     Surgery of integumentary system       19302     P-MASTECTOMY W/LN REMOVAL     MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY     No Auth Required integumentary system     Surgery of integumentary system       19303     MAST SIMPLE COMPLETE     MASTECTOMY SIMPLE COMPLETE     Authorization Required     Surgery of integumentary system     Full Clinical Review	19300	KEMOVAL OF BREAST TISSUE	MASTECTOMY GYNECOMASTIA	Authorization Required		Full Clinical Review	
19302 P-MASTECTOMY W/LN REMOVAL MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY LYMPHADENECTOMY MASTECTOMY SIMPLE COMPLETE Authorization Required Surgery of integumentary system  19303 MAST SIMPLE COMPLETE MASTECTOMY SIMPLE COMPLETE Authorization Required Surgery of Full Clinical Review							
19302 P-MASTECTOMY W/LN REMOVAL MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY  19303 MAST SIMPLE COMPLETE MASTECTOMY SIMPLE COMPLETE Authorization Required Surgery of integumentary system  4 Surgery of integumentary system  Full Clinical Review	19301	PARTIAL MASTECTOMY	MASTECTOMY PARTIAL	No Auth Required			
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19303 MAST SIMPLE COMPLETE MASTECTOMY SIMPLE COMPLETE Authorization Required Surgery of Full Clinical Review	19302	P-MASTECTOMY W/LN REMOVAL	MASTECTOMY PARTIAL W/AXILLARY	No Auth Required	Surgery of		
			LYMPHADENECTOMY	ļ	integumentary system		
integumentary system	19303	MAST SIMPLE COMPLETE	MASTECTOMY SIMPLE COMPLETE	Authorization Required	Surgery of	Full Clinical Review	
1					integumentary system	 	

19305	MAST RADICAL	MAST RAD W/PECTORAL MUSCLES	No Auth Required	Surgery of		
15505	IVIAST NADICAL	AXILLARY LYMPH NODES	No Auth Required	integumentary system		
19306	MAST RAD URBAN TYPE	MAST RAD W/PECTORAL MUSC AX INT	No Auth Required	Surgery of		
		MAM LYMPH NODES		integumentary system		
19307	MAST MOD RAD	MAST MODF RAD W/AX LYMPH NOD	Authorization Required	Surgery of	Full Clinical Review	
		W/WO PECT/ALIS MIN		integumentary system		
19316	SUSPENSION OF BREAST	MASTOPEXY	Authorization Required	Reconstructive	Full Clinical Review	
19318	REDUCTION OF LARGE BREAST	REDUCTION MAMMAPLASTY	Authorization Required	Surgery of	Full Clinical Review	
				integumentary system		
19324	ENLARGE BREAST	MAMMAPLASTY AUGMENTATION W/O	Authorization Required	Surgery of	Full Clinical Review	
		PROSTHETIC IMPLANT		integumentary system		
19325	ENLARGE BREAST WITH IMPLANT	MAMMAPLASTY AUGMENTATION	Authorization Required	Surgery of	Full Clinical Review	
		W/PROSTHETIC IMPLANT		integumentary system		
19328	REMOVAL OF BREAST IMPLANT	REMOVAL INTACT MAMMARY IMPLANT	Authorization Required	Surgery of	Full Clinical Review	
				integumentary system		
19330	REMOVAL OF IMPLANT MATERIAL	REMOVAL MAMMARY IMPLANT	Authorization Required	Surgery of	Full Clinical Review	
40240	IN AN AEDIA TE DDEACT DDOCTUECIC	MATERIAL PROTEINING	Aught autachtau Danidand	integumentary system	Full Clinian Davison	
19340	IMMEDIATE BREAST PROSTHESIS	IMMT INSJ BRST PROSTH FLWG	Authorization Required	Surgery of	Full Clinical Review	
10242	DELAYED BREAST PROSTHESIS	MASTOPEXY MAST/RCNSTJ DLYD INSJ BRST PROSTH FLWG	Authorization Descriped	integumentary system	Full Clinical Paviano	
19342	DELAYED BREAST PROSTHESIS	MASTOPEXY MAST/RCNSTJ	Authorization Required	Surgery of	Full Clinical Review	
19350	BREAST RECONSTRUCTION	NIPPLE/AREOLA RECONSTRUCTION	No Auth Required	integumentary system Surgery of		
19330	BREAST RECONSTRUCTION	NIFFEL/AREOLA RECONSTRUCTION	No Auth Required	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	Authorization Required	Surgery of	Full Clinical Review	
15557	BREAST RECONSTRUCTION	EXPANDER SBSQ XPNSJ	Authorization Required	integumentary system	Tull Cliffical Review	
19361	BREAST RECONSTR W/LAT FLAP	BRST RCNSTJ W/LATSMS D/SI FLAP WO	Authorization Required	Surgery of	Full Clinical Review	
15501		PRSTHC IMPL	/ tatilonization negatica	integumentary system	l un ommea neview	
19364	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION FREE FLAP	Authorization Required	Surgery of	Full Clinical Review	
				integumentary system		
19366	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION OTHER	Authorization Required	Surgery of	Full Clinical Review	
		TECHNIQUE		integumentary system		
19367	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM FLAP	Authorization Required	Surgery of	Full Clinical Review	
		1 PEDICLE		integumentary system		
19368	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM 1	Authorization Required	Surgery of	Full Clinical Review	
		PEDCL MVASC ANAST		integumentary system		
19369	BREAST RECONSTRUCTION	BREAST RECONSTRUCTION TRAM FLAP	Authorization Required	Surgery of	Full Clinical Review	
		DOUBLE PEDICLE		integumentary system		
19370	SURGERY OF BREAST CAPSULE	OPEN PERIPROSTHETIC CAPSULOTOMY	Authorization Required	Surgery of	Full Clinical Review	
		BREAST		integumentary system		
19371	REMOVAL OF BREAST CAPSULE	PERIPROSTHETIC CAPSULECTOMY	Authorization Required	Surgery of	Full Clinical Review	
		BREAST		integumentary system		
19380	REVISE BREAST RECONSTRUCTION	REVISION RECONSTRUCTED BREAST	Authorization Required	Surgery of	Full Clinical Review	
40206	DECICAL CLICTORA DDE ACT INADI ANIT	DDEDADATION MOULLAGE CUCTOM	Aught autachtau Danidand	integumentary system	Full Clinian Davison	
19396	DESIGN CUSTOM BREAST IMPLANT	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Authorization Required	Surgery of	Full Clinical Review	
19499	BREAST SURGERY PROCEDURE	UNLISTED PROCEDURE BREAST	Authorization Required	integumentary system Surgery of	Full Clinical Review	
13433	BREAST SONGENT PROCEDURE	ONLISTED PROCEDURE BREAST	Authorization Required		i uli clinicai keview	
20100	EXPLORE WOUND NECK	EXPLORATION PENETRATING WOUND	No Auth Required	integumentary system Surgery of		
20100	EXILENT WOOND NECK	SPX NECK	110 / Matri Nequired	musculoskeletal system		
20101	EXPLORE WOUND CHEST	EXPLORATION PENETRATING WOUND	No Auth Required	Surgery of		
20201		SPX CHEST		musculoskeletal system		
20102	EXPLORE WOUND ABDOMEN	EXPL PENETRATING WOUND SPX	No Auth Required	Surgery of		
		ABDOMEN/FLANK/BACK		musculoskeletal system		
20103	EXPLORE WOUND EXTREMITY	EXPLORATION PENETRATING WOUND	No Auth Required	Surgery of		
		SPX EXTREMITY		musculoskeletal system		
	1		1			

	ı			
20150	EXCISE EPIPHYSEAL BAR	EXCISION EPIPHYSEAL BAR	No Auth Required	Surgery of
20200	MUSCLE BIOPSY	BIOPSY MUSCLE SUPERFICIAL	No Auth Required	musculoskeletal system
20200	INIOSCLE BIOPST	BIOPST WIOSCLE SUPERFICIAL	No Autii Kequirea	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	No Auth Required	Surgery of
		NEEDLE		musculoskeletal system
20220	BONE BIOPSY TROCAR/NEEDLE	BIOPSY BONE TROCAR/NEEDLE	No Auth Required	Surgery of
		SUPERFICIAL		musculoskeletal system
20225	BONE BIOPSY TROCAR/NEEDLE	BIOPSY BONE TROCAR/NEEDLE DEEP	No Auth Required	Surgery of
20240	BONE BIOPSY OPEN SUPERFICIAL	BIOPSY BONE OPEN SUPERFICIAL	No Auth Required	musculoskeletal system
20240	BONE BIOPST OPEN SUPERFICIAL	BIOPST BOINE OPEN SUPERFICIAL	No Autii Kequirea	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	No Auth Required	Surgery of
		THORACIC		musculoskeletal system
20251	OPEN BONE BIOPSY	BIOPSY VERTEBRAL BODY OPEN	No Auth Required	Surgery of
		LUMBAR/CERVICAL		musculoskeletal system
20500	INJECTION OF SINUS TRACT	INJECTION SINUS TRACT THERAPEUTIC	No Auth Required	Surgery of
		SEPARATE PROC		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	No Auth Required	
		MUSCLE/TENDON SHEATH SIMPLE		
20525	REMOVAL OF FOREIGN BODY	RMVL FOREIGN BODY MUSCLE/TENDON	No Auth Required	Surgery of Surgery of
		SHEATH DEEP/COMP		musculoskeletal system
20526	THER INJECTION CARP TUNNEL	INJECTION THERAPEUTIC CARPAL	No Auth Required	Surgery of
20527	INJ DUPUYTREN CORD W/ENZYME	TUNNEL INJECTION ENZYME PALMAR FASCIAL	No Auth Desuined	musculoskeletal system
20527	INJ DOPOTTKEN CORD W/ENZYME	CORD	No Auth Required	Surgery of musculoskeletal system
20550	INJ TENDON SHEATH/LIGAMENT	INJECTION 1 TENDON	No Auth Required	inusculoskeletai system
20330	TENDON STEATILY EIGANIEN	SHEATH/LIGAMENT APONEUROSIS	No Auth Required	
20551	INJ TENDON ORIGIN/INSERTION	INJECTION SINGLE TENDON	No Auth Required	Surgery of
20331	TENDON ONIGINA INSERTION	ORIGIN/INSERTION	No Auth Required	musculoskeletal system
20552	INJ TRIGGER POINT 1/2 MUSCL	INJECTION SINGLE/MLT TRIGGER POINT	No Auth Required	Spine Care relating to
	,	1/2 MUSCLES		neck and back
		,	1	conditions, including:
20553	INJECT TRIGGER POINTS 3/>	INJECTION SINGLE/MLT TRIGGER POINT	No Auth Required	Spine Care relating to
	,	3/> MUSCLES		neck and back
			1	conditions, including:
20555	PLACE NDL MUSC/TIS FOR RT	PLACEMENT NEEDLES MUSCLE	No Auth Required	Surgery of
	<u> </u>	SUBSEQUENT RADIOELEMENT		musculoskeletal system
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	NEEDLE INSERTION W/O INJECTION 1	No Auth Required	
		OR 2 MUSCLES		
20561	NDL INSJ W/O NJX 3+ MUSC	NEEDLE INSERTION W/O INJECTION 3	No Auth Required	
		OR MORE MUSCLES		
20600	DRAIN/INJ JOINT/BURSA W/O US	ARTHROCENTESIS ASPIR&/INJ SMALL	No Auth Required	
		JT/BURSA W/O US	ļ	
20604	DRAIN/INJ JOINT/BURSA W/US	ARTHROCNT ASPIR&/INJ SMALL	No Auth Required	
		JT/BURSAW/US REC RPRT		
20605	DRAIN/INJ JOINT/BURSA W/O US	ARTHROCENTESIS ASPIR&/INJ INTERM	No Auth Required	Joint
20505		JT/BURS W/O US		
20606	DRAIN/INJ JOINT/BURSA W/US	ARTHROCENTESIS ASPIR&/INJ INTERM	No Auth Required	Joint
1		JT/BURS W/US		

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	No Auth Required	Surgery of		
20615	TREATMENT OF BONE CYST	CYST ANY LOCATJ  ASPIRATION & INJECTION TREATMENT	No Auth Required	musculoskeletal system Surgery of		
		BONE CYST		musculoskeletal system		
20650 I	INSERT AND REMOVE BONE PIN	INSERTION WIRE/PIN W/APPL SKELETAL	No Auth Required	Surgery of		
20660	APPLY REM FIXATION DEVICE	TRACTION SPX  APPL CRANIAL TONG/STRTCTC FRAME	No Auth Required	musculoskeletal system Surgery of		
20000	ALLE REMITIZATION DEVICE	W/REMOVAL SPX	No Addi Required	musculoskeletal system		
20661	APPLICATION OF HEAD BRACE	APPLICATION HALO CRANIAL	No Auth Required	Surgery of		
		INCLUDING REMOVAL		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	No Auth Required	Surgery of		
		INCLUDING REMOVAL	,	musculoskeletal system		
20664	APPLICATION OF HALO	APPL HALO 6/> PINS THIN SKULL	No Auth Required	Surgery of		
2000	DEMOVAL OF FIVATION DEVICE	OSTEOLOGY	No Auth Desuined	musculoskeletal system		
20665 F	REMOVAL OF FIXATION DEVICE	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	No Auth Required	Surgery of musculoskeletal system		
20670 F	REMOVAL OF SUPPORT IMPLANT	REMOVAL IMPLANT SUPERFICIAL	No Auth Required	Surgery of		
		SEPARATE PROCEDURE	,	musculoskeletal system		
20680 F	REMOVAL OF SUPPORT IMPLANT	REMOVAL IMPLANT DEEP	Authorization Required	Surgery of musculoskeletal system	Network Validation	
20690	APPLY BONE FIXATION DEVICE	APPLICATION UNIPLANE EXTERNAL	No Auth Required	Surgery of		
20502	ARRIVATION REVICE	FIXATION SYSTEM	No Auth Denvined	musculoskeletal system		
20692	APPLY BONE FIXATION DEVICE	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	No Auth Required	Surgery of musculoskeletal system		
20693 A	ADJUST BONE FIXATION DEVICE	ADJUSTMENT/REVJ XTRNL FIXATION	No Auth Required	Surgery of		
		SYSTEM REQ ANES		musculoskeletal system		
20694 F	REMOVE BONE FIXATION DEVICE	REMOVAL EXTERNAL FIXATION SYSTEM	No Auth Required	Surgery of		
20696	COMP MULTIPLANE EXT FIXATION	UNDER ANES XTRNL FIXJ W/STEREOTACTIC	No Auth Required	musculoskeletal system		
20090	COMP MOLTIPLANE EXT FIXATION	ADJUSTMENT 1ST & SUBQ	No Auth Required	Surgery of musculoskeletal system		
20697	COMP EXT FIXATE STRUT CHANGE	XTRNL FIXJ W/STRTCTC ADJUSTMENT	No Auth Required	Surgery of		
20700	MNL PREP&INSJ DP RX DLVR DEV	EXCHANGE STRUT  MANUAL PREP AND INSERTION DEEP	No Auth Required	musculoskeletal system		
20700	IVINE FREF&IIVS) OF RA DEVR DEV	DRUG DELIVERY DEV	No Auth Required			
20701 F	RMVL DEEP RX DELIVERY DEVICE	REMOVAL DEEP DRUG DELIVERY DEVICE	No Auth Required			
20702	MNL PREP&INSJ IMED RX DEV	MANUAL PREP&INSJ INTRAMEDULLARY	No Auth Required			
		DRUG DLVR DEVICE				
20703 F	RMVL IMED RX DELIVERY DEVICE	REMOVAL INTRAMEDULLARY DRUG	No Auth Required			
		DELIVERY DEVICE				
20704	MNL PREP&INSJ I-ARTIC RX DEV	MANUAL PREP&INSJ I-ARTIC DRUG	No Auth Required			
20705 F	RMVL I-ARTIC RX DELIVERY DEV	DELIVERY DEVICE REMOVAL INTRA-ARTICULAR DRUG	No Auth Required			
20,05	ANTIC IN DELIVERT DEV	DELIVERY DEVICE	Addi Required			
20802 F	REPLANTATION ARM COMPLETE	REPLANTATION ARM COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system		
20805 F	REPLANT FOREARM COMPLETE	REPLANTATION FOREARM COMPLETE AMPUTATION	No Auth Required	Surgery of musculoskeletal system		
20808 F	REPLANTATION HAND COMPLETE	REPLANTATION HAND COMPLETE	No Auth Required	Surgery of		
		AMPUTATION		musculoskeletal system		

SOURCE   SEPARATE   A PROVIDED FOR STATE   SOURCE   THING MY AMERICAN   Source   S	1	T	T	I			
PRINCE   P	20816	REPLANTATION DIGIT COMPLETE		No Auth Required	Surgery of		
TO KOOME AND   TO K	20022	DEDI ANTATION DIGIT COMPLETE		No Auth Desuised			
SPACE   SPAC	20822	REPLANTATION DIGIT COMPLETE		No Auth Required			
COMPLIANCE   COMPLIES   SPET PRINCE DISTAIL THE NOT SONT   No. Auch Required   Suggery of   Su	20824	REPLANTATION THUMB COMPLETE		No Auth Required			
Segary of   Sega			I				
SIRR-MAY LATION FOOT COMPLETE   ARTHATION FOOT COMPLETE   AAATH Required   Surgery of   Surger	20827	REPLANTATION THUMB COMPLETE	RPLJ THUMB DISTAL TIP MP JOINT	No Auth Required			
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SEMONAL OF FORCE FOR CRAFT   SOURCE GRAFT AND PONDOR AREA   MINOR/SMALL   MINOR SERVER   MINOR	20838	REPLANTATION FOOT COMPLETE	REPLANTATION FOOT COMPLETE	No Auth Required	Surgery of		
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RAMOVAL OF BORKERFT   SOME GRAFF AND DOUGH AREA   MORALIN Required   Surgery of   Surgery of	20900	REMOVAL OF BONE FOR GRAFT		No Auth Required			
MACRICANCE							
REMOVE CARTILAGE FOR GRAFT   CARTILAGE GRAFT COSTOCHONDRAL   No Auth Required   Surgery of	20902	REMOVAL OF BONE FOR GRAFT		No Auth Required			
Manual Cartillage FOR GRAPT   CARTILLAGE GRAPT MASAL SEPTUM   Mo Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT BY STRIPPER   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT BY STRIPPER   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT BY STRIPPER   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   FASCIA LATA GRAPT INCISION & AREA   No Auth Required   Manual Cartillage FOR GRAPT   Manual Cartilla	20040	DEMANUE CARTHACE FOR CRAFT		N. A. All D. A. de			
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MacControl   Mac	20012	DEMOVE CARTHACE FOR CRAFT	CARTILAGE CRAFT MASAL SERTIMA	No Auth Boquired			
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DATE	20922	REMOVAL OF FASCIA FOR GRAFT	FASCIA LATA GRAFT INCISION & AREA	No Auth Required			
Demonstrate							
MORSELIZED  De DNE ALGRET MORSEL ADD-ON  ALDGRAFT FOR SPINE SURGERY ONLY  MORSELIZED  De STEDART ALGRET W/SURF & B.1  DSTEDART LICHRAL  ALTOGRAFT FOR SPINE SURGERY ONLY  Authorization Required  WARTICULAR SURF & BONE  ALDGRAFT FARTIAL  Authorization Required  MORSEL ADD-ON  ALTOGRAFT SPINE SURGERY OCAL  FROM SMAR INCISION  AUTOGRAFT SPINE SURGERY OCAL  FROM SMAR INCISION  AUTOGRAFT SPINE SURGERY WARTICULAR SURF & BONE  WARTICULAR SURF & SURGERY OCAL  FROM SMAR INCISION  AUTOGRAFT SPINE SURGERY OCAL  MORSELZED SEP INCISION  AUTOGRAFT SPINE SURGERY  AUTHORIZED OCAL  AUTHOR	20924	REMOVAL OF TENDON FOR GRAFT	TENDON GRAFT FROM A DISTANCE	No Auth Required			
MORSELIZED  MUSTER SONE ALGRET STRUCT ADD-ON  ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL  OSTEOART ALGRET W/SURF & B1  OSTEOART CLURA SURF & B0NE  MYARTICULAR ALLOGRAFT  W/ARTICULAR SULGRAFT  W/ARTICULAR SURF & B0NE  Surgery of  musculoskeletal system  Full Clinical Review  musculoskeletal system  Full Clinical Review  musculoskeletal system  Full Clinical Review  MISTER CALARY ALGRET COMPL  INTERCALARY ALGRET COMPLET  INTERCALARY ALGRET COMPL  INTERCALARY ALGRET SPINE SURGERY  Authorization Required  MORSELUZE SPIN INCISION  MORSE				·			
SP BONE ALGRET STRUCT ADD-ON   ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL   Authorization Required   Surgery of   Musculoskeletal system   Surg	20930	SP BONE ALGRFT MORSEL ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY	Authorization Required	Surgery of	Full Clinical Review	
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OSTEOART LICRET W/SURF & B1  OSTEOART LICRE ALLOGRAFT W/ARTICULAR SURF & BONE  W/ARTICULAR SURF & W/AUTICULAR SURF & W/AUTICUL	20931	SP BONE ALGRFT STRUCT ADD-ON	ALLOGRAFT FOR SPINE SURGERY ONLY	Authorization Required	Surgery of	Full Clinical Review	
WARTICULAR SURF & BONE  WARTICULAR SURF & BONE  HEMICRIT INTRCLRY ALGRET PRTIL  HEMICRATICAL INTERCALARY ALLOGRAFT PARTIAL  20934 INTERCALARY ALGRET COMPL  INTERCALARY ALGRET					musculoskeletal system		
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ALLOGRAFT PARTIAL  MUSCUloskeletal system  NTERCALARY ALGREFT COMPL  NTERCALARY ALGREFT COMPLETE  NTERCALARY ALLOGRAFT SPINE SURGERY LOCAL  REMON SAME INCISION  AUTOGRAFT SPINE SURGERY  ROM SAME INCISION  AUTOGRAFT SPINE SURGERY  MORSELIZED SEP INCISION  AUTOGRAFT SPINE SURGERY  BICORT/TRICORT SEP INC  BICORT/TRICORT SEP INC  BICORT/TRICORT SEP INC  BICORT/TRICORT SEP INC  Authorization Required  GREG SPI SURG ONLY  GREG SPI SURG ONLY  GREG SPI SURG ONLY  COMPLETE SURGERY  Authorization Required  MORSELIZED SEP INCISION  Authorization Required  GREG SPI SURG ONLY  Authorization Required  MUSCUloskeletal system  Surgery of  Full Clinical Review  musculoskeletal system  Full Clinical Review  musculoskeletal system  Surgery of  Musculoskeletal system  Surgery of  Musculoskeletal system  Muscu							
INTERCALARY ALGRET COMPL   INTERCALARY ALLOGRAFT COMPLETE   Authorization Required   Surgery of musculoskeletal system   Full Clinical Review   Full Clinical Revie	20933	HEMICRT INTRCLRY ALGRFT PRTL		Authorization Required		Full Clinical Review	
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SP BONE AGRET MORSEL ADD-ON   AUTOGRAFT SPINE SURGERY   Authorization Required   Surgery of   musculoskeletal system   musculoskeletal system   MORSELIZED SEP INCISION   MORSELIZED SEP INCISION   MORSELIZED SEP INCISION   MORSELIZED SEP INCISION   MUSCULOSKELETAL SYSTEM   Musculoskeletal syste	20026	SD BONE AGRET LOCAL ADD ON	ALITOGRAFT SPINE SURGERY LOCAL	Authorization Poquired		Full Clinical Povious	
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20938 SP BONE AGRFT STRUCT ADD-ON BUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC  20939 BONE MARROW ASPIR BONE GRFG BONE MARROW ASPIR BONE GRFG BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY SPINE SURGE MUSCLE MINTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME  20950 FLUID PRESSURE MUSCLE MONTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME  20955 FIBULA BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA  20956 ILIAC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST ILIAC CREST ILIAC CREST MONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST METATARSAL  20960 OTHER BONE GRAFT MICROVASC BONE GRAFT MICROVASC ANAST OTH/THN ILIAC CREST/METAR  20969 BONE/SKIN GRAFT MICROVASC FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TIC PAP W/MVASC MONE Auth Required METAR/GREAT TIC METAR/GREAT TIC METAR/GREAT TIC METAR/GREAT TIC METAR/GREAT TIC METAR/GREAT TIC Surgery of musculoskeletal system METAR/GREAT TIC	20337	or bonzada i monoccaso on		/ tatilonization required		i un omnou nevien	
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GRFG SPI SURG ONLY   neck and back conditions, including:							
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FLUID PRESSURE MUSCLE  MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME  BONE GRAFT MICROVASC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST LILAC CREST  ILIAC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST LILAC CREST  BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST METATARSAL BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST METATARSAL BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST METATARSAL BONE GRAFT MICROVASC BONE GRAF			GRFG SPI SURG ONLY		neck and back		
CMPRT SYNDROME musculoskeletal system  20955 FIBULA BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST MUSCUIOSKELET STREED STOR FLAP W/MVASC ANAST OF HILAC CREST  20960 ILIAC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST ILIAC CREST BONE GRAFT MICROVASCULAR ANAST Musculoskeletal system  20961 OTHER BONE GRAFT MICROVASC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST Mo Auth Required Musculoskeletal system  20962 OTHER BONE GRAFT MICROVASC BONE GREAT MICROVASC BONE GREAT MICROVASC ANAST OTH/THN ILIAC CREST/METAR BONE GRAFT MICROVASC BONE GREAT MICROVASC BONE GREAT MICROVASC ANAST OTH/THN MO Auth Required Musculoskeletal system  20969 BONE/SKIN GRAFT MICROVASC FREE OSTO FLAP W/MVASC ANAST MO Auth Required Musculoskeletal system  20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTO, FLAP W/MVASC NO Auth Required Surgery of Musculoskeletal system  20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTO, FLAP W/MVASC NO Auth Required Surgery of Musculoskeletal system  20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTO, FLAP W/MVASC NO Auth Required Surgery of					conditions, including:		
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ANASTOMOSIS FIBULA musculoskeletal system  20956 ILIAC BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST ILIAC CREST MO Auth Required Surgery of musculoskeletal system  20957 MT BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST MO Auth Required Surgery of METATARSAL BONE GRAFT MICROVASC BONE GRAFT MICROVASC BONE GRAFT MICROVASC ANAST OTH/THN ILIAC CREST/METAR BONE GRAFT MICROVASC BONE/SKIN GRAFT MICROVASC FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE MISCUloskeletal system BONE/SKIN GRAFT ILIAC CREST FREE OSTQ FLAP W/MVASC NO Auth Required Surgery of MICROVASC NO Auth Required Surgery of MICROVASC Surgery of MICROVASC MICROVASC NO Auth Required Surgery of MICROVASC NO Auth Required Surgery of MICROVASC Surgery of MICROVASC MICROVA							
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ILIAC CREST   musculoskeletal system	20055	HIAC BONE CRAFT MICE STATES		No. Acade Dec. 1			
20957 MT BONE GRAFT MICROVASC BONE GRAFT MICROVASCULAR ANAST METATARSAL  20962 OTHER BONE GRAFT MICROVASC BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR  20969 BONE/SKIN GRAFT MICROVASC FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE  20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTQ FLAP W/MVASC No Auth Required Surgery of musculoskeletal system  No Auth Required Surgery of musculoskeletal system  No Auth Required Surgery of musculoskeletal system  Surgery of musculoskeletal system  20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTQ FLAP W/MVASC No Auth Required Surgery of	20956	ILIAC BUNE GKAFT MICKUVASC		INO Auth Kequired			
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ILIAC CREST/METAR   musculoskeletal system	20962	OTHER BONE GRAFT MICROVASC		No Auth Required			
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20970 BONE/SKIN GRAFT ILIAC CREST FREE OSTQ FLAP W/MVASC No Auth Required Surgery of			•				
	20970	BONE/SKIN GRAFT ILIAC CREST		No Auth Required			
			ANASTOMOSIS ILIAC CREST				

20072	DONE (SVIN CDAFT METATADCAL	FREE OSTQ FLAP W/MVASC	No Auth Dogwined	Current of		
20972	BONE/SKIN GRAFT METATARSAL	ANASTOMOSIS METATARSAL	No Auth Required	Surgery of musculoskeletal system		
20973	BONE/SKIN GRAFT GREAT TOE	FR OSTQ FLAP W/MVASC ANAST GRT	No Auth Required	Surgery of		
20373	BONE/SKIN GRAFT GREAT TOE	TOE W/WEB SPACE	No Auth Required	musculoskeletal system		
20974	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE	Authorization Required	Surgery of	Full Clinical Review	
		HEALING NONINVASIVE		musculoskeletal system		
20975	ELECTRICAL BONE STIMULATION	ELECTRICAL STIMULATION BONE	Authorization Required	Surgery of	Full Clinical Review	
		HEALING INVASIVE	· ·	musculoskeletal system		
20979	US BONE STIMULATION	LOW INTENSITY US STIMJ BONE	Authorization Required	Surgery of	Full Clinical Review	
		HEALING NONINVASIVE		musculoskeletal system		
20982	ABLATE BONE TUMOR(S) PERQ	ABLATION BONE TUMOR RF PERQ	No Auth Required	Surgery of		
		W/IMG GDN WHEN DONE		musculoskeletal system		
20983	ABLATE BONE TUMOR(S) PERQ	ABLATJ BONE TUMOR CRYO PERQ	No Auth Required	Surgery of		
		W/IMG GDN WHEN PRFMD		musculoskeletal system		
20985	CPTR-ASST DIR MS PX	CPTR-ASST SURGICAL NAVIGATION	No Auth Required	Surgery of		
		IMAGE-LESS		musculoskeletal system		
20999	MUSCULOSKELETAL SURGERY	UNLISTED PROCEDURE MUSCSKELETAL	Authorization Required	Temporomandibular	Full Clinical Review	
		SYSTEM GENERAL		Joint Dysfunction		
				treatment		
21010	INCISION OF JAW JOINT	ARTHROTOMY TEMPOROMANDIBULAR	Authorization Required	Temporomandibular	Full Clinical Review	
		JOINT		Joint Dysfunction		
				treatment		
21011	EXC FACE LES SC <2 CM	EXCISION TUMOR SOFT TISS	Authorization Required	Surgery of	Full Clinical Review	
		FACE/SCALP SUBQ <2CM		musculoskeletal system		
21012	EXC FACE LES SBQ 2 CM/>	EXCISION TUMOR SOFT TISS	Authorization Required	Surgery of	Full Clinical Review	
24042	570 5105 51114 5555 2 014	FACE/SCALP SUBQ 2 CM/>		musculoskeletal system		
21013	EXC FACE TUM DEEP < 2 CM	EXC TUMOR SOFT TISS FACE&SCALP	No Auth Required	Surgery of		
24044	EVC FACE THAN DEED 2 CAA!	SUBFASCIAL <2CM	No. Acade Described	musculoskeletal system		
21014	EXC FACE TUM DEEP 2 CM/>	EXC TUMOR SOFT TISS FACE&SCALP	No Auth Required	Surgery of		
21015	RESECT FACE/SCALP TUM < 2 CM	SUBFASCIAL 2 CM/> RAD RESECTION TUMOR SOFT TISS	No Auth Required	musculoskeletal system Surgery of		
21015	RESECT FACE/SCALP TOWI < 2 CIVI	FACE/SCALP < 2CM	No Autii Required	musculoskeletal system		
21016	RESECT FACE/SCALP TUM 2 CM/>	RAD RESECTION TUMOR SOFT TISS	No Auth Required	Surgery of		
21010	THE SECTION SERVICES TOWN 2 CIVITY	FACE/SCALP 2 CM/>	No Auth Required	musculoskeletal system		
21025	EXCISION OF BONE LOWER JAW	EXCISION BONE MANDIBLE	No Auth Required	Surgery of		
21025	Excision of Bonz zowansmi	EXCIDION BONE III III III EE	no nam negamea	musculoskeletal system		
21026	EXCISION OF FACIAL BONE(S)	EXCISION FACIAL BONE	No Auth Required	Surgery of		
	(4)			musculoskeletal system		
21029	CONTOUR OF FACE BONE LESION	REMOVAL CONTOURING BENIGN	No Auth Required	Surgery of		
		TUMOR FACIAL BONE		musculoskeletal system		
21030	EXCISE MAX/ZYGOMA B9 TUMOR	EXC BENIGN TUMOR/CYST	No Auth Required	Surgery of		
		MAXL/ZYGOMA ENCL & CURTG		musculoskeletal system		
21031	REMOVE EXOSTOSIS MANDIBLE	EXCISION TORUS MANDIBULARIS	No Auth Required	Surgery of		
				musculoskeletal system		
21032	REMOVE EXOSTOSIS MAXILLA	EXCISION MAXILLARY TORUS	No Auth Required	Surgery of		
		PALATINUS		musculoskeletal system		
21034	EXCISE MAX/ZYGOMA MAL TUMOR	EXCISION MALIGNANT TUMOR	No Auth Required	Surgery of		
		MAXILLA/ZYGOMA		musculoskeletal system		
21040	EXCISE MANDIBLE LESION	EXCISION BENIGN TUMOR/CYST	No Auth Required	Surgery of		
		MANDIBLE ENCL & CURT		musculoskeletal system		
21044	REMOVAL OF JAW BONE LESION	EXCISION MALIGNANT TUMOR	No Auth Required	Surgery of		
		MANDIBLE		musculoskeletal system		
21045	EXTENSIVE JAW SURGERY	EXCISION MALIGNANT TUMOR	No Auth Required	Surgery of		
		MANDIBLE RADICAL		musculoskeletal system		
21046	REMOVE MANDIBLE CYST COMPLEX	EXC BENIGN TUMOR/CYST MNDBL	No Auth Required	Surgery of		
		INTRA-ORAL OSTEOT	L	musculoskeletal system		

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21047	EXCISE LWR JAW CYST W/REPAIR	EXC B9 TUM/CST MNDBL XTR-ORAL	No Auth Required	Surgery of		
		OSTEOT&PRTL MNDB		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	No Auth Required	Surgery of		
		OSTEOT&PRTL MAXLC		musculoskeletal system		
21050	REMOVAL OF JAW JOINT	CONDYLECTOMY	Authorization Required	Temporomandibular	Full Clinical Review	
		TEMPOROMANDIBULAR JOINT SPX		Joint Dysfunction		
				treatment		
21060	REMOVE JAW JOINT CARTILAGE	MENISCECTOMY PRTL/COMPL	Authorization Required	Temporomandibular	Full Clinical Review	
		TEMPOROMANDIBULAR JT SPX		Joint Dysfunction		
				treatment		
21070	REMOVE CORONOID PROCESS	CORONOIDECTOMY SEPARATE	Authorization Required	Temporomandibular	Full Clinical Review	
		PROCEDURE		Joint Dysfunction		
		MOGEBONE		treatment		
21073	MNPJ OF TMJ W/ANESTH	MANIPULATION TMJ THERAPEUTIC	Authorization Required	Temporomandibular	Full Clinical Review	
210/3	INITION THIS WYANESTIT	REQUIRE ANESTHESIA	Authorization Required	Joint Dysfunction	Tuli cililicai Neview	
		REQUIRE ANESTTESIA		treatment		
21076	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION&PREPARATION SURG	No Auth Required			
21076	PREPARE FACE/ORAL PROSTRESIS		No Autii Kequireu	Reconstructive		
21077	DDEDADE FACE/ODAL DDOCTUECIC	OBTURATOR PROSTHES	No Auth Dogwined	Cman of		
210//	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION ORBITAL	No Auth Required	Surgery of		
24070	2222425 5405 (024) 22005 (150)	PROSTHESIS		musculoskeletal system		
21079	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	No Auth Required	Reconstructive		
21080	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ DEFINITIVE	No Auth Dogwined	Do o o o o o travestivo		
21080	PREPARE FACE/ORAL PROSTHESIS		No Auth Required	Reconstructive		
24004	DDEDADE FACE/ODAL DDOCTUECIC	OBTURATOR PROSTHES	N. A. All Demotor d	S		
21081	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ MANDIBULAR	No Auth Required	Surgery of		
24000	2222425 5405 (024) 22005 (150)	RESECTION PROSTHES		musculoskeletal system		
21082	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPJ PALATAL	No Auth Required	Reconstructive		
24000	DD504D5 5405 (0044 DD0051450)	AUGMENTATION PROSTHES				
21083	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION PALATAL	No Auth Required	Reconstructive		
		LIFT PROSTHESIS				
21084	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION SPEECH	No Auth Required	Surgery of		
		AID PROSTHESIS		musculoskeletal system		
21085	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION ORAL	Authorization Required	Reconstructive	Full Clinical Review	
		SURGICAL SPLINT		_		
21086	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION	No Auth Required	Surgery of		
		AURICULAR PROSTHESIS		musculoskeletal system		
21087	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION NASAL	No Auth Required	Surgery of		
		PROSTHESIS		musculoskeletal system		
21088	PREPARE FACE/ORAL PROSTHESIS	IMPRESSION & PREPARATION FACIAL	No Auth Required	Surgery of		
		PROSTHESIS		musculoskeletal system		
21089	PREPARE FACE/ORAL PROSTHESIS	UNLISTED MAXILLOFACIAL PROSTHETIC	Authorization Required	Surgery of	Full Clinical Review	
		PROCEDURE		musculoskeletal system		
21100	MAXILLOFACIAL FIXATION	APPL HALO APPLIANCE MAXILLOFACIAL	No Auth Required	Surgery of		
		FIXATION SPX		musculoskeletal system		
21110	INTERDENTAL FIXATION	APPL INTERDENTAL FIXATION DEVICE	Authorization Required	Temporomandibular	Full Clinical Review	
		NON-FX/DISLC		Joint Dysfunction		
				treatment		
21116	INJECTION JAW JOINT X-RAY	INJECTION TEMPOROMANDIBULAR	Authorization Required	Temporomandibular	Full Clinical Review	
		JOINT ARTHROGRAPHY		Joint Dysfunction		
				treatment		
21120	RECONSTRUCTION OF CHIN	GENIOPLASTY AUGMENTATION	Authorization Required	Reconstructive	Full Clinical Review	
21121	RECONSTRUCTION OF CHIN	GENIOPLASTY SLIDING OSTEOTOMY	Authorization Required	Surgery of	Full Clinical Review	
		SINGLE PIECE		musculoskeletal system		
21122	RECONSTRUCTION OF CHIN	GENIOPLASTY 2/> SLIDING	Authorization Required	Surgery of	Full Clinical Review	
		OSTEOTOMIES		musculoskeletal system		
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21123	RECONSTRUCTION OF CHIN	GENIOP SLIDING AGMNTJ	Authorization Required	Surgery of		Full Clinical Review	
		W/INTERPOSAL BONE GRAFTS		musculoskeletal system			
21125	AUGMENTATION LOWER JAW BONE	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	Authorization Required	Reconstructive		Full Clinical Review	
21127	ALICMENTATION LOWER LAW DONE		Authorization Descriped	December		Full Clinical Davison	
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	No Auth Required	Reconstructive			
21157	REDUCTION OF FOREHEAD	ONLY	No Autii kequireu	Reconstructive			
21138	REDUCTION OF FOREHEAD	RDCTJ FHD CNTRG & PROSTHETIC	No Auth Required	Reconstructive			
21130	TREBUCTION OF FOREITEAS	MATRL/BONE GRAFT	No Auth Required	neconstructive			
21139	REDUCTION OF FOREHEAD	RDCTJ FHD CNTRG & SETBACK ANT	No Auth Required	Reconstructive			
21133	NEDGOTION OF FOREITEAD	FRONTAL SINUS WALL	No Auth Required	neconstructive			
21141	LEFORT I-1 PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O	No Auth Required	Surgery of			
	22. 3.1. 1 1 12.02 11, 3 3.0 1.1	BONE GRAFT	no nam negamea	musculoskeletal system			
21142	LEFORT I-2 PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 2 PIECES	No Auth Required	Surgery of			
		W/O BONE GRAFT		musculoskeletal system			
21143	LEFORT I-3/> PIECE W/O GRAFT	RCNSTJ MIDFACE LEFORT I 3/> PIECE	No Auth Required	Surgery of			
211.0	22. 31. 1 3/1 1 1202 11/0 31.11 1	W/O BONE GRAFT	no man negan ca	musculoskeletal system			
21145	LEFORT I-1 PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 1 PIECE	No Auth Required	Surgery of			
21143	LEI ON I-ITIECE W/ GNAIT	W/BONE GRAFTS	No Addi Negalied	musculoskeletal system			
21146	LEFORT I-2 PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 2 PIECES	No Auth Boguired				
21146	LEFORT 1-2 PIECE W/ GRAFT		No Auth Required	Surgery of			
24447	LEFORT LOVE DIFFER MALCONAFT	W/BONE GRAFTS	No. Austle Describes d	musculoskeletal system			
21147	LEFORT I-3/> PIECE W/ GRAFT	RCNSTJ MIDFACE LEFORT I 3/> PIECE	No Auth Required	Surgery of			
		W/BONE GRAFTS		musculoskeletal system			
21150	LEFORT II ANTERIOR INTRUSION	RCNSTJ MIDFACE LEFORT II ANTERIOR	No Auth Required	Reconstructive			
24454	1.55.00T 11.11/2.01/5.00 A.575	INTRUSION		5			
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	No Auth Dogwined	Reconstructive			
21154	LEFORT III W/O LEFORT I	•	No Auth Required	Reconstructive			
24455	LEFORT W. W. L. FERRY L	LEFORT I		5			
21155	LEFORT III W/ LEFORT I	RCNSTJ MIDFACE LEFORT III W/LEFORT I	No Auth Required	Reconstructive			
24450	LEFORT III W/FURW/O LEFORT I	DONOTE NAIDEA CE LECORT III MALIEUR	No. Austle Describes d	Da canada catina			
21159	LEFORT III W/FHDW/O LEFORT I	RCNSTJ MIDFACE LEFORT III W/FHD	No Auth Required	Reconstructive			
		W/O LEFORT I					
21160	LEFORT III W/FHD W/ LEFORT I	RCNSTJ MIDFACE LEFORT III W/FHD	No Auth Required	Reconstructive			
		W/LEFORT I					
21172	RECONSTRUCT ORBIT/FOREHEAD	RCNSTJ SUPERIOR-LATERAL ORBITAL	No Auth Required	Reconstructive			
		RIM & LOWER FHD					
21175	RECONSTRUCT ORBIT/FOREHEAD	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB	No Auth Required	Reconstructive			
		RIMS & LWR FHD					
21179	RECONSTRUCT ENTIRE FOREHEAD	RCNSTJ FOREHEAD &/ SUPRAORB RIMS	No Auth Required	Reconstructive			
		W/ALGRF/PROSTC					
21180	RECONSTRUCT ENTIRE FOREHEAD	RCNSTJ FOREHEAD &/ SUPRAORBITAL	No Auth Required	Reconstructive			
		RIMS W/AUTOGRAFT					
21181	CONTOUR CRANIAL BONE LESION	RCNSTJ CONTOURING BENIGN TUMOR	No Auth Required	Reconstructive			
		CRNL BONES XTRC					
21182	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD	No Auth Required	Reconstructive			
		EXCBONE TUM GRF<40SQCM					
21183	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD EXC	No Auth Required	Reconstructive			
		BONE GRF>40 <80	<u>l                                      </u>				
21184	RECONSTRUCT CRANIAL BONE	RCNSTJ ORBIT/FHD/NASETHMD EXC	No Auth Required	Reconstructive			
		BONE TUM GRF>80SQ	1				
21188	RECONSTRUCTION OF MIDFACE	RCNSTJ MDFC OTH/THN LEFORT	No Auth Required	Surgery of			
		OSTEOT & BONE GRAFTS		musculoskeletal system			
21193	RECONST LWR JAW W/O GRAFT	RCNSTJ MNDBLR RAMI	Authorization Required	Surgery of		Full Clinical Review	
	1 ,, 2 2	HRZNTL/VER/C/L OSTEOT W/O GRF		musculoskeletal system			
	I.		ı	astaioskeietai systeili	l .		ı

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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		

12/270   AUGMENTATION CHEEK BÜRE   MALEAN AMERICAN MICHAEL		T		L	I		
ALLEGAMENTATION CHEEK ROBS	21268	REVISE EYE SOCKETS	ORBITAL REPOSITIONING W/BONE	No Auth Required	Reconstructive		
MATERIAL  MORADA REVISION OBRITOLACIA ISONES  MISCAL CARTIFICATION PERSON  MISCAL CARTIFICATION  MISCAL PROPERTY OF ANY MISCAL PROPERTY  MISCAL PROPERTY OF ANY MISCAL PROPERTY	24270	ALICAMENTATION CHEEK BONE		Aught autachtau Danidand	Parameter at the second	Full Citates I Parities	
PAYSON OR PETEID   METONIC CAPTURED   METONIC CAP	21270	AUGMENTATION CHEEK BONE		Authorization Required	Reconstructive	Full Clinical Review	
OBBITCH   COCKNOTH   CONTINUED   CONTINUED   CONTINUED   COCKNOTH   CONTINUED   CONTINUE	21275	REVISION ORBITOFACIAL BONES		No Auth Required	Reconstructive		
ACCIDENT NOSE FX W/O STABL	212/3	REVISION ORBITOTACIAE BOINES		No Auth Required	Reconstructive		
PROCEDURE   PROSERUM CENTRIC   AITHAL CARTHOPPRY   No Auth Required   Reconstructive	21280	REVISION OF EYELID		No Auth Required	Reconstructive		
37-325   SVISSION OF PAYM IN SCIENCE   A PROFICE ON ASSETTED NUSCLE & PAYON OF PAYM MUSCLE/ROME   ROUTE EXTRAORMAN   ROUTE ON ASSETTED NUSCLE & PAYON OF PAYM MUSCLE ROME   ROUTE EXTRAORMAN   ROUTE ON ASSETTED NUSCLE & PAYON MAN   ROUTE ON ASSETTED NU	21200	THE VIOLENCE OF EVELIB		no man neganea	Ness is a serie		
REDUCTION MASSET MUSCLE & BONDETTAGINAL BOND	21282	REVISION OF EYELID		No Auth Required	Reconstructive		
22226 REVISION OF JAW MUSCLE/BORE REDUCTION MASSETER MUSCLE & ROUGH BITAGORAL SURGERY UNITS TO CARRIFORATION AND AUTOMOBILATION CONTROL OF THE CONTROL OF TH	21295	REVISION OF JAW MUSCLE/BONE	REDUCTION MASSETER MUSCLE &	No Auth Required	Reconstructive		
BONE BYTAGRABL 22329 CANO/MANULOFACIAL SURFERY WILLISTED CRAINOFACIAL 8 MAXILLOFACIAL PROCEDURE MAXILLOFACIAL PROCEDURE MAXILLOFACIAL PROCEDURE WILLISTED CRAINOFACIAL 8 MAXILLOFACIAL PROCEDURE WILLISTED CRAINOFACIAL 8 MAXILLOFACIAL PROCEDURE WILLISTED SURFERY WILLISTED SURFERY		·	BONE EXTRAORAL	·			
MANDOMANILOPACAL SURGERY   MINISTED CANNIOPACAL & Nathorization Required   Ministration Required   M	21296	REVISION OF JAW MUSCLE/BONE	REDUCTION MASSETER MUSCLE &	No Auth Required	Reconstructive		
MAXILLOPACLA PROCEDURE			BONE INTRAORAL				
CLOSED TRACTOR NOSE TX W/O STABLE	21299	CRANIO/MAXILLOFACIAL SURGERY	UNLISTED CRANIOFACIAL &	Authorization Required	Surgery of	Full Clinical Review	
W/O MANIPULATION   macufoldeletal system			MAXILLOFACIAL PROCEDURE		musculoskeletal system		
CLOSED TX NOSE FX W/O STABL   CLOSED TX NASAL FRACTURE W/O   STABLUZATION	21310	CLOSED TX NOSE FX W/O MANJ		No Auth Required	1		
STABILIZATION musclekelar system surgery of musclockelar syste							
CLOSED TX NOSE PX W/STABLU   CLOSED TREATMENT NASAL FRACTURE   No Auth Required   musculeskelat system   muscule	21315	CLOSED TX NOSE FX W/O STABLI		No Auth Required			
MySTABILIZATION   Musculoskeletal system   MySTABILIZATION   No Auth Required   Surgery of   Musculoskeletal system   M							
21332   OPEN TX NOSE FX UNCOMPLICATO   OPEN TEATMENT NASAL FRACTURE   UNCOMPLICATED   Uncomp	21320	CLOSED TX NOSE FX W/ STABLI		No Auth Required			
UNCOMPLICATED   Musualizable let system   Mu	24225	00511 777 11005 577 111000 401 10470	,				
22330   OPEN TX NOSE FX W/SKELEFKI	21325	OPEN IX NOSE FX UNCOMPLICATE		No Auth Required	1		
MUNTS/ATTRUS SELETAL FLATE   OPEN TX NOSE & SEPTAL FX   OPEN TX NASAL FX W/CNOMITANT   OPEN TX NASAL SEPTAL FX CTURE   W/NO STABILIZATION   OPEN TX NASAL SEPTAL FX CTURE   W/NO STABILIZATION   OPEN TX NASAL SEPTAL FX CTURE   W/NO STABILIZATION   OPEN TX NASAL SEPTAL FX W/WO STABILIZATION   OPEN TX NASAL SEPTAL FX CTURE   W/NO STABILIZATION   OPEN TX NASAL SEPTAL FX CTURE   OPEN TX NASOFITHMOID FX W/O STABILIZATION   OPEN TX OPEN FX OPEN	21220	ODEN TY NOCE EV W/CVELE EIVI		No Auth Required			
21337 CLOSED TX SEPTAL FX OPEN TX NASAL FX W/CONCOMITANT OPEN TX SEPTAL FX CTURE OPEN TX SEPTAL FX W/WO STABL)  21337 CLOSED TX SEPTAL RX W/WO STABLIZATION  21338 OPEN NASOETHMOID FX W/O FIX  21339 OPEN NASOETHMOID FX W/O FIX  21339 OPEN NASOETHMOID FX W/FIXI  21340 OPEN TX NASOETHMOID FX W/FIXI  21340 OPEN TX NASOETHMOID FX W/FIXI  21340 OPEN TX NASOETHMOID FX W/FIXI  21341 OPEN TX NASOETHMOID FX W/FIXI  21341 OPEN TX NASOETHMOID FX W/FIXI  21342 OPEN TX NASOETHMOID FX W/FIXI  21344 OPEN TX OPEN SEPTAL FX W/FIXI  21345 OPEN TX OPEN SEPTAL FX W/FIXI  21346 OPEN TX OPEN SEPTAL FX W/FIXI  21347 OPEN TX OPEN SEPTAL FX W/FIXI  21348 OPEN TX OPEN SEPTAL FX W/FIXI  21349 OPEN TX OPEN SEPTAL FX W/FIXI  21340 OPEN TX OPEN SEPTAL FX W/FIXI  21341 OPEN TX OPEN SEPTAL FX W/FIXI  21344 OPEN TX OPEN SEPTAL FX W/FIXI  21345 CLOSED TX NOSE SEPTAL FX W/FIXI  21346 OPEN TX OPEN SEPTAL FX W/FIXI  21347 OPEN TX OPEN SEPTAL FX W/FIXI  21348 OPEN TX OPEN SEPTAL FX W/FIXI  21349 OPEN TX OPEN SEPTAL FX W/FIXI  21340 OPEN TX OPEN SEPTAL FX W/FIXI  21341 OPEN TX OPEN SEPTAL FX W/FIXI  21344 OPEN TX OPEN SEPTAL FX W/FIXI  21345 CLOSED TX NOSE/MAY FX  21346 OPEN TX OPEN TX OPEN SEPTAL FX W/FIXI  21347 OPEN TX OPEN TX OPEN SEPTAL FX W/FIXI  21348 OPEN TX OPEN TX OPEN SEPTAL FX W/FIXI  21349 OPEN TX OPEN TX OPEN SEPTAL FX W/FIXI  21340 OPEN TX NASOMAX FX W/FIXI  21341 OPEN TX OPEN SEPTAL FX W/FIXI  21342 OPEN TX OPEN SEPTAL FX W/FIXI  21344 OPEN TX OPEN SEPTAL FX W/FIXI  21345 OPEN TX OPEN SEPTAL FX W/FIXI  21346 OPEN TX OPEN SEPTAL FX W/FIXI  21347 OPEN TX OPEN SEPTAL FX W/FIXI  21348 OPEN TX OPEN SEPTAL FX W/FIXI  21349 OPEN TX OPEN SEPTAL FX W/FIXI  21340 OPEN TX OPEN SEPTAL FX W/FIXI  21341 OPEN TX OPEN SEPTAL FX W/FIXI  21345 OPEN TX OPEN SEPTAL FX W/FIXI  21346 OPEN TX OPEN SEPTAL FX W/FIXI  21347 OPEN TX OPEN SEPTAL FX W/FIXI  21348 OPEN TX OPEN SEPTAL FX W/FIXI  21349 OPEN TX OPEN SEPTAL FX W/FIXI  21340 OPEN TX OPEN SEPTA	21330	OPEN IX NOSE FX W/SKELE FIXJ		No Auth Required			
OPEN TX SEPTAL FX W/WO STABI   OPEN TX NASAL SEPTAL FRACTURE   No Auth Required   Surgery of   musculoskeletal system	21225	OBENITY NOSE & SERTAL EV		No Auth Poquired			
22336   OPEN TX SEPTAL FX W/WO STABL   OPEN TX NASAL SEPTAL FRACTURE   No Auth Required   Surgery of   musculoskeletal system	21333	OPEN IX NOSE & SEPTALTX		No Auth Required			
CLOSED TX SEPTAL&NOSE FX   CLOSED TX NASAL SEPTAL FRACT W/WO No Auth Required Surgery of musculoskeletal system   CLOSED TX NASAL SEPTAL FRACT W/WO No Auth Required Surgery of musculoskeletal system   CLOSED TX NASOLFIHMOID FX W/O FIXI   OPEN TX NASOCFIHMOID FX W/O PEN TX NASOCFIHMOID FX W/O PEN TX NASOCFIHMOID FX W/O PEN TX NASOCFIHMOID FX W/EXTERNAL FIXATION   OPEN TX DEPRESSED FRONTAL SINUS FX PACTURE   OPEN TX DEPRESSED FRONTAL SINUS FX PACTURE   OPEN TX COMPLICATED FRONTAL SINUS FX SINUS FRACTURE   OPEN TX COMPLICATED FRONTAL SINUS FX SINUS FRACTURE   OPEN TX NASOMAX FX W/FXI   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX NASOMAX CPLX FX LEFT II TYPE   NO Auth Required Surgery of musculoskeletal system   OPEN TX DEPRESSED TX DEPRESSED TX MALAR RACTURE   OPEN TX DEPRESSED TX DEPRESSED TX MALAR RACTURE   OPEN TX DEPRESSED TX DEPRESSED TX DEPRESSED TX MALAR RACTURE   OPEN TX DEPRESSED TX MALAR RAC	21336	OPEN TX SEPTAL EX W/WO STARI		No Auth Required			
CLOSED TX NASAL SEPTAL RACT W/WO No Auth Required Surgery of musculoskeletal system muscu	21330	OF EN TABLE TALETA W, WO STALES		No Auth Required			
STABILIZATION   Surgery of	21337	CLOSED TX SEPTAL&NOSE FX		No Auth Required			
21338 OPEN NASOETHMOID FX W/O EXTERNAL FIXATION 21339 OPEN NASOETHMOID FX W/FIXI OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION 21340 PERQ TX NASOETHMOID FX W/FIXI OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION 21341 OPEN TX DESCRIPTION OF PERCUTANEOUS TX NASOETHMOID FX W/EXTERNAL FIXATION 21343 OPEN TX DESCRIPTION OF PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE 21344 OPEN TX DESCRIPTION OF FRACTURE 21344 OPEN TX COMPLEX FRACTURE 21345 CLOSED TX NOSE/JAW FX CLOSED TX NASOMAXILLARY COMPLEX FRACTURE 21346 OPEN TX NASOMAX FX W/FIXI OPEN TX SOMAX CPLX FX LEFT II TYPE W/W/IRG & FX II 21347 OPEN TX NASOMAX FX MULTPLE 21347 OPEN TX NASOMAX FX MULTPLE 21348 OPEN TX NASOMAX FX MULTPLE 21349 OPEN TX NASOMAX FX MULTPLE 21340 OPEN TX NASOMAX FX MULTPLE 21341 OPEN TX NASOMAX FX MULTPLE 21341 OPEN TX NASOMAX FX MULTPLE 21342 OPEN TX NASOMAX FX MULTPLE 21343 OPEN TX NASOMAX FX MULTPLE 21344 OPEN TX NASOMAX FX MULTPLE 21345 OPEN TX NASOMAX FX MULTPLE 21346 OPEN TX NASOMAX FX MULTPLE 21347 OPEN TX NASOMAX FX MULTPLE 21348 OPEN TX NASOMAX FX MULTPLE 21349 OPEN TX NASOMAX FX MULTPLE 21340 OPEN TX NASOMAX FX MULTPLE 21341 OPEN TX NASOMAX FX MULTPLE 21342 OPEN TX NASOMAX FX MULTPLE 21343 OPEN TX NASOMAX FX MULTPLE 21344 OPEN TX NASOMAX FX MULTPLE 21345 OPEN TX NASOMAX FX MULTPLE 21346 OPEN TX DESCRIPTION OF MALAR REA FRACTURE 21346 OPEN TX DESCRIPTION OF MALAR REA FRACTURE 21347 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21348 OPEN TX NASOMAX FX MULTPLE 21349 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21340 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21345 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21346 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21347 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21348 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21349 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21349 OPEN TX DESCRIPTION OF MALAR FX MULTPLE 21			-				
DPEN TX NASOETHMOID FX W/FIXJ   OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	21338	OPEN NASOETHMOID FX W/O FIXJ		No Auth Required			
W/EXTERNAL FIXATION			EXTERNAL FIXATION		musculoskeletal system		
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COMPLEX FRACTURE   Musculoskeletal system   Surgery of   Musculoskeletal system   Mo Auth Required   Surgery of   Musculoskeletal system   Musculoskeletal syst			W/EXTERNAL FIXATION		musculoskeletal system		
21343 OPEN TX DPRSD FRONT SINUS FX OPEN TX DEPRESSED FRONTAL SINUS FRACTURE Musculoskeletal system musculoskeletal	21340	PERQ TX NASOETHMOID FX	PERCUTANEOUS TX NASOETHMOID	No Auth Required	Surgery of		
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					musculoskeletal system		
	21365	OPN TX COMPLX MALAR FX		No Auth Required	1		
FX&MULT SURG   musculoskeletal system			FX&MULT SURG		musculoskeletal system		

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21366	OPN TX COMPLX MALAR W/GRFT	OPEN TX COMP FRACTURE MALAR	No Auth Required	Surgery of
		AREA W/BONE GRAFT		musculoskeletal system
21385	OPN TX ORBIT FX TRANSANTRAL	OPEN TX ORBITAL FLOOR BLOWOUT FX	No Auth Required	Surgery of
		TRANSANTRAL		musculoskeletal system
21386	OPN TX ORBIT FX PERIORBITAL		No Auth Required	Surgery of
		PERIORBITAL		musculoskeletal system
21387	OPN TX ORBIT FX COMBINED	OPEN TX ORBITAL FLOOR BLOWOUT FX	No Auth Required	Surgery of Surgery of
		COMBINED APPR		musculoskeletal system
21390	OPN TX ORBIT PERIORBTL IMPLT	OPTX ORB FLOOR BLWT FX PRI/BITAL	No Auth Required	Surgery of Surgery of
		APPR W/ALLPLSTC		musculoskeletal system
21395	OPN TX ORBIT PERIORBT W/GRFT	OPTX ORB FLOOR BLWT FX PRI/BITAL	No Auth Required	Surgery of Surgery of
		APPR W/BONE GRF		musculoskeletal system
21400	CLOSED TX ORBIT W/O MANIPULI	CLSD TX FX ORBIT EXCEPT BLOWOUT	No Auth Required	Surgery of Surgery of
		W/O MANIPULATION		musculoskeletal system
21401	CLOSED TX ORBIT W/MANIPULI	CLOSED TX FX ORBIT EXCEPT BLOWOUT	No Auth Required	Surgery of Surgery of
		W/MANIPULATION		musculoskeletal system
21406	OPN TX ORBIT FX W/O IMPLANT	OPEN TX FX ORBIT EXCEPT BLOWOUT	No Auth Required	Surgery of Surgery of
		W/O IMPLANT		musculoskeletal system
21407	OPN TX ORBIT FX W/IMPLANT	OPEN TX FX ORBIT EXCEPT BLOWOUT	No Auth Required	Surgery of Surgery of
		W/IMPLANT		musculoskeletal system
21408	OPN TX ORBIT FX W/BONE GRFT	OPEN TX FX ORBIT EXCEPT BLOWOUT	No Auth Required	Surgery of
		W/BONE GRAFT		musculoskeletal system
21421	TREAT MOUTH ROOF FRACTURE	CLOSED TX PALATAL/MAXILLARY FX	No Auth Required	Surgery of
		W/FIXATION/SPLINT		musculoskeletal system
21422	TREAT MOUTH ROOF FRACTURE	OPEN TREATMENT	No Auth Required	Surgery of
		PALATAL/MAXILLARY FRACTURE		musculoskeletal system
21423	TREAT MOUTH ROOF FRACTURE	OPEN TX PALATAL/MAXILLARY FX COMP	No Auth Required	Surgery of
		MULTIPLE APPR		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	No Auth Required	Surgery of
		W/WIRING&/INT FIXJ		musculoskeletal system
21433	TREAT CRANIOFACIAL FRACTURE	OPEN TX CRANIOFACIAL SEP	No Auth Required	Surgery of
		COMPLICATED MLT APPR		musculoskeletal system
21435	TREAT CRANIOFACIAL FRACTURE	OPEN TX CRANIOFACIAL SEP COMP	No Auth Required	Surgery of
		W/INT&/XTRNL FIX		musculoskeletal system
21436	TREAT CRANIOFACIAL FRACTURE	OPTX CRNFCL SEP LFT III TYP COMP INT	No Auth Required	Surgery of
		FIXJ W/BONE		musculoskeletal system
21440	TREAT DENTAL RIDGE FRACTURE	CLTX MANDIBULAR/MAXILLARY	No Auth Required	Surgery of
		ALVEOLAR RIDGE FX SPX		musculoskeletal system
21445	TREAT DENTAL RIDGE FRACTURE	OPTX MANDIBULAR/MAXILLARY	No Auth Required	Surgery of
		ALVEOLAR RIDGE FX SPX		musculoskeletal system
21450	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FRACTURE	No Auth Required	Surgery of
		W/O MANIPULATION		musculoskeletal system
21451	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FRACTURE	No Auth Required	Surgery of
		W/MANIPULATION	·	musculoskeletal system
21452	TREAT LOWER JAW FRACTURE	PERCUTANEOUS TX MANDIBULAR FX	No Auth Required	Surgery of
		W/EXTERNAL FIXJ	·	musculoskeletal system
21453	TREAT LOWER JAW FRACTURE	CLOSED TX MANDIBULAR FX	No Auth Required	Surgery of
		W/INTERDENTAL FIXATION	·	musculoskeletal system
21454	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX W/EXTERNAL	No Auth Required	Surgery of
		FIXATION	1	musculoskeletal system
21461	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX W/O	No Auth Required	Surgery of
		INTERDENTAL FIXATION		musculoskeletal system
21462	TREAT LOWER JAW FRACTURE	OPEN TX MANDIBULAR FX	No Auth Required	Surgery of
		W/INTERDENTAL FIXATION	1	musculoskeletal system

21465	TREAT LOWER JAW FRACTURE	OPEN TREATMENT MANDIBULAR	No Auth Required	Surgery of		
		CONDYLAR FRACTURE	·	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	No Auth Required	Temporomandibular		
		DISLOCATION 1ST/SBSQ	·	Joint Dysfunction		
				treatment		
21485	RESET DISLOCATED JAW	CLOSED TX TEMPOROMANDIBULAR	No Auth Required	Temporomandibular		
		DISLC COMP 1ST/SBSQ		Joint Dysfunction		
				treatment		
21490	REPAIR DISLOCATED JAW	OPEN TREATMENT	No Auth Required	Temporomandibular		
		TEMPOROMANDIBULAR DISLOCATION		Joint Dysfunction		
				treatment		
21497	INTERDENTAL WIRING	INTERDENTAL WIRING OTHER THAN	No Auth Required	Surgery of		
		FRACTURE		musculoskeletal system		
21499	HEAD SURGERY PROCEDURE	UNLISTED MUSCULOSKELETAL	Authorization Required	Surgery of	Full Clinical Review	
		PROCEDURE HEAD		musculoskeletal system		
21501	DRAIN NECK/CHEST LESION	I&D DEEP ABSC/HMTMA SOFT TISSUE	No Auth Required	Surgery of		
		NECK/THORAX		musculoskeletal system		
21502	DRAIN CHEST LESION	I&D DP ABSC/HMTMA SOFT TISS	No Auth Required	Surgery of		
		NCK/THORAX PRTL RI		musculoskeletal system		
21510	DRAINAGE OF BONE LESION	INCISION DEEP OPENING BONE CORTEX	No Auth Required	Surgery of		
		THORAX		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	No Auth Required	Surgery of		
24554	5/40 N/50// TUNA D 550 5 004/	THORAX SUBQ 3 CM/>		musculoskeletal system		
21554	EXC NECK TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE	No Auth Required	Surgery of		
21555	EXC NECK LES SC < 3 CM	NECK/THORAX SUBFASC 5 CM/> EXC TUMOR SOFT TISSUE NECK/ANT	No Auth Required	musculoskeletal system		
21333	EXC NECK LES 3C < 3 CIVI	THORAX SUBQ < 3CM	No Auth Required	Surgery of musculoskeletal system		
21556	EXC NECK TUM DEEP < 5 CM	EXC TUMOR SOFT TISS NECK/THORAX	No Auth Required	Surgery of		
21330	EXC NECK TOWN BEET V 3 CW	SUBFASCIAL <5CM	No Auth Required	musculoskeletal system		
21557	RESECT NECK THORAX TUMOR<5CM	RAD RESECT TUMOR SOFT TISS	No Auth Required	Surgery of		
21337	nescon neon moneral som	NECK/ANT THORAX <5CM	no man neganica	musculoskeletal system		
21558	RESECT NECK TUMOR 5 CM/>	RAD RESECT TUMOR SOFT TISS	No Auth Required	Surgery of		
		NECK/ANT THORAX 5CM/>		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	Authorization Required	· ·	Full Clinical Review	
		INCLUDING RIBS				
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	Authorization Required	+	Full Clinical Review	
21003	LAC GIT WALL TOWN W/LITWIFTIADLC	W/MEDSTNL LYMPHADEC	, actionzacion nequired		i dii Ciiiicai Neview	
21610	PARTIAL REMOVAL OF RIB	COSTOTRANSVERSECTOMY SEPARATE	No Auth Required	Surgery of		<u> </u>
	The state of the s	PROCEDURE		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	No Auth Required	Surgery of		
		W/SYMPATHECTOMY		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		
			<u> </u>	musculoskeletal system		
21630	EXTENSIVE STERNUM SURGERY	RADICAL RESECTION STERNUM	No Auth Required	Surgery of		
				musculoskeletal system		

21632	EXTENSIVE STERNUM SURGERY	RADICAL RESECTION STERNUM	No Auth Required	Surgery of		
		W/MEDSTNL LMPHADEC		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	No Auth Required	Surgery of		
		RESCJ CERVICAL RIB		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	No Auth Required	Surgery of		
21720	REVISION OF NECK MOSCLE	OPEN W/O CAST	No Auth Required	musculoskeletal system		
21725	REVISION OF NECK MUSCLE	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	No Auth Required	Surgery of		
24740	DECONCEDUCTION OF CEEDALINA	,	No Auth Donitord	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	No Auth Required	Surgery of		
		MINLY W/O THRSC		musculoskeletal system		
21743	REPAIR STERNUM/NUSS W/SCOPE	REPAIR PECTUS EXCAVATM/CARINATM	No Auth Required	Surgery of		
		MINLY W/THRSC		musculoskeletal system		
24752	DED. 4.12 OF STEPANUM & SEPARATION	0,005 1450111 0750107011/050				
21750	REPAIR OF STERNUM SEPARATION	CLOSE MEDIAN STERNOTOMY SEP	No Auth Required	Surgery of		
24044	ODTY OF DID EV W/FIVI COOPE	W/WO DEBRIDEMENT SPX	N. A. All Described	musculoskeletal system		
21811	OPTX OF RIB FX W/FIXJ SCOPE	OPEN TX RIB FX W/FIXJ	No Auth Required	Surgery of		
21812	TREATMENT OF RIB FRACTURE	THORACOSCOPIC VIS 1-3 RIBS  OPEN TX RIB FX W/FIXJ	No Auth Required	musculoskeletal system		
21012	TREATIVIENT OF RIB FRACTURE	THORACOSCOPIC VIS 4-6 RIBS	No Auth Required	Surgery of musculoskeletal system		
21813	TREATMENT OF RIB FRACTURE	OPEN TX RIB FX W/FIXJ	No Auth Required	Surgery of		
21013	TREATMENT OF RIBTRACTORE	THORACOSCOPIC VIS 7+ RIBS	No Auth Required	musculoskeletal system		
21820	TREAT STERNUM FRACTURE	CLOSED TREATMENT STERNUM	No Auth Required	Surgery of		
		FRACTURE		musculoskeletal system		
21825	TREAT STERNUM FRACTURE	OPEN TX STERNUM FRACTURE W/WO	No Auth Required	Surgery of		
		SKELETAL FIXATION		musculoskeletal system		
21899	NECK/CHEST SURGERY PROCEDURE	UNLISTED PROCEDURE NECK/THORAX	Authorization Required	Surgery of	Full Clinical Review	
				musculoskeletal system		
21920	BIOPSY SOFT TISSUE OF BACK	BIOPSY SOFT TISSUE BACK/FLANK	No Auth Required	Surgery of		
24025	DIODEN COST TICCUS OF DACK	SUPERFICIAL	N. A. All D. A. de	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	No Auth Required	Surgery of		
		BACK/FLANK SUBQ <3CM		musculoskeletal system		
21931	EXC BACK LES SC 3 CM/>	EXCISION TUMOR SOFT TIS BACK/FLANK	No Auth Required	Surgery of		
		SUBQ 3 CM/>		musculoskeletal system		
21932	EXC BACK TUM DEEP < 5 CM	EXC TUMOR SOFT TISS BACK/FLANK	No Auth Required	Surgery of		
		SUBFASCIAL <5CM		musculoskeletal system		
21933	EXC BACK TUM DEEP 5 CM/>	EXC TUMOR SOFT TISS BACK/FLANK	No Auth Required	Surgery of		
L		SUBFASCIAL 5 CM/>		musculoskeletal system		
21935	RESECT BACK TUM < 5 CM	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of		
21026	DECECT DACK TUNA E CNA/S	BACK/FLANK < 5CM	No Auth Desuined	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	No Auth Required	Surgery of		
		THRC/CERVICOTHR		musculoskeletal system		
22015	I&D ABSCESS P-SPINE L/S/LS	I&D DEEP ABSCESS PST SPINE LUMBAR	No Auth Required	Surgery of		
		SAC/LUMBOSAC		musculoskeletal system		
22100	REMOVE PART OF NECK VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1	No Auth Required	Surgery of		
		VRT SGM CRV	Ì	musculoskeletal system		

22101	REMOVE PART THORAX VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1	No Auth Required	Surgery of		
22101	THE WOVE TAKE THOUSE VERTEBRA	VRT SGM THRC	No Auth Required	musculoskeletal system		
22102	REMOVE PART LUMBAR VERTEBRA	PRTL EXC PST VRT INTRNSC B1Y LES 1	No Auth Required	Surgery of		
		VRT SGM LMBR	·	musculoskeletal system		
22103	REMOVE EXTRA SPINE SEGMENT	PRTL EXC PST VRT INTRNSC B1Y LES 1	No Auth Required	Surgery of		
		VRT SGM EA		musculoskeletal system		
22110	REMOVE PART OF NECK VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI	No Auth Required	Surgery of		
		CORD 1 SGM CRV		musculoskeletal system		
22112	REMOVE PART THORAX VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI	No Auth Required	Surgery of		
22114	REMOVE PART LUMBAR VERTEBRA	CORD 1 SGM THRC	Authorization Decuised	musculoskeletal system	Full Clinical Review	
22114	REMOVE PART LUMBAR VERTEBRA	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	Authorization Required	Surgery of musculoskeletal system	Full Clinical Review	
22116	REMOVE EXTRA SPINE SEGMENT	PRTL EXC VRT BDY B1Y LES W/O SPI	Authorization Required	Surgery of	Full Clinical Review	
22110	THE WOVE EXTRACT THE SECURENT	CORD 1 SGM EA	Authorization Required	musculoskeletal system	Tan ennear neview	
22206	INCIS SPINE 3 COLUMN THORAC	OSTEOTOMY SPINE POSTERIOR 3	Authorization Required	Surgery of	Full Clinical Review	
		COLUMN THORACIC	· ·	musculoskeletal system		
22207	INCIS SPINE 3 COLUMN LUMBAR	OSTEOTOMY SPINE POSTERIOR 3	Authorization Required	Surgery of	Full Clinical Review	
		COLUMN LUMBAR		musculoskeletal system		
22208	INCIS SPINE 3 COLUMN ADL SEG	OSTEOTOMY SPINE POSTERIOR 3	Authorization Required	Surgery of	Full Clinical Review	
		COLUMN EA ADDL SGM		musculoskeletal system		
22210	INCIS 1 VERTEBRAL SEG CERV	OSTEOTOMY SPINE PST/PSTLAT APPR 1	Authorization Required	Surgery of	Full Clinical Review	
		VRT SGM CRV		musculoskeletal system		
22212	INCIS 1 VERTEBRAL SEG THORAC	OSTEOTOMY SPINE PST/PSTLAT APPR 1	Authorization Required	Surgery of	Full Clinical Review	
22244	INICICAL/EDTEDDAL CEC LUMADAD	VRT SGM THRC	Authorization Domino	musculoskeletal system	Full Cliniant Basisas	
22214	INCIS 1 VERTEBRAL SEG LUMBAR		Authorization Required	Surgery of	Full Clinical Review	
22216	INCIS ADDL SPINE SEGMENT	VRT SGM LMBR OSTEOT SPI PST/PSTLAT APPR 1 VRT	Authorization Required	musculoskeletal system Surgery of	Full Clinical Review	
22210	INCIS ADDE SPINE SEGIVIENT	SGM EA VRT SGM	Authorization Required	musculoskeletal system	ruii Ciiiicai Neview	
22220	INCIS W/DISCECTOMY CERVICAL	OSTEOTOMY SPINE W/DSKC ANT APPR	Authorization Required	Surgery of	Full Clinical Review	
		1 VRT SGM CRV		musculoskeletal system		
22222	INCIS W/DISCECTOMY THORACIC	OSTEOTOMY SPINE W/DSKC ANT APPR	Authorization Required	Surgery of	Full Clinical Review	
		1 VRT SGM THRC	·	musculoskeletal system		
22224	INCIS W/DISCECTOMY LUMBAR	OSTEOTOMY SPINE W/DSKC ANT APPR	Authorization Required	Surgery of	Full Clinical Review	
		1 VRT SGM LMBR		musculoskeletal system		
22226	REVISE EXTRA SPINE SEGMENT	OSTEOT SPI W/DSKC ANT APPR 1 VRT	Authorization Required	Surgery of	Full Clinical Review	
		SGM EA VRT SGM		musculoskeletal system		
22310	CLOSED TX VERT FX W/O MANJ	CLTX VRT BDY FX W/O MANJ	No Auth Required	Surgery of		
22245	CLOSED TYLIEDT EVINIAAANI	REQ&W/CSTING/BRACING	No. Acade Described	musculoskeletal system		
22315	CLOSED TX VERT FX W/MANJ	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	No Auth Required	Surgery of		
22318	TREAT ODONTOID FX W/O GRAFT	OPTX&/RDCTJ ODNTD FX&/DISLC ANT	No Auth Required	musculoskeletal system Surgery of		
22310	TREAT OBORTOID TX W/O GRAFT	FIXJ W/O GRAFT	No Auth Required	musculoskeletal system		
22319	TREAT ODONTOID FX W/GRAFT	OPTX&/RDCTJ ODNTD FX&/DISLC ANT	No Auth Required	Surgery of		
	1., 2	W/INT FIXJ		musculoskeletal system		
22325	TREAT SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT	No Auth Required	Surgery of		
		SGM LM		musculoskeletal system		
22326	TREAT NECK SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT	No Auth Required	Surgery of		
		SGM CR		musculoskeletal system		
22327	TREAT THORAX SPINE FRACTURE	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT	No Auth Required	Surgery of		
		SGM TH	ļ	musculoskeletal system		
22328	TREAT EACH ADD SPINE FX	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT	No Auth Required	Surgery of		
22505	MANURUL ATION OF CRIME	SGM EA	No Auth Decuter d	musculoskeletal system		
22505	MANIPULATION OF SPINE	MANIPULATION SPINE REQUIRING ANESTHESIA	No Auth Required	Surgery of		
22510	PERQ CERVICOTHORACIC INJECT	PERQ VERTEBROPLASTY UNI/BI INJX	Authorization Required	musculoskeletal system Surgery of	Full Clinical Review	
22310	I ENG CENTROTHONACIC INJECT	CERVICOTHORACIC	Authorization nequired	musculoskeletal system	i dii Cililicai Review	
	I	CENTRO I TOTALCIC	I	ascaioskeretai system		ı

		1			,	
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	Authorization Required	Surgery of	Full Clinical Review	
		CERVICOTHOR/LUMBOSACRAL		musculoskeletal system		
22513	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ	Authorization Required	Surgery of	Full Clinical Review	
		UNI/BI CANNULATION		musculoskeletal system		
22514	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ	Authorization Required	Surgery of	Full Clinical Review	
		UNI/BI CANNULJ LMBR		musculoskeletal system		
22515	PERQ VERTEBRAL AUGMENTATION	PERQ VERT AGMNTJ CAVITY CRTJ	Authorization Required	Surgery of	Full Clinical Review	
22526	1957 001015 15151	UNI/BI CANNULI EACH		musculoskeletal system	5 11 011 1 1 2 1	
22526	IDET SINGLE LEVEL	PERQ INTRDSCL ELECTROTHRM	Authorization Required	Surgery of	Full Clinical Review	
22527	IDET 1 OR MORE LEVELS	ANNULOPLASTY 1 LEVEL PERQ INTRDSCL ELECTROTHRM	Authorization Required	musculoskeletal system Surgery of	Full Clinical Review	
22327	IDET I OR WORE LEVELS	ANNULOPLASTY ADDL LVL	Authorization Required	musculoskeletal system	Full Cliffical Review	
22532	LAT THORAX SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY	Authorization Required	Surgery of	Full Clinical Review	
22302		THORACIC	/ acronzación rieganica	musculoskeletal system	Tall clinical Nevieti	
22533	LAT LUMBAR SPINE FUSION	ARTHRODESIS LATERAL EXTRACAVITARY	Authorization Required	Surgery of	Full Clinical Review	
		LUMBAR	· ·	musculoskeletal system		
22534	LAT THOR/LUMB ADDL SEG	ARTHRODESIS LAT EXTRACAVITARY EA	Authorization Required	Surgery of	Full Clinical Review	
		ADDL THRC/LMBR		musculoskeletal system		
22548	NECK SPINE FUSION	ARTHRD ANT TRANSORL/XTRORAL C1-	Authorization Required	Surgery of	Full Clinical Review	
		C2 W/WO EXC ODNTD		musculoskeletal system		
22551	NECK SPINE FUSE&REMOV BEL C2	ARTHRD ANT INTERBODY DECOMPRESS	Authorization Required	Surgery of	Full Clinical Review	
		CERVICAL BELW C2		musculoskeletal system		
22552	ADDL NECK SPINE FUSION	ARTHRD ANT INTERDY CERVCL BELW C2	Authorization Required	Surgery of	Full Clinical Review	
22554	NEGO CRINE SUCION	EA ADDL NTRSPC		musculoskeletal system	5 11 011 1 1 2 1	
22554	NECK SPINE FUSION	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Authorization Required	Surgery of	Full Clinical Review	
22556	THORAX SPINE FUSION	ARTHRD ANT MIN DISCECTOMY	Authorization Required	musculoskeletal system Surgery of	Full Clinical Review	
22330	THORAX SI INC I OSIGN	INTERBODY THORACIC	Authorization Required	musculoskeletal system	Tull cliffical Review	
22558	LUMBAR SPINE FUSION	ARTHRODESIS ANTERIOR INTERBODY	Authorization Required	Surgery of	Full Clinical Review	
		LUMBAR		musculoskeletal system		
22585	ADDITIONAL SPINAL FUSION	ARTHRODESIS ANTERIOR INTERBODY	Authorization Required	Surgery of	Full Clinical Review	
		EA ADDL NTRSPC		musculoskeletal system		
22586	PRESCRL FUSE W/ INSTR L5-S1	ARTHRODESIS PRESACRAL INTRBDY	Authorization Required	Surgery of	Full Clinical Review	
		W/INSTRUMENT L5-S1		musculoskeletal system		
22590	SPINE & SKULL SPINAL FUSION	ARTHRODESIS POSTERIOR	Authorization Required	Surgery of	Full Clinical Review	
		CRANIOCERVICAL		musculoskeletal system	- 11 - 11 - 11 - 11	
22595	NECK SPINAL FUSION	ARTHRODESIS POSTERIOR ATLAS-AXIS	Authorization Required	Surgery of	Full Clinical Review	
22600	NECK COINE ELICION	C1-C2	Authorization Domino	musculoskeletal system	Full Citation Devices	
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	Authorization Required	Surgery of	Full Clinical Review	
22010	THORAX SI INC I OSIGN	POSTERIOR/POSTEROLATERAL	Authorization Required	musculoskeletal system	Tull cliffical Review	
		THORACIC		mascaloskeretar system		
22612	LUMBAR SPINE FUSION	ARTHRODESIS	Authorization Required	Surgery of	Full Clinical Review	
		POSTERIOR/POSTEROLATERAL LUMBAR		musculoskeletal system		
				<u> </u>		
22614	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS	Authorization Required	Surgery of	Full Clinical Review	
		POSTERIOR/POSTEROLATERAL EA ADDL	1	musculoskeletal system		
22630	LUMBAR SPINE FUSION	ARTHRODESIS POSTERIOR INTERBODY	Authorization Required	Surgery of	Full Clinical Review	
		LUMBAR		musculoskeletal system		
22632	SPINE FUSION EXTRA SEGMENT	ARTHRODESIS POSTERIOR INTERBODY	Authorization Required	Surgery of	Full Clinical Review	
		EA ADDL		musculoskeletal system		

22633	LUMBAR SPINE FUSION COMBINED	ARTHDSIS	Authorization Required	Surgony of	Full Clinical Review	
22033	LOWBAR SPINE FOSION CONBINED	POST/POSTEROLATRL/POSTINTERBODY	Authorization Required	Surgery of musculoskeletal system	ruii Ciiiilcai Review	
		LUMBAR		musculoskeletai system		
22634	SPINE FUSION EXTRA SEGMENT	ARTHDSIS	Authorization Required	Surgery of	Full Clinical Review	
22034	STINE TOSION EXTRA SEGMENT	POST/POSTERLATRL/POSTINTRBDYADL	Authorization Required	musculoskeletal system	Tuli clinical Neview	
		SPC/SEG		musculoskeletai system		
22800	POST FUSION 6 VERT SEG</td <td>ARTHRODESIS POSTERIOR SPINAL DERM</td> <td>Authorization Required</td> <td>Surgery of</td> <td>Full Clinical Review</td> <td></td>	ARTHRODESIS POSTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22000	TOST TOSTON YOU VENT SEG	UP 6 VRT SEG	/ tatilonzation required	musculoskeletal system	Tun ennear Neview	
22802	POST FUSION 7-12 VERT SEG	ARTHRODESIS POSTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22002	TOOL OSIGN / 12 VENI SES	7-12 VRT SEG	/ tatilonization required	musculoskeletal system	Tan chinical neview	
22804	POST FUSION 13/> VERT SEG	ARTHRODESIS POSTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22004	TOST TOSIGN 15/7 VENT SEG	13/> VRT SEG	/ tatilonzation required	musculoskeletal system	Tun ennear Neview	
22808	ANT FUSION 2-3 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22000	7 1 65.6.1 2 5 72 526	2-3 VRT SEG	/ tatilonization required	musculoskeletal system	Tan chinical neview	
22810	ANT FUSION 4-7 VERT SEG	ARTHRODESIS ANTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22010	7 VERT SEG	4-7 VRT SEG	/ tatilonzation required	musculoskeletal system	Tun ennear Neview	
22812	ANT FUSION 8/> VERT SEG	ARTHRODESIS ANTERIOR SPINAL DERM	Authorization Required	Surgery of	Full Clinical Review	
22012	7.11.1 55.61.1 5/1 VZ.N. 526	8/> VRT SEG	/ tatilonization required	musculoskeletal system	Tan chinical neview	
22818	KYPHECTOMY 1-2 SEGMENTS	KYPHECTOMY SINGLE OR TWO	Authorization Required	Surgery of	Full Clinical Review	
22010	THE TOWN 1 2 SEGMENTS	SEGMENTS	/ tatilonzation required	musculoskeletal system	Tun ennear Neview	
22819	KYPHECTOMY 3 OR MORE	KYPHECTOMY 3 OR MORE SEGMENTS	Authorization Required	Surgery of	Full Clinical Review	
22015	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	/ tatilonization required	musculoskeletal system	Tan chinical neview	
22830	EXPLORATION OF SPINAL FUSION	EXPLORATION SPINAL FUSION	Authorization Required	Surgery of	Full Clinical Review	
				musculoskeletal system		
22840	INSERT SPINE FIXATION DEVICE	POSTERIOR NON-SEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
220.0		INSTRUMENTATION	/ tatilonization required	musculoskeletal system	Tan chinical neview	
22841	INSERT SPINE FIXATION DEVICE	INTERNAL SPINAL FIXATION WIRING	Authorization Required	Surgery of	Full Clinical Review	
		SPINOUS PROCESS		musculoskeletal system		
22842	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION 3-6 VRT SEG		musculoskeletal system		
22843	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION 7-12 VRT SEG		musculoskeletal system		
22844	INSERT SPINE FIXATION DEVICE	POSTERIOR SEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION 13/> VRT SE		musculoskeletal system		
22845	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 2-3	Authorization Required	Surgery of	Full Clinical Review	
		VERTEBRAL SEGMENTS		musculoskeletal system		
22846	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 4-7	Authorization Required	Surgery of	Full Clinical Review	
		VERTEBRAL SEGMENTS		musculoskeletal system		
22847	INSERT SPINE FIXATION DEVICE	ANTERIOR INSTRUMENTATION 8/>	Authorization Required	Surgery of	Full Clinical Review	
		VERTEBRAL SEGMENTS		musculoskeletal system		
22848	INSERT PELV FIXATION DEVICE	PELVIC FIXATION OTHER THAN SACRUM	Authorization Required	Surgery of	Full Clinical Review	
				musculoskeletal system		
22849	REINSERT SPINAL FIXATION	REINSERTION SPINAL FIXATION DEVICE	Authorization Required	Surgery of	Full Clinical Review	
				musculoskeletal system		
22850	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR NONSEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION		musculoskeletal system		
22852	REMOVE SPINE FIXATION DEVICE	REMOVAL POSTERIOR SEGMENTAL	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION		musculoskeletal system		
22853	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV INTERVERTEBRAL	Authorization Required	Surgery of	Full Clinical Review	
		DSC SPC W/ARTHRD		musculoskeletal system		
22854	INSJ BIOMECHANICAL DEVICE	INSJ BIOMCHN DEV VRT CORPECTOMY	Authorization Required	Surgery of	Full Clinical Review	
		DEFECT W/ARTHRD		musculoskeletal system		
22855	REMOVE SPINE FIXATION DEVICE	REMOVAL ANTERIOR	Authorization Required	Surgery of	Full Clinical Review	
		INSTRUMENTATION		musculoskeletal system		
22856	CERV ARTIFIC DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO	Authorization Required	Surgery of	Full Clinical Review	
		1 NTRSPC CRV		musculoskeletal system		
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22857	LUMBAR ARTIF DISKECTOMY	TOT DISC ARTHRP ART DISC ANT APPRO	Authorization Required	Surgery of	Full Clinical Review	
22050	SECOND LEVEL CER DISKECTOMY	1 NTRSPC LMBR	Authorization Descript	musculoskeletal system	Full Cliniant Parism	
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	Authorization Required	Surgery of	Full Clinical Review	
		W/O ARTHRD		musculoskeletal system		
22861	REVISE CERV ARTIFIC DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT	Authorization Required	Surgery of	Full Clinical Review	
		1 NTRSPC CRV		musculoskeletal system		
22862	REVISE LUMBAR ARTIF DISC	REVJ RPLCMT DISC ARTHROPLASTY ANT	Authorization Required	Surgery of	Full Clinical Review	
		1 NTRSPC LMBR		musculoskeletal system		
22864	REMOVE CERV ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1	Authorization Required	Surgery of	Full Clinical Review	
		INTERSPACE CERVICAL		musculoskeletal system		
22865	REMOVE LUMB ARTIF DISC	RMVL DISC ARTHROPLASTY ANT 1	Authorization Required	Surgery of	Full Clinical Review	
		INTERSPACE LUMBAR		musculoskeletal system		
22867	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR	Authorization Required	Surgery of	Full Clinical Review	
		SINGLE LEVEL		musculoskeletal system		
22868	INSJ STABLJ DEV W/DCMPRN	INSJ STABLJ DEV W/DCMPRN LUMBAR	Authorization Required	Surgery of	Full Clinical Review	
22000	INICI CTARLI DEVINIO DOMARRA	SECOND LEVEL	Authorization Described	musculoskeletal system	Full Clinical Devieus	
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 STABLI DEV W/O DCMPRN	Authorization Required	Surgery of	Full Clinical Review	
22070	INSTABLI DEV W/O DCIVIPRIN	LUMBAR SECOND LEVEL	Authorization Required	musculoskeletal system	ruli Cillical Review	
22899	SPINE SURGERY PROCEDURE	UNLISTED PROCEDURE SPINE	Authorization Required	Surgery of	Full Clinical Review	
22033	STINE SONGENT PROCEDONE	ONLISTED I NOCEDONE SI INC	/ tatilonzation required	musculoskeletal system	r dir cililical Neview	
22900	EXC ABDL TUM DEEP < 5 CM	EXC TUMOR SOFT TISSUE ABDL WALL	No Auth Required	Surgery of		
		SUBFASCIAL <5CM		musculoskeletal system		
22901	EXC ABDL TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE ABDL WALL	No Auth Required	Surgery of		
		SUBFASCIAL 5CM/>	·	musculoskeletal system		
22902	EXC ABD LES SC < 3 CM	EXC TUMOR SOFT TISSUE ABDOMINAL	No Auth Required	Surgery of		
		WALL SUBQ <3CM		musculoskeletal system		
22903	EXC ABD LES SC 3 CM/>	EXC TUMOR SOFT TISSUE ABDOMINAL	No Auth Required	Surgery of		
		WALL SUBQ 3 CM/>		musculoskeletal system		
22904	RADICAL RESECT ABD TUMOR<5CM	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of		
		ABDL WALL <5CM		musculoskeletal system		
22905	RAD RESECT ABD TUMOR 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of		
22222	1000150 000050 0000005	ABDL WALL 5 CM/>		musculoskeletal system	5 11 011 1 1 2 1	
22999	ABDOMEN SURGERY PROCEDURE	UNLISTED PX ABDOMEN	Authorization Required	Surgery of	Full Clinical Review	
23000	REMOVAL OF CALCIUM DEPOSITS	MUSCULOSKELETAL SYSTEM REMOVAL SUBDELTOID CALCAREOUS	No Auth Required	musculoskeletal system Surgery of		
23000	REWOVAL OF CALCION DEFOSITS	DEPOSITS OPEN	No Auth Required	musculoskeletal system		
23020	RELEASE SHOULDER JOINT	CAPSULAR CONTRACTURE RELEASE	No Auth Required	Surgery of	+	
23020	NEED STOOLDEN SON	CAN SOLIN CONTINCTONE NELEXISE	No riatir nequired	musculoskeletal system		
23030	DRAIN SHOULDER LESION	I&D SHOULDER DEEP	No Auth Required	Surgery of		
		ABSCESS/HEMATOMA		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	No Auth Required	Surgery of		
		AREA		musculoskeletal system		
23040	EXPLORATORY SHOULDER SURGERY	ARTHROTOMY GLENOHUMERAL JT	No Auth Required	Surgery of		
		EXPL/DRG/RMVL FB		musculoskeletal system		
23044	EXPLORATORY SHOULDER SURGERY	ARTHRT ACROMCLAV STRNCLAV JT	No Auth Required	Surgery of		
		EXPL/DRG/RMVL FB		musculoskeletal system		
23065	BIOPSY SHOULDER TISSUES	BIOPSY SOFT TISSUE SHOULDER	No Auth Required	Surgery of		
22000	DIODEN CHOLILDED TICCUES	SUPERFICIAL	No. Acath Described	musculoskeletal system		
23066	BIOPSY SHOULDER TISSUES	BIOPSY SOFT TISSUE SHOULDER DEEP	No Auth Required	Surgery of		
			1	musculoskeletal system	1	

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23071	EXC SHOULDER LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
		SHOULDER SUBQ 3 CM/>		musculoskeletal system	
23073	EXC SHOULDER TUM DEEP 5 CM/>	EXC TUMOR SOFT TISSUE SHOULDER	No Auth Required	Surgery of	
		SUBFASCIAL 5 CM/>		musculoskeletal system	
23075	EXC SHOULDER LES SC < 3 CM	EXCISION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
		SHOULDER SUBQ <3CM		musculoskeletal system	
23076	EXC SHOULDER TUM DEEP < 5 CM	EXC TUMOR SOFT TISS SHOULDER	No Auth Required	Surgery of	
		SUBFASC <5CM		musculoskeletal system	
23077	RESECT SHOULDER TUMOR < 5 CM	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
		SHOULDER <5CM		musculoskeletal system	
23078	RESECT SHOULDER TUMOR 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
		SHOULDER 5 CM/>		musculoskeletal system	
23100	BIOPSY OF SHOULDER JOINT	ARTHROTOMY GLENOHUMERAL JOINT	No Auth Required	Surgery of	
		W/BIOPSY	·	musculoskeletal system	
23101	SHOULDER JOINT SURGERY	ARTHRT ACROMCLAV/STRNCLAV JT	No Auth Required	Surgery of	
		W/BX&/EXC CRTLG	·	musculoskeletal system	
23105	REMOVE SHOULDER JOINT LINING	ARTHRT GLENOHUMRL JT	No Auth Required	Surgery of	
		W/SYNOVECTOMY W/WO BIOPSY		musculoskeletal system	
23106	INCISION OF COLLARBONE JOINT	ARTHRT GLENOHUMRL JT STRNCLAV JT	No Auth Required	Surgery of	
		W/SYNVCT W/WOBX		musculoskeletal system	
23107	EXPLORE TREAT SHOULDER JOINT	ARTHRT GLENOHMRL JT W/JT EXPL	No Auth Required	Surgery of	
23107	EXTEGRE TREAT SHOOLDER JOINT	W/WO RMVL LOOSE/FB	No Auth Required	musculoskeletal system	
23120	PARTIAL REMOVAL COLLAR BONE	CLAVICULECTOMY PARTIAL	No Auth Required	Surgery of	
23120	PARTIAL REIVIOVAL COLLAR BOINE	CLAVICOLLCTOWN FARTIAL	No Autil Required	musculoskeletal system	
23125	REMOVAL OF COLLAR BONE	CLAVICULECTOMY TOTAL	No Auth Required	Surgery of	
23123	REIVIOVAL OF COLLAR BOINE	CLAVICOLECTOMY TOTAL	No Autii Kequireu		
22420	DENACUE CHOULDED BONE DADT	DARTIAL REPAIR OF REMOVAL OF	No. Acade Document	musculoskeletal system	
23130	REMOVE SHOULDER BONE PART	PARTIAL REPAIR OR REMOVAL OF	No Auth Required	Surgery of	
22442	DELAGOVA OF BOME ( 500)	SHOULDER BONE		musculoskeletal system	
23140	REMOVAL OF BONE LESION	EXC/CURTG BONE CYST/BENIGN	No Auth Required	Surgery of	
		TUMOR CLAV/SCAPULA		musculoskeletal system	
23145	REMOVAL OF BONE LESION	EXC/CURTG BONE CST/B9 TUM	No Auth Required	Surgery of	
		CLAV/SCAPULA W/AGRFT		musculoskeletal system	
23146	REMOVAL OF BONE LESION	EXC/CURTG BONE CST/B9 TUM	No Auth Required	Surgery of	
		CLAV/SCAPULA W/ALGRFT		musculoskeletal system	
23150	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN	No Auth Required	Surgery of	
		TUMOR PROX HUMERUS		musculoskeletal system	
23155	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN TUM	No Auth Required	Surgery of	
		PROX HUM W/AGRFT		musculoskeletal system	
23156	REMOVAL OF HUMERUS LESION	EXC/CURTG BONE CYST/BENIGN TUM	No Auth Required	Surgery of	
		PROX HUM W/ALGRFT		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	
			<u>                                     </u>	musculoskeletal system	
23174	REMOVE HUMERUS LESION	SEQUESTRECTOMY HUMERAL HEAD	No Auth Required	Surgery of	
		SURGERY NECK		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	No Auth Required	Surgery of	
20104	The state of the s	HUMERUS		musculoskeletal system	
23190	PARTIAL REMOVAL OF SCAPULA	OSTECTOMY SCAPULA PARTIAL	No Auth Required	Surgery of	+
23130	The second of th	OS. ZETOMT SOM OBTTANTIAL		musculoskeletal system	
23195	REMOVAL OF HEAD OF HUMERUS	RESECTION HUMERAL HEAD	No Auth Required		
23193	NEIVIOVAL OF FILAD OF HUIVIERUS	ALSECTION HOWERAL READ	No Auth Required	Surgery of	
	]		I	musculoskeletal system	1

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23200	RESECT CLAVICLE TUMOR	RADICAL RESECTION TUMOR CLAVICLE	No Auth Required	Surgery of			
23210	RESECT SCAPULA TUMOR	RADICAL RESECTION TUMOR SCAPULA	No Auth Required	musculoskeletal system			
23210	RESECT SCAPOLA TOWOR	RADICAL RESECTION TOWOR SCAPOLA	No Auth Required	Surgery of musculoskeletal system			
23220	RESECT PROX HUMERUS TUMOR	RADICAL RESECTION BONE TUMOR	No Auth Required	Surgery of			
		PROXIMAL HUMERUS		musculoskeletal system			
23330	REMOVE SHOULDER FOREIGN BODY	REMOVAL FOREIGN BODY SHOULDER	No Auth Required	,			
		SUBCUTANEOUS	·				
23333	REMOVE SHOULDER FB DEEP	REMOVAL SHOULDER FOREIGN BODY	No Auth Required	Surgery of			
		DEEP SUBFASCIAL/IM		musculoskeletal system			
23334	SHOULDER PROSTHESIS REMOVAL	PROSTHESIS REMOVAL	No Auth Required	Surgery of			
		HUMERAL/GLENOID COMPONENT		musculoskeletal system			
23335	SHOULDER PROSTHESIS REMOVAL	PROSTHESIS REMOVAL HUMERAL AND	No Auth Required	Surgery of			
23350	INJECTION FOR SHOULDER X-RAY	GLENOID COMPONENT INJECTION SHOULDER	No Auth Required	musculoskeletal system			
23330	INJECTION FOR SHOULDER X-RAT	ARTHROGRAPHY/ CT/MRI ARTHG	No Auth Required	Surgery of			
23395	MUSCLE TRANSFER SHOULDER/ARM	MUSCLE TRANSFER SHOULDER/UPPER	No Auth Required	musculoskeletal system Surgery of			
23333	INTOSELE TIONISTEN STICOLDENY MINI	ARM SINGLE	140 Mati Nequirea	musculoskeletal system			
23397	MUSCLE TRANSFERS	MUSCLE TRANSFER SHOULDER/UPPER	No Auth Required	Surgery of			
		ARM MULTIPLE		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	No Auth Required	Surgery of			
		SAME INCISION		musculoskeletal system			
23410	REPAIR ROTATOR CUFF ACUTE	OPEN REPAIR OF ROTATOR CUFF ACUTE	No Auth Required	Surgery of			
22442	252.12.202.4702.6155.6120.116	00511 050110 05 0071700 01155		musculoskeletal system			
23412	REPAIR ROTATOR CUFF CHRONIC	OPEN REPAIR OF ROTATOR CUFF	No Auth Required	Surgery of			
23415	RELEASE OF SHOULDER LIGAMENT	CHRONIC  CORACOACROMIAL LIGAMENT RELEAS	No Auth Required	musculoskeletal system			
23415	RELEASE OF SHOULDER LIGARIENT	W/WOACROMIOPLASTY	No Auth Required	Surgery of musculoskeletal system			
23420	REPAIR OF SHOULDER	RECONSTRUCTION ROTATOR CUFF	No Auth Required	Surgery of			
25.25	THE PRINCE STOCKED IN	AVULSION CHRONIC		musculoskeletal system			
23430	REPAIR BICEPS TENDON	TENODESIS LONG TENDON BICEPS	Authorization Required	Surgery of		Network Validation	
				musculoskeletal system			
23440	REMOVE/TRANSPLANT TENDON	RESECTION/TRANSPLANTATION LONG	No Auth Required	Surgery of			
		TENDON BICEPS		musculoskeletal system			
23450	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR PUTTI-	No Auth Required	Surgery of			
		PLATT/MAGNUSON		musculoskeletal system			
23455	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR	No Auth Required	Surgery of			
		W/LABRAL REPAIR		musculoskeletal system			
23460	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR WITH	No Auth Required	Surgery of			
22452	DEDAIR CHOLILDER CASS	BONE BLOCK	No Auth Day 1	musculoskeletal system			1
23462	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY ANTERIOR	No Auth Required	Surgery of			
23465	REPAIR SHOULDER CAPSULE	W/CORACOID PROCESS TR CAPSULORRHAPHY GLENOHUMERAL JT	No Auth Required	musculoskeletal system			
23403	INLEAIN SHOULDEN CAPSULE	PST W/WO BONE BLK	No Autii Nequileu	Surgery of musculoskeletal system			
23466	REPAIR SHOULDER CAPSULE	CAPSULORRHAPHY GLENOHUMRL JT	No Auth Required	Surgery of			<u> </u>
_5 100		MULTI-DIRIONAL INS		musculoskeletal system			
23470	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMRL JT	Authorization Required	Surgery of		Full Clinical Review	
		HEMIARTHROPLASTY		musculoskeletal system			
23472	RECONSTRUCT SHOULDER JOINT	ARTHROPLASTY GLENOHUMERAL JOINT	Authorization Required	Surgery of		Full Clinical Review	
		TOTAL SHOULDER		musculoskeletal system			
23473	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY	Authorization Required	Surgery of	·	Full Clinical Review	
		HUMERAL/GLENOID COMPNT		musculoskeletal system			

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23474	REVIS RECONST SHOULDER JOINT	REVIS SHOULDER ARTHRPLSTY	Authorization Required	Surgery of	Full Clinical Review	
		HUMERAL&GLENOID COMPNT		musculoskeletal system		
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	No Auth Required	Surgery of		
		W/BONE GRF NON/MAL		musculoskeletal system		
23490	REINFORCE CLAVICLE	PROPH TX W/WO	No Auth Required	Surgery of		
		METHYLMETHACRYLATE CLAVICLE		musculoskeletal system		
23491	REINFORCE SHOULDER BONES	PROPH TX W/WO	No Auth Required	Surgery of		
		METHYLMETHACRYLATE PROX		musculoskeletal system		
		HUMERUS		, i		
23500	TREAT CLAVICLE FRACTURE	CLSD TX CLAVICULAR FRACTURE W/O	No Auth Required	Surgery of		
		MANIPULATION	·	musculoskeletal system		
23505	TREAT CLAVICLE FRACTURE	CLSD TX CLAVICULAR FRACTURE	No Auth Required	Surgery of		
		W/MANIPULATION	· ·	musculoskeletal system		
23515	TREAT CLAVICLE FRACTURE	OPEN TX CLAVICULAR FRACTURE	No Auth Required	Surgery of		
		INTERNAL FIXATION		musculoskeletal system		
23520	TREAT CLAVICLE DISLOCATION	CLSD TX STERNOCLAVICULAR DISLC	No Auth Required	Surgery of		
25525	THE ATTOCK DISEASE OF THE IT	W/O MANIPULATION	no man neganica	musculoskeletal system		
23525	TREAT CLAVICLE DISLOCATION	CLOSED TX STERNOCLAVICULAR DISLC	No Auth Required	Surgery of		
23323	THEAT CERTICLE DISEOCHTON	W/MANIPULATION	No Auth Required	musculoskeletal system		
23530	TREAT CLAVICLE DISLOCATION	OPEN TX STERNOCLAVICULAR DISLC	No Auth Required	Surgery of		
23330	THEAT CEAVICEE DISEOCATION	ACUTE/CHRONIC	No Auth Required	musculoskeletal system		
23532	TREAT CLAVICLE DISLOCATION	OPTX STRNCLAV DISLC ACUTE/CHRONIC	No Auth Poquired	Surgery of		
23332	TREAT CLAVICLE DISLOCATION	W/FASCIAL GRF	No Auth Required			
23540	TREAT CLAVICLE DISLOCATION		No Auth Dogwined	musculoskeletal system		
23540	TREAT CLAVICLE DISLOCATION	CLSD TX ACROMIOCLAVICULAR DISLC	No Auth Required	Surgery of		
22545	TREAT CLAVICLE DICLOCATION	W/O MANIPULATION	No Auth Described	musculoskeletal system		
23545	TREAT CLAVICLE DISLOCATION	CLSD TX ACROMIOCLAVICULAR DISLC	No Auth Required	Surgery of		
22552	TOTAT OLAN (IOLE BUSING CATION)	W/MANIPULATION		musculoskeletal system		
23550	TREAT CLAVICLE DISLOCATION	OPEN TX ACROMIOCLAVICULAR DISLC	No Auth Required	Surgery of		
22552	TOTAT OLAN (IOLE BUSING CATION)	ACUTE/CHRONIC		musculoskeletal system		
23552	TREAT CLAVICLE DISLOCATION	OPTX ACROMCLAV DISLC	No Auth Required	Surgery of		
22572	TREAT (110111 RED DI ARE EV	ACUTE/CHRONIC W/FASCIAL GRF		musculoskeletal system		
23570	TREAT SHOULDER BLADE FX	CLOSED TX SCAPULAR FRACTURE W/O	No Auth Required	Surgery of		
		MANIPULATION		musculoskeletal system		
23575	TREAT SHOULDER BLADE FX	CLTX SCAPULAR FX W/MANJ W/WO	No Auth Required	Surgery of		
		SKELETAL TRACTION		musculoskeletal system		
23585	TREAT SCAPULA FRACTURE	OPEN TX SCAPULAR FX W/INTERNAL	No Auth Required	Surgery of		
		FIXATION IF PFRMD		musculoskeletal system		
23600	TREAT HUMERUS FRACTURE	CLTX PROXIMAL HUMERAL FRACTURE	No Auth Required			
		W/O MANIPULATION		1		
23605	TREAT HUMERUS FRACTURE	CLTX PROX HUMRL FX W/MANJ W/WO	No Auth Required	Surgery of		
		SKELETAL TRACJ		musculoskeletal system	1	
23615	TREAT HUMERUS FRACTURE	OPEN TREATMENT PROXIMAL	Authorization Required	Surgery of	Full Clinical Review	
		HUMERAL FRACTURE		musculoskeletal system		
23616	TREAT HUMERUS FRACTURE	OPEN PROX HUMERAL FRACTURE	No Auth Required	Surgery of		
		PROSTHETIC RPLCMT	ļ	musculoskeletal system		
23620	TREAT HUMERUS FRACTURE	CLTX GREATER HUMERAL TUBEROSITY	No Auth Required	Surgery of		
		FX W/O MANJ		musculoskeletal system		
23625	TREAT HUMERUS FRACTURE	CLTX GRTER HUMERAL TUBEROSITY FX	No Auth Required	Surgery of		
		W/MANIPULATION		musculoskeletal system		
23630	TREAT HUMERUS FRACTURE	OPEN TREATMENT GRTER HUMERAL	No Auth Required	Surgery of		
		TUBEROSITY FRACTURE		musculoskeletal system		
23650	TREAT SHOULDER DISLOCATION	CLSD TX SHOULDER DISLC	No Auth Required	Surgery of		
		W/MANIPULATION W/O ANES	1	musculoskeletal system		
23655	TREAT SHOULDER DISLOCATION	CLSD TX SHOULDER DISLC	No Auth Required	Joint		
		W/MANIPULATION REQ ANES	1			
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23660	TREAT SHOULDER DISLOCATION	OPEN TX ACUTE SHOULDER	No Auth Required	Joint			
22665	TREAT BIS CONTINUE (FRACTURE	DISLOCATION					
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	No Auth Required	Joint			
25070	THE TO SIGN OF THE TOTAL STATE OF THE	TUBEROSITY FX	nto matti nequired				
23675	TREAT DISLOCATION/FRACTURE	CLTX SHOULDER DISLC	No Auth Required	Joint			
		W/SURG/ANTMCL NECK FX W/MANJ	·				
23680	TREAT DISLOCATION/FRACTURE	OPEN TX SHOULDER DISLOCATION	No Auth Required	Joint			
		W/NECK FRACTURE					
23700	FIXATION OF SHOULDER	MANJ W/ANES SHOULDER JOINT	No Auth Required	Joint			
		W/FIXATION APPARATUS					
23800	FUSION OF SHOULDER JOINT	ARTHRODESIS GLENOHUMERAL JOINT	No Auth Required	Joint			
23802	FUSION OF SHOULDER JOINT	ARTHRODESIS GLENOHUMERAL JT	No Auth Required	Joint			
23002	TOSIGN OF SHOOLDERSONY	W/AUTOGENOUS GRAFT	140 Addi Nequired	Joine			
23900	AMPUTATION OF ARM & GIRDLE	INTERTHORACOSCAPULAR	No Auth Required	Surgery of			
		AMPUTATION		musculoskeletal system			
23920	AMPUTATION AT SHOULDER JOINT	DISARTICULATION SHOULDER	No Auth Required	Surgery of			
				musculoskeletal system			
23921	AMPUTATION FOLLOW-UP SURGERY	DISRTCJ SHOULDER SECONDARY	No Auth Required	Surgery of			
		CLSR/SCAR REVISION		musculoskeletal system			
23929	SHOULDER SURGERY PROCEDURE	UNLISTED PROCEDURE SHOULDER	Authorization Required	Surgery of	F	ull Clinical Review	
				musculoskeletal system			
23930	DRAINAGE OF ARM LESION	I&D UPPER ARM/ELBOW DEEP	No Auth Required	Surgery of			
22024	DRAINIAGE OF ARMARIJEGA	ABSCESS/HEMATOMA	N. A. All D. a. Jane	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	No Auth Required	Surgery of			
23333	DIVINATION DONE EESION	HUMERUS/ELBOW	140 Addi Nequired	musculoskeletal system			
24000	EXPLORATORY ELBOW SURGERY	ARTHRT ELBOW W/EXPLORATION	No Auth Required	Surgery of			
		DRAINAGE/REMOVAL FB	·	musculoskeletal system			
24006	RELEASE ELBOW JOINT	ARTHRT ELBOW CAPSULAR EXCISION	No Auth Required	Surgery of			
		CAPSULAR RLS SPX		musculoskeletal system			
24065	BIOPSY ARM/ELBOW SOFT TISSUE	BIOPSY SOFT TISSUE UPPER	No Auth Required	Surgery of			
		ARM/ELBOW SUPERFICIAL		musculoskeletal system			
24066	BIOPSY ARM/ELBOW SOFT TISSUE	BIOPSY SOFT TISSUE UPPER	No Auth Required	Surgery of			
24074	EVC ADAM/ELDOWLEG CO 2 CAM/s	ARM/ELBOW AREA DEEP	N. A. All D. a. Jane	musculoskeletal system			
24071	EXC ARM/ELBOW LES SC 3 CM/>	EXC TUMOR SOFT TISSUE UPPER	No Auth Required	Surgery of			
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	ARM/ELBOW SUBQ 3CM/> EXC TUMOR SOFT TISS UPPER	No Auth Required	musculoskeletal system Surgery of			
24073	LX ARIVI/LLBOW TOWN DELF 3 CIVI/>	ARM/ELBW SUBFASC 5CM/>	No Auti Required	musculoskeletal system			
24075	EXC ARM/ELBOW LES SC < 3 CM	EXC TUMOR SOFT TISS UPPER	No Auth Required	Surgery of			
		ARM/ELBOW SUBQ <3CM		musculoskeletal system			
24076	EX ARM/ELBOW TUM DEEP < 5 CM	EXC TUMOR SOFT TISS UPR	No Auth Required	Surgery of			
		ARM/ELBOW SUBFASC < 5CM		musculoskeletal system			
24077	RESECT ARM/ELBOW TUM < 5 CM	RAD RESECT TUMOR SOFT TISS UPPER	No Auth Required	Surgery of			
		ARM/ELBOW <5CM		musculoskeletal system			
24079	RESECT ARM/ELBOW TUM 5 CM/>	RAD RESECT TUMOR SOFT TISS UPPER	No Auth Required	Surgery of			
		ARM/ELBOW 5CM/>		musculoskeletal system			
24100	BIOPSY ELBOW JOINT LINING	ARTHROTOMY ELBOW W/SYNOVIAL	No Auth Required	Joint			
24101	EVELORE /TREAT EL ROM/ JOINT	BIOPSY ONLY	No Auth Desuised	laint			
24101	EXPLORE/TREAT ELBOW JOINT	ARTHRT ELBOW W/JNT EXPL W/WOBX	No Auth Required	Joint			
24102	REMOVE ELBOW JOINT LINING	W/WORMVL LOOSE/FB ARTHROTOMY ELBOW	No Auth Required	Joint			
24102	INCINIOVE ELBOWN JOHN I LIMING	W/SYNOVECTOMY	No Auth Nequileu	Joint			
	l .	IAA/31IAOAFCIOIAII	l .	1			

		T		1.	1	
24105	REMOVAL OF ELBOW BURSA	EXCISION OLECRANON BURSA	No Auth Required	Surgery of musculoskeletal system		
24110	REMOVE HUMERUS LESION	EXCISION/CURTG BONE CYST/BENIGN	No Auth Required	Surgery of		
		TUMOR HUMERUS		musculoskeletal system		
24115	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CYST/BENIGN	No Auth Required	Surgery of		
		TUMOR HUMERUS W/AGRFT		musculoskeletal system		
24116	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CYST/BENIGN TUM	No Auth Required	Surgery of		
24420	DENIONE ELDONALECION	HUMERUS W/ALGRET	No Auth Bouded	musculoskeletal system		
24120	REMOVE ELBOW LESION	EXC/CURTG BONE CYST/BENIGN	No Auth Required	Surgery of		
24125	REMOVE/GRAFT BONE LESION	TUMOR H/N RDS/OLECRN  EXC/CURTG BONE CST/B9 TUM H/N	No Auth Required	musculoskeletal system Surgery of		
24123	REMOVE/GRAFT BONE LESION	RDS/OLECRN W/AGRFT	No Auti Required	musculoskeletal system		
24126	REMOVE/GRAFT BONE LESION	EXC/CURTG BONE CST/B9 TUM H/N	No Auth Required	Surgery of		
		RDS/OLECRN W/ALGRT		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	No Auth Required	Surgery of		
		HUMERUS		musculoskeletal system		
24136	REMOVE RADIUS BONE LESION	SEQUESTRECTOMY RADIAL HEAD OR	No Auth Required	Surgery of		
		NECK		musculoskeletal system		
24138	REMOVE ELBOW BONE LESION	SEQUESTRECTOMY OLECRANON	No Auth Required	Surgery of		
24140	PARTIAL REMOVAL OF ARM BONE	PROCESS  PARTIAL EXCISION BONE HUMERUS	No Auth Required	musculoskeletal system		
24140	PARTIAL REMOVAL OF ARIVI BOINE	PARTIAL EXCISION BOINE HOWEROS	No Autii Kequileu	Surgery of musculoskeletal system		
24145	PARTIAL REMOVAL OF RADIUS	PARTIAL EXCISION BONE RADIAL	No Auth Required	Surgery of		
		HEAD/NECK		musculoskeletal system		
24147	PARTIAL REMOVAL OF ELBOW	PARTIAL EXCISION BONE OLECRANON	No Auth Required	Surgery of		
		PROCESS	,	musculoskeletal system		
24149	RADICAL RESECTION OF ELBOW	RAD RESCJ CAPSL TISS&HTRTPC BONE	No Auth Required	Surgery of		
		ELBW CONTRCT		musculoskeletal system		
24150	RESECT DISTAL HUMERUS TUMOR	RADICAL RESECTION TUMOR	No Auth Required	Surgery of		
		SHAFT/DISTAL HUMERUS		musculoskeletal system		
24152	RESECT RADIUS TUMOR	RADICAL RESECTION TUMOR RADIAL	No Auth Required	Surgery of		
24155	REMOVAL OF ELBOW JOINT	HEAD/NECK RESECTION ELBOW JOINT	No Auth Required	musculoskeletal system		
24133	REMOVAL OF ELBOW JOINT	ARTHRECTOMY	No Auth Required	Surgery of musculoskeletal system		
24160	REMOVE ELBOW JOINT IMPLANT	PROSTHESIS REMOVAL HUMERAL AND	No Auth Required	Surgery of		
		ULNAR COMPONENTS		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	No Auth Required			
		ARM/ELBOW SUBCUTANEOUS				
24201	REMOVAL OF ARM FOREIGN BODY	REMOVAL FOREIGN BODY UPPER	No Auth Required	Surgery of		
24220	INJECTION FOR ELBOWY PAY	ARM/ELBOW DEEP	No Auth Beautred	musculoskeletal system	+	
24220	INJECTION FOR ELBOW X-RAY	INJECTION ELBOW ARTHROGRAPHY	No Auth Required	Surgery of		
24300	MANIPULATE ELBOW W/ANESTH	MANIPULATION ELBOW UNDER	No Auth Required	musculoskeletal system Surgery of		
2-300	The state of the s	ANESTHESIA		musculoskeletal system		
24301	MUSCLE/TENDON TRANSFER	MUSCLE/TENDON TRANSFER UPPER	No Auth Required	Surgery of		
		ARM/ELBOW SINGLE		musculoskeletal system		
24305	ARM TENDON LENGTHENING	TENDON LENGTHENING UPPER	No Auth Required	Surgery of		
		ARM/ELBOW EA TENDON		musculoskeletal system		
24310	REVISION OF ARM TENDON	TENOTOMY OPEN ELBOW TO	No Auth Required	Surgery of		
		SHOULDER EACH TENDON		musculoskeletal system		
24320	REPAIR OF ARM TENDON	TENOPLASTY ELBOW TO SHOULDER	No Auth Required	Surgery of		
	1	SINGLE		musculoskeletal system		

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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	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		

IERUS PROPH TX W/WO No Auth Required Surgery of	
METHYLMETHACRYLATE HUMERAL musculoskeletal system	
SHAFT	
S FRACTURE CLSD TX HUMERAL SHAFT FRACTURE No Auth Required Surgery of	
W/O MANIPULATION musculoskeletal system	
S FRACTURE CLTX HUMERAL SHFT FX W/MANJ No Auth Required Surgery of	
W/WO SKELETAL TRACJ musculoskeletal system	
S FRACTURE OPTX HUMERAL SHFT FX No Auth Required Surgery of	
W/PLATE/SCREWS W/WOCERCLAGE musculoskeletal system	
S FRACTURE TX HUMRAL SHAFT FX W/INSJ IMED No Auth Required Surgery of	
IMPLT W/W CERCLGE musculoskeletal system	
S FRACTURE CLTX SPRCNDYLR/TRANSCNDYLR No Auth Required Surgery of	
HUMERAL FX W/WO MANJ musculoskeletal system	
S FRACTURE CLTX SPRCNDYLR/TRANSCNDYLR No Auth Required Surgery of	
HUMERAL FX W/MANJ musculoskeletal system	
S FRACTURE PRQ SKEL FIXJ No Auth Required Surgery of	
SPRCNDYLR/TRANSCNDYLR HUMERAL musculoskeletal system	
FX	
5 FRACTURE OPEN TX HUMERAL SUPRACONDYLAR No Auth Required Surgery of	
FRACTURE W/O XTN musculoskeletal system	
5 FRACTURE OPEN TX HUMERAL SUPRACONDYLAR No Auth Required Surgery of	
FRACTURE W/XTN musculoskeletal system	
5 FRACTURE CLTX HUMERAL EPICONDYLAR FX No Auth Required Surgery of	
MEDIAL/LAT W/O MANJ musculoskeletal system	
MEDIAL/LAT MANJ musculoskeletal system	
S FRACTURE OPEN TX HUMERAL EPICONDYLAR No Auth Required Surgery of	
FRACTURE musculoskeletal system	
5 FRACTURE CLTX HUMERAL CONDYLAR FX No Auth Required Surgery of	
MEDIAL/LAT W/O MANJ musculoskeletal system	
5 FRACTURE CLTX HUMERAL CONDYLAR FX No Auth Required Surgery of	
MEDIAL/LATERAL W/MANJ musculoskeletal system	
5 FRACTURE OPEN TREATMENT HUMERAL No Auth Required Surgery of	
CONDYLAR FRACTURE musculoskeletal system	
5 FRACTURE PRQ SKEL FIXJ HUMRL CNDYLR FX No Auth Required Surgery of	
MEDIAL/LAT W/MANJ musculoskeletal system	
RACTURE OPTX PERIARTICULAR FRACTURE No Auth Required Joint	
&/DISLOCATION ELBO	
RACTURE OPTX PRIARTICULAR FX&/DISLC ELBW Authorization Required Joint Full Clinical Review	
W/IMPLT ARTHR	
ISLOCATION TREATMENT CLOSED ELBOW No Auth Required Surgery of	
DISLOCATION W/O ANES musculoskeletal system	
ISLOCATION TREATMENT CLOSED ELBOW No Auth Required Joint	
DISLOCATION REQ ANES	
ISLOCATION OPEN TX ACUTE/CHRONIC ELBOW No Auth Required Joint	
DISLOCATION	l
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ACTIONS CLOSED TA NADIAS HEAD/NECK TA W/O INO AUGI REQUIEG	
ISLOCATION TREATMENT CLOSED ELBOW No Auth Required Joint DISLOCATION REQ ANES  OPEN TX ACUTE/CHRONIC ELBOW No Auth Required Joint DISLOCATION  DISLOCATION	

24655	TREAT RADIUS FRACTURE	CLOSED TX RADIAL HEAD/NECK FX	No Auth Required	Surgery of		
		W/MANIPULATION		musculoskeletal system		
24665	TREAT RADIUS FRACTURE	OPEN TX RADIAL HEAD/NECK FRACTURE	No Auth Required	Surgery of		
24666	TD5.4T D.A.D.I.I.O. 5D.A.OTI.I.D5	00511 TV 0 4 0 14 15 4 0 /4 5 0 V 5 0 4 6 TV 10 5		musculoskeletal system		
24666	TREAT RADIUS FRACTURE	OPEN TX RADIAL HEAD/NECK FRACTURE	No Auth Required	Surgery of		
		PROSTHETIC		musculoskeletal system		
24670	TREAT ULNAR FRACTURE	CLOSED TX ULNAR FRACTURE	No Auth Required	Surgery of		
		PROXIMAL END W/O MANJ		musculoskeletal system		
24675	TREAT ULNAR FRACTURE	CLOSED TX ULNAR FRACTURE	No Auth Required	Surgery of		
		PROXIMAL END W/MANJ		musculoskeletal system		
24685	TREAT ULNAR FRACTURE	OPEN TREATMENT ULNAR FRACTURE	No Auth Required	Surgery of		
		PROXIMAL END		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	No Auth Required	Surgery of		
24002	1 051014, GIVII 1 OI EEDOW JOHN	W/AUTOGENOUS GRAFT	140 Mati Nequirea	musculoskeletal system		
24900	AMPUTATION OF UPPER ARM	AMPUTATION ARM THRU HUMERUS	No Auth Required	Surgery of		
24300	ANN CTATION OF CITENAMIN	W/PRIMARY CLOSURE	No Auth Required	musculoskeletal system		
24920	AMPUTATION OF UPPER ARM	AMPUTATION ARM THRU HUMERUS	No Auth Required	Surgery of		
24320	ANIFOTATION OF OFFER ARM	OPEN CIRCULAR	No Auth Required			
24925	AMPUTATION FOLLOW-UP SURGERY	AMP ARM THRU HUMERUS SECONDARY	No Auth Boquired	musculoskeletal system		
24923	ANIPOTATION FOLLOW-OF SURGERY	CLSR/SCAR REVJ	No Auth Required	Surgery of		
24930	AMPUTATION FOLLOW-UP SURGERY		No Auth Boquired	musculoskeletal system		
24930	ANIPOTATION FOLLOW-UP SURGERY	AMPUTATION ARM THRU HUMERUS RE-	No Auth Required	Surgery of		
24021	ANADUTATE LIDDED ADMA 9 IMADI ANT	AMPUTATION ADM TURN UNAFRUE	No Auth Doguised	musculoskeletal system		
24931	AMPUTATE UPPER ARM & IMPLANT	AMPUTATION ARM THRU HUMERUS	No Auth Required	Surgery of		
24025	DELVICIONI OF ANADUSTATION	W/IMPLANT	No. Acade Described	musculoskeletal system		
24935	REVISION OF AMPUTATION	STUMP ELONGATION UPPER	No Auth Required	Surgery of		
24040	DEVICION OF LIDDED ADAM	EXTREMITY  CINEDIA STYLIDDED EXTREMITY	No Auth Doguised	musculoskeletal system		
24940	REVISION OF UPPER ARM	CINEPLASTY UPPER EXTREMITY	No Auth Required	Surgery of		
24000	LIDDED ADAA/ELDOW CUDCEDV	COMPLETE PROCEDURE	Authorization Beautard	musculoskeletal system	Full Clinian Davison	
24999	UPPER ARM/ELBOW SURGERY	UNLISTED PROCEDURE	Authorization Required	Surgery of	Full Clinical Review	
25000	INCICION OF TENDON CHEATH	HUMERUS/ELBOW	No. Acade Described	musculoskeletal system		
25000	INCISION OF TENDON SHEATH	INCISION EXTENSOR TENDON SHEATH	No Auth Required	Surgery of		
25004	101015 FLEWOR 04 RRI RABIANIS	WRIST		musculoskeletal system		
25001	INCISE FLEXOR CARPI RADIALIS	INCISION FLEXOR TENDON SHEATH	No Auth Required	Surgery of		
25020	DECOMPRESS FOREMAN A SPACE	WRIST		musculoskeletal system		
25020	DECOMPRESS FOREARM 1 SPACE	DCMPRN FASCT F/ARM&WRST	No Auth Required	Surgery of		
25022	DECOMADDESS FOREADMA 1 SDACE	FLXR/XTNSR W/O DBRDMT	No Auth Doguised	musculoskeletal system		
25023	DECOMPRESS FOREARM 1 SPACE	DCMPRN FASCT F/ARM&/WRST	No Auth Required	Surgery of		
25024	DECOMADDESS FOREADMA 2 SDACES	FLXR/XTNSR W/DBRDMT	No Auth Doguised	musculoskeletal system		
25024	DECOMPRESS FOREARM 2 SPACES	DCMPRN FASCT F/ARM&/WRST	No Auth Required	Surgery of		
25025	DECOMADDESS FOREADMA 2 SDACES	FLXR&XTNSR W/O DB	No Auth Doguised	musculoskeletal system		
25025	DECOMPRESS FOREARM 2 SPACES	DCMPRN FASCT F/ARM&/WRST	No Auth Required	Surgery of		
25020	DDAINAGE OF FOREARS SECOND	FLXR&XTNSR DBRDMT	No Auth Descript	musculoskeletal system		
25028	DRAINAGE OF FOREARM LESION	I&D FOREARM&/WRIST DEEP	No Auth Required	Surgery of		
25024	DDAINAGE OF FOREARS BURGS	ABSCESS/HEMATOMA	No Auth Descript	musculoskeletal system		
25031	DRAINAGE OF FOREARM BURSA	INCISION & DRAINAGE	No Auth Required			
25025	TREAT FOREARIA RONE LECION	FOREARM&/WRIST BURSA	N A Al. D	C		
25035	TREAT FOREARM BONE LESION	INCISION DEEP BONE CORTEX	No Auth Required	Surgery of		
25012	EVELODE /TREAT M/DICT : CONT	FOREARM&/WRIST	No Acatle Dog 1	musculoskeletal system		
25040	EXPLORE/TREAT WRIST JOINT	ARTHRT RDCRPL/MIDCARPL JT W/EXPL	No Auth Required	Surgery of		
25005	DIODEN FORFARIA COST TIGOLICO	DRG/RMVL FB	No Avelo Dec. 1	musculoskeletal system		
25065	BIOPSY FOREARM SOFT TISSUES	BIOPSY SOFT TISSUE FOREARM&/WRIST	No Auth Required	Surgery of		
25555	DIODS// 500540440055	SUPERFICIAL		musculoskeletal system		
25066	BIOPSY FOREARM SOFT TISSUES	BIOPSY SOFT TISSUE FOREARM&/WRIST	No Auth Required	Surgery of		
		DEEP		musculoskeletal system		

SECT   DECEMBER LESS C2 CAMP-		EXC FOREARM LES SC 3 CM/>	EXC TUMOR SOFT TISS FOREARM	No Auth Required	Surgery of
SCC TORLAMM TUND DEEP 3 CM/>   SCC TORLAMM TORLAMS AND SUBMAS CALIFY-   SCC TORLAMM LESS C 3 CM	25073 EX				
20075 DIX FORRAMM LES SC - 3 CM DIX FORMAM SOLUTIONS SOFT TISSE FORMAM DIX AUTHOR SOFT TISSE FORMAM PARTY TISSEE FORMAM PARTY T	25073 EX		AND/WRIST SUBQ 3CM/>		musculoskeletal system
ACC FOREAMM LIND EPP - 3 CM		EXC FOREARM TUM DEEP 3 CM/>	EXC TUMOR SFT TISS	No Auth Required	Surgery of Surgery of
SAYMITST SUBS -SCM   Dex CTMARR SOFT TISS					musculoskeletal system
Description	25075 EX	EXC FOREARM LES SC < 3 CM	EXC TUMOR SOFT TISSUE FOREARM	No Auth Required	Surgery of Surgery of
DORACHMAN, WRIST TUM SCAM			&/WRIST SUBQ <3CM		musculoskeletal system
ASD RESECT FOREARM/WRIST TUM-SCM	25076 EX	EXC FOREARM TUM DEEP < 3 CM	EXC TUMOR SOFT TISS	No Auth Required	Surgery of
RESECT FOR ARM, WRIST TUM 2CAD- 25078 RESECT FOR ARM, WRIST ST LMA 2CAD- 25088 INCISION OF WRIST CAPSULE  O-MOUNT WRIST OF THIS PROPRESS OF TISSUE  O-MOUNT WRIST OF THE PROPRESS OF THE PROPR			FOREARM&/WRIST SUBFASC <3CM		musculoskeletal system
ADDITION   RESECT FORARMAN/MIST TUM 3CM>   RAD RESC TUM SOFT TISSUE   Processing Annual Content of the Conten	25077 R'	RESECT FOREARM/WRIST TUM<3CM	RAD RESECT TUMOR SOFT TISS	No Auth Required	Surgery of
BESECT FORARMA/MINIST LUM 3CM>   RAD RESOT TUM SOFT TISSUE   ROCKARMA/MINIST SUM   ROC			FOREARM&/WRIST <3 CM		musculoskeletal system
FOREARM&/NRIST 1 CM/>   musucloskeletal system	25078 R	RESECT FORARM/WRIST TUM 3CM>	RAD RESCJ TUM SOFT TISSUE	No Auth Required	
2508   INCISION OF WRIST CAPSULE   CAPSULE   CAPSULTONAY WRIST   No Auth Required   musculoskeletal system   musculoskeletal system   musculoskeletal system   musculoskeletal system   musculoskeletal system   doi: 10.000   musculoskeletal system   musculoskeletal system   doi: 10.000   mu			FOREARM&/WRIST 3 CM/>	,	
25100 BIOPSY OF WRIST JOINT  ARTHROTOMY WRIST JOINT WITH BIOPSY  25101 EXPLORE/TREAT WRIST JOINT ARTHROTOMY WRIST WIF EXPL W/WO BX W/WO RAWL LOOSE/FB W/WO RAWL REQUIRED W/WO RAWL REQUI	25085 IN	NCISION OF WRIST CAPSULE	CAPSULOTOMY WRIST	No Auth Required	
ARTHROTOMY WRIST JOINT   ARTHROTOMY WRIST JOINT WITH BIOPSY   ARTHRIT WAST WJT EXPL W/WO BX   Mo Auth Required   Joint					
BIOPS	25100 B	BIOPSY OF WRIST JOINT	ARTHROTOMY WRIST JOINT WITH	No Auth Required	
EXPLORE/TREAT WRIST JOINT   ARTHAT WAST W/JT EXPL W/WO BX   No Auth Required   Joint					
### STATUS   STATUS   ### STATU	25101 F	EXPLORE/TREAT WRIST IOINT		No Auth Required	loint
Z5107   REMOVE WRIST JOINT LINING   ARTHROTOMY WRIST JOINT WITH SYNOWECTOMY   Synowe	25101	EXILEGIZE, THE XI WHIST SOUT		No Auth Required	Some
SYNOVECTOMY   STERNOVE WRIST JOINT CARTILAGE   ARTHROTOMY DSTL RADIOULNAR   No Auth Required   Joint   REMOVE WRIST JOINT CARTILAGE   EXC TENDON FOREARM&WRIST   EXC TENDON FOREARM&WRIST   RECONCEPTION OF A LAND RECONCEPTION   EXCISION LESION TENDON SHEATH   Mo Auth Required   Surgery of   musculoskeletal system   Musculos	25105 R	REMOVE WRIST IOINT LINING		No Auth Required	loint
ATTHROTOMY DST. RADIOULNAR   No. Auth Required   Soint	23103 KI	ALIMOVE WRIST JOHNT EHNING		No Autil Required	30mt
JOINT RPR CARTILAGE	2F107 D	DENAONE MODICE TOTAL CARTILLAGE		No Auth Doguisod	laine
EXCISE TENDON FOREARM/WRIST   EXCISENCE	25107 KI	REMOVE WRIST JOINT CARTILAGE		No Auth Required	Joint
FLEXOR/EXTENSOR EA	25400 5	TVOICE TENDON FOREARNA/MIRICT	1	No Acade Document	Survey of
EXCISION LESION   EXCISION LESION   EXCISION LESION   EXCISION ESION   EXCISION LESION   EXCISION LESION   EXCISION LESION   EXCISION GANGLION WRIST   No Auth Required   musculoskeletal system	25109 EX	EXCISE TENDON FOREARM/WRIST		No Auth Required	
FOREAMMAN,/WRIST   Musculoskeletal system					
25111 REMOVE WRIST TENDON LESION   EXCISION GANGLION WRIST   No Auth Required   Surgery of   musculoskeletal system	25110 R	REMOVE WRIST TENDON LESION		No Auth Required	
DORSAL/VOLAR PRIMARY					
EXCISION GANGLION WRIST   No Auth Required   Surgery of   musculoskeletal system   Surgery of	25111 R	REMOVE WRIST TENDON LESION		No Auth Required	
DORSAL/VOLAR RECURRENT RAD EXC BURSA SYNVA WRST/F/ARM TON SHTHS FLXRS  SURGERY OF MUSCuloskeletal system MO Auth Required Surgery of MUSCuloskeletal system MUSCuloskeletal system MUSCuloskeletal system MUSCulos					
Z5115   REMOVE WRIST/FOREARM LESION   RAD EXC BURSA SYNVA WRST/F/ARM   No Auth Required   Surgery of   musculoskeletal system   Strippy of   musculoskeletal system   Surgery of   Surgery of   musculoskeletal system   Surgery of   Surgery of   musculoskeletal system   Surgery of	25112 R	REREMOVE WRIST TENDON LESION		No Auth Required	Surgery of Surgery of
TDN SHTHS FLXRS REMOVE WRIST/FOREARM LESION RAD EXC BURSA SYNVA WRST/F/ARM TON Auth Required Surgery of musculoskeletal system  EXCISE WRIST TENDON SHEATH SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SYNVCT XTNSR TDN SHTH WRST 1 RESCI DST. ULNA SUrgery of musculoskeletal system Surgery of S			DORSAL/VOLAR RECURRENT		musculoskeletal system
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25315 REVISE PALSY HAND TENDON(S) FLEXOR ORIGIN SLIDE FOREARM & No Auth Required Surgery of musculoskeletal system  25316 REVISE PALSY HAND TENDON(S) FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE  25320 REPAIR/REVISE WRIST JOINT CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS  CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS  No Auth Required Surgery of musculoskeletal system  Surgery of musculoskeletal system	
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25316 REVISE PALSY HAND TENDON(S) FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE Surgery of musculoskeletal system  25320 REPAIR/REVISE WRIST JOINT CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS Surgery of musculoskeletal system	
TENDON TRANSFE musculoskeletal system  25320 REPAIR/REVISE WRIST JOINT CAPSL-RHPHY/RCNSTJ WRST OPN No Auth Required Surgery of musculoskeletal system	
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25320 REPAIR/REVISE WRIST JOINT CAPSL-RHPHY/RCNSTJ WRST OPN No Auth Required Surgery of musculoskeletal system	
25332 REVISE WRIST JOINT ARTHRY WRST W/WO INTERPOS W/WO Authorization Required Joint Full Clinical Review	
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25335	REALIGNMENT OF HAND	CENTRALIZATION WRST ULNA	No Auth Required	Surgery of			
25337	RECONSTRUCT ULNA/RADIOULNAR	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT	No Auth Desuised	musculoskeletal system			
25337	RECONSTRUCT OLINA/RADIOULINAR	TISS STABLI	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	No Auth Required	Surgery of			
		MIDDLE/PROXIMAL THIRD	·	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	No Auth Required	Surgery of			
		ROD RADIUS/ULNA		musculoskeletal system			
25375	REVISE RADIUS & ULNA	MLT OSTEOTOMIES W/RELIGNMT IMED	No Auth Required	Surgery of			
25200	CHORTEN BARUIS OR HINA	ROD RADIUS&ULNA	No Acado Donocios d	musculoskeletal system			
25390	SHORTEN RADIUS OR ULNA	OSTEOPLASTY RADIUS/ULNA SHORTENING	No Auth Required	Surgery of			
25391	LENGTHEN RADIUS OR ULNA	OSTEOPLASTY RADIUS/ULNA	No Auth Required	musculoskeletal system			
23331	LENGTHEN RADIOS ON OLIVA	LENGTHENING W/AUTOGRAFT	No Auth Required	Surgery of musculoskeletal system			
25392	SHORTEN RADIUS & ULNA	OSTEOPLASTY RADIUS & ULNA	No Auth Required	Surgery of			
23332	SHORTEN RADIOS & CENA	SHORTENING	No Auth Required	musculoskeletal system			
25393	LENGTHEN RADIUS & ULNA	OSTEOPLASTY RADIUS&ULNA	No Auth Required	Surgery of			
		LENGTHENING W/AUTOGRAF		musculoskeletal system			
25394	REPAIR CARPAL BONE SHORTEN	OSTEOPLASTY CARPAL BONE	No Auth Required	Surgery of			
		SHORTENING		musculoskeletal system			
25400	REPAIR RADIUS OR ULNA	RPR NONUNION/MALUNION	No Auth Required	Surgery of			
		RADIUS/ULNA W/O AUTOGRAFT		musculoskeletal system			
25405	REPAIR/GRAFT RADIUS OR ULNA	RPR NONUNION/MALUNION	No Auth Required	Surgery of			
		RADIUS/ULNA W/AUTOGRAFT		musculoskeletal system			
25415	REPAIR RADIUS & ULNA	RPR NONUNION/MALUNION	No Auth Required	Surgery of			
		RADIUS&ULNA W/O AUTOGRAF		musculoskeletal system			
25420	REPAIR/GRAFT RADIUS & ULNA	RPR NONUNION/MALUNION	No Auth Required	Surgery of			
		RADIUS&ULNA W/AUTOGRAFT		musculoskeletal system			
25425	REPAIR/GRAFT RADIUS OR ULNA	REPAIR DEFECT W/AUTOGRAFT	No Auth Required	Surgery of			
25.426	25242424225	RADIUS/ULNA		musculoskeletal system			
25426	REPAIR/GRAFT RADIUS & ULNA	REPAIR DEFECT W/AUTOGRAFT	No Auth Required	Surgery of			
25430	VASC GRAFT INTO CARPAL BONE	RADIUS&ULNA INSERTION VASCULAR PEDICLE CARPAL	No Auth Required	musculoskeletal system Surgery of			
23430	VASC GRAFT INTO CARPAE BOINE	BONE	No Auth Required	musculoskeletal system			
25431	REPAIR NONUNION CARPAL BONE	REPAIR NONUNION CARPAL BONE EACH	No Auth Required	Surgery of			
25451	THE TAIN NOTION OF THE TREE BOTTE	BONE	No Auth Required	musculoskeletal system			
25440	REPAIR/GRAFT WRIST BONE	RPR NONUNION SCAPHOID CARPAL BNE	No Auth Required	Surgery of			
		W/WO RDL STYLEC		musculoskeletal system			
25441	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC	Authorization Required	Joint		Full Clinical Review	
		RPLCMT DISTAL RADIUS			<u> </u>		
25442	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC	Authorization Required	Joint		Full Clinical Review	
		RPLCMT DISTAL ULNA					
25443	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC	Authorization Required	Joint		Full Clinical Review	
		RPLCMT SCAPHOID CARPAL					
25444	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC	Authorization Required	Joint		Full Clinical Review	
		REPLACEMENT LUNATE	ļ.,				
25445	RECONSTRUCT WRIST JOINT	ARTHROPLASTY W/PROSTHETIC	Authorization Required	Joint		Full Clinical Review	
25		REPLACEMENT TRAPEZIUM				- II OL 1 I - 1	
25446	WRIST REPLACEMENT	ARTHRP W/PROSTC RPLCMT DSTL	Authorization Required	Joint		Full Clinical Review	
		RDS&PRTL/CARPUS	L				

25447	DEDAID WOLCT LOUNTS	A DT LIDD IN TERDOC	Authorization Bossinal	I t-t-A	Full Clinian I Barrian	
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	No Auth Required	Surgery of		
		DSTL RDS/U		musculoskeletal system		
25455	REVISION OF WRIST JOINT	EPIPHYSL ARRST EPIPHYSIOD/STAPLING	No Auth Required	Surgery of		
		DSTL RDS&ULNA		musculoskeletal system		
25490	REINFORCE RADIUS	PROPH TX N/P/PLTWR W/WO	No Auth Required	Surgery of		
		METHYLACRYLATE RADIUS	,	musculoskeletal system		
25491	REINFORCE ULNA	PROPH TX N/P/PLTWR W/WO	No Auth Required	Surgery of		
		METHYLMETHACRYLATE ULNA		musculoskeletal system		
25492	REINFORCE RADIUS AND ULNA	PROPH TX N/P/PLTWR W/WO	No Auth Required	Surgery of		
		METHYLMECRYLATE RAD&UL		musculoskeletal system		
25500	TREAT FRACTURE OF RADIUS	CLOSED TX RADIAL SHAFT FRACTURE	No Auth Required	Surgery of		
		W/O MANIPULATION		musculoskeletal system		
25505	TREAT FRACTURE OF RADIUS	CLOSED TX RADIAL SHAFT FRACTURE	No Auth Required	Surgery of		
		W/MANIPULATION		musculoskeletal system		
25515	TREAT FRACTURE OF RADIUS	OPEN TREATMENT RADIAL SHAFT	No Auth Required	Surgery of		
		FRACTURE	·	musculoskeletal system		
25520	TREAT FRACTURE OF RADIUS	CLTX RDL SHFT FX&CLTX DISLC DSTL	No Auth Required	Surgery of		
		RAD/ULN JT		musculoskeletal system		
25525	TREAT FRACTURE OF RADIUS	OPEN RDL SHAFT FX CLOSED RAD/ULN	No Auth Required	Surgery of		
		JT DISLOCATE		musculoskeletal system		
25526	TREAT FRACTURE OF RADIUS	OPEN RDL SHAFT FX OPEN RAD/ULN JT	No Auth Required	Surgery of		
		DISLOCATE		musculoskeletal system		
25530	TREAT FRACTURE OF ULNA	CLOSED TX ULNAR SHAFT FRACTURE	No Auth Required	Surgery of		
		W/O MANIPULATION		musculoskeletal system		
25535	TREAT FRACTURE OF ULNA	CLOSED TX ULNAR SHAFT FRACTURE	No Auth Required	Surgery of		
25555	THE THE TOTAL OF OLD THE	W/MANIPULATION	- To rider rieganica	musculoskeletal system		
25545	TREAT FRACTURE OF ULNA	OPEN TREATMENT OF ULNAR SHAFT	No Auth Required	Surgery of		
		FRACTURE		musculoskeletal system		
25560	TREAT FRACTURE RADIUS & ULNA	CLOSED TX RADIAL&ULNAR SHAFT	No Auth Required	Surgery of		
		FRACTURES W/O MAN		musculoskeletal system		
25565	TREAT FRACTURE RADIUS & ULNA	CLOSED TX RADIAL&ULNAR SHAFT	No Auth Required	Surgery of		
		FRACTURES W/MANJ		musculoskeletal system		
25574	TREAT FRACTURE RADIUS & ULNA	OPEN TX RADIAL&ULNAR SHAFT FX	No Auth Required	Surgery of		
		W/FIXJ RADIUS/ULNA		musculoskeletal system		
25575	TREAT FRACTURE RADIUS/ULNA	OPEN TX RADIAL&ULNAR SHAFT FX	No Auth Required	Surgery of		
25575	THE THE TOTAL TO T	W/FIXJ RADIUS&ULNA	- To rider rieganica	musculoskeletal system		
25600	TREAT FRACTURE RADIUS/ULNA	CLTX DSTL RADIAL FX/EPIPHYSL SEP	No Auth Required	Surgery of		
		W/O MANJ		musculoskeletal system		
25605	TREAT FRACTURE RADIUS/ULNA	CLTX DSTL RDL FX/EPIPHYSL SEP	No Auth Required	Surgery of		
		W/MANJ WHEN PERF		musculoskeletal system		
25606	TREAT FX DISTAL RADIAL	PERQ SKEL FIXJ DISTAL RADIAL	No Auth Required	Surgery of		
23000	THE TANAL OF THE T	FX/EPIPHYSL SEP		musculoskeletal system		
25607	TREAT FX RAD EXTRA-ARTICUL	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL	No Auth Required	Surgery of		
23007		SEP	Maar nequireu	musculoskeletal system		
25608	TREAT FX RAD INTRA-ARTICUL	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL	No Auth Required	Surgery of		
23000	THE TARABINTA ANTICOL	SEP 2 FRAG	140 Addi Nequired	musculoskeletal system		
25609	TREAT FX RADIAL 3+ FRAG	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL	No Auth Required	Surgery of		
23003	INLAT IN NADIAL ST I NAG	SEP 3 FRAG	No Auth Nequileu			
25622	TREAT WRIST BONE FRACTURE	CLOSED TX CARPAL SCAPHOID	No Auth Required	musculoskeletal system		
23022	INLAT WHIST BOINE FRACTURE	FRACTURE W/O MANJ	ivo Autii Requireu	Surgery of		
25624	TREAT WRIST BONE FRACTURE	CLOSED TX CARPAL SCAPHOID	No Auth Required	musculoskeletal system	+	
23024	INLAT WHIST BOINL FRACTURE	FRACTURE W/MANJ	No Auth Nequileu	Surgery of musculoskeletal system		
L	l	I MACTURE W/WANJ	1	musculoskeletai system		

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PARA WINST BONA HACKURA   CLIX CARPAL LONE X WIND MANUA ACAN No Auth Required   musculosideted system	25628	TREAT WRIST BONE FRACTURE		No Auth Required		
MINISTER						
25655   TRAT WINST DIGITATION   CONTROL (CARPAN MICHINE PRACTURE)   TRATEGURA   TRATEGUR	25630	TREAT WRIST BONE FRACTURE	-	No Auth Required		
BONE	25635	TREAT WRIST BONE FRACTURE		No Auth Required		
Supply   S						
OTHER SCAPPOID PA	25645	TREAT WRIST BONE FRACTURE	OPEN TX CARPAL BONE FRACTURE	No Auth Required		
Sect VINEST BONE FRACTURES   ACCURSE   ACCUR						
MILANA STYLOUP PRACTURE	25650	TREAT WRIST BONE FRACTURE	CLOSED TREATMENT ULNAR STYLOID	No Auth Required		
PROJ. SERTETAL PRACTURE   PROJ. SERTETAL P			FRACTURE			
STACIO FRACTURE	25651	PIN ULNAR STYLOID FRACTURE		No Auth Required		
PRATEPRACTURE LUNARSTYLOD   OPEN TREATMENT LUNARS STYLOD   RACTURE   RACTU						
March   Marc	25652	TREAT FRACTURE ULNAR STYLOID		No Auth Required		
TREAT WRIST DISLOCATION   CLTX BICDER/INTERCARP IDSIG 1/-   No Auth Required   miscoloskiected system					1 - 1	
Section   Sect	25660	TREAT WRIST DISLOCATION		No Auth Required		
TREAT WRIST DISLOCATION   OPEN TR BADIOCARPAL/INTERCARPAL   No Auth Required   Surgery of   musculoskeletal system						
Second Content   Seco	25670	TREAT WRIST DISLOCATION		No Auth Required		
25671 PIN RADIOULNAR DISLOCATION PRO SKELETAL FIXI DISTAL RADIOULNAR No Auth Required musucloskeletal system missuloskeletal system missu	25070	THE WHIST BISES OF WICH		no man neganea		
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DISLOCATION   DI	25671	PIN RADIOLII NAR DISLOCATION	PRO SKELETAL FIXI DISTAL RADIOLII NAR	No Auth Required	Surgery of	
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September   September   Surgery of   Surge	25075	THERT WHIST DISEOCHTION		No Auth Required		
MEAT WRIST FRACTURE   CLTR TRANS-SCAPHOPRILUNAR TYP FX   DISLC W/MAIN   DISLC W	25676	TREAT WRIST DISLOCATION		No Auth Required		
September   Surgery of   Surg	23070	TREAT WRIST DISLOCATION		No Auth Required		
DISLC W/MAN   No Auth Required   Surgery of musculoskeletal system	25690	TREAT WRICT ERACTURE		No Auth Poquirod		
Surgery of Surgery o	23000	TREAT WRIST FRACTORE		No Autii Requireu		
FRACTURE DISLC   musculoskeletal system	25.605	TREAT WRICT EDACTURE		No Auth Boquirod		
TREAT WRIST DISLOCATION	23003	TREAT WRIST FRACTORE		No Autii Requireu		
W/MANIPULATION   Musculoskeletal system   W/MANIPULATION   Musculoskeletal system   W/MANIPULATION   DESCRIPTION   DISLOCATION	25,000	TREAT MURICI DICLOCATION		No Auth Descriped		
TREAT WRIST DISLOCATION   OPEN TREATMENT LUNATE   DISLOCATION   DISLOCATION   DISLOCATION   DISLOCATION   DISLOCATION   DISLOCATION   Musculoskeletal system   musculoskeletal system   DISLOCATION   ARTHRODESIS WRIST COMPLETE W/O   BONE GRAFT   No Auth Required   Joint     DISLOCATION   ARTHRODESIS WRIST W/SILDING GRAFT   No Auth Required   Joint     DISLOCATION   ARTHRODESIS WRIST W/SILDING GRAFT   No Auth Required   Joint   DISLOCATION   ARTHRODESIS WRIST W/SILDING GRAFT   No Auth Required   Joint   DISLOCATION	25690	TREAT WRIST DISLOCATION		No Auth Required		
DISLOCATION   Musculoskeletal system   DISLOCATION   ARTHRODESIS WRIST COMPLETE W/O NO Auth Required   Joint	25605	TREAT WRIST DISLOCATION		No Auth Boquirod		
FUSION OF WRIST JOINT BONE GRAFT SUSION/GRAFT OF WRIST JOINT ARTHRODESIS WRIST W/SLIDING GRAFT No Auth Required Joint Joint SERVIN FUSION/GRAFT OF WRIST JOINT ARTHRODESIS WRIST W/SLIDING GRAFT No Auth Required Joint ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT AUTOGRAFT AUTOGRAFT AUTOGRAFT AUTOGRAFT ARTHRODESIS WRIST LIMITED W/O BONE GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT AWAUTOGRAFT AWAU	23093	TREAT WRIST DISLOCATION		No Autii Requireu		
BONE GRAFT   ARTHRODESIS WRIST W/LILAC/OTHER ARTHRODESIS WRIST W/LILAC/OTHER ARTHRODESIS WRIST LIMITED W/O BONE GRAFT   No Auth Required   Joint   J	25,000	ELISION OF WRIST IOINT		No Auth Boquirod		
FUSION/GRAFT OF WRIST JOINT ARTHRODESIS WRIST W/SLIDING GRAFT  ARTHRODESIS WRIST W/LILAC/OTHER AUTOGRAFT  AUTOGRAFT  AUTOGRAFT  AUTOGRAFT  FUSION OF HAND BONES  ARTHRODESIS WRIST LIMITED W/O BONE GRAFT  NO Auth Required Joint  W/AUTOGRAFT  NO Auth Required Joint  Surgery of MORE ARTHRODESIS WRIST LIMITED W/O BONE W/AUTOGRAFT  RADIUS & UINA W/O BONE  AMPUTATION OF FOREARM  AMPUTATION FOREARM HARD HADIUS & UINA OPEN FOREARM THROUGH ADIUS & UINA OPEN FOREARM THROUGH ADIUS & UINA MORE GRAFT  AMPUTATION FOREARM  AMP FOREARM THRU RADIUS & UINA OPEN FOREARM SURGERY  AMP FOREARM THRU RADIUS & UINA OPEN FOREARM SURGERY  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  Surgery of MUSCUloskeletal system  AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  AMP FOREARM THRU RADIUS & UINA REquired Surgery of MUSCUloskeletal system  Surgery of MUSCU	23600	POSICIN OF WRIST JOINT		No Autii Requireu	Joint	
FUSION /GRAFT OF WRIST JOINT   ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT   No Auth Required   Joint     Joint	25005	FUCION /CDAFT OF MIDICT IOINT		No. Acatle Describer d	Ladius.	
AUTOGRAFT ARTHRODESIS WRIST LIMITED W/O BONE GRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/O W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  AND FUSE RAMPULT ROBIOUN JUNA W/WO BONE  ESSES AMPUTATION OF FOREARM AMPUTATION FOREARM THROUGH RADIUS & ULNA OPEN CIRCULAR  ESSES AMPUTATION FOLLOW-UP SURGERY  AMPUTATION FOLLOW-UP SURGERY  AMP FARM THRU RADIUS & ULNA EQUIRED WITH REQUIRED	25805	FUSION/GRAFT OF WRIST JOINT	ARTHRODESIS WRIST W/SLIDING GRAFT	No Auth Required	Joint	
AUTOGRAFT ARTHRODESIS WRIST LIMITED W/O BONE GRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/O W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  ESSES FUSE HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT  AND FUSE RAMPULT ROBIOUN JUNA W/WO BONE  ESSES AMPUTATION OF FOREARM AMPUTATION FOREARM THROUGH RADIUS & ULNA OPEN CIRCULAR  ESSES AMPUTATION FOLLOW-UP SURGERY  AMPUTATION FOLLOW-UP SURGERY  AMP FARM THRU RADIUS & ULNA EQUIRED WITH REQUIRED	25040	FUCION /CDAFT OF MIDICT IOINT	A DITUDO DE CIC MUDICI MUNICIO DI LA CACTUED	No. Acatle Describer d	Ladius.	
FUSION OF HAND BONES  ARTHRODESIS WRIST LIMITED W/O BONE GRAFT  ARTHRODESIS WRIST LIMITED  W/AUTOGRAFT  ARTHRODESIS WRIST LIMITED  W/AUTOGRAFT  DISION RADIOULNAR JNT/ULNA  ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE  LUNA W/WO BONE  AMPUTATION OF FOREARM  AMPUTATION FOREARM  AMPUTATION OF FOREARM  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  OPEN C	25810	FUSION/GRAFT OF WRIST JOINT		No Auth Required	Joint	
BONE GRAFT	25222	SUSION OF HAND BONES				
FUSEN HAND BONES WITH GRAFT ARTHRODESIS WRIST LIMITED W/AUTOGRAFT ARTHROUGH Surgery of musculoskeletal system Surgery of Musculoskel	25820	FUSION OF HAND BONES		No Auth Required	JOINT	
FUSION RADIOULNAR JNT/ULNA  ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE  AMPUTATION OF FOREARM  AMPUTATION OF FOREARM  AMPUTATION OF FOREARM  AMP FOREARM THROUGH RADIUS & ULNA  AMP FOREARM THRU RADIUS & ULNA  OPEN CIRCULAR  AMP FARM THRU RADIUS & ULNA  OPEN CIRCULAR  AMP FARM THRU RADIUS & ULNA  OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA  Surgery of musculoskeletal system musculoskeletal system  TO Surgery of musculoskeletal system  MUSCULOSKELETAL SYSTEM  AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA REquired Surgery of musculoskeletal system  Surgery of musculoskeletal system  AMPUTATION OF FOREARM  KRUKENBERG PROCEDURE  NO Auth Required  Surgery of musculoskeletal system  TO Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Surgery of Surgery of Surgery of Musculoskeletal system  Surgery of Musculoskeletal sys	25025	CHECK HAND DONES WITH COAST		No. A calle Donnaise d	I a land	_
FUSION RADIOULNAR JNT/ULNA  ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE  AMPUTATION OF FOREARM  AMPUTATION FOREARM  AMPUTATION FOREARM THROUGH RADIUS & ULNA MYF OREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA REquired Surgery of musculoskeletal system  Surgery of musculoskeletal system  AMPUTATION OF FOREARM  KRUKENBERG PROCEDURE  No Auth Required Surgery of musculoskeletal system  Surgery of Surgery of musculoskeletal system  Surgery of Surgery of Surgery of musculoskeletal system  Surgery of Surgery	25825	FUSE HAND BONES WITH GRAFT		No Auth Required	Joint	
Surgery of musculoskeletal system   Surgery of   Surgery o	25026	SUSION RADIOUNAR INT.	,			
AMPUTATION OF FOREARM AMPUTATION FOREARM THROUGH RADIUS & ULNA  AMPUTATION OF FOREARM AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMPUTATION FOLLOW-UP SURGERY AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION OF FOREARM  AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION  AMPUTATION OF FOREARM  KRUKENBERG PROCEDURE  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Surgery of musculoskeletal system  25915 AMPUTATION OF FOREARM  KRUKENBERG PROCEDURE  No Auth Required  Surgery of musculoskeletal system	25830	FUSION RADIOULNAR JNT/ULNA		No Auth Required	Joint	
RADIUS & ULNA  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP TATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA RE- AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA RE- AMPUTATION AMP FOREARM THRU RADIUS & ULNA RE- AMPUTATION 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	25555					
AMP FOREARM AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  Surgery of musculoskeletal system  AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS & ULNA RE AMP FOREARM THRU RADIUS & ULNA RE AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION FOLLOW-UP SURGERY  AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION OF FOREARM  AMP FOREARM THRU RADIUS & ULNA RE AMPUTATION OF FOREARM  AMPUTATION OF FOREARM  KRUKENBERG PROCEDURE  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  25920 AMPUTATE HAND AT WRIST  DISARTICULATION THROUGH WRIST  No Auth Required  Surgery of Surgery of Musculoskeletal system  Surgery of S	25900	AMPUTATION OF FOREARM		No Auth Required		
DPEN CIRCULAR  Musculoskeletal system  AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE  AMP FOREARM THRU RADIUS&ULNA RE No Auth Required Musculoskeletal system  AMP FOREARM THRU RADIUS&ULNA RE No Auth Required Musculoskeletal system  AMP FOREARM THRU RADIUS&ULNA RE No Auth Required Musculoskeletal system  AMPUTATION OF FOREARM  AMPUTATION OF FOREARM  ARRUENBERG PROCEDURE  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Musculoskeletal system  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Surgery of Musculoskeletal system						
AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE  AMP TARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE  AMP TARM THRU RADIUS&ULNA RE No Auth Required musculoskeletal system  AMP TOREARM THRU RADIUS&ULNA RE NO Auth Required AMP FOREARM THRU RADIUS&ULNA RE NO Auth Required musculoskeletal system  AMP TATION OF FOREARM  KRUKENBERG PROCEDURE  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  AMP TATION OF FOREARM  Surgery of musculoskeletal system  Surgery of musculoskeletal system  Surgery of musculoskeletal system	25905	AMPUTATION OF FOREARM		No Auth Required		
CLOSURE/SCAR RE musculoskeletal system  25909 AMPUTATION FOLLOW-UP SURGERY AMP FOREARM THRU RADIUS&ULNA RE No Auth Required AMPUTATION 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						
25909 AMPUTATION FOLLOW-UP SURGERY AMP FOREARM THRU RADIUS&ULNA RE No Auth Required 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	25907	AMPUTATION FOLLOW-UP SURGERY		No Auth Required		
AMPUTATION 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						
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	25909	AMPUTATION FOLLOW-UP SURGERY		No Auth Required		
25920 AMPUTATE HAND AT WRIST DISARTICULATION THROUGH WRIST No Auth Required Surgery of Surgery of						
25920 AMPUTATE HAND AT WRIST DISARTICULATION THROUGH WRIST No Auth Required Surgery of	25915	AMPUTATION OF FOREARM	KRUKENBERG PROCEDURE	No Auth Required		
musculoskeletal system	25920	AMPUTATE HAND AT WRIST	DISARTICULATION THROUGH WRIST	No Auth Required		
					musculoskeletal system	

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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-	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-	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	No Auth Required			
		COMPLICATED				
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	No Auth Required	Surgery of Surgery of
20110	TOTAL RESERVE TOWN S CIVITY	HAND/FINGER 3 CM/>	No Addi Reguired	musculoskeletal system
26121	RELEASE PALM CONTRACTURE	FASCT PALM W/WO Z-PLASTY TISSUE	No Auth Required	Surgery of
		REARGMT/SKN GRFT	·	musculoskeletal system
26123	RELEASE PALM CONTRACTURE	FASCT PRTL PALMAR 1 DGT PROX IPHAL	No Auth Required	Surgery of Surgery of
		JT W/WO RPR		musculoskeletal system
26125	RELEASE PALM CONTRACTURE	FASCT PRTL PALMR ADDL DGT PROX	No Auth Required	Surgery of
		IPHAL JT W/WO RPR		musculoskeletal system
26130	REMOVE WRIST JOINT LINING	SYNOVECTOMY CARPOMETACARPAL	No Auth Required	Surgery of
20125	DEVICE FINCED IOINT FACIL	JOINT SYNUCT ATCARRUNAL IT W/INTRACC	No Auth Doguined	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	No Auth Required	Joint
20140	NEVISET INGENTIONAL EXCEL	RCNSTJ EA IPHAL JT	No Auth Required	
26145	TENDON EXCISION PALM/FINGER	SYNVCT TDN SHTH RAD FLXR TDN	No Auth Required	Joint
		PALM&/FNGR EA TDN		
26160	REMOVE TENDON SHEATH LESION	EXC LESION TDN SHTH/JT CAPSL	No Auth Required	Surgery of
		HAND/FNGR		musculoskeletal system
26170	REMOVAL OF PALM TENDON EACH	EXCISION TENDON PALM	No Auth Required	Surgery of Surgery of
		FLEXOR/EXTENSOR SINGLE EACH		musculoskeletal system Programme Pro
26180	REMOVAL OF FINGER TENDON	EXCISION TENDON FINGER	No Auth Required	Surgery of Surgery of
		FLEXOR/EXTENSOR EACH		musculoskeletal system
26185	REMOVE FINGER BONE	SESAMOIDECTOMY THUMB/FINGER	No Auth Required	Surgery of
26200	DEMOVE HAND DONE LECTON	SEPARATE PROCEDURE	No Auth Doguined	musculoskeletal system
26200	REMOVE HAND BONE LESION	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	No Auth Required	Surgery of
26205	REMOVE/GRAFT BONE LESION	EXC/CURETTAGE CYST/TUMOR	No Auth Required	musculoskeletal system Surgery of
20203	NEWIOVE/GIVILL BOIVE EESION	METACARPAL W/AUTOGRAFT	No Auth Required	musculoskeletal system
26210	REMOVAL OF FINGER LESION	EXCISION/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of
		PHALANX FINGER		musculoskeletal system
26215	REMOVE/GRAFT FINGER LESION	EXC/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of Surgery of
		PHALANX FINGER W/AGRAFT		musculoskeletal system
26230	PARTIAL REMOVAL OF HAND BONE	PARTIAL EXCISION BONE METACARPAL	No Auth Required	Surgery of
				musculoskeletal system Programme Pro
26235	PARTIAL REMOVAL FINGER BONE	PARTIAL EXCISION PROXIMAL/MIDDLE	No Auth Required	Surgery of
20220	PARTIAL REMOVAL FINGER BONE	PHALANX FINGER	No Auth Doguised	musculoskeletal system
26236	PARTIAL REMOVAL FINGER BOINE	PARTIAL EXCISION DISTAL PHALANX FINGER	No Auth Required	Surgery of musculoskeletal system
26250	EXTENSIVE HAND SURGERY	RADICAL RESECTION TUMOR	No Auth Required	Surgery of
20230	EXTENSIVE TIMES SONGERY	METACARPAL	No Auth Required	musculoskeletal system
26260	RESECT PROX FINGER TUMOR	RAD RESECTION TUMOR PROX/MIDDLE	No Auth Required	Surgery of Surgery of
		PHALANX FINGER		musculoskeletal system
26262	RESECT DISTAL FINGER TUMOR	RADICAL RESECTION TUMOR DISTAL	No Auth Required	Surgery of
		PHALANX FINGER		musculoskeletal system
26320	REMOVAL OF IMPLANT FROM HAND	REMOVAL IMPLANT FROM	No Auth Required	Surgery of
		FINGER/HAND		musculoskeletal system
26340	MANIPULATE FINGER W/ANESTH	MANIPULATION FINGER JOINT UNDER	No Auth Required	Surgery of
26244	MANURUH AT RALAA CORD DOCT ''''	ANES EACH JOINT	No Acado Do 11 d	musculoskeletal system
26341	MANIPULAT PALM CORD POST INJ	MANIPLATN PALAR FASCIAL CRD POST	No Auth Required	Surgery of
26350	REPAIR FINGER/HAND TENDON	INJ SINGLE CORD  RPR/ADVMNT FLXR TDN N/Z/2 W/O FR	No Auth Possired	musculoskeletal system Surgery of
20330	NEFAIN FINGER/ HAIND FENDON	GRAFT EA TENDON	No Auth Required	Surgery of musculoskeletal system
26352	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT FLXR TDN N/Z/2 W/FR	No Auth Required	Surgery of
20002		GRAFT EA TENDON		musculoskeletal system
26356	REPAIR FINGER/HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/O	No Auth Required	Surgery of
	•	FR GRFT EA TENDON		musculoskeletal system

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26357	REPAIR FINGER/HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/O	No Auth Required	Surgery of		ŀ
		FR GRFT EA TENDON		musculoskeletal system		
26358	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT FLXR TDN ZONE 2 W/FR	No Auth Required	Surgery of		
		GRAFT EA TENDON		musculoskeletal system		
26370	REPAIR FINGER/HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS	No Auth Required	Surgery of		
		TDN PRIM EA TDN		musculoskeletal system		
26372	REPAIR/GRAFT HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS	No Auth Required	Surgery of		
		TDN W/FREE GRAFT EA		musculoskeletal system		
26373	REPAIR FINGER/HAND TENDON	RPR/ADVMNT TDN W/NTC SUPFCIS	No Auth Required	Surgery of		
		TDN W/O FREE GRF EA		musculoskeletal system		
26390	REVISE HAND/FINGER TENDON	EXC FLXR TDN W/IMPLTJ SYNTH ROD	No Auth Required	Surgery of		
		DLYD TDN GRF H/F		musculoskeletal system		
26392	REPAIR/GRAFT HAND TENDON	RMVL SYNTH ROD & INSJ FLXR TDN GRF	No Auth Required	Surgery of		
		H/F EA ROD		musculoskeletal system		
26410	REPAIR HAND TENDON	REPAIR EXTENSOR TENDON HAND W/O	No Auth Required	Surgery of		
		GRAFT EACH		musculoskeletal system		
26412	REPAIR/GRAFT HAND TENDON	REPAIR EXTENSOR TENDON HAND	No Auth Required	Surgery of		
20115	EVOCAN HAND (ENGED TENDON	W/GRAFT EACH		musculoskeletal system		
26415	EXCISION HAND/FINGER TENDON	EXC XTNSR TDN W/IMPLTJ SYNTH ROD	No Auth Required	Surgery of		
		DLYD GRF H/F EA		musculoskeletal system		
26416	GRAFT HAND OR FINGER TENDON	RMVL SYNTH ROD & INSJ XTNSR TDN	No Auth Required	Surgery of		
25112	DED AIR SWIGER TEND ON	GRF H/F EA ROD		musculoskeletal system		
26418	REPAIR FINGER TENDON	REPAIR EXTENSOR TENDON FINGER	No Auth Required	Surgery of		
25420	DED 4 10 10 10 10 10 10 10 10 10 10 10 10 10	W/O GRAFT EACH		musculoskeletal system		
26420	REPAIR/GRAFT FINGER TENDON	REPAIR EXTENSOR TENDON FINGER	No Auth Required	Surgery of		
25425	DEDANG SINGER (MANIE TENEROM	W/GRAFT EACH		musculoskeletal system		
26426	REPAIR FINGER/HAND TENDON	RPR XTNSR TDN CNTRL SLIP TISS W/LAT	No Auth Required	Surgery of		
20420	DEDAID (CDAFT FINICED TENDON	BAND EA FNGR	No Auth Dogwined	musculoskeletal system		
26428	REPAIR/GRAFT FINGER TENDON	RPR XTNSR TDN CNTRL SLIP SEC W/FR	No Auth Required	Surgery of		
26422	DEDAID FINICED TENDON	GRFT EA FINGER	No Auth Dogwined	musculoskeletal system		
26432	REPAIR FINGER TENDON	CLTX DSTL XTNSR TDN INSJ W/WO	No Auth Required	Surgery of		
26433	REPAIR FINGER TENDON	PERCUTAN PINNING REPAIR EXTENSOR TENDON DISTAL	No Auth Boquired	musculoskeletal system		
20433	REPAIR FINGER TENDON		No Auth Required	Surgery of		
26434	DEDAID (CDAFT FINGED TENDON	INSERTION W/O GRF REPAIR EXTENSOR TENDON DISTAL	No Auth Doguined	musculoskeletal system		
20434	REPAIR/GRAFT FINGER TENDON		No Auth Required	Surgery of		
26437	DEALICNMENT OF TENDONS	INSERTION W/GRAFT	No Auth Boquired	musculoskeletal system		
20437	REALIGNMENT OF TENDONS	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	No Auth Required	Surgery of		
26440	RELEASE PALM/FINGER TENDON	TENOLYSIS FLEXOR TENDON	No Auth Poquired	musculoskeletal system		
20440	RELEASE PALM/FINGER TENDON	PALM/FINGER EACH TENDON	No Auth Required	Surgery of		
26442	DELEASE DALM & FINCED TENDON		No Auth Boquired	musculoskeletal system		
26442	RELEASE PALM & FINGER TENDON	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	No Auth Required	Surgery of		
26445	RELEASE HAND/FINGER TENDON	TENOLYSIS EXTENSOR TENDON	No Auth Required	musculoskeletal system Surgery of		
20443	INCLEASE HAND/FINGER TENDON	HAND/FINGER EACH	No Autil Required	Surgery of		
26449	RELEASE FOREARM/HAND TENDON	TENOLYSIS CPLX XTNSR TENDON	No Auth Required	musculoskeletal system Surgery of		
20449	INCLEASE FOREARINI/ HAIND TEINDON	FINGER W/FOREARM EA	No Auth Required	Surgery of		
26450	INCISION OF PALM TENDON		No Auth Required	musculoskeletal system Surgery of		
20450	INCISION OF PALIVI TENDON	TENDON TENDON	No Auth Required	Surgery of		
26455	INCISION OF FINGER TENDON	TENOTOMY FLEXOR FINGER OPEN EACH	No Auth Required	musculoskeletal system Surgery of		
20433	INCISION OF FINGER TENDON	TENDON TENDON	No Auth Required	Surgery of		
26460	INCISE HAND/FINGER TENDON		No Auth Possired	musculoskeletal system		
20400	INCISE HAND/FINGER TENDON	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	No Auth Required	Surgery of		
26471	FUSION OF FINGER TENDONS	TENODESIS PROXIMAL	No Auth Required	musculoskeletal system Surgery of		
204/1	I OSIGN OF FINGLIN TENDONS	INTERPHALANGEAL JOINT EACH	No Auth Required	Surgery of		
26474	FUSION OF FINGER TENDONS	TENODESIS DISTAL JOINT EACH	No Auth Possired	musculoskeletal system		
204/4	I OSION OF FINGER TENDONS	TENODESIS DISTAL JUINT EACH	No Auth Required	Surgery of		
	1			musculoskeletal system		

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26476	TENDON LENGTHENING	LENGTHENING TENDON EXTENSOR	No Auth Required	Surgery of		
26477	TENDON CHORTENING	HAND/FINGER EACH	No. Acade Described	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	No Auth Required	Surgery of		
		HAND/FINGER EACH		musculoskeletal system		
26479	SHORTENING OF HAND TENDON	SHORTENING TENDON FLEXOR	No Auth Required	Surgery of		
		HAND/FINGER EACH		musculoskeletal system		
26480	TRANSPLANT HAND TENDON	TR/TRNSPL TDN CARP/MTCRPL HAND	No Auth Required	Surgery of		
		W/O FR GRF EA TDN		musculoskeletal system		
26483	TRANSPLANT/GRAFT HAND TENDON	TENDON TRANSFER TRANSPLANT	No Auth Required	Surgery of		
		CARP/MTCRPL GRAFT		musculoskeletal system		
26485	TRANSPLANT PALM TENDON	TRANSFER/TRANSPLANT TENDON	No Auth Required	Surgery of		
		PALMAR W/O GRAFT EACH		musculoskeletal system		
26489	TRANSPLANT/GRAFT PALM TENDON	TRANSFER/TRANSPLANT TENDON	No Auth Required	Surgery of		
		PALMAR W/GRAFT EACH		musculoskeletal system		
26490	REVISE THUMB TENDON		No Auth Required	Surgery of		
		EA TDN		musculoskeletal system		
26492	TENDON TRANSFER WITH GRAFT	OPPONENSPLASTY TDN TR W/GRF EA	No Auth Required	Surgery of		
		TDN		musculoskeletal system		
26494	HAND TENDON/MUSCLE TRANSFER	OPPONENSPLASTY HYPOTHENAR MUSC	No Auth Required	Surgery of		
25105	DEL 1005 TILLUM AD TENDON	TR		musculoskeletal system		
26496	REVISE THUMB TENDON	OPPONENSPLASTY OTHER METHODS	No Auth Required	Surgery of		
20407	FINICED TENDON TRANSFER	TO TON DESTODE INTONICS FUNCT	No Auth Desuised	musculoskeletal system		
26497	FINGER TENDON TRANSFER	TR TDN RESTORE INTRNSC FUNCI	No Auth Required	Surgery of		
26400	FINGER TENDON TRANSFER	RING&SM FNGR TR TDN RESTORE INTRNSC FUNCJ ALL 4	No Auth Required	musculoskeletal system		
26498	FINGER TENDON TRANSFER	FNGRS	No Autii Required	Surgery of musculoskeletal system		
26499	REVISION OF FINGER	CORRECTION CLAW FINGER OTHER	No Auth Required	Surgery of		
20433	INCUSION OF THINGER	METHODS	No Auth Required	musculoskeletal system		
26500	HAND TENDON RECONSTRUCTION	RCNSTJ TENDON PULLEY EACH	No Auth Required	Surgery of		
20300	THING TENDON RECONSTRUCTION	W/LOCAL TISSUES SPX	No Auth Required	musculoskeletal system		
26502	HAND TENDON RECONSTRUCTION	RCNSTJ TDN PULLEY EA TDN	No Auth Required	Surgery of		
		W/TDN/FSCAL GRF SPX		musculoskeletal system		
26508	RELEASE THUMB CONTRACTURE	RELEASE THENAR MUSCLE	No Auth Required	Surgery of		
				musculoskeletal system		
26510	THUMB TENDON TRANSFER	CROSS INTRINSIC TRANSFER EACH	No Auth Required	Surgery of		
		TENDON		musculoskeletal system		
26516	FUSION OF KNUCKLE JOINT	CAPSULODESIS MTCARPHLNGL JOINT	No Auth Required	Joint		
		SINGLE DIGIT				
26517	FUSION OF KNUCKLE JOINTS	CAPSULODESIS MTCARPHLNGL JOINT 2	No Auth Required	Joint		
		DIGITS				
26518	FUSION OF KNUCKLE JOINTS	CAPSULODESIS MTCARPHLNGL JOINT	No Auth Required	Joint		
		3/4 DIGITS				
26520	RELEASE KNUCKLE CONTRACTURE	CAPSULECTOMY/CAPSULOTOMY	No Auth Required	Joint		
		MTCARPHLNGL JOINT EACH	ļ			
26525	RELEASE FINGER CONTRACTURE		No Auth Required	Joint		
20555	DELUCE VALUE OF LOWE	JOINT EACH		1	5 11 612 2 2 2	
26530	REVISE KNUCKLE JOINT	ARTHROPLASTY	Authorization Required	Joint	Full Clinical Review	
		METACARPOPHALANGEAL JOINT EACH				
20524	DEVICE KNILICKI E MUTILI INADI ANIT	ADTUDD MATCARDUU NICLUT W/DD CCTC	Authorization Descript	laint	Full Cliniant Books	
26531	REVISE KNUCKLE WITH IMPLANT	ARTHRP MTCARPHLNGL JT W/PROSTC	Authorization Required	Joint	Full Clinical Review	
26525	DEVISE FINICED IOINT	IMPLT EA JT	Authorization Descript d	loint	Full Clinical Bassia	
26535	REVISE FINGER JOINT	ARTHROPLASTY INTERPHALANGEAL	Authorization Required	Joint	Full Clinical Review	
26536	REVISE/IMPLANT FINGER JOINT	JOINT EACH ARTHROPLASTY INTERPHALANGEAL JT	Authorization Required	Joint	Full Clinical Review	
20330	NEVISE/IIVIFEAIVI FINGER JOHN I	W/PROSTHETIC EA	Authorization Required	Joint	run Cillical Review	
	1	W// NOSTHETICEA	I .	I		

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26540	REPAIR HAND JOINT	RPR COLTRL LIGM	No Auth Required	Joint
		MTCARPHLNGL/IPHAL JT		
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	No Auth Required	Joint
26546	REPAIR NONUNION HAND	RPR NON-UNION MTCRPL/PHALANX	No Auth Required	Surgery of
200.0			no man negan ca	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	No Auth Required	Surgery of
		GRT TOE WRP/ARND		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	No Auth Required	Surgery of
		OTH/THN GRT TOE 2		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	No Auth Required	Surgery of
		W/SKIN FLAPS		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
26568	LENGTHEN METACARPAL/FINGER	OSTEOPLASTY LENGTHENING	No Auth Required	musculoskeletal system
20300	LENGTHEN WETACARPAL/FINGER	METACARPAL/PHALANX	No Autii Kequireu	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	No Auth Required	Surgery of
		TISSUE & BONE		musculoskeletal system
26590	REPAIR FINGER DEFORMITY	REPAIR MACRODACTYLIA EACH DIGIT	No Auth Required	Reconstructive
26591	REPAIR MUSCLES OF HAND	REPAIR INTRINSIC MUSCLES HAND	No Auth Required	Surgery of
		EACH MUSCLE		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	No Auth Required	Surgery of
2000		W/MANIPULATION EACH BONE		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	No Auth Required	Surgery of
		SINGLE EA BONE		musculoskeletal system

26641	TREAT THUMB DISLOCATION	CLTX CARPO/METACARPAL	No Auth Required	Surgery of	
		DISLOCATION THUMB W/MANJ		musculoskeletal system	
26645	TREAT THUMB FRACTURE	CLTX CARPO/METACARPAL FX DISLC	No Auth Required	Surgery of	
		THUMB W/MANJ		musculoskeletal system	
26650	TREAT THUMB FRACTURE	PRQ SKELETAL FIX CARPO/METACARPAL	No Auth Required	Surgery of	
		FX DISLC THUMB		musculoskeletal system	
26665	TREAT THUMB FRACTURE	OPEN TX CARPOMETACARPAL	No Auth Required	Surgery of	
		FRACTURE DISLOCATE THUMB		musculoskeletal system	
26670	TREAT HAND DISLOCATION	CLTX CARPO/METACARPL DISLC THMB	No Auth Required	Surgery of	
		MANJ EA W/O ANES		musculoskeletal system	
26675	TREAT HAND DISLOCATION	CLTX CARPO/MTCRPL DISLC THUMB	No Auth Required	Surgery of	
		MANJ EA JT W/ANES		musculoskeletal system	
26676	PIN HAND DISLOCATION	PRQ SKEL FIXJ CARPO/MTCRPL DISLC	No Auth Required	Surgery of	-
		THMB MANJ EA JT		musculoskeletal system	
26685	TREAT HAND DISLOCATION	OPEN TX CARPOMETACARPAL	No Auth Required	Surgery of	-
20005	THE THIRD BISES OF THE T	DISLOCATE NOT THUMB	no man neganea	musculoskeletal system	
26686	TREAT HAND DISLOCATION	OPTX CARP/MTCRPL DISLC THMB CPLX	No Auth Required	Surgery of Surgery Steeling St	
20000	TREAT HAND DISLOCATION	MLT/DLYD RDCTJ	No Auth Required		
26700	TREAT KNUCKLE DISLOCATION	CLTX METACARPOPHALANGEAL DISLC	No Auth Required	musculoskeletal system Surgery of	
20700	TREAT KNOCKEE DISLOCATION	W/MANJ W/O ANES	No Auti Required		
26705	TREAT KNUCKLE DISLOCATION	CLTX METACARPOPHALANGEAL DISLC	No Auth Boquired	musculoskeletal system	
26705	TREAT KNOCKLE DISLOCATION	W/MANJ W/ANES	No Auth Required	Surgery of	
26706	DINI KNILICKI E DICI OCATIONI		No Auth Dogwined	musculoskeletal system	
26706	PIN KNUCKLE DISLOCATION	PRQ SKEL FIXJ	No Auth Required	Surgery of	
		METACARPOPHALANGEAL DISLC		musculoskeletal system	
		W/MANJ			
26715	TREAT KNUCKLE DISLOCATION	OPEN TREATMENT	No Auth Required	Surgery of	
		METACARPOPHALANGEAL		musculoskeletal system	
		DISLOCATION			
26720	TREAT FINGER FRACTURE EACH		No Auth Required	Surgery of	
		W/O MANJ EA		musculoskeletal system	
26725	TREAT FINGER FRACTURE EACH	CLTX PHLNGL FX PROX/MIDDLE PX/F/T	No Auth Required	Surgery of	
		W/MANJ EA		musculoskeletal system	
26727	TREAT FINGER FRACTURE EACH	PRQ SKEL FIXJ PHLNGL SHFT FX	No Auth Required	Surgery of	
		PROX/MIDDLE PX/F/T		musculoskeletal system	
26735	TREAT FINGER FRACTURE EACH	OPEN TX PHALANGEAL SHAFT	No Auth Required	Surgery of	
		FRACTURE PROX/MIDDLE EA		musculoskeletal system	
26740	TREAT FINGER FRACTURE EACH	CLTX ARTCLR FX INVG	No Auth Required	Surgery of	
		MTCRPHLNGL/IPHAL JT W/O MANJ		musculoskeletal system	
26742	TREAT FINGER FRACTURE EACH	CLTX ARTCLR FX INVG	No Auth Required	Surgery of	
		MTCARPHLNGL/IPHAL JT W/MANJ		musculoskeletal system	
26746	TREAT FINGER FRACTURE EACH	OPEN TX ARTICULAR FRACTURE MCP/IP	No Auth Required	Surgery of	
		JOINT EA		musculoskeletal system	
26750	TREAT FINGER FRACTURE EACH	CLTX DSTL PHLNGL FX FNGR/THMB	No Auth Required	Surgery of	
		W/O MANJ EA		musculoskeletal system	
26755	TREAT FINGER FRACTURE EACH	CLTX DSTL PHLNGL FX FNGR/THMB	No Auth Required	Surgery of	
		W/MANJ EA		musculoskeletal system	
26756	PIN FINGER FRACTURE EACH	PRQ SKEL FIXJ DSTL PHLNGL FX	No Auth Required	Surgery of	-
		FNGR/THMB EA		musculoskeletal system	
26765	TREAT FINGER FRACTURE EACH	OPEN TX DISTAL PHALANGEAL	No Auth Required	Surgery of	-
		FRACTURE EACH		musculoskeletal system	
26770	TREAT FINGER DISLOCATION	CLTX IPHAL JT DISLC W/MANJ W/O	No Auth Required	,,	-
		ANES			
26775	TREAT FINGER DISLOCATION	CLTX IPHAL JT DISLC W/MANJ REQ ANES	No Auth Required	Joint	
20,,3	THE THIRD IS CONTION	SELL TIMEST DISEC W/WWW REQ ANES			
26776	PIN FINGER DISLOCATION	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	No Auth Required	Joint	
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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	·	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	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		
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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	No Auth Required	Surgery of		
		SUPERFICIAL		musculoskeletal system		
27041	BIOPSY OF SOFT TISSUES	BIOPSY SOFT TISSUE PELVIS&HIP	No Auth Required	Surgery of		
27042	540 HB 551 WG 156 GO 0 GO 1	DEEP/SUBFSCAL/IM		musculoskeletal system		
27043	EXC HIP PELVIS LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE	No Auth Required	Surgery of		
27045	EXC HIP/PELV TUM DEEP 5 CM/>	PELVIS&HIP SUBQ 3CM/> EXC TUMOR SOFT TISSUE PELVIS & HIP	No Auth Required	musculoskeletal system Surgery of		
27043	LACTIFFELV TOWN DELF 3 CIVIF	SUBFASC 5CM/>	No Autii Required	musculoskeletal system		
27047	EXC HIP/PELVIS LES SC < 3 CM	EXC TUMOR SOFT TISSUE PELVIS & HIP	No Auth Required	Surgery of		
27017		SUBQ <3CM	no natir negatica	musculoskeletal system		
27048	EXC HIP/PELV TUM DEEP < 5 CM	EXC TUMOR SOFT TISSUE PELVIS & HIP	No Auth Required	Surgery of		
		SUBFASC <5CM		musculoskeletal system		
27049	RESECT HIP/PELV TUM < 5 CM	RAD RESECT TUMOR SOFT TISSUE	No Auth Required	Surgery of		
		PELVIS & HIP <5 CM		musculoskeletal system		
27050	BIOPSY OF SACROILIAC JOINT	ARTHROTOMY W/BIOPSY SACROILIAC	No Auth Required	Joint		
		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	No Auth Required	Surgery of		
		DBRDMT MUSCLE UNI		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	No Auth Required	Joint		
		BURSA/CALCIFICATION	·			
27065	REMOVE HIP BONE LES SUPER	EXCISION BONE CYST/BNIGN TUMOR	No Auth Required	Surgery of		
		SUPERFICIAL		musculoskeletal system		
27066	REMOVE HIP BONE LES DEEP	EXCISION BONE CYST/BENIGN TUMOR	No Auth Required	Surgery of		
		DEEP		musculoskeletal system		
27067	REMOVE/GRAFT HIP BONE LESION	EXC B1 CST/B9 TUM W/AGRFT REQ SEP	No Auth Required	Surgery of		
27070	PART REMOVE HIP BONE SUPER	PARTIAL EXCISION SUPERFICIAL PELVIS	No Auth Required	musculoskeletal system Surgery of		
27070	PART REMOVE THE BOINE SOFER	PARTIAL EXCISION SOFERITCIAL PLEVIS	No Autii Required	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	No Auth Required	Surgery of		
		PUBIC/ISCHIAL	·	musculoskeletal system		
27076	RESECT HIP TUM INCL ACETABUL	RAD RESCT TUMOR ILIUM	No Auth Required	Surgery of		
		ACETABULUM BOTH PUBIC		musculoskeletal system		
27077	RESECT HIP TUM W/INNOM BONE	RADICAL RESCTION TUMOR	No Auth Required	Surgery of		
		INNOMINATE BONE TOTAL		musculoskeletal system		
27078	RSECT HIP TUM INCL FEMUR	RAD RESCT TUMOR ISCHIAL	No Auth Required	Surgery of		
27000	DEMOVAL OF TAIL DONE	TUBEROSITY&GRT TRCHNTR	No. A cabo Document	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	No Auth Required	Surgery of		
2/00/	NEWOVE THE FOREIGN BODT	DEEP	No Auth Required	musculoskeletal system		
27090	REMOVAL OF HIP PROSTHESIS	REMOVAL HIP PROSTHESIS SEPARATE	Authorization Required	Joint	Full Clinical Review	
		PROCEDURE		-		
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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	No Auth Required	Surgery of		
27098	TRANSFER TENDON TO PELVIS	PROXIMAL TRANSFER ADDUCTOR ISCHIUM	No Auth Required	musculoskeletal system Surgery of		
27100	TRANSFER OF ABDOMINAL MUSCLE	TR XTRNL OBLQ MUSC TRCHNTR	No Auth Required	musculoskeletal system		
2/100	TRANSFER OF ABDOMINAL MOSCLE	W/FSCAL/TDN XTN GRF	No Autii kequileu	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		
27120	RECONSTRUCTION OF HIP SOCKET	ACETABULOPLASTY	No Auth Required	musculoskeletal system		
27120	RECONSTRUCTION OF HIP SOCKET	ACETABULOPLASTY ACETABULOPLASTY RESECTION	No Auth Required	Joint Joint		
2/122	RECONSTRUCTION OF HIP SOCKET	FEMORAL HEAD	No Autii kequileu	JOHE		
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		

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27175	TREAT SLIPPED EPIPHYSIS	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	No Auth Required	Surgery of
27176	TREAT SLIPPED EPIPHYSIS	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL	No Auth Deguised	musculoskeletal system
2/1/6	TREAT SLIPPED EPIPHYSIS	PINNING SITU	No Auth Required	Surgery of musculoskeletal system
27177	TREAT SLIPPED EPIPHYSIS	1	No Auth Required	Surgery of
		PIN/BONE GRFT		musculoskeletal system
27178	TREAT SLIPPED EPIPHYSIS	OPTX SLP FEM EPIPHYSIS CLSD MANJ	No Auth Required	Surgery of Surgery of
		SINGL/MLTPL PIN		musculoskeletal system
27179	REVISE HEAD/NECK OF FEMUR	OPTX SLP FEM EPIPHYSIS OSTPL FEM	No Auth Required	Surgery of Surgery of
	, , , , , , , , , , , , , , , , , , , ,	NCK HEYMAN PX		musculoskeletal system
27181	TREAT SLIPPED EPIPHYSIS	OPTX SLP FEM EPIPHYSIS OSTEOT&INT	No Auth Required	Surgery of
		FIXI		musculoskeletal system
27185	REVISION OF FEMUR EPIPHYSIS	EPIPHYSL ARRST EPIPHYSIOD/STAPLING	No Auth Required	Surgery of Surgery of
		TRCHNTR FEMUR		musculoskeletal system
27187	REINFORCE HIP BONES	PROPH TX N/P/PLTWR W/WO MMA	No Auth Required	Surgery of
		FEM NCK & PROX FEMUR		musculoskeletal system
27197	CLSD TX PELVIC RING FX	CLSD TX PELVIC RING FX W/O	No Auth Required	Surgery of
		MANIPULATION		musculoskeletal system
27198	CLSD TX PELVIC RING FX	CLSD TX PELVIC RING FX	No Auth Required	Surgery of
		W/MANIPULATION W/ANES		musculoskeletal system
27200	TREAT TAIL BONE FRACTURE	CLOSED TREATMENT COCCYGEAL	No Auth Required	Surgery of
		FRACTURE		musculoskeletal system
27202	TREAT TAIL BONE FRACTURE	OPEN TREATMENT COCCYGEAL	No Auth Required	Surgery of
		FRACTURE		musculoskeletal system
27215	TREAT PELVIC FRACTURE(S)	OPTX ILIAC TUBRST AVLS/WING FX FIXJ	No Auth Required	Surgery of Surgery of
2,213	THE THE THE TOTAL (S)	IF PRFRMD	no man negan ca	musculoskeletal system
27216	TREAT PELVIC RING FRACTURE	PERQ SKELETAL FIXATION PST PELVIC	No Auth Required	Surgery of
2,210	THE THE PERIOD WITHOUT THE PERIOD WE	BONE FX&/DIS	no man negan ca	musculoskeletal system
27217	TREAT PELVIC RING FRACTURE	*	No Auth Required	Surgery of
2,21,	THE THE THING THE TOTAL	FIXJ IF PFR	no man negan ca	musculoskeletal system
27218	TREAT PELVIC RING FRACTURE	OPTX POST PEL BONE FX&/DISLC INT	No Auth Required	Surgery of
		FIXJ IF PFRMD		musculoskeletal system
27220	TREAT HIP SOCKET FRACTURE	CLTX ACETABULUM HIP/SOCKT FX W/O	No Auth Required	Surgery of
		MANJ	·	musculoskeletal system
27222	TREAT HIP SOCKET FRACTURE	CLTX ACETABULM HIP/SOCKT FX MANJ	No Auth Required	Surgery of
		W/WO SKEL TRACJ		musculoskeletal system
27226	TREAT HIP WALL FRACTURE	OPTX PST/ANT ACTBLR WALL FX W/INT	No Auth Required	Surgery of
		FIXJ	·	musculoskeletal system
27227	TREAT HIP FRACTURE(S)	OPTX ACTBLR FX INVG ANT/PST 1	No Auth Required	Surgery of
		COLUMN/FX W/INT		musculoskeletal system
27228	TREAT HIP FRACTURE(S)	OPTX ACTBLR FX INVG ANT&POST 2	No Auth Required	Surgery of
	· ·	COLUMNS FX W/INT	1	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	No Auth Required	Surgery of
		W/WO SKEL TRACJ	1	musculoskeletal system
27235	TREAT THIGH FRACTURE	PRQ SKEL FIXJ FEMORAL FX PROX END	No Auth Required	Surgery of
		NECK	1	musculoskeletal system
27236	TREAT THIGH FRACTURE	OPTX FEM FX PROX END NCK INT	No Auth Required	Surgery of
<u></u>		FIXJ/PROSTC RPLCMT		musculoskeletal system
27238	TREAT THIGH FRACTURE	CLTX INTER/PERI/SUBTROCHANTERIC	No Auth Required	Surgery of
		FEM FX W/O MANJ		musculoskeletal system
27240	TREAT THIGH FRACTURE	CLTX INTR/PERI/SBTRCHNTC FEMORAL	No Auth Required	Surgery of
		FX W/MANJ		musculoskeletal system
27244	TREAT THIGH FRACTURE	TX INTER/PR/SUBTRCHNTRIC FEMORAL	No Auth Required	Surgery of
		FX SCREW IMPLT		musculoskeletal system
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27245	TREAT THIGH FRACTURE	TX INTER/PR/SUBTRCHNTRIC FEM FX	No Auth Required	Surgery of		
		IMED IMPLTSCREW		musculoskeletal system		
27246	TREAT THIGH FRACTURE		No Auth Required	Surgery of		
27240	TD5.47 TUBOU 50.4 CTUB5	MANJ		musculoskeletal system		
27248	TREAT THIGH FRACTURE	OPEN TREATMENT GREATER	No Auth Required	Surgery of		
27250	TREAT	TROCHANTERIC FRACTURE		musculoskeletal system		
27250	TREAT HIP DISLOCATION	CLTX HIP DISLOCATION TRAUMATIC	No Auth Required	Surgery of		
27252	TREAT LUR DICLOCATION	W/O ANESTHESIA	No. Acade Described	musculoskeletal system		
27252	TREAT HIP DISLOCATION	CLTX HIP DISLOCATION TRAUMATIC	No Auth Required	Joint		
27252	TREAT LUR DICLOCATION	REQ ANESTHESIA	No. Acade Described	Latina		
27253	TREAT HIP DISLOCATION	OPTX HIP DISLOCATION TRAUMATIC	No Auth Required	Joint		
27254	TREAT HIP DISLOCATION	W/O INTERNAL FIXJ  OPTX HIP DISLC TRAUMTC W/ACTBLR	No Auth Desuised	laint		
27254	TREAT HIP DISLOCATION	WALL&FEM HEAD	No Auth Required	Joint		
27256	TREAT HIP DISLOCATION	TX SPONTAN HIP DISLC ABDCT	No Auth Required	Joint		
27230	TREAT HIP DISLOCATION	SPLNT/TRCJ W/O ANES	No Autii Required	Joint		
27257	TREAT HIP DISLOCATION	TX SPON HIP DISLC ABDCT SPLNT/TRCJ	No Auth Required	Joint		
2/25/	TREAT HIP DISLOCATION	W/MANJ ANES	No Autii Required	Joint		
27258	TREAT HIP DISLOCATION	OPTX SPON HIP DISLC RPLCMT FEM	No Auth Required	Joint		
27236	TREAT THE DISLOCATION	HEAD ACTBLM	No Auth Required	Joint		
27259	TREAT HIP DISLOCATION	OPTX SPON HIP DISLC RPLCMT FEM	No Auth Required	Joint		
27233	TREAT THE DISLOCATION	HEAD ACTBLM SHRT	No Auth Required	Joint		
27265	TREAT HIP DISLOCATION	CLTX POST HIP ARTHRP DISLC W/O	No Auth Required	Surgery of		
27203	TREAT THE DISLOCATION	ANES	No Auth Required	musculoskeletal system		
27266	TREAT HIP DISLOCATION	CLTX POST HIP ARTHRP DISLC REQ ANES	No Auth Required	Surgery of		
27200	THE THE BISEOCITION	CETAT OST THE FRANCES	No Auth Required	musculoskeletal system		
27267	CLTX THIGH FX	CLOSED TX FEMORAL FRACTURE PROX	No Auth Required	Surgery of		
2,20,	CETA THIGHTA	HEAD W/O MANJ	No Auth Required	musculoskeletal system		
27268	CLTX THIGH FX W/MNPJ	CLOSED TX FEMORAL FRACTURE PROX	No Auth Required	Surgery of		
		HEAD W/MANJ		musculoskeletal system		
27269	OPTX THIGH FX	OPEN TX FEMORAL FRACTURE	No Auth Required	Surgery of		
		PROXIMAL END HEAD		musculoskeletal system		
27275	MANIPULATION OF HIP JOINT	MANIPULATION HIP JOINT GENERAL	No Auth Required	Surgery of		
		ANESTHESIA		musculoskeletal system		
27279	ARTHRODESIS SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT	Authorization Required	Surgery of	Full Clinical Review	
		PERCUTANEOUS		musculoskeletal system		
27280	FUSION OF SACROILIAC JOINT	ARTHRODESIS SACROILIAC JOINT	Authorization Required	Surgery of	Full Clinical Review	
		W/OBTAINING GRAFT	,	musculoskeletal system		
27282	FUSION OF PUBIC BONES	ARTHRODESIS SYMPHYSIS PUBIS	No Auth Required	Surgery of		
		W/OBTAINING GRAFT	·	musculoskeletal system		
27284	FUSION OF HIP JOINT	ARTHRODESIS HIP JOINT W/OBTAINING	No Auth Required	Surgery of		
		GRAFT	·	musculoskeletal system		
27286	FUSION OF HIP JOINT	ARTHRD HIP JT W/OBTG GRF	No Auth Required	Surgery of		
		W/SUBTRCHNTRIC OSTEOT		musculoskeletal system		
27290	AMPUTATION OF LEG AT HIP	INTERPELVIABDOMINAL AMPUTATION	No Auth Required	Surgery of		
			1	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	Authorization Required	Joint	Full Clinical Review	
		JOINT				
27301	DRAIN THIGH/KNEE LESION	I&D DEEP ABSC BURSA/HEMATOMA	No Auth Required	Surgery of		
		THIGH/KNEE REGION		musculoskeletal system		
27303	DRAINAGE OF BONE LESION	INC DEEP W/OPNG BONE CORTEX	No Auth Required	Surgery of		
		FEMUR/KNEE		musculoskeletal system		
27305	INCISE THIGH TENDON & FASCIA	FASCIOTOMY ILIOTIBIAL OPEN	No Auth Required	Surgery of		
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27306	INCISION OF THIGH TENDON	TENOTOMY PRQ	No Auth Required	Surgery of		
		ADDUCTOR/HAMSTRING 1 TENDON SPX		musculoskeletal system		
27307	INCISION OF THIGH TENDONS	TENOTOMY PRQ	No Auth Required	Surgery of		
		ADDUCTOR/HAMSTRING MULTIPLE		musculoskeletal system		
		TENDON		i i		
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	No Auth Required	Surgery of		
2,020	5.6.565655525	SUPERFICIAL	no man neganea	musculoskeletal system		
27324	BIOPSY THIGH SOFT TISSUES	BIOPSY SOFT TISSUE THIGH/KNEE AREA	Authorization Required	Surgery of	Full Clinical Review	
2/324	BIOF31 IIIIGI13011 11330L3	DEEP	Authorization Required	musculoskeletal system	r dii Cililical Review	
27325	NEURECTOMY HAMSTRING	NEURECTOMY HAMSTRING MUSCLE	No Auth Dogwined			
2/325	INEURECTURIT HARVISTRING	NEURECTOWN HAWSTRING 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	Authorization Required	Surgery of	Full Clinical Review	
		THIGH/KNEE SUBQ <3CM		musculoskeletal system		
27328	EXC THIGH/KNEE TUM DEEP <5CM	EXC TUMOR SOFT TISSUE THIGH/KNEE	Authorization Required	Surgery of	Full Clinical Review	
<u> </u>		SUBFASC <5CM	<u>                                       </u>	musculoskeletal system		
27329	RESECT THIGH/KNEE TUM < 5 CM	RAD RESECT TUMOR SOFT TISSUE	Authorization Required	Surgery of	Full Clinical Review	
1		THIGH/KNEE <5CM		musculoskeletal system		
27330	BIOPSY KNEE JOINT LINING	ARTHROTOMY KNEE W/SYNOVIAL	Authorization Required	Joint	Full Clinical Review	
		BIOPSY ONLY				
27331	EXPLORE/TREAT KNEE JOINT	ARTHRT KNE W/JT EXPL BX/RMVL	Authorization Required	Joint	Full Clinical Review	
27331	EXILENTE, THE AT KINEE SOUNT	LOOSE/FB	/ actionization required	Joine	Tun chinear review	
27332	REMOVAL OF KNEE CARTILAGE	ARTHRT W/EXC SEMILUNAR CRTLG	Authorization Required	Joint	Full Clinical Review	
2/332	REIVIOVAL OF RIVEE CARTILAGE		Authorization Required	Joint	Full Cliffical Review	
		KNEE MEDIAL/LAT				
27333	REMOVAL OF KNEE CARTILAGE	ARTHRT W/EXC SEMILUNAR CRTLG	Authorization Required	Joint	Full Clinical Review	
		KNEE MEDIAL&LAT				
27334	REMOVE KNEE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY KNEE	Authorization Required	Joint	Full Clinical Review	
		ANTERIOR/POSTERIOR				
27335	REMOVE KNEE JOINT LINING	ARTHRT W/SYNVCT KNE ANT&POST	Authorization Required	Joint	Full Clinical Review	
		W/POP AREA				
27337	EXC THIGH/KNEE LES SC 3 CM/>	EXCISON TUMOR SOFT TISSUE	Authorization Required	Joint	Full Clinical Review	
		THIGH/KNEE SUBQ 3 CM/>				
27339	EXC THIGH/KNEE TUM DEP 5CM/>	EXC TUMOR SOFT TISSUE THIGH/KNEE	Authorization Required	Joint	Full Clinical Review	
		SUBFASC 5 CM/>				
27340	REMOVAL OF KNEECAP BURSA	EXCISION PREPATELLAR BURSA	Authorization Required	Joint	Full Clinical Review	
27345	REMOVAL OF KNEE CYST	EXCISION SYNOVIAL CYST POPLITEAL	No Auth Required	Joint	- En Connect No. 10	
2,0.5		SPACE SPACE				
27347	REMOVE KNEE CYST	EXCISION LESION MENISCUS/CAPSULE	Authorization Required	Joint	Full Clinical Review	
2/34/	NEIVIOVE RIVEE CIST	-	Authorization Required	Joint	i uli Cililicai Neview	
27250	DEMOVAL OF KNIEECAS	KNEE DATELLECTOMY/LIEMIDATELLECTOMY	No Auth Descriptor	laint		
27350	REMOVAL OF KNEECAP	PATELLECTOMY/HEMIPATELLECTOMY	No Auth Required	Joint		
27355	REMOVE FEMUR LESION	EXCISION/CURETTAGE CYST/TUMOR	Authorization Required	Surgery of	Full Clinical Review	
		FEMUR		musculoskeletal system		
27356	REMOVE FEMUR LESION/GRAFT	EXCISION/CURETTAGE CYST/TUMOR	Authorization Required	Surgery of	Full Clinical Review	
		FEMUR W/ALLOGRAFT		musculoskeletal system		
27357	REMOVE FEMUR LESION/GRAFT	EXCISION/CURETTAGE CYST/TUMOR	Authorization Required	Surgery of	Full Clinical Review	
		FEMUR W/AUTOGRAFT		musculoskeletal system		
27358	REMOVE FEMUR LESION/FIXATION	EXCISION/CURETTAGE CYST/TUMOR	Authorization Required	Surgery of	Full Clinical Review	
		FEMUR INT FIXATION		musculoskeletal system		
27360	PARTIAL REMOVAL LEG BONE(S)	PRTL EXC BONE FEMUR PROX	Authorization Required	Surgery of	Full Clinical Review	
	(-,	TIBIA&/FIBULA		musculoskeletal system		
27364	RESECT THIGH/KNEE TUM 5 CM/>	RAD RESECTION TUMOR SOFT TIS	Authorization Required	Surgery of	Full Clinical Review	
2,007		THIGH/KNEE 5 CM/>		musculoskeletal system	. a ccar neview	
	L	THOUGH KINEL J CIVILY	1	mascaloskeretai system		

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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	Authorization Required	Surgery of	Full Clinical Review	
27272	DEMONAL OF FOREIGN BODY	ENHNCD CT/MRI KNE	Authorization Descript	musculoskeletal system	Full Clinian Basina	
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	No Auth Required	Surgery of		
		PRIMARY		musculoskeletal system		
27381	REPAIR/GRAFT KNEECAP TENDON	SUTR INFRAPATELLAR TDN 2 RCNSTJ	No Auth Required	Surgery of		
		W/FSCAL/TDN GRF		musculoskeletal system		
27385	REPAIR OF THIGH MUSCLE	SUTURE QUADRICEPS/HAMSTRING	No Auth Required	Surgery of		
27005	The state of the s	RUPTURE PRIMARY		musculoskeletal system		
27386	REPAIR/GRAFT OF THIGH MUSCLE	SUTR QUADRICEPS/HAMSTRING MUSC	No Auth Required	Surgery of		
27300	THE TAIN GIVET OF THE O	RPT RCNSTJ	140 Mati Nequirea	musculoskeletal system		
27390	INCISION OF THIGH TENDON	TENOTOMY OPEN HAMSTRING KNEE	No Auth Required	Surgery of		
27000		HIP SINGLE TENDON		musculoskeletal system		
27391	INCISION OF THIGH TENDONS	TENOTOMY OPN HAMSTRING KNEE HIP	No Auth Required	Surgery of		
27331	THE STORY OF THIS IT LENDONS	MULTIPLE 1 LEG	140 Mati Nequirea	musculoskeletal system		
27392	INCISION OF THIGH TENDONS	TENOTOMY OPEN HAMSTRING KNEE	No Auth Required	Surgery of	+	
2/352	INCISION OF THIGH TENDONS	HIP MULTIPLE BI	No Auth Required			
27393	LENGTHENING OF THIGH TENDON	LENGTHENING HAMSTRING TENDON	No Auth Required	musculoskeletal system	+	
2/393	LENGTHENING OF THIGH TENDON	SINGLE	No Autii Kequireu	Surgery of		
27394	LENGTHENING OF THICH TENDONG		No Auth Doguised	musculoskeletal system	+	
2/394	LENGTHENING OF THIGH TENDONS	LENGTHENING HAMSTRING TENDON	No Auth Required	Surgery of		
27205	LENGTHENING OF THICH TENDONG	MULTIPLE 1 LEG	No. Acade Described	musculoskeletal system		
27395	LENGTHENING OF THIGH TENDONS	LENGTHENING HAMSTRING TENDON	No Auth Required	Surgery of		
		MULTIPLE BILATERAL		musculoskeletal system		
27396	TRANSPLANT OF THIGH TENDON	TRANSPLANT/TRANSFER THIGH XTNSR	No Auth Required	Surgery of		
		TO FLXR 1 TENDON		musculoskeletal system		
27397	TRANSPLANTS OF THIGH TENDONS	TRANSPLANT/TRANSFER THIGH XTNSR	No Auth Required	Surgery of		
		TO FLXR MULT TDN		musculoskeletal system		
27400	REVISE THIGH MUSCLES/TENDONS	TRANSFER TENDON/MUSCLE	No Auth Required	Surgery of		
		HAMSTRINGS FEMUR		musculoskeletal system		
27403	REPAIR OF KNEE CARTILAGE	ARTHROTOMY W/MENISCUS REPAIR	Authorization Required	Joint	Full Clinical Review	
		KNEE				
27405	REPAIR OF KNEE LIGAMENT	RPR PRIMARY TORN LIGM&/CAPSULE	Authorization Required	Joint	Full Clinical Review	
		KNEE COLLATERAL				
27407	REPAIR OF KNEE LIGAMENT	REPAIR PRIMARY TORN	Authorization Required	Joint	Full Clinical Review	
		LIGM&/CAPSULE KNEE CRUCIAT				
27409	REPAIR OF KNEE LIGAMENTS	RPR 1 TORN LIGM&/CAPSL KNE	Authorization Required	Joint	Full Clinical Review	
		COLTRL&CRUCIATE				
27412	AUTOCHONDROCYTE IMPLANT KNEE	AUTOLOGOUS CHONDROCYTE	Authorization Required	Joint	Full Clinical Review	
		IMPLANTATION KNEE				
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	OSTEOCHONDRAL ALLOGRAFT KNEE	Authorization Required	Joint	Full Clinical Review	
		OPEN				
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	OSTEOCHONDRAL AUTOGRAFT KNEE	Authorization Required	Joint	Full Clinical Review	·
		OPEN MOSAICPLASTY		<u> </u>		
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	Authorization Required	Joint	Full Clinical Review	
		RELIGNMT&/MUSC RL	·			
27424	REVISION/REMOVAL OF KNEECAP	RCNSTJ DISLC PATELLA	Authorization Required	Joint	Full Clinical Review	
	·	W/PATELLECTOMY				
27425	LAT RETINACULAR RELEASE OPEN	LATERAL RETINACULAR RELEASE OPEN	Authorization Required	Joint	Full Clinical Review	
			,, ,,			
27427	RECONSTRUCTION KNEE	LIGAMENTOUS RECONSTRUCTION KNEE	Authorization Required	Joint	Full Clinical Review	
		EXTRA-ARTICULAR	,, ,,			
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27428	RECONSTRUCTION KNEE	LIGAMENTOUS RECONSTRUCTION KNEE	Authorization Required	Joint	Full Clinical Review	
27429	RECONSTRUCTION KNEE	INTRA-ARTICULAR LIGMOUS RCNSTJ AGMNTJ KNE INTRA-	Authorization Required	Joint	Full Clinical Review	
27423	NECONSTRUCTION RIVEE	ARTICULAR XTR	Authorization Required	Some	ran enmear neview	
27430	REVISION OF THIGH MUSCLES	QUADRICEPSPLASTY	No Auth Required	Joint		
27435	INCISION OF KNEE JOINT	CAPSULOTOMY POSTERIOR CAPSULAR	No Auth Required	Joint		
		RELEASE KNEE				
27437	REVISE KNEECAP	ARTHROPLASTY PATELLA W/O	Authorization Required	Joint	Full Clinical Review	
27438	REVISE KNEECAP WITH IMPLANT	PROSTHESIS ARTHROPLASTY PATELLA	Authorization Required	Joint	Full Clinical Review	
27430	REVISE KNEECAP WITH IMPLANT	W/PROSTHESIS	Authorization Required	Joint	ruii Ciiiiicai Keview	
27440	REVISION OF KNEE JOINT	ARTHROPLASTY KNEE TIBIAL PLATEAU	Authorization Required	Joint	Full Clinical Review	
27441	REVISION OF KNEE JOINT	ARTHRP KNEE TIBIAL PLATEAU	Authorization Required	Joint	Full Clinical Review	
		DBRDMT&PRTL SYNVCT				
27442	REVISION OF KNEE JOINT	ARTHROPLASTY FEM CONDYLES/TIBIAL	Authorization Required	Joint	Full Clinical Review	
		PLATEAU KNEE			- H - H - H - H - H	
27443	REVISION OF KNEE JOINT	ARTHRP FEM CONDYLES/TIBL PLATU	Authorization Required	Joint	Full Clinical Review	
27445	REVISION OF KNEE JOINT	KNE DBRDMT&PRTL ARTHROPLASTY KNEE HINGE	Authorization Required	Joint	Full Clinical Review	
27443	REVISION OF RIVER JOINT	PROSTHESIS	Authorization Required	Joint	Tuli Cillical Review	
27446	REVISION OF KNEE JOINT	ARTHRP KNEE CONDYLE&PLATEAU	Authorization Required	Joint	Full Clinical Review	
		MEDIAL/LAT CMPRT	, ,			
27447	TOTAL KNEE ARTHROPLASTY	ARTHRP KNE CONDYLE&PLATU	Authorization Required	Joint	Full Clinical Review	
		MEDIAL&LAT COMPARTMENTS				
27448	INCISION OF THIGH	OSTEOTOMY FEMUR	No Auth Required	Surgery of		
		SHAFT/SUPRACONDYLAR W/O		musculoskeletal system		
27450	INCISION OF THIGH	FIXATION OSTEOTOMY FEMUR	No Auth Required	Surgery of		
27430	INCISION OF THIGH	SHAFT/SUPRACONDYLAR W/FIXATION	No Auth Required	musculoskeletal system		
		,				
27454	REALIGNMENT OF THIGH BONE	OSTEOT MLT W/RELIGNMT IMED ROD	Authorization Required	Surgery of	Full Clinical Review	
		FEM SHFT		musculoskeletal system		
27455	REALIGNMENT OF KNEE	OSTEOT PROX TIBIA FIB EXC/OSTEOT	Authorization Required	Surgery of	Full Clinical Review	
27457	REALIGNMENT OF KNEE	BEFORE EPIPHYSL  OSTEOT PROX TIBIA FIB EXC/OSTEOT	Authorization Described	musculoskeletal system Surgery of	Full Clinical Review	
2/45/	REALIGNIMENT OF KINEE	AFTER EPIPHYSL	Authorization Required	musculoskeletal system	Full Clinical Review	
27465	SHORTENING OF THIGH BONE	OSTEOPLASTY FEMUR SHORTENING	Authorization Required	Surgery of	Full Clinical Review	
		EXCLUDING 64876		musculoskeletal system		
27466	LENGTHENING OF THIGH BONE	OSTEOPLASTY FEMUR LENGTHENING	Authorization Required	Surgery of	Full Clinical Review	
				musculoskeletal system		
27468	SHORTEN/LENGTHEN THIGHS	OSTPL FEMUR CMBN LNGTH&SHRT	Authorization Required	Surgery of	Full Clinical Review	
27470	DEDAID OF THICH	W/FEMORAL SGM TRNSFR	Authorization Descript	musculoskeletal system	Full Clinian I Parison	
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	Authorization Required	Surgery of	Full Clinical Review	
2,4,2	The Francisco	W/ILIAC/AUTOG BONE	Authorization Required	musculoskeletal system	r an enmear neview	
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	No Auth Required	Surgery of		
27476	SUB-05594 75 0759 4 50 0504 77 1	PROXIMAL		musculoskeletal system		
27479	SURGERY TO STOP LEG GROWTH	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	No Auth Required	Surgery of		
27485	SURGERY TO STOP LEG GROWTH	ARRST HEMIEPIPHYSL DSTL	No Auth Required	musculoskeletal system Surgery of		
27403	SONGENT TO STOT LEG GROWTH	FEMUR/PROX TIBIA/FIBULA	No Addi Nequired	musculoskeletal system		
27486	REVISE/REPLACE KNEE JOINT	REVJ TOTAL KNEE ARTHRP W/WO	Authorization Required	Joint	Full Clinical Review	
		ALGRFT 1 COMPONENT				

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27487	REVISE/REPLACE KNEE JOINT	REVJ TOT KNEE ARTHRP FEM&ENTIRE	Authorization Required	Joint	Full Clinical Review	
27100	DELLO VILLO E VILLE DE OCTUBOS	TIBIAL COMPONE			5 11 61: 1 1 2 1	
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	Authorization Required	Surgery of	Full Clinical Review	
27433	REINFORCE THIGH	METHYLMETHACRYLATE FEMUR	Authorization Required	musculoskeletal system	r dii Cililicai Review	
27496	DECOMPRESSION OF THIGH/KNEE	DECOMPRESSION FASCIOTOMY	No Auth Required	Surgery of		
27490	DECOMPRESSION OF THIGH/KINEE	THIGH&/KNEE 1 COMPONENT	No Auth Required	musculoskeletal system		
27497	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCT THIGH&/KNEE	No Auth Required	Surgery of		
27437	DECOM RESSION OF THIOTY RIVEE	DBRDMT MUSCLE&/NERVE	No Auth Required	musculoskeletal system		
27498	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCIOTOMY THIGH&/KNEE	No Auth Required	Surgery of		
27430	DECOM RESSION OF THISTY KINEE	MLT COMPARTMENTS	No Auth Required	musculoskeletal system		
27499	DECOMPRESSION OF THIGH/KNEE	DCMPRN FASCT THIGH&/KNEE MLT	No Auth Required	Surgery of		
27433	DECOM RESSION OF THIOTY RIVEE	DBRDMT NV MUSC&NRVE	No Auth Required	musculoskeletal system		
27500	TREATMENT OF THIGH FRACTURE	CLOSED TX FEMORAL SHAFT FX W/O	No Auth Required	Surgery of		
27300	THE THE CONTROL OF TH	MANIPULATION	No riatir nequired	musculoskeletal system		
27501	TREATMENT OF THIGH FRACTURE	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX	No Auth Required	Surgery of		
27301	THE THE CONTROL OF TH	W/O MANJ	No riatir nequired	musculoskeletal system		
27502	TREATMENT OF THIGH FRACTURE	CLTX FEM SHFT FX W/MANJ W/WO	No Auth Required	Surgery of		
27302	THE THIEFT OF THIS IT IN THE TONE	SKIN/SKELETAL TRACJ	No riatir nequired	musculoskeletal system		
27503	TREATMENT OF THIGH FRACTURE	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX	No Auth Required	Surgery of		
27303	THE THIEFT OF THIS IT IN THE TONE	W/MANJ	No riatir nequired	musculoskeletal system		
27506	TREATMENT OF THIGH FRACTURE	OPTX FEM SHFT FX W/INSJ IMED IMPLT	No Auth Required	Surgery of		
2,500	THE THIEFT OF THIS IT IN TO THE	W/WO SCREW	- To rider rieganica	musculoskeletal system		
27507	TREATMENT OF THIGH FRACTURE	OPTX FEM SHFT FX W/PLATE/SCREWS	No Auth Required	Surgery of		
		W/WO CERCLAGE		musculoskeletal system		
27508	TREATMENT OF THIGH FRACTURE	CLTX FEM FX DSTL END MEDIAL/LAT	No Auth Required	Surgery of		
		CONDYLE W/O MANJ		musculoskeletal system		
27509	TREATMENT OF THIGH FRACTURE	·	No Auth Required	Surgery of		
		END		musculoskeletal system		
27510	TREATMENT OF THIGH FRACTURE	CLTX FEM FX DSTL END MEDIAL/LAT	No Auth Required	Surgery of		
		CONDYLE W/MANJ		musculoskeletal system		
27511	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL SUPRACONDYLAR	No Auth Required	Surgery of		
		FRACTURE W/O XTN	·	musculoskeletal system		
27513	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL SUPRACONDYLAR	No Auth Required	Surgery of		
		FRACTURE W/XTN	·	musculoskeletal system		
27514	TREATMENT OF THIGH FRACTURE	OPEN TX FEMORAL FRACTURE DISTAL	No Auth Required	Surgery of		
		MED/LAT CONDYLE		musculoskeletal system		
27516	TREAT THIGH FX GROWTH PLATE	CLTX DISTAL FEMORAL EPIPHYSL	No Auth Required	Surgery of		
		SEPARATION W/O MANJ		musculoskeletal system		
27517	TREAT THIGH FX GROWTH PLATE	CLTX DSTL FEM EPIPHYSL SEP W/MANJ	No Auth Required	Surgery of		
		W/WO SKIN/SKEL		musculoskeletal system		
27519	TREAT THIGH FX GROWTH PLATE	OPEN TX DISTAL FEMORAL EPIPHYSEAL	No Auth Required	Surgery of		
		SEPARATION		musculoskeletal system		
27520	TREAT KNEECAP FRACTURE	CLOSED TX PATELLAR FRACTURE W/O	No Auth Required	Surgery of		
		MANIPULATION		musculoskeletal system		
27524	TREAT KNEECAP FRACTURE	OPTX PATLLR FX W/INT	No Auth Required	Surgery of		
		FIXJ/PATLLC&SOFT TISS RPR		musculoskeletal system		
27530	TREAT KNEE FRACTURE	CLTX TIBIAL FX PROXIMAL W/O	No Auth Required	Surgery of		
		MANIPULATION		musculoskeletal system		
27532	TREAT KNEE FRACTURE	CLTX TIBIAL FX PROXIMAL W/WO MANJ	No Auth Required	Surgery of		
		W/SKEL TRACJ		musculoskeletal system		
27535	TREAT KNEE FRACTURE	OPEN TX TIBIAL FRACTURE PROXIMAL	No Auth Required	Surgery of		
		UNICONDYLAR		musculoskeletal system		
27536	TREAT KNEE FRACTURE	OPTX TIBIAL FX PROX BICONDYLAR	No Auth Required	Surgery of		
		W/WO INT FIXJ		musculoskeletal system		

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27538	TREAT KNEE FRACTURE(S)	CLTX INTERCONDYLAR SPI&/TUBRST FX	No Auth Required	Surgery of			
		KNE W/WO MAN		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	No Auth Required	Surgery of			
		ANESTHESIA	·	musculoskeletal system			
27552	TREAT KNEE DISLOCATION	CLOSED TX KNEE DISLOCATION	No Auth Required	Joint			
		W/ANESTHESIA					
27556	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION W/O	No Auth Required	Joint			
		LIGAMENTOUS REPAIR	·				
27557	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION	No Auth Required	Joint			
		W/LIGAMENTOUS REPAIR					
27558	TREAT KNEE DISLOCATION	OPEN TX KNEE DISLOCATION	No Auth Required	Joint			
		W/REPAIR/RECONSTRUCTION	·				
27560	TREAT KNEECAP DISLOCATION	CLOSED TX PATELLAR DISLOCATION	No Auth Required	Surgery of			
		W/O ANESTHESIA	·	musculoskeletal system			
27562	TREAT KNEECAP DISLOCATION	CLOSED TX PATELLAR DISLOCATION	No Auth Required	Joint			
		W/ANESTHESIA	,				
27566	TREAT KNEECAP DISLOCATION	OPTX PATELLAR DISLC W/WO PRTL/TOT	No Auth Required	Joint			
		PATELLECTOMY	·				
27570	FIXATION OF KNEE JOINT	MANIPULATION KNEE JOINT UNDER	No Auth Required	Surgery of			
		GENERAL ANESTHESIA		musculoskeletal system			
27580	FUSION OF KNEE	ARTHRODESIS KNEE ANY TECHNIQUE	No Auth Required	Joint			
27590	AMPUTATE LEG AT THIGH		No Auth Required	Surgery of			
		ANY LEVEL		musculoskeletal system			
27591	AMPUTATE LEG AT THIGH	AMP THI THRU FEMUR LVL IMMT FITG	No Auth Required	Surgery of			
		TQ W/1ST CST		musculoskeletal system			
27592	AMPUTATE LEG AT THIGH	AMPUTATION THIGH THRU FEMUR	No Auth Required	Surgery of			
		OPEN CIRCULAR		musculoskeletal system			
27594	AMPUTATION FOLLOW-UP SURGERY	AMP THIGH THRU FEMUR SEC	No Auth Required	Surgery of			
		CLOSURE/SCAR REVISION		musculoskeletal system			
27596	AMPUTATION FOLLOW-UP SURGERY	AMPUTATION THIGH THROUGH FEMUR	No Auth Required	Surgery of			
		RE-AMPUTATION		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	F	ull Clinical Review	
		,		musculoskeletal system			
27600	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG ANT&/LAT	No Auth Required	Surgery of			
		COMPARTMENTS ONLY	·	musculoskeletal system			
27601	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG POST	No Auth Required	Surgery of			
		COMPARTMENT ONLY	·	musculoskeletal system			
27602	DECOMPRESSION OF LOWER LEG	DCMPRN FASCT LEG ANT&/LAT&PST	No Auth Required	Surgery of			
		CMPRT	·	musculoskeletal system			
27603	DRAIN LOWER LEG LESION	INCISION & DRAINAGE LEG/ANKLE	No Auth Required	Surgery of			
		ABSCESS/HEMATOMA	,	musculoskeletal system			
27604	DRAIN LOWER LEG BURSA	INCISION & DRAINAGE LEG/ANKLE	No Auth Required	Surgery of			
		INFECTED BURSA	· ·	musculoskeletal system			
27605	INCISION OF ACHILLES TENDON	TENOTOMY PRQ ACHILLES TENDON SPX	No Auth Required	Surgery of			
		LOCAL ANES	·	musculoskeletal system			
27606	INCISION OF ACHILLES TENDON	TENOTOMY PRQ ACHILLES TENDON SPX	No Auth Required	Surgery of			
		GENERAL ANES	,	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	No Auth Required	Joint			
	,	DRAINAGE/REMOVAL FB	,				
27612	EXPLORATION OF ANKLE JOINT		No Auth Required	Joint			
		ACHLL TDN LNGTH	·				
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27613	BIOPSY LOWER LEG SOFT TISSUE	BIOPSY SOFT TISSUE LEG/ANKLE AREA	No Auth Required	Surgery of	
		SUPERFICIAL		musculoskeletal system	
27614	BIOPSY LOWER LEG SOFT TISSUE	BIOPSY SOFT TISSUE LEG/ANKLE AREA	No Auth Required	Surgery of	
27645	DECECT LEC /ANIXLE TURA . E CAA	DEEP	N - A - Al- D l l	musculoskeletal system	
27615	RESECT LEG/ANKLE TUM < 5 CM	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
27646	DECECT LEC /ANIXLE TUBA E CNA/	LEG/ANKLE <5CM	N - A - th D in - d	musculoskeletal system	
27616	RESECT LEG/ANKLE TUM 5 CM/>	RAD RESECTION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
27618	EXC LEG/ANKLE TUM < 3 CM	LEG/ANKLE 5 CM/> EXC TUMOR SOFT TISSUE LEG/ANKLE	No Auth Required	musculoskeletal system	
2/010	EXC LEG/ANKLE TOWI < 3 CW	SUBQ <3CM	No Autii Kequireu	Surgery of	
27619	EXC LEG/ANKLE TUM DEEP <5 CM	EXC TUMOR SOFT TISSUE LEG/ANKLE	No Auth Required	musculoskeletal system Surgery of	
27013	EXCEED/AINKEE TOWN BEET 15 CW	SUBFASCIAL <5CM	No Auth Required	musculoskeletal system	
27620	EXPLORE/TREAT ANKLE JOINT	ARTHRT ANKLE W/EXPL W/WO BX	No Auth Required	Joint	
2,020	Extra Lone, mexit y united your	W/WO RMVL LOOSE/FB	Tro Audit Required	Some	
27625	REMOVE ANKLE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY	No Auth Required	Joint	
		ANKLE	·		
27626	REMOVE ANKLE JOINT LINING	ARTHROTOMY W/SYNOVECTOMY	No Auth Required	Joint	
		ANKLE TENOSYNOVECTOMY	·		
27630	REMOVAL OF TENDON LESION	EXCISION LESION TENDON	No Auth Required	Surgery of	
		SHEATH/CAPSULE LEG&/ANK		musculoskeletal system	
27632	EXC LEG/ANKLE LES SC 3 CM/>	EXCISION TUMOR SOFT TISSUE	No Auth Required	Surgery of	
		LEG/ANKLE SUBQ 3 CM/>		musculoskeletal system	
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	EXC TUMOR SOFT TISSUE LEG/ANKLE	No Auth Required	Surgery of	
		SUBFASC 5 CM/>		musculoskeletal system	
27635	REMOVE LOWER LEG BONE LESION	EXCISION/CURETTAGE BONE	No Auth Required	Surgery of	
		CYST/TUMOR TIBIA/FIBULA		musculoskeletal system	
27637	REMOVE/GRAFT LEG BONE LESION	EXC/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of	
		TIBIA/FIBULA W/AGRAFT		musculoskeletal system	
27638	REMOVE/GRAFT LEG BONE LESION	EXC/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of	
		TIBIA/FIBULA W/ALGRAFT		musculoskeletal system	
27640	PARTIAL REMOVAL OF TIBIA	PARTIAL EXCISION BONE TIBIA	No Auth Required	Surgery of	
27644	DARTIN DELICITATION OF FIRM	DARTIN EVOICION DONE FIRM		musculoskeletal system	
27641	PARTIAL REMOVAL OF FIBULA	PARTIAL EXCISION BONE FIBULA	No Auth Required	Surgery of	
27645	DECECT TIBLE THE ACR	DADICAL DECECTION OF TUNAOD TIDIA	N - A - th D in - d	musculoskeletal system	
27645	RESECT TIBIA TUMOR	RADICAL RESECTION OF TUMOR TIBIA	No Auth Required	Surgery of	
27646	RESECT FIBULA TUMOR	RADICAL RESECTION TUMOR BONE	No Auth Required	musculoskeletal system	
27040	RESECT FIBOLA TOWOR	FIBULA	No Autil Required	Surgery of musculoskeletal system	
27647	RESECT TALUS/CALCANEUS TUM	RADICAL RESECTION OF TUMOR TALUS	No Auth Required	Surgery of	
27047	RESECT TALOS/ CALCAIVEOS TOWN	OR CALCANEUS	No Auth Required	musculoskeletal system	
27648	INJECTION FOR ANKLE X-RAY	INJECTION ANKLE ARTHROGRAPHY	No Auth Required	Joint	
27650	REPAIR ACHILLES TENDON	REPAIR PRIMARY OPEN/PRQ RUPTURED		Surgery of	
	1	ACHILLES TENDON		musculoskeletal system	
27652	REPAIR/GRAFT ACHILLES TENDON	RPR PRIMARY OPEN/PRQ RUPTURED	No Auth Required	Surgery of	
		ACHILLES W/GRAFT		musculoskeletal system	
27654	REPAIR OF ACHILLES TENDON	REPAIR SECONDARY ACHILLES TENDON	No Auth Required	Surgery of	
		W/WO GRAFT	<u>                                       </u>	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	No Auth Required	Surgery of	
		W/O GRAFT EACH		musculoskeletal system	
27659	REPAIR OF LEG TENDON EACH	RPR FLEXOR TENDON LEG SECONDARY	No Auth Required	Surgery of	
		W/O GRAFT EACH		musculoskeletal system	
27664	REPAIR OF LEG TENDON EACH	RPR EXTENSOR TENDON LEG PRIMARY	No Auth Required	Surgery of	
		W/O GRAFT EACH		musculoskeletal system	
27665	REPAIR OF LEG TENDON EACH	RPR EXTENSOR TENDON LEG SECONDRY	No Auth Required	Surgery of	
L	J	W/WO GRAFT EACH		musculoskeletal system	

27675	REPAIR LOWER LEG TENDONS	RPR DISLOC PERONEAL TENDON W/O	No Auth Required	Surgery of		
		FIBULAR OSTEOTOMY		musculoskeletal system		
27676	REPAIR LOWER LEG TENDONS	REPAIR DISLOCATING PERONEAL	No Auth Required	Surgery of		
		TENDON W/FIB OSTEOT		musculoskeletal system		
27680	RELEASE OF LOWER LEG TENDON	TENOLYSIS FLXR/XTNSR TENDON	No Auth Required	Surgery of		
		LEG&/ANKLE 1 EACH		musculoskeletal system		
27681	RELEASE OF LOWER LEG TENDONS	TNOLS FLXR/XTNSR TDN LEG&/ANKLE	No Auth Required	Surgery of		
		MLT TDN		musculoskeletal system		
27685	REVISION OF LOWER LEG TENDON	LNGTH/SHRT TENDON LEG/ANKLE 1	No Auth Required	Surgery of		
		TENDON SPX		musculoskeletal system		
27686	REVISE LOWER LEG TENDONS	LNGTH/SHRT TDN LEG/ANKLE MLT TDN	No Auth Required	Surgery of		
		SAME INC EA		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	No Auth Required	Surgery of		
2,050		REDIRION/REROUTING SUPFC	- To Addi Neganea	musculoskeletal system		
27691	REVISE LOWER LEG TENDON	TR/TRNSPL 1 TDN W/MUSC	No Auth Required	Surgery of		
2,031		REDIRION/REROUTING DP	- To Addi Neganea	musculoskeletal system		
27692	REVISE ADDITIONAL LEG TENDON	TR/TRNSPL 1 TDN W/MUSC	No Auth Required	Surgery of		
		REDIRION/REROUTING EA TDN		musculoskeletal system		
27695	REPAIR OF ANKLE LIGAMENT	RPR PRIMARY DISRUPTED LIGAMENT	No Auth Required	Surgery of		
		ANKLE COLLATERAL		musculoskeletal system		
27696	REPAIR OF ANKLE LIGAMENTS		No Auth Required	Surgery of		
		COLTRL LIGMS		musculoskeletal system		
27698	REPAIR OF ANKLE LIGAMENT	REPAIR SECONDARY DISRUPTED	No Auth Required	Surgery of		
		LIGAMENT ANKLE COLTRL		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		Joint	Full Clinical Review	
		ANKLE	·			
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	No Auth Required	Surgery of		
		LENGTHENING/SHORTENIN		musculoskeletal system		
27720	REPAIR OF TIBIA	REPAIR NONUNION/MALUNION TIBIA	No Auth Required	Surgery of	 	
		W/O GRAFT		musculoskeletal system		
27722	REPAIR/GRAFT OF TIBIA	REPAIR NONUNION/MALUNION TIBIA	No Auth Required	Surgery of	 	
		W/SLIDING GRAFT		musculoskeletal system		
27724	REPAIR/GRAFT OF TIBIA	RPR NON/MAL TIBIA W/ILIAC/OTH	No Auth Required	Surgery of	 	
		AGRFT		musculoskeletal system		
27725	REPAIR OF LOWER LEG	RPR NON/MAL TIBIA SYNOSTOSIS	No Auth Required	Surgery of	 	
		W/FIBULA ANY METH		musculoskeletal system		
27726	REPAIR FIBULA NONUNION	REPAIR FIBULA NONUNION/MALUNION	No Auth Required	Surgery of		
		W/INT FIXATION		musculoskeletal system		
2772	252412 25 1 20152 1 52	252412 20410541241 205112				
27727	REPAIR OF LOWER LEG	REPAIR CONGENITAL PSEUDARTHROSIS	No Auth Required	Surgery of		
27722	DEDAID OF TIDIA EDIDINGS	TIBIA	No. Acade Doc. 1	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	No Auth Required	Surgery of
2//32	REPAIR OF FIBULA EPIPHTSIS	FIBULA	No Autii Kequireu	musculoskeletal system
27734	REPAIR LOWER LEG EPIPHYSES	ARREST EPIPHYSEAL OPEN DISTAL	No Auth Required	Surgery of
		TIBIA&FIBULA		musculoskeletal system
27740	REPAIR OF LEG EPIPHYSES	ARREST EPIPHYSEAL ANY METHOD	No Auth Required	Surgery of Surgery of
		TIBIA & FIBULA		musculoskeletal system
27742	REPAIR OF LEG EPIPHYSES	ARRST EPIPHYSL ANY METH	No Auth Required	Surgery of
		TIBFIB&DSTL FEMUR		musculoskeletal system
27745	REINFORCE TIBIA	PROPH TX N/P/PLTWR W/WO	No Auth Required	Surgery of
		METHYLMETHACRYLATE TIBIA		musculoskeletal system
27750	TREATMENT OF TIBIA FRACTURE	CLTX TIBIAL SHAFT FX W/O	No Auth Required	
		MANIPULATION		
27752	TREATMENT OF TIBIA FRACTURE	CLTX TIBIAL SHAFT FX W/MANJ W/WO	No Auth Required	Surgery of
27756	TREATMENT OF TIBIA FRACTURE	SKEL TRACJ PRQ SKELETAL FIXATION TIBIAL SHAFT	No Auth Required	musculoskeletal system
2//30	TREATIVIENT OF TIBIA FRACTORE	FRACTURE	No Autii Required	Surgery of musculoskolatal system
27758	TREATMENT OF TIBIA FRACTURE	OPTX TIBIAL SHFT FX W/PLATE/SCREWS	No Auth Required	musculoskeletal system Surgery of
27750	THE THE CONTROL OF THE PARTY OF	W/WO CERCLAGE	140 Auth Required	musculoskeletal system
27759	TREATMENT OF TIBIA FRACTURE	TX TIBL SHFT FX IMED IMPLT W/WO	No Auth Required	Surgery of
		SCREWS&/CERCLA		musculoskeletal system
27760	CLTX MEDIAL ANKLE FX	CLTX MEDIAL MALLEOLUS FX W/O	No Auth Required	
		MANIPULATION .	·	
27762	CLTX MED ANKLE FX W/MNPJ	CLTX MEDIAL MALLS FX W/MANJ	No Auth Required	Surgery of Surgery of
		W/WO SKN/SKEL TRACJ		musculoskeletal system
27766	OPTX MEDIAL ANKLE FX	OPEN TREATMENT MEDIAL MALLEOLUS	No Auth Required	Surgery of
		FRACTURE		musculoskeletal system
27767	CLTX POST ANKLE FX	CLOSED TREATMENT PST MALLEOLUS	No Auth Required	Surgery of
		FRACTURE W/O MANJ		musculoskeletal system
27768	CLTX POST ANKLE FX W/MNPJ	CLOSED TREATMENT PST MALLEOLUS	No Auth Required	Surgery of
27760	ODTY DOCT ANIXIE EV	FRACTURE W/MANJ	No Auth Descrived	musculoskeletal system
27769	OPTX POST ANKLE FX	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	No Auth Required	Surgery of
27780	TREATMENT OF FIBULA FRACTURE		No Auth Required	musculoskeletal system Surgery of
27700	TREATMENT OF TIBOLATRACTORE	CETATION FIBOLA, STILL TAX W/O WIANG	No Auth Required	musculoskeletal system
27781	TREATMENT OF FIBULA FRACTURE	CLTX PROX FIBULA/SHFT FX W/MANJ	No Auth Required	Surgery of
27701	THE TIME IT OF THE BEST THE TENE	ezixi nextibez yein i ix iiyini ne		musculoskeletal system
27784	TREATMENT OF FIBULA FRACTURE	OPEN TREATMENT PROXIMAL	No Auth Required	Surgery of
		FIBULA/SHAFT FRACTURE	·	musculoskeletal system
27786	TREATMENT OF ANKLE FRACTURE	CLTX DSTL FIBULAR FX LAT MALLS W/O	No Auth Required	
		MANJ		
27788	TREATMENT OF ANKLE FRACTURE	CLTX DSTL FIBULAR FX LAT MALLS	No Auth Required	Surgery of
		W/MANJ		musculoskeletal system
27792	TREATMENT OF ANKLE FRACTURE	OPEN TX DISTAL FIBULAR FRACTURE	No Auth Required	Surgery of
		LAT MALLEOLUS		musculoskeletal system
27808	TREATMENT OF ANKLE FRACTURE	CLOSED TX BIMALLEOLAR ANKLE	No Auth Required	Surgery of
27212	TREATMENT OF ANIME SO COURS	FRACTURE W/O MANJ	No Australia Danis III	musculoskeletal system
27810	TREATMENT OF ANKLE FRACTURE	CLOSED TX BIMALLEOLAR ANKLE	No Auth Required	Surgery of
27814	TREATMENT OF ANKLE FRACTURE	FRACTURE W/MANJ	No Auth Poguired	musculoskeletal system Surrocy of
2/814	INLATIVIENT OF AINKLE PRACTURE	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	No Auth Required	Surgery of musculoskolatal system
27816	TREATMENT OF ANKLE FRACTURE	CLTX TRIMALLEOLAR ANKLE FX W/O	No Auth Required	musculoskeletal system Surgery of
2,010	THE THE STATE OF ANNEL PRACTURE	MANIPULATION	Auth Required	musculoskeletal system
27818	TREATMENT OF ANKLE FRACTURE	CLTX TRIMALLEOLAR ANKLE FX	No Auth Required	Surgery of
		W/MANIPULATION		musculoskeletal system
27822	TREATMENT OF ANKLE FRACTURE	OPEN TX TRIMALLEOLAR ANKLE FX W/O	No Auth Required	Surgery of
		FIXJ PST LIP	·	musculoskeletal system
		•	•	

WENTERS DE WENTERS DE MANUEL DE CONTRE DE CONT	27823	TREATMENT OF ANKLE FRACTURE	OPEN TX TRIMALLEOLAR ANKLE FX	No Auth Required	Surgary of		
279222   TRAT LOWELLEG PARCTURE	2/823	TREATIVIENT OF ANKLE FRACTURE		No Auth Required	Surgery of		
TREAT LOWER LEG FRACTURE	27924	TREAT LOWER LEG ERACTURE	,	No Auth Poquired			
27925   SEAT LOWER LEG PRACTURE   OPEN TREATMENT FRACTURE DISTAL	27024	TREAT LOWER LEG TRACTORE		No Auth Required			
Mysel Tracy   27826 TREATLOWER LEG FRACTURE OPEN TREATMENT FRACTURE DISTAL TIBOR PROJECT 27827 TREATLOWER LEG FRACTURE OPEN TREATMENT FRACTURE DISTAL TIBOR PROJECT 27828 TREATLOWER LEG FRACTURE OPEN TREATMENT FRACTURE DISTAL TIBOR PROJECT 27820 TREATLOWER LEG FRACTURE OPEN TREATMENT FRACTURE DISTAL TIBOR REPORTED TO THE WAS AUTH Required Sequence of System 27820 TREATLOWER LEG FRACTURE OPEN TREATMENT FRACTURE DISTAL TIBOR & RUBBAR FRACTURE DISTAL TIBOR FRACTURE DISTAL TIBO	27825	TREAT LOWER LEG FRACTURE		No Auth Required			
TREAT LOWER LEG FRACTURE   OPEN TREATMENT FRACTURE DISTAL   No Auth Required   Surgery of   Su							
TIBLE A FUNDAL AS PRACTURE  OPEN TREATMENT PRACTURE DISTAL  TIBLE A DRIVE  TREAT LOWER LEG FRACTURE  OPEN TREATMENT PRACTURE DISTAL  TIBLE A FIBULA  FIBURA A FIBURA  FIBURA	27826	TREAT LOWER LEG FRACTURE		No Auth Required			
TREAT LOWER LES PRACTURE   OPEN REATMENT PRACTURE DISTAL   No Auch Required   Surgery of							
TRIAL OWER LES PRACTURE  PREAD LOWER LES PRACTURE  PREAD LOWER LES OINT  OPEN TA DISTAL TIBLORIBULAR JOINT  DES PRUIA.  PREAD LOWER LES DISLOCATION  CITY PROX TIBBR IT DISLC W/O ANES. NO. Auth Required  Joint  TREAT LOWER LES DISLOCATION  CITY PROX TIBBR IT DISLC W/O ANES. NO. Auth Required  Joint  TREAT LOWER LES DISLOCATION  CITY PROX TIBBR IT DISLC W/O ANES. NO. Auth Required  Joint  TREAT ANKLE DISLOCATION  CITY PROX TIBBR IT DISLC W/O ANES. NO. Auth Required  Joint  TREAT ANKLE DISLOCATION  CITY PROX TIBBR IT DISLC REC ANES. NO. Auth Required  Joint  TREAT ANKLE DISLOCATION  CITY PROX TIBBR IT DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  CITY ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  CITY ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  TREAT ANKLE DISLOCATION  OPTA ANKLE DISLOCATION W/O NO. Auth Required  JOINT  JOINT W/O NO. Auth Required  JOINT W/O NO. Auth	27827	TREAT LOWER LEG FRACTURE		No Auth Required			
### PREAT LOWER LES DISTORTION  PREAT LOWER LES DISTORTION  OPEN TREAT HOWER LES DISTORTION  OPEN TO STATE REPORT BURN AND AUTH Required  DOTAL TOWARD LES DISTORTION  OPEN TO STATE REPORT BURN AND AUTH REQUIRED  PREAT LOWER LES DISTORTION  CLIT PROX TIBBE J DISC. CW/O ANS. No Auth Required  Joint  TREAT LOWER LES DISTORTION  OPEN TO STATE REPORT BURN AND AUTH REQUIRED  PREAT LOWER LES DISTORTION  OPEN TO STATE AUTHORITY AND AUTHORIT				·			
TREAT LOWER LEG JOINT OPEN TX DISTAL TIBODISULAR JOINT DISSUPPTION AND AUCH Required Joint Joint JOINT JOSEN TYPE AND AUCH REQUIRED JOINT	27828	TREAT LOWER LEG FRACTURE		No Auth Required			
PREAT LOWER LEG DISCOCATION   OPEN TX DISCOUNT   NO AUUN Required   Joint				·			
DISSUPTION SITEMAT LOWER LEG DISLOCATION CLTR PROX TRIBEI I DISLC W/O ANES. 17833 TREAT LOWER LEG DISLOCATION CLTR PROX TRIBEI I DISLC W/O ANES. 17833 TREAT LOWER LEG DISLOCATION CLTR PROX TRIBEI I DISLC W/O ANES. 17833 TREAT LOWER LEG DISLOCATION CLTR PROX TRIBEI I DISLC W/O ANES. 17833 TREAT LOWER LEG DISLOCATION CLTR PROX TRIBEI I DISLC W/O ANES. 17834 TREAT ANNEL DISLOCATION CLTR ANIE DISLOCATION OPT X ANIE DISLOC	27829	TREAT LOWER LEG JOINT	OPEN TX DISTAL TIBIOFIBULAR JOINT	No Auth Required			
TREAT LOWER LEG DISCOCATION   CITX PROX INFIRE JT DISC REG ANES   No Auth Required   Joint				·			
TREAT LOWER LEG DISLOCATION   OPEN IX PROX TRIBITED IONT DISLOCATE No Auth Required   Doint	27830	TREAT LOWER LEG DISLOCATION	CLTX PROX TIBFIB JT DISLC W/O ANES	No Auth Required	Joint		
REAF ANKLE DISLOCATION   CLOSED TX ANKLE DISLOCATION W/O   No Auth Required   Joint	27831	TREAT LOWER LEG DISLOCATION	CLTX PROX TIBFIB JT DISLC REQ ANES	·	Joint		
REAF ANKLE DISLOCATION   CLOSED TX ANKLE DISLOCATION W/O   No Auth Required   Joint							
ANESTHESIA  Z7842 TREAT ANKIE DISLOCATION  CLTK ANKIE DISLOCATION W/O PRQ SEL FIX  OPTA ANKIE DISLOCATION W/O REPAR/INTERNAL FIX  Z7846 TREAT ANKIE DISLOCATION  OPTA ANKIE DISLOCATION NO Auth Required  OPTA ANKIE DISLOCATION  NO Auth Required  OPTA OPTA  OPTA  OPTA  OPTA  OPTA OPTA  OPTA				·			
ANESTHESIA  27842 TREAT ANKIE DISLOCATION  CITX ANKIE DISLOCATION W/O PRQ SKEL PKI  27846 TREAT ANKIE DISLOCATION  OPTX ANKIE DISLOCATION W/O REPARRINTERNAL FIX  OPTX ANKIE DISLOCATION  OPTX ANKIE DISLOCATION  OPTX ANKIE DISLOCATION  W/REPARRINT/C/TREAL RIX  27849 TREAT ANKIE DISLOCATION  OPTX ANKIE DISLOCATION  W/REPARRINT/C/TREAL RIX  ANAPILATION OF ANKIE LOINT  ARTHROORSS TRIOCREUGH  ARTHROORSS TRIOCREUGH NOA WILL WINDER  OR ANTHROORSS TRIOCREUGH NOA WILL WINDER  ARTHROORSS TRIOCREUGH NOA WILL WINDER  AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBLAĞHBULAR IDINT  TIBLAĞHBULAR  AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBLAĞHBULAR SEC  AMPUTATION LEG THRU TIBLAĞHBULA SEC  AMPUTATION LEG THRU TIBLAĞHBULA SEC  AMPUTATION LEG THRU TIBLAĞHBULA SEC  AMPUTATION FOLLOW-UP SURGERY  AMPUTATION FOLOT AT ANKIE  AMPUTATION  AMPUTATION NO FOOT AT ANKIE  AMPUTATION  AMPUTATION  AMPUTATION  NO Auth Required  Surgery of  musculookeletal system  muscul	27840	TREAT ANKLE DISLOCATION	CLOSED TX ANKLE DISLOCATION W/O	No Auth Required	Joint		
PRO SEEL FIND PROTA TANKE DISLOCATION OPTEX ANKE DISLOCATION N/O REPAIR/INTERNAL FOU  72846 TREAT ANKIE DISLOCATION OPTEX ANKE DISLOCATION OPTEX ANK DAVIDATION				·			
PRO_SKEL_FINJ 27846 TREAT ANKLE DISLOCATION   OPTX ANKLE DISLOCATION W/O   REPAIR/INTERNAL RIV  27860 PRATION OF ANKLE JOINT   MANPIULATION ANKLE UNDER   No Auth Required   Joint   27870 PRATION OF ANKLE JOINT   MANPIULATION ANKLE UNDER   No Auth Required   Joint   27871 PUSION OF ANKLE JOINT OPEN   ARTHRODESS ANKLE OPEN   No Auth Required   Joint   27872 PUSION OF ANKLE JOINT OPEN   ARTHRODESS ANKLE OPEN   No Auth Required   Joint   27873 PUSION OF ANKLE JOINT OPEN   ARTHRODESS ANKLE OPEN   No Auth Required   Joint   278737 PUSION OF TRIDOFIBULAR JOINT   RENORMAL/DISTAL   MANPUTATION OF TRIDOFIBULAR JOINT   RENORMAL/DISTAL   MANPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   No Auth Required   Surgery of   musculoskeletal system   27880 AMPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   No Auth Required   Surgery of   musculoskeletal system   27881 AMPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   No Auth Required   Surgery of   musculoskeletal system   27882 AMPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   No Auth Required   Surgery of   musculoskeletal system   27886 AMPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   No Auth Required   Surgery of   musculoskeletal system   27886 AMPUTATION OF LOWER LEG   AMPUTATION LEG THROUGH   NO Auth Required   Surgery of   27887 AMPUTATION OF FOOT AT ANKLE   AMPUTATION LIBRAFIBULA RE-   MAPUTATION DEPOT AT ANKLE   AMPUTATION MERCAL PROVINCE   AMPUTATION DEPOT AT ANKLE   AMPUTATION MERCAL PROVINCE	27842	TREAT ANKLE DISLOCATION	CLTX ANKLE DISLC REQ ANES W/WO	No Auth Required	Joint		
REPAIR/INTERNAL FIX   27848   TREAT ANKLE DISLOCATION   OPTX ANKLE DISLOCATION   W/FEPAIR/INT/TRINL FIX)   OPTX ANKLE DISLOCATION   OPTX ANK				·			
27848   TREAT ANKLE DISLOCATION   OPTX ANKLE DISLOCATION   No Auth Required   Surgery of	27846	TREAT ANKLE DISLOCATION	OPTX ANKLE DISLOCATION W/O	No Auth Required	Joint		
27848   TREAT ANKLE DISLOCATION   OPTX ANKLE DISLOCATION   No Auth Required   Surgery of			REPAIR/INTERNAL FIXJ	·			
### WAREPAIR/INITXTRINL FIX  27860 FIXATION OF ANKLE JOINT MANDE UNDER GENERAL ANESTHESIA NO Auth Required Joint Musculoskeletal system  27870 FUSION OF ANKLE JOINT OPEN ARTHRODESIS ANKLE OPEN NO Auth Required Joint Joint Joint PROXIMAL/DISTAL  27871 FUSION OF TIBIOFIBULAR JOINT PROXIMAL/DISTAL  27880 AMPUTATION OF LOWER LEG AMPUTATION LEG THROUGH TIBIAS/FIBULA MUSCUloskeletal system  27881 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIAS/FIBULA MUSCUloskeletal system  27882 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIAS/FIBULA NO Auth Required Surgery of musculoskeletal system  27882 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIAS/FIBULA NO Auth Required Surgery of musculoskeletal system  27884 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIAS/FIBULA SEC CLOSME/SCAR REV  27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIAS/FIBULA SEC CLOSME/SCAR REV  27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIAS/FIBULA RE-AMPUTATION OF FOOT AT ANKLE AMPUTATION NO Auth Required Surgery of musculoskeletal system  27888 AMPUTATION OF FOOT AT ANKLE AMPAILE AMPUTATION NO Auth Required Surgery of musculoskeletal system  27889 AMPUTATION OF FOOT AT ANKLE AMPAILE AMPUTATION NO Auth Required Surgery of musculoskeletal system  27892 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANTS/LAT NO Auth Required Surgery of musculoskeletal system  27893 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANTS/LAT NO Auth Required Surgery of musculoskeletal system  27894 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANTS/LAT NO Auth Required Surgery of musculoskeletal system  27895 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  27896 LEG/ANKLE SURGERY PROCEDURE  27897 URSINGAL SURGERY PROCEDURE  27898 LEG/ANKLE SURGERY PROCEDURE  27899 LEG/ANKLE SURGERY PROCEDURE  27890 URSINGAL SURGERY PROCEDURE  27890 URSINGAL SURGERY PROCEDURE  27891 URSINGAL SURGERY PROCEDURE  27892 URSINGAL	27848	TREAT ANKLE DISLOCATION		No Auth Required	Joint		
GENERAL ANESTHESIA musculoskeletal system  727871 FUSION OF ANKLE JOINT OPEN  ARTHRODESIS TRIBOFIBULAR JOINT  ARTHRODESIS TRIBOFIBULAR SUrgery of  Musculoskeletal system  AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBIAB FIBULA SEC  LOSURE/SCAR REV  AMPUTATION FOLLOW-UP SURGERY  AMP LEG THRU TIBIAB FIBULA SEC  LOSURE/SCAR REV  AMPUTATION FOLLOW-UP SURGERY  AMPUTATION OF FOOT AT ANKLE  AMPUTATION  ARTHRODESIS TRIBOFIBULAR ZE-  AMPUTATION OF FOOT AT ANKLE  AMPUTATION OF FOOT AT ANKLE  AMPUTATION  ARTHRODESIS TRIBOFIBULAR ZE-  AMPUTATION OF FOOT AT ANKLE  ANALE ANALE JUBIAB FIBULA SEC  CLOSURE/SCAR REV  NO Auth Required  Surgery of  musculoskeletal system  CLSR&RESCI NRV  ANALE JOINT ANALE  ANKLE OBLIANT JUBIAB FIBULA SEC  CLSR&RESCI NRV  ARMUTATION OF FOOT AT ANKLE  ANALE ANALE JUBIAB FIBULA SEC  CLSR&RESCI NRV  ARMUTATION OF FOOT AT ANKLE  AND ANALE ANALE JUBIAB FIBULA SEC  CLSR&RESCI NRV  AND AUTHROUGH JUBIAB FIBULA SEC  MUSCUloskeletal system  Surgery of  musculoskeletal system  MUSCULosk				·			
GENERAL ANESTHESIA   musculoskeletal system	27860	FIXATION OF ANKLE JOINT	MANIPULATION ANKLE UNDER	No Auth Required	Surgery of		
27870   FUSION OF ANKLE JOINT OPEN			GENERAL ANESTHESIA	·			
PROXIMAL/DISTAL  27880 AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBRIS W/IMMT FITG TQ No Auth Required musculoskeletal system  MYST CST  AMPUTATION OF LOWER LEG  AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBRIS W/IMMT FITG TQ No Auth Required musculoskeletal system  MYST CST  BY  MYST CST  MYST CST	27870	FUSION OF ANKLE JOINT OPEN		No Auth Required			
AMPUTATION OF LOWER LEG	27871	FUSION OF TIBIOFIBULAR JOINT	ARTHRODESIS TIBIOFIBULAR JOINT	No Auth Required	Joint		
TIBIA&FIBULA  TIBIA&FIBULA  MMPUTATION OF LOWER LEG  AMP LEG THRU TIBIFIB W/IMMT FITG TQ No Auth Required  W/IST CST  W/IST CST  AMPUTATION OF LOWER LEG  AMPUTATION LEG THRU TIBIA&FIBULA No Auth Required  Surgery of musculoskeletal system  OPEN CIRCULAR  AMPUTATION FOLLOW-UP SURGERY  AMPLEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  CLOSURE/SCAR REV  AMPUTATION FOLLOW-UP SURGERY  AMPLEG THRU TIBIA&FIBULA RE-AMPUTATION FOLLOW-UP SURGERY  AMPUTATION AMPUTATION FOLLOW-UP SURGERY  AMPUTATION OF FOOT AT ANKLE  AMPOTATION  AMPUTATION  AMPUTATION  AMPUTATION  AMPUTATION  AMPUTATION OF FOOT AT ANKLE  AMPANAKLE-MALLI TIBFIB W/PLSTC  CLSR&RESCI NRV  CLSR&RESCI NRV  ANKLE DISARTICULATION  No Auth Required  Surgery of musculoskeletal system  WINGLIONS AND AUTH REquired  Surgery of musculoskeletal system  Surgery of musculoskeletal system  WINGLIONS AND AUTH REquired  Surgery of musculoskeletal system  Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT NO Auth Required  WINGROMT MUSC&/NERVE  DECOMPRESSION OF LEG  DCMPRN FASCT LEG PST W/DBRDMT NO Auth Required  Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DCMPRN FASCT LEG PST W/DBRDMT NO Auth Required  Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT NO Auth Required  Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST  MUSC&/NRV  MUSC&/NRV  MUSC&/NRV  MUSC&/NRV  MUSC&/NRV  MUSC&/NRV  MUSCA/LAT&PST  NO Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  W/DBRDMT MUS  Surgery of musculoskeletal system  W/DBRDMT MUS  NO Auth Required  Surgery of musculoskeletal system  MUSCA/NRV				·			
27881 AMPUTATION OF LOWER LEG AMP LEG THRU TIBFIB W/IMMT FITG TO W/JST CST musculoskeletal system Surgery of musculoskeletal system OPEN CIRCULAR MAPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR MUSCUloskeletal system Surgery of Musca, NRV Musca	27880	AMPUTATION OF LOWER LEG	AMPUTATION LEG THROUGH	No Auth Required	Surgery of		
AMP LEG THRU TIBFIB W/IMMT FITG TO W/IST CST  27882 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR  27884 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION OF FOOT AT ANKLE AMPUTATION OR AUTH Required Surgery of musculoskeletal system  27889 AMPUTATION OF FOOT AT ANKLE ANKLE DISARTICULATION NO AUTH Required Surgery of musculoskeletal system  27891 DECOMPRESSION OF LEG DCMPREN FASCT LEG ANT&/LAT W/DRADMT MUSC&/NERV musculoskeletal system  27892 DECOMPRESSION OF LEG DCMPREN FASCT LEG ANT&/LAT W/DRADMT MUSCA/NERV musculoskeletal system  27894 DECOMPRESSION OF LEG DCMPREN FASCT LEG ANT&/LAT&PST NO AUTH Required Surgery of musculoskeletal system  27895 LEG/ANKLE SURGERY PROCEDURE UNILSTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  27896 LEG/ANKLE SURGERY PROCEDURE UNILSTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28801 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT NO Auth Required Surgery of musculoskeletal system  28801 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT NO Auth Required Surgery of musculoskeletal system  28802 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT NO Auth Required Surgery of musculoskeletal system			TIBIA&FIBULA		musculoskeletal system		
27882 AMPUTATION OF LOWER LEG AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR  27884 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  27887 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION OF FOOT AT ANKLE AMPUTATION OF FOOT AT ANKLE AMPUTATION AMPUTATION OF FOOT AT ANKLE ANKLE DISARTICULATION NO Auth Required Surgery of musculoskeletal system Muscul	27881	AMPUTATION OF LOWER LEG	AMP LEG THRU TIBFIB W/IMMT FITG TQ	No Auth Required	Surgery of		
OPEN CIRCULAR  AMPUTATION FOLLOW-UP SURGERY  AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  AMP LEG THRU TIBIA&FIBULA RE- MUSCUloskeletal system  No Auth Required Surgery of musculoskeletal system  No Auth Required Surgery of musculoskeletal system  No Auth Required Surgery of musculoskeletal system  Provided Surgery of musculoskeletal system  Decompression of Leg  Decompressi			W/1ST CST		musculoskeletal system		
27884 AMPUTATION FOLLOW-UP SURGERY  AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV  AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION FOLLOW-UP SURGERY  AMP LEG THRU TIBIA&FIBULA RE- AMP LEG THRU	27882	AMPUTATION OF LOWER LEG	AMPUTATION LEG THRU TIBIA&FIBULA	No Auth Required	Surgery of		
CLOSURE/SCAR REV  AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION FOLLOW-UP SURGERY  AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION  AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION  AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION OF FOOT AT ANKLE  AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCI NRV  CLSR&RESCI NRV  ANKLE DISARTICULATION  No Auth Required Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE  DECOMPRESSION OF LEG  DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT MUSC&/NRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/NRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SRV  MUSC&/SRV  MUSC&/SRV  MUSC&/SRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/SRV  MUSC&/SR			OPEN CIRCULAR		musculoskeletal system		
27886 AMPUTATION FOLLOW-UP SURGERY AMP LEG THRU TIBIA&FIBULA RE- AMPUTATION  27888 AMPUTATION OF FOOT AT ANKLE  AMP AMPLAKLE MALLI TIBFIB W/PLSTC  CLSR&RESCI NRV  AMPUTATION OF FOOT AT ANKLE  AMPLAKLE DISARTICULATION  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE  DECOMPRESSION OF LEG  DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NERVE  DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NERVE  DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NERVE  DCMPRN FASCT LEG ANT&/LAT No Auth Required Surgery of musculoskeletal system  Surgery of musculoskeletal system  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/NRV  DECOMPRESSION OF LEG  DCMPRN FASCT LEG ANT&/LAT&PST MUSC&/NRV  DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS  DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUS  DCMPRN FAS	27884	AMPUTATION FOLLOW-UP SURGERY	AMP LEG THRU TIBIA&FIBULA SEC	No Auth Required	Surgery of		
AMPUTATION   musculoskeletal system    27888 AMPUTATION OF FOOT AT ANKLE   AMP ANKLE-MALLI TIBFIB W/PLSTC   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   No Auth Required   Surgery of   musculoskeletal system    27893 DECOMPRESSION OF LEG   DCMPRN FASCT LEG PST W/DBRDMT   No Auth Required   Surgery of   musculoskeletal system    27894 DECOMPRESSION OF LEG   DCMPRN FASCT LEG ANT&/LAT&PST   Muscw/NRV   Mus			CLOSURE/SCAR REV		musculoskeletal system		
AMPUTATION OF FOOT AT ANKLE  AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCI NRV  ANKUE DISARTICULATION  No Auth Required Surgery of musculoskeletal system  DECOMPRESSION OF LEG DECOM	27886	AMPUTATION FOLLOW-UP SURGERY	AMP LEG THRU TIBIA&FIBULA RE-	No Auth Required	Surgery of		
CLSR&RESCJ NRV 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 No Auth Required Surgery of musculoskeletal system  27893 DECOMPRESSION OF LEG DCMPRN FASCT LEG PST W/DBRDMT No Auth Required Surgery of musculoskeletal system  27894 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST No Auth Required Surgery of musculoskeletal system  27895 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of Su			AMPUTATION		musculoskeletal system		
27899 AMPUTATION OF FOOT AT ANKLE ANKLE DISARTICULATION No Auth Required Surgery of musculoskeletal system  27892 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT No Auth Required Surgery of musculoskeletal system  27893 DECOMPRESSION OF LEG DCMPRN FASCT LEG PST W/DBRDMT NO Auth Required Surgery of musculoskeletal system  27894 DECOMPRESSION OF LEG DCMPR FASCT LEG ANT&/LAT&PST NO Auth Required Surgery of musculoskeletal system  27895 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  27896 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  27897 Surgery of musculoskeletal system  27898 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  27899 Surgery of Surgery of musculoskeletal system  27899 Surgery of Surgery of musculoskeletal system  27890 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT NO Auth Required Surgery of Surgery	27888	AMPUTATION OF FOOT AT ANKLE	AMP ANKLE-MALLI TIBFIB W/PLSTC	No Auth Required	Surgery of		
DECOMPRESSION OF LEG   DCMPRN FASCT LEG ANT&/LAT   No Auth Required   Surgery of   musculoskeletal system			CLSR&RESCJ NRV		musculoskeletal system		
27892 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE DCMPRN FASCT LEG PST W/DBRDMT NO Auth Required Surgery of musculoskeletal system Surgery of Surgery of musculoskeletal system Surgery of	27889	AMPUTATION OF FOOT AT ANKLE	ANKLE DISARTICULATION	No Auth Required	Surgery of		
W/DBRDMT MUSC&/NERVE musculoskeletal system  DECOMPRESSION OF LEG DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV Surgery of musculoskeletal system  DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST MUSCA/NRV Surgery of musculoskeletal system  DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST MO Auth Required Surgery of musculoskeletal system  UNLISTED PROCEDURE LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST MUSCA/NATA MUS					musculoskeletal system		
DECOMPRESSION OF LEG   DCMPRN FASCT LEG PST W/DBRDMT   No Auth Required   Surgery of   musculoskeletal system	27892	DECOMPRESSION OF LEG	DCMPRN FASCT LEG ANT&/LAT	No Auth Required	Surgery of		
MUSC&/NRV musculoskeletal system  27894 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST NO Auth Required Surgery of musculoskeletal system  27899 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT NO Auth Required Surgery of Surgery of Surgery of Musculoskeletal system			W/DBRDMT MUSC&/NERVE		musculoskeletal system		
27894 DECOMPRESSION OF LEG DCMPRN FASCT LEG ANT&/LAT&PST No Auth Required Surgery of musculoskeletal system  27899 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of Surgery of Surgery of Musculoskeletal system	27893	DECOMPRESSION OF LEG	DCMPRN FASCT LEG PST W/DBRDMT	No Auth Required	Surgery of		
W/DBRDMT MUS musculoskeletal system  27899 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of					musculoskeletal system		
27899 LEG/ANKLE SURGERY PROCEDURE UNLISTED PROCEDURE LEG/ANKLE Authorization Required Surgery of musculoskeletal system  28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of Surgery of Unclinical Review Musculoskeletal system	27894	DECOMPRESSION OF LEG	DCMPRN FASCT LEG ANT&/LAT&PST	No Auth Required			
28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of					musculoskeletal system		
28001 DRAINAGE OF BURSA OF FOOT INCISION&DRAINAGE BURSA FOOT No Auth Required Surgery of	27899	LEG/ANKLE SURGERY PROCEDURE	UNLISTED PROCEDURE LEG/ANKLE	Authorization Required	Surgery of	Full Clinical Review	
					musculoskeletal system		
musculoskeletal system	28001	DRAINAGE OF BURSA OF FOOT	INCISION&DRAINAGE BURSA FOOT	No Auth Required	Surgery of		
28002 TREATMENT OF FOOT INFECTION I&D BELOW FASCIA FOOT 1 BURSAL No Auth Required Surgery of	28002	TREATMENT OF FOOT INFECTION		No Auth Required			
SPACE musculoskeletal system			SPACE		musculoskeletal system		

28003	TREATMENT OF FOOT INFECTION	I&D BELOW FASCIA FOOT MULTIPLE	No Auth Required	Surgery of			
		AREAS		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	No Auth Required	Surgery of			
20020	EVEL OR ATION OF FOOT JOINT	MULTIPLE TENDON	No Auth Descriped	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	No Auth Required	Surgery of			
28035	DECOMPRESSION OF TIBIA NERVE	IPHAL JT  RELEASE TARSAL TUNNEL	No Auth Required	musculoskeletal system Surgery of			
				musculoskeletal system			
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	EXCISION TUMOR SOFT TIS FOOT/TOE	No Auth Required	Surgery of			
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	SUBQ 1.5 CM/> EXC TUMOR SOFT TISSUE FOOT/TOE	No Auth Required	musculoskeletal system Surgery of			
20041	EXCTOOL/TOE TOWN DET 1.5CM/	SUBFASC 1.5 CM/>	No Addi Required	musculoskeletal system			
28043	EXC FOOT/TOE TUM SC < 1.5 CM	EXCISION TUMOR SOFT TISSUE	No Auth Required	Surgery of			
20245	540 5007/705 744 B550 4 504	FOOT/TOE SUBQ <1.5CM		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	No Auth Required	Surgery of			
20050	DIODES OF FOOT IOINT LINING	FOOT/TOE 3 CM/>	No Auth Desuised	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	No Auth Required	Surgery of			
20054	DIODEN OF TOE JOINT LINING	METATARSOPHALANGEAL JOINT	No. Acade Described	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	No Auth Required	Surgery of			
		MUSCULATURE OF FOOT		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	1	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	No Auth Required	Surgery of			
20000	DEMOVAL OF FOOT LESION	EXTENSOR	No Auth Boquired	musculoskeletal system			
28090	REMOVAL OF FOOT LESION	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	No Autri Requirea	Surgery of musculoskeletal system			

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28092	REMOVAL OF TOE LESIONS	EXC LESION TENDON SHEATH/CAPSULE	No Auth Required	Surgery of		
		W/SYNVCT TOE EA		musculoskeletal system		
28100	REMOVAL OF ANKLE/HEEL LESION	EXCISION/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of		
20402	25, 40,45,402,457,50,07,150,04	TALUS/CALCANEUS		musculoskeletal system		
28102	REMOVE/GRAFT FOOT LESION	EXC/CURTG CST/B9 TUM TALUS/CLCNS	No Auth Required	Surgery of		
204.00	DELACKE (OD A ST. SO OT A SO ON	W/ILIAC/AGRFT		musculoskeletal system		
28103	REMOVE/GRAFT FOOT LESION	EXC/CURETTAGE CYST/TUMOR	No Auth Required	Surgery of		
28104	DEMONAL OF FOOT LECION	TALUS/CALCANEUS ALGRET	N. A. All Described	musculoskeletal system		
28104	REMOVAL OF FOOT LESION	EXC/CURTG BONE CYST/B9	No Auth Required	Surgery of		
20100	DEMONE/CDAFT FOOT LECION	TUMORTARSAL/METATARSAL	No Auth Dogwined	musculoskeletal system		
28106	REMOVE/GRAFT FOOT LESION	EXC/CURTG CST/B9 TUM	No Auth Required	Surgery of		
28107	REMOVE/GRAFT FOOT LESION	TARSAL/METAR W/ILIAC/AGRFT EXC/CURTG CST/B9 TUM	No Auth Required	musculoskeletal system		
20107	REIVIOVE/GRAFI FOOT LESION	TARSAL/METAR W/ALGRET	No Auth Required	Surgery of		
28108	REMOVAL OF TOE LESIONS	EXC/CURTG CST/B9 TUM PHALANGES	No Auth Required	musculoskeletal system Surgery of		
20100	REMOVAL OF TOE LESIONS	FOOT	No Auth Required	musculoskeletal system		
28110	PART REMOVAL OF METATARSAL	OSTECTOMY PRTL 5TH METAR HEAD	Authorization Required	Surgery of	Full Clinical Review	
20110	TAKT KEMOVAL OF METATAKSAL	SPX	Authorization Required	musculoskeletal system	Tun chinical Neview	
28111	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE 1ST	No Auth Required	Surgery of		
20111	THAT REMOVAE OF METATINGALE	METATARSAL HEAD	No riatir nequired	musculoskeletal system		
28112	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE OTHER	No Auth Required	Surgery of		
20112	TAKT KEMOVAL OF METATAKSAL	METATARSAL HEAD 2/3/4	No Auth Required	musculoskeletal system		
28113	PART REMOVAL OF METATARSAL	OSTECTOMY COMPLETE 5TH	No Auth Required	Surgery of		
20113	THE REMOVAL OF METATIANSAL	METATARSAL HEAD	No riatir nequired	musculoskeletal system		
28114	REMOVAL OF METATARSAL HEADS	OSTC COMPL ALL METAR HEADS	No Auth Required	Surgery of		
2011.	THE WORK OF THE PARTY WAS A STREET ASS	W/PRTL PROX PHALANGC	- To rider rieganica	musculoskeletal system		
28116	REVISION OF FOOT	OSTECTOMY TARSAL COALITION	No Auth Required	Surgery of		
20110	The Figure 1 and 1	0012010111111110112 00712111011	- To rider rieganica	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	No Auth Required	Surgery of		
		PLNTAR FASCIAL RLS		musculoskeletal system		
28120	PART REMOVAL OF ANKLE/HEEL	PARTIAL EXCISION BONE	No Auth Required	Surgery of		
	·	TALUS/CALCANEUS	·	musculoskeletal system		
28122	PARTIAL REMOVAL OF FOOT BONE	PRTL EXC B1 TARSAL/METAR B1 XCP	No Auth Required	Surgery of		
		TALUS/CALCANEUS	·	musculoskeletal system		
28124	PARTIAL REMOVAL OF TOE	PARTICAL EXCISION BONE PHALANX	No Auth Required	Surgery of		
		TOE		musculoskeletal system		
28126	PARTIAL REMOVAL OF TOE	RESECTION PARTIAL/COMPLETE	No Auth Required	Surgery of		
		PHALANGEAL BASE EACH		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	No Auth Required	Surgery of		
		PHALANX EACH TOE		musculoskeletal system		
28160	PARTIAL REMOVAL OF TOE	HEMIPHALANGECTOMY/INTERPHALAN	No Auth Required	Surgery of		
		GEAL JOINT EXC TOE		musculoskeletal system		
28171	RESECT TARSAL TUMOR	RAD RESCJ TUMOR TARSAL EXCEPT	No Auth Required	Surgery of		
		TALUS/CALCANEUS		musculoskeletal system		
28173	RESECT METATARSAL TUMOR	RADICAL RESECTION TUMOR	No Auth Required	Surgery of		
		METATARSAL		musculoskeletal system		
28175	RESECT PHALANX OF TOE TUMOR	RADICAL RESECTION TUMOR PHALANX	No Auth Required	Surgery of		
		OR TOE		musculoskeletal system		

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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		
20152	l l l l l l l l l l l l l l l l l l l	nemovite i eneroni popi i oci peel	no nati neganea	musculoskeletal system		
28193	REMOVAL OF FOOT FOREIGN BODY	REMOVAL FOREIGN BODY FOOT	No Auth Required	,		
		COMPLICATED				
28200	REPAIR OF FOOT TENDON	RPR TDN FLXR FOOT 1/2 W/O FREE	No Auth Required	Surgery of		
		GRAFG EACH TENDON		musculoskeletal system		
28202	REPAIR/GRAFT OF FOOT TENDON	RPR TENDON FLXR FOOT SEC W/FREE	No Auth Required	Surgery of		
		GRAFT EA TENDON		musculoskeletal system		
28208	REPAIR OF FOOT TENDON	REPAIR TENDON EXTENSOR FOOT 1/2	No Auth Required	Surgery of		
28210	REPAIR/GRAFT OF FOOT TENDON	EACH TENDON  RPR TENDON XTNSR FOOT SEC W/FREE	No Auth Required	musculoskeletal system		
20210	REPAIR/GRAFT OF FOOT TENDON	GRAFT EA TENDON	No Autii Required	Surgery of musculoskeletal system		
28220	RELEASE OF FOOT TENDON	TENOLYSIS FLEXOR FOOT SINGLE	No Auth Required	Surgery of		
20220	The second secon	TENDON	no man neganea	musculoskeletal system		
28222	RELEASE OF FOOT TENDONS	TENOLYSIS FLEXOR FOOT MULTIPLE	No Auth Required	Surgery of		
		TENDONS	· ·	musculoskeletal system		
28225	RELEASE OF FOOT TENDON	TENOLYSIS EXTENSOR FOOT SINGLE	No Auth Required	Surgery of		
		TENDON		musculoskeletal system		
28226	RELEASE OF FOOT TENDONS	TENOLYSIS EXTENSOR FOOT MULTIPLE	No Auth Required	Surgery of		
		TENDON		musculoskeletal system		
28230	INCISION OF FOOT TENDON(S)	TX OPN TENDON FLEXOR FOOT	No Auth Required	Surgery of		
		SINGLE/MULT TENDON SPX		musculoskeletal system		
28232	INCISION OF TOE TENDON	TX OPEN TENDON FLEXOR TOE 1	No Auth Required	Surgery of		
20224	INCIDENT OF FOOT TENDON	TENDON SPX		musculoskeletal system		
28234	INCISION OF FOOT TENDON	TENOTOMY OPEN EXTENSOR FOOT/TOE	No Auth Required	Surgery of		
28238	REVISION OF FOOT TENDON	EACH TENDON  RCNSTJ PST TIBL TDN W/EXC	No Auth Required	musculoskeletal system Surgery of		
20230	REVISION OF FOOT TENDON	ACCESSORY TARSL NAVCLR	No Auth Required	musculoskeletal system		
28240	RELEASE OF BIG TOE	TENOTOMY LENGTHENING/RLS	No Auth Required	Surgery of		
202 10	The section of the se	ABDUCTOR HALLUCIS MUSC	no man neganea	musculoskeletal system		
28250	REVISION OF FOOT FASCIA	DIVISION PLANTAR FASCIA & MUSCLE	No Auth Required	Surgery of		
		SPX	· ·	musculoskeletal system		
28260	RELEASE OF MIDFOOT JOINT	CAPSULOTOMY MIDFOOT MEDIAL	No Auth Required	Joint		
		RELEASE ONLY SPX				
28261	REVISION OF FOOT TENDON	CAPSULOTOMY MIDFOOT W/TENDON	No Auth Required	Joint		
		LENGTHENING				
28262	REVISION OF FOOT AND ANKLE	CAPSUL MIDFOOT W/PST TALOTIBL	No Auth Required	Joint		
		CAPSUL&TDN LNGTH				
28264	RELEASE OF MIDFOOT JOINT	CAPSULOTOMY MIDTARSAL	No Auth Required	Joint		
28270	RELEASE OF FOOT CONTRACTURE	CAPSUL MTTARPHLNGL JT W/WO	No Auth Required	Joint		
28272	DELEACE OF TOP JOINT FACIL	TENORRHAPHY EA JT SPX	No Auth Dogwined	laint		
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		
20200	TOSION OF TOES	STABACTELIZATION TOLS	No Auth Required	musculoskeletal system		
28285	REPAIR OF HAMMERTOE	CORRECTION HAMMERTOE	Authorization Required	Joint	Full Clinical Review	
28286	REPAIR OF HAMMERTOE	CORRECTION COCK-UP 5TH TOE	Authorization Required	Joint	Full Clinical Review	
		W/PLASTIC CLOSURE				
28288	PARTIAL REMOVAL OF FOOT BONE	OSTC PRTL EXOSTC/CONDYLC METAR	Authorization Required	Joint	Full Clinical Review	
		HEAD				
28289	CORRJ HALUX RIGDUS W/O IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST	Authorization Required	Joint	 Full Clinical Review	
		MP JT W/O IMPLT				
28291	CORRJ HALUX RIGDUS W/IMPLT	HALLUX RIGIDUS W/CHEILECTOMY 1ST	Authorization Required	Joint	Full Clinical Review	
		MP JT W/IMPLT				

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	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	·	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	·	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	

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28420	TREAT/GRAFT HEEL FRACTURE	OPEN TREATMENT CALCANEAL	No Auth Required	Surgery of	
		FRACTURE W BONE GRAFT		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	No Auth Required	Surgery of	
		W/MANIPULATION		musculoskeletal system	
28436	TREATMENT OF ANKLE FRACTURE	PRQ SKELETAL FIXATION TALUS	No Auth Required	Surgery of	
		FRACTURE W/MANJ		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	No Auth Boquired	Inusculoskeletai system	
26430	TREAT WIIDFOOT FRACTORE EACH	W/O MANJ	No Autii kequireu		
28455	TREAT MIDFOOT FRACTURE EACH	TX TARSAL BONE FX XCP TALUS&CALCN	No Auth Required	Surgery of	
		W/MANJ		musculoskeletal system	
28456	TREAT MIDFOOT FRACTURE	PRQ SKEL FIXJ TARSL FX XCP	No Auth Required	Surgery of	
		TALUS&CALCNS W/MANJ		musculoskeletal system	
28465	TREAT MIDFOOT FRACTURE EACH	OPEN TX TARSAL FRACTURE XCP TALUS	No Auth Required	Surgery of	
		& CALCANEUS EA		musculoskeletal system	
28470	TREAT METATARSAL FRACTURE	CLOSED TX METATARSAL FRACTURE	No Auth Required	Surgery of	
		W/O MANIPULATION		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	No Auth Required	Surgery of	
		FRACTURE EACH		musculoskeletal system	
28490	TREAT BIG TOE FRACTURE	CLTX FX GRT TOE PHLX/PHLG W/O	No Auth Required	Surgery of	
		MANJ		musculoskeletal system	
28495	TREAT BIG TOE FRACTURE	CLTX FX GRT TOE PHLX/PHLG W/MANJ	No Auth Required	Surgery of Surgery of	
20.55	THE REPORT OF THE PROPERTY OF		no man neganea	musculoskeletal system	
28496	TREAT BIG TOE FRACTURE	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG	No Auth Required	Surgery of	-
		W/MANJ		musculoskeletal system	
28505	TREAT BIG TOE FRACTURE	OPEN TX FRACTURE GREAT	No Auth Required	Surgery of	
20303	THE REPORT OF THE PROPERTY OF	TOE/PHALANX/PHALANGES	no man neganea	musculoskeletal system	
28510	TREATMENT OF TOE FRACTURE	CLTX FX PHLX/PHLG OTH/THN GRT TOE	No Auth Required	Surgery of Surgery of	
20310	THE ATTIVITIES OF THE PORT OF	W/O MANJ	No riatii nequirea	musculoskeletal system	
28515	TREATMENT OF TOE FRACTURE		No Auth Required	Surgery of	
20010		W/MANJ		musculoskeletal system	
28525	TREAT TOE FRACTURE	OPEN TX FRACTURE	No Auth Required	Surgery of	
20323		PHALANX/PHALANGES NOT GREAT TOE	/ wan nequired	musculoskeletal system	
		THALANA/THALANGES NOT GREAT TOE		induction system	
28530	TREAT SESAMOID BONE FRACTURE	CLOSED TREATMENT SESAMOID	No Auth Poquired	Surgery of	
20030	INLAT SESAIVIOID DOINE FRACTURE		No Auth Required	Surgery of musculoskolotal system	
20521	TREAT SECAMOID DONE EDACTURE	FRACTURE	No Auth Boquirod	musculoskeletal system	
28531	TREAT SESAMOID BONE FRACTURE	OPEN TX SESAMOID FRACTURE W/WO	No Auth Required	Surgery of	
20540	TREAT FOOT DISLOCATION	INTERNAL FIXATION	No Auth Dogging	musculoskeletal system	
28540	TREAT FOOT DISLOCATION	CLTX TARSAL DISLC OTH/THN	No Auth Required	Joint	
20545	TREAT FOOT DISLOCATION	TALOTARSAL W/O ANES	N. A. All D. a. June d	Total	
28545	TREAT FOOT DISLOCATION	CLTX TARSAL DISLC OTH/THN	No Auth Required	Joint	
205.46		TALOTARSAL W/ANES		<u> </u>	
28546	TREAT FOOT DISLOCATION	PRQ SKEL FIXJ TARSL DISLC XCP	No Auth Required	Joint	
		TALOTARSAL W/MANJ			
28555	REPAIR FOOT DISLOCATION	OPEN TREATMENT TARSAL BONE	No Auth Required	Joint	
		DISLOCATION			
28570	TREAT FOOT DISLOCATION	CLOSED TX TALOTARSAL JOINT DISLC	No Auth Required	Joint	
		W/O ANES			

28575	TREAT FOOT DISLOCATION	CLOSED TX TALOTARSAL JOINT	No Auth Required	Joint		
		DISLOCATION W/ANES				
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	No Auth Required	Joint		
20000	TREAT FOOT DISLOCATION	DISLOCATION W/ANES	N. A. All Described	Interest		
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	Authorization Required	Joint	Full Clinical Review	
28735	FUSION OF FOOT BONES	MULT/TRANSVRS  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		

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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	
29010	APPLICATION OF BODY CAST	APPLICATION RISSER JACKET LOCALIZER	No Auth Required	musculoskeletal system Surgery of	
29015	APPLICATION OF BODY CAST	BODY ONLY  APPLICATION RISSER JACKET LOCALIZER	No Auth Required	musculoskeletal system Surgery of	
29035	APPLICATION OF BODY CAST	BODY W/HEAD  APPLICATION BODY CAST SHOULDER	No Auth Required	musculoskeletal system Surgery of	
29040	APPLICATION OF BODY CAST	HIPS APPLICATION BODY CAST SHOULDER	No Auth Required	musculoskeletal system Surgery of	
29044	APPLICATION OF BODY CAST	HIPS HEAD MINERVA  APPLICATION BODY CAST SHOULDER	No Auth Required	musculoskeletal system Surgery of	
29046	APPLICATION OF BODY CAST	HIPS W/ONE THIGH APPLICATION BODY CAST SHOULDER	No Auth Required	musculoskeletal system Surgery of	
29049	APPLICATION OF FIGURE EIGHT	HIPS BOTH THIGHS APPLICATION CAST FIGURE-OF-8	No Auth Required	Surgery of	
29055	APPLICATION OF SHOULDER CAST	APPLICATION CAST SHOULDER SPICA	No Auth Required	musculoskeletal system Surgery of	
29058	APPLICATION OF SHOULDER CAST	APPLICATION CAST PLASTER VELPEAU	No Auth Required	Surgery of	
29065	APPLICATION OF LONG ARM CAST	APPLICATION CAST SHOULDER HAND	No Auth Required	Surgery of	
29075	APPLICATION OF FOREARM CAST	LONG ARM APPLICATION CAST ELBOW FINGER	No Auth Required	musculoskeletal system Surgery of	
29085	APPLY HAND/WRIST CAST	SHORT ARM APPLICATION CAST HAND & LOWER	No Auth Required	musculoskeletal system Surgery of	
29086	APPLY FINGER CAST	FOREARM GAUNTLET APPLICATION CAST FINGER	No Auth Required	musculoskeletal system Surgery of	
29105	APPLY LONG ARM SPLINT	APPLICATION LONG ARM SPLINT	No Auth Required	musculoskeletal system Surgery of	
29125	APPLY FOREARM SPLINT	SHOULDER HAND APPLICATION SHORT ARM SPLINT	No Auth Required	musculoskeletal system	
29126	APPLY FOREARM SPLINT	FOREARM-HAND STATIC APPLICATION SHORT ARM SPLINT	No Auth Required	Surgery of	
29130	APPLICATION OF FINGER SPLINT	DYNAMIC  APPLICATION FINGER SPLINT STATIC	No Auth Required	musculoskeletal system Surgery of	
29131	APPLICATION OF FINGER SPLINT	APPLICATION FINGER SPLINT DYNAMIC	No Auth Required	musculoskeletal system Surgery of	
29200	STRAPPING OF CHEST	STRAPPING THORAX	No Auth Required	musculoskeletal system Surgery of	
29240	STRAPPING OF SHOULDER	STRAPPING SHOULDER	No Auth Required	musculoskeletal system Surgery of	
29260	STRAPPING OF ELBOW OR WRIST	STRAPPING ELBOW/WRIST	No Auth Required	musculoskeletal system Surgery of	
29280	STRAPPING OF HAND OR FINGER	STRAPPING HAND/FINGER	No Auth Required	musculoskeletal system Surgery of	
29305	APPLICATION OF HIP CAST	APPLICATION HIP SPICA CAST 1 LEG	·	musculoskeletal system	
29305	JAPPLICATION OF HIP CAST	APPLICATION HIP SPICA CAST I LEG	No Auth Required	Surgery of musculoskeletal system	

James APPLY STORT LEG CAST APP		1		ı	T T	T	T
APPLICATION DE LONG SEG CAST TOE TOE TOE TOE TOE TOE TOE TOE TOE TO	29325	APPLICATION OF HIP CASTS		No Auth Required			
Page 32 APPLY FIOR CLOSE CAST APPLICATION LONG LEG CAST APPLY SHORT LEG							
APPLICATION LONG LEG CAST   APPLICATION LONG LEG CAST   WALKER/ARMING AIR DIV PITES	29345	APPLICATION OF LONG LEG CAST		No Auth Required			
MAILER   ADMITTANCE	29355	APPLICATION OF LONG LEG CAST	APPLICATION LONG LEG CAST	No Auth Required			
APPLICATION LOUGLEC CAST BANCE APPLICATION OF LONG LEG CAST APPLICATION OF LONG LEG CAST APPLICATION SHORT LEG CAST BLOW APPLICATION SHORT LEG CAST APPLICATION SHORT LEG CAST BLOW APPLICATION SHORT LEG CAST APPLICATION SHORT LEG CAST BLOW APPLICATION SHORT LEG CAST APPLICATION SHORT LEG CAST WALKING/AMMULATORY APPLICATION SHORT LEG CAST APPLICATION SHORT LEG CAST WALKING/AMMULATORY APPLICATION SHORT LEG CAST APPLICATION SHORT CONTACT NO Auth Required Surgery of musculoadeletal system musculoadeletal system for			WALKER/AMBULATORY TYPE	·			
APPLICATION OF LONG LEG CAST APPLICATION CYLINDER CAST THIGH AMILE  29455 APPLY SHORT LEG CAST APPLICATION SHORT LEG CAST ELCOW AND AUTH Required AND AUTHOR APPLY SHORT LEG CAST APPLY CATION OF LEG CAST APPLY SHORT LEG CAST APPLY CATION OF LEG CAST APPLY SHORT LEG CAST APPLY SHORT LEG SHUNT APPLY CATION LONG LEG SPLINT LING LEG SPLINT THIGH NO Auth Required APPLY SHORT LEG SPLINT APPLY CATION LONG LEG SPLINT APPLY CATION LONG LEG SPLINT THIGH NO Auth Required APPLY SHORT LEG SPLINT APPLY SHORT LEG SPLINT CAST APPLY SHORT LEG CAST APPLY	29358	APPLY LONG LEG CAST BRACE	APPLICATION LONG LEG CAST BRACE	No Auth Required			
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WALKING/AMBULATORY  APPLY SHORT LEG CAST  APPLACATION PATELA TENDON  BEARING CAST  APPLACATION PATELA TENDON  BEARING CAST  APPLACATION PATELA TENDON  BEARING CAST  APPLACATION PATELA TENDON  APPLACATION PATELA TENDON  APPLACATION PATELA TENDON  APPLACATION AND AUTHOR Required  APPLACATION FOR WALKER TO CAST  APPLACATION OF LEG CAST  APPLACATION RIGID TOTAL CONTACT  LEG CAST  APPLACATION RIGID TOTAL CONTACT  APPLACATION NO FLEG CAST  APPLACATION RIGID TOTAL CONTACT  APPLACATION LONG LEG SPLINT  APPLACATION RIGID TOTAL CONTACT  APPLACATION LONG LEG SPLINT  APPLACATION RIGHT LEG SPLINT INGN  AMELIZION  AMELIZION  TRAPPING OF HIP  STRAPPING OF HIP  STRAPPING OF KNEE  STRAPPING OF KNEE  STRAPPING OF KNEE  STRAPPING OF SPLING  STRAPPING OF MALE AND/ORF FI  STRAPPING SING AND AND AND THE REquired  AUTHORIZED AND AND THE REQUIRED  APPLACATION RIGHT LEG  APPLA	20/25	ADDLY SHORT LEG CAST		No Auth Required	+		
BARANKO CAST ADDING WALKER PREVIOUSLY APPLEO IN OR Auth Required Surgery of Machine Required LISC CAST LIS			WALKING/AMBULATORY	,			
Application of Walker To CAST   Applied Walker Records   Applied Walker Records   Application   Ap	29435	APPLY SHORT LEG CAST	APPLICATION PATELLAR TENDON	No Auth Required	Surgery of		
CAST MULTIANY COMPRES PRUNT APPLICATION INGIO TOTAL CONTACT LEG CAST  APPLICATION OF LEG CAST  APPLICATION OF LEG CAST  APPLICATION LONG LEG SPUNT  ANKLE/TOLS  APPLICATION LOWER LEG SPUNT  APPLICATION LOWER LEG SPUNT  ANKLE/TOLS  APPLICATION LOWER LEG SPUNT  APPLICATION SHORT LEG SPUNT CAIR  FOOT  ANKLE/TOLS  APPLICATION LOWER LEG SPUNT  APPLICATION LOWER LEG SPUNT  APPLICATION SHORT LEG SPUNT CAIR  FOOT  STRAPPING GF HIP  STRAPPING GF HIP  STRAPPING GF HIP  STRAPPING GF WEE  STRAPPING GF WEE  STRAPPING GF NEE  STRAPPING OF LOWER  STRAPPING OF TOLS  STRAPPING OF STRAPPING HIP  STRAPPING OF TOLS			BEARING CAST		musculoskeletal system		
APPLY RIGID LEG CAST   APPLICATION RIGID TOTAL CONTACT   No. Auth Required   Surgery of   Surg	29440	ADDITION OF WALKER TO CAST	ADDING WALKER PREVIOUSLY APPLIED	No Auth Required	Surgery of		
LIG CAST			CAST		musculoskeletal system		
APPLICATION OF LEG CAST APPLICATION OF LEG CAST APPLICATION LONG LEG SPLINT APPLICATION LONG LEG SPLINT APPLICATION LONG LEG SPLINT APPLICATION LOWER LEG SPLINT STRAPPING OF HIP NO Auth Required Surgery of Musculoskeletal system Musculoskeletal system Surgery of Musculoskeletal system Surgery of Musculoskeletal system Surgery of Musculoskeletal system Musculoskeletal system Musculoskeletal system Musculoskeletal system Musculoskeletal system Musculoskeletal system No Auth Required Surgery of Musculoskeletal system Musculoskeletal	29445	APPLY RIGID LEG CAST	APPLICATION RIGID TOTAL CONTACT	No Auth Required	Surgery of		
LONG/SHORT LEG  JESSOS  APPLICATION LONG LEG SPLINT  APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES  APPLICATION LOWER LEG SPLINT  FOOT  STRAPPING OF HIP  STRAPPING OF HIP  No Auth Required  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  No Auth Required  Surgery of musculoskeletal system			LEG CAST		musculoskeletal system		
APPLICATION LONG LEG SPLINT   APPLICATION LONG LEG SPLINT THIGH   No Auth Required   Surgery of   musculoskeletal system	29450	APPLICATION OF LEG CAST	APPL CLUBFOOT CAST MOLDING/MANJ	No Auth Required	Surgery of		
ANKLE/TOES MPUCATION LOWER LEG SPLINT APPLICATION SHORT LEG SPLINT CALF POOT  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 KNEE STRAPPING ANKLE &/FOOT NO Auth Required Surgery of musculoskeletal system  29540 STRAPPING OF ANKLE AND/OR FT STRAPPING ANKLE &/FOOT NO Auth Required Surgery of musculoskeletal system  29540 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 MILTLAYR COMPRES LEG BELOW AUTHORIZATION REQUIRED SURGERY OF MUSCUloskeletal system  29584 APPL MULTLAY COMPRS ARM/HAND APPL MILTLAYR COMPRES SYS UPARM NO Auth Required Surgery of MUSCUloskeletal system Surgery of MUSCUloskeletal system NO Auth Required Surgery of MUSCUloskeletal system NO Auth Required Surgery of MUSCUloskeletal system MUSCUloskeletal system MUSCUloskeletal system NO Auth Required Surgery of MUSCUloskeletal system MUSCUloskeletal system MUSCUloskeletal system NO Auth Required Surgery of MUSCUloskeletal system MUSCUloskeletal s			LONG/SHORT LEG		musculoskeletal system		
APPLICATION LOWER LEG SPLINT APPLICATION SHORT LEG SPLINT CALF FOOT STRAPPING OF HIP STRAPPING HIP No Auth Required Surgery of musculoskeletal system Musculoske	29505	APPLICATION LONG LEG SPLINT	APPLICATION LONG LEG SPLINT THIGH	No Auth Required	Surgery of		
FOOT   STRAPPING OF HIP   STRAPPING HIP   STRAPPING HIP   No Auth Required   Surgery of   misculoskeletal system   misc			ANKLE/TOES				
29520 STRAPPING OF HIP STRAPPING HIP No Auth Required Surgery of musculoskeletal system mus	29515	APPLICATION LOWER LEG SPLINT		No Auth Required			
29530 STRAPPING OF KNEE STRAPPING KNEE STRAPPING KNEE No Auth Required Surgery of musculoskeletal system 29540 STRAPPING OF ANKLE AND/OR FT STRAPPING ANKLE &/FOOT No Auth Required Surgery of musculoskeletal system 29550 STRAPPING OF TOES STRAPPING TOES NO Auth Required Surgery of musculoskeletal system 29580 APPLICATION OF PASTE BOOT STRAPPING UNA BOOT No Auth Required Surgery of musculoskeletal system 29581 APPLY MULTLAY COMPRS LWR LEG APPL MILTLAYR COMPRES LEG BELOW Authorization Required Surgery of musculoskeletal system 29584 APPL MULTLAY COMPRS ARM/HAND APPL MILTLAYR COMPRES SYS UPARM LWARM HANDBRING Musculoskeletal system Musculoskeletal system 29700 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST REMOVAL/BIVALVING FULL ARM/FULL No Auth Required Surgery of musculoskeletal system Musculoskeletal system 29710 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING FULL ARM/FULL No Auth Required Surgery of musculoskeletal system Musculoskelet	29520	STRAPPING OF HIP		No Auth Required	Surgery of		
29530   STRAPPING OF KNEE   STRAPPING KNEE   No Auth Required   Surgery of   musculoskeletal system	23320	STRAIT ING OF THE	SHALLINGTIII	No Auth Required			
29540 STRAPPING OF ANKLE AND/OR FT STRAPPING ANKLE &/FOOT No Auth Required Surgery of musculoskeletal system STRAPPING OF TOES No Auth Required Surgery of musculoskeletal system Surgery of Surgery of Surgery of Musculoskeletal system Surgery of Surgery of Musculoskeletal system Surgery of Surgery of Surgery of Musculoskeletal system Surgery of Surgery of Musculoskeletal system Surgery of M	20530	STRAPPING OF KNEE	STRADDING KNEE	No Auth Required			
29540 STRAPPING OF ANKLE AND/OR FT STRAPPING ANKLE &/FOOT No Auth Required Surgery of musculoskeletal system 29580 STRAPPING OF TOES STRAPPING OF 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 MILTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT SURGERY OF MUSCUloskeletal system Surgery of Musculoskelet	23330	STRAFFING OF KINEL	STRAFFING KILL	No Auth Required			
29580 STRAPPING OF TOES STRAPPING TOES No Auth Required Surgery of musculoskeletal system  29581 APPLY MULTLAY COMPRS LWR LEG APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT KNEE W/ANKLE FOOT Musculoskeletal system  29584 APPL MULTLAY COMPRS ARM/HAND APPL MLTLAYR COMPRES SYS UPARM LUXARN HANDAERING Musculoskeletal system  29700 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING GAUNTLET BOOT/SDOY CAST  29710 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING FULL ARM/FULL LEG CAST REMOVAL/REVISION OF CAST REMOVAL/RIVALVING FULL ARM/FULL LEG CAST REMOVAL/REVISION OF CAST REPAIR SPICA BODY CAST/JACKET Musculoskeletal system  29710 REMOVAL/REVISION OF CAST REPAIR SPICA BODY CAST/JACKET 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 WINDOWING CAST NO Auth Required Surgery of musculoskeletal system  29740 WEDGING OF CAST WEDGING CAST EXCEPT CLUBFOOT CASTS Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system	20540	STRADDING OF ANKLE AND OR ET	STRADDING ANKLE & JEGOT	No Auth Boquired	musculoskeletai system		
29580 APPLICATION OF PASTE BOOT  STRAPPING UNNA BOOT  No Auth Required  Surgery of musculoskeletal system  APPL MULTLAY COMPRS LWR LEG  APPL MILTLAYR COMPRES SYS UPARM LWARM HAND&FING  29584 APPL MULTLAY COMPRS ARM/HAND  APPL MILTLAYR COMPRES SYS UPARM LWARM HAND&FING  29700 REMOVAL/REVISION OF CAST  REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST  REMOVAL/BIVALVING FULL ARM/FULL LEG CAST  REMOVAL/REVISION OF CAST  REMOVAL/REVISION OF CAST  REMOVAL/REVISION OF CAST  REMOVAL/BIVALVING FULL ARM/FULL LEG CAST  REMOVAL/REVISION OF CAST  REPAIR OF BODY CAST  REPAIR OF BODY CAST  REPAIR SPICA BODY CAST/JACKET  NO Auth Required  Surgery of musculoskeletal system  MINERWA/RISSER JACKET  NO Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  WEDGING OF CAST  WEDGING CAST EXCEPT CLUBFOOT CASTS  NO Auth Required  Surgery of musculoskeletal system		i			Caaa m. af		
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29581 APPLY MULTLAY COMPRS LWR LEG APPL MILTAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT APPL MULTLAY COMPRS ARM/HAND APPL MULTLAY COMPRS ARM/HAND APPL MULTLAY COMPRS SYS UPARM LWARM HAND&FING APPL MULTLAY COMPRS ARM/HAND LWARM HAND&FING APPL MULTLAY COMPRS ARM/HAND APPL MULTLAY COMPRS ARM/HAND APPL MULTLAY COMPRS SYS UPARM LWARM HAND&FING BOOT/BODY CAST REMOVAL/REVISION OF CAST REMOVAL/BIVALIVING GAUNTLET BOOT/BODY CAST REMOVAL/BIVALIVING FULL ARM/FULL LEG CAST ARMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET AND Auth Required Surgery of musculoskeletal system AND Auth Required Surgery of musculoskeletal system AND Auth Required Surgery of musculoskeletal system Surgery of musculoskeletal system AND Auth Required Surgery of musculoskeletal system  Papeling Fica Body CAST/JACKET No Auth Required Surgery of musculoskeletal system Surgery of musculoskeletal system  WINDOWING OF CAST WINDOWING CAST WEDGING OF CAST WEDGING CAST EXCEPT CLUBFOOT CASTS WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system  WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system	29580	APPLICATION OF PASTE BOOT	STRAPPING UNNA BOOT	No Auth Required	Surgery of		
APPL MULTLAY COMPRS LEG							
KNEE W/ANKLE FOOT   musculoskeletal system	29581	APPLY MULTLAY COMPRS LWR LEG	APPL MLTLAYR COMPRES LEG BELOW	Authorization Required	· · · · · · · · · · · · · · · · · · ·	Network Validation	
29700 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST REMOVAL/BIVALVING FULL ARM/FULL LEG CAST REMOVAL/BIVALVING FULL ARM/FULL LEG CAST REMOVAL/REVISION OF CAST REMOVAL/SEVISION OF CAST REMOVAL/SEVISION OF CAST REPAIR SPICA BODY CAST/JACKET SURgery of musculoskeletal system Surgery of Surger				· ·			
LWARM HAND&FING musculoskeletal system  29700 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST REMOVAL/BIVALVING FULL ARM/FULL REG CAST REMOVAL/BIVALVING FULL ARM/FULL REG CAST REMOVAL/REVISION OF CAST REMOVAL/BIVALVING FULL ARM/FULL REG CAST REMOVAL/REVISION OF CAST REMOVAL/BIVALVING FULL ARM/FULL REG CAST REMOVAL/REVISION OF CAST REMOVAL/REVISION OF CAST REMOVAL/REVISION OF CAST REPAIR SPICA BODY CAST/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 NO Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST NO Auth Required Surgery of musculoskeletal system	29584	APPL MULTLAY COMPRS ARM/HAND		No Auth Required			
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BOOT/BODY CAST	29700	REMOVAL/REVISION OF CAST		No Auth Required			
29705 REMOVAL/REVISION OF CAST REMOVAL/BIVALVING FULL ARM/FULL LEG CAST REMOVAL/BIVALVING FULL ARM/FULL LEG CAST REMOVAL/REVISION OF CAST REMOVAL/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 WINDOWING CAST No Auth Required Surgery of musculoskeletal system  29740 WEDGING OF CAST WEDGING CAST EXCEPT CLUBFOOT No Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system							
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29720 REPAIR OF BODY CAST  REPAIR SPICA BODY CAST/JACKET  No Auth Required  Surgery of musculoskeletal system  Surgery of musculoskeletal system  WEDGING OF CAST  WEDGING CAST EXCEPT CLUBFOOT CASTS  WEDGING OF CLUBFOOT CAST  WEDGING CLUBFOOT CAST  WEDGING CLUBFOOT CAST  WEDGING CLUBFOOT CAST  No Auth Required  Surgery of musculoskeletal system	23,10	The state of the s		Addi Required			
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29730   WINDOWING OF CAST   WINDOWING CAST   No Auth Required   Surgery of musculoskeletal system	23120	THE TAIN OF BODY CAST	THE AIR SEIGN BODE CAST/JACKET	Auth Required			
29740 WEDGING OF CAST WEDGING CAST EXCEPT CLUBFOOT No Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system  WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system	20720	WINDOWING OF CAST	WINDOWING CAST	No Auth Possired			
29740 WEDGING OF CAST WEDGING CAST EXCEPT CLUBFOOT No Auth Required Surgery of musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system	29/30	WINDOWING OF CAST	WINDOWING CAST	No Autii Required			
CASTS musculoskeletal system  29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system	20740	WEDGING OF CAST	MEDCING CAST EVERT OF TREES.	No Auth Downing			
29750 WEDGING OF CLUBFOOT CAST WEDGING CLUBFOOT CAST No Auth Required Surgery of musculoskeletal system	29/40	WEDGING OF CAST		No Autri Kequirea			
musculoskeletal system	20752	WEDGING OF GLUPEGOT STOT		No Auth Do 1 1			
	29/50	WEDGING OF CLUBFOOT CAST	WEDGING CLUBFOOT CAST	No Auth Required			
29799 CASTING/STRAPPING PROCEDURE UNLISTED PROCEDURE Authorization Required Surgery of Full Clinical Review	29799	CASTING/STRAPPING PROCEDURE		Authorization Required		Full Clinical Review	
CASTING/STRAPPING musculoskeletal system							1
W/WO SYNVAL BX SPX	29800	JAW ARTHROSCOPY/SURGERY	ARTHRS TEMPOROMANDIBULR JT DX	Authorization Required	Joint	Full Clinical Review	

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29804	JAW ARTHROSCOPY/SURGERY	ARTHROSCOPY TEMPOROMANDIBULAR	Authorization Required	Joint	Full Clinical Review	
		JOINT SURGICAL				
29805	SHOULDER ARTHROSCOPY DX	ARTHROSCOPY SHOULDER DX W/WO	No Auth Required	Joint		
		SYNOVIAL BIOPSY SPX				
29806	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL	Authorization Required	Joint	Network Validation	
		CAPSULORRHAPHY				
29807	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL	No Auth Required	Joint		
		REPAIR SLAP LESION				
29819	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURGICAL	No Auth Required	Joint		
		REMOVAL LOOSE/FB	·			
29820	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG	No Auth Required	Joint		
	,	SYNOVECTOMY PARTIAL				
29821	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG	No Auth Required	Joint		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SYNOVECTOMY COMPLETE				
29822	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG	No Auth Required	Joint		
LUCLE	SHOULD IN MININGSOUT INSURED IN	DEBRIDEMENT LIMITED	no man neganea			
29823	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER SURG	Authorization Required	Joint	Network Validation	
23023	SHOOLDER / METIMOSCOT 1/SONGENT	DEBRIDEMENT EXTENSIVE	/ actionization required	John	TVCEWOTK Validation	
29824	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER DISTAL	Authorization Required	Joint	Network Validation	
29024	SHOOLDER ANT HROSCOPT/SORGERT	CLAVICULECTOMY	Authorization Required	Joint	Network validation	
29825	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER AHESIOLYSIS	No Auth Required	Joint		
29825	SHOULDER ARTHROSCOPY/SURGERY		No Auth Required	Joint		
20026	CHOLLIDED ADTHROCCODY/CHDCEDY	W/WO MANIPJ	A value of each and Decovious of	1-1-4	National Mattalana	
29826	SHOULDER ARTHROSCOPY/SURGERY	ARTHROSCOPY SHOULDER	Authorization Required	Joint	Network Validation	
		W/CORACOACRM LIGMNT RELEASE				
29827	ARTHROSCOP ROTATOR CUFF REPR	ARTHROSCOPY SHOULDER ROTATOR	Authorization Required	Joint	Network Validation	
		CUFF REPAIR				
29828	ARTHROSCOPY BICEPS TENODESIS	ARTHROSCOPY SHOULDER BICEPS	No Auth Required	Joint		
		TENODESIS				
29830	ELBOW ARTHROSCOPY	ARTHROSCOPY ELBOW DIAG W/WO	No Auth Required	Joint		
		SYNOVIAL BIOPSY SPX				
29834	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL	No Auth Required	Joint		
		W/REMOVAL LOOSE/FB				
29835	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL	No Auth Required	Joint		
		SYNOVECTOMY PARTIAL				
29836	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL	No Auth Required	Joint		
		SYNOVECTOMY COMPLETE				
29837	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL	No Auth Required	Joint		
		DEBRIDEMENT LIMITED				
29838	ELBOW ARTHROSCOPY/SURGERY	ARTHROSCOPY ELBOW SURGICAL	No Auth Required	Joint		
		DEBRIDEMENT EXTENSIVE				
29840	WRIST ARTHROSCOPY	ARTHROSCOPY WRIST DIAG W/WO	No Auth Required	Joint		
		SYNOVIAL BIOPSY SPX				
29843	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST INFECTION	No Auth Required	Joint		
		LAVAGE&DRAINAGE				
29844	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL	No Auth Required	Joint		
		SYNOVECTOMY PARTIAL				
29845	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURGICAL	No Auth Required	Joint		
	·	SYNOVECTOMY COMPLETE				
29846	WRIST ARTHROSCOPY/SURGERY	ARTHRS WRST EXC&/RPR TRIANG	No Auth Required	Joint		
	//55/152/1	FIBROCART&/JOINT				
29847	WRIST ARTHROSCOPY/SURGERY	ARTHROSCOPY WRIST SURG INT FIXJ	No Auth Required	Joint		
23047		FX/INSTABILITY	/ wan nequired			
29848	WRIST ENDOSCOPY/SURGERY	NDSC WRST SURG W/RLS TRANSVRS	Authorization Required	Joint	Network Validation	
25648	WINDS ENDOSCOPT/SURGERY	CARPL LIGM	Authorization Required	Joint	inetwork validation	
20050	KNEE ARTHROSCOPY/SURGERY	ARTHROSCOPY AID TX SPINE&/FX KNEE	Authorization Boquirad	loint	Full Clinical Pavicon	
29850	INITE AKTHRUSCUPT/SUKGEKY		Authorization Required	Joint	Full Clinical Review	
		W/O FIXJ	1			

20054	LANCE ARTHROSOON IS UN OFFIN	LATINGCOON AND THEODISC IS A MAIS		I	E Holls In s
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 ARTHRO W/DEBRIDEMENT	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Authorization Required	Joint	Full Clinical Review
29863	HIP ARTHRO 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		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

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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	No Auth Required	Joint		
	·	LOOSE/FOREIGN BODY	·			
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	No Auth Required	Joint		
23030	THINKEE THE THINGS COT 1750 NO.ENT	DEBRIDEMENT EXTENSIVE	No riadi negalica	Some		
20000	ANIZI E A DTI I DOCCODY/CI I DOCEDY		No Auth Described	1-1-A		
29899	ANKLE ARTHROSCOPY/SURGERY	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	No Auth Required	Joint		
29900	MCP JOINT ARTHROSCOPY DX	ARTHROSCOPY	No Auth Required	Joint		
		METACARPOPHALANGEAL SYNOVIAL				
		BIOPSY				
29901	MCP JOINT ARTHROSCOPY SURG	ARTHRS METACARPOPHALANGEAL	No Auth Required	Joint		
		JOINT DEBRIDEMENT				
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	No Auth Required	Joint		
	,	LOOSE/FOREIGN BODY				
29905	SUBTALAR ARTHRO W/EXC	ARTHROSCOPY SUBTALAR JOINT WITH	No Auth Required	Joint		
23303	, , , , , , , , , , , , , , , , , , , ,	SYNOVECTOMY	no natir nequired	30		
29906	SUBTALAR ARTHRO W/DEB	ARTHROSCOPY SUBTALAR JOINT WITH	No Auth Required	Joint		
		DEBRIDEMENT				
29907	SUBTALAR ARTHRO W/FUSION	ARTHROSCOPY SUBTALAR JOINT	No Auth Required	Joint		
	·	SUBTALAR ARTHRODESIS	·			
29914	HIP ARTHRO W/FEMOROPLASTY	ARTHROSCOPY HIP W/FEMOROPLASTY	No Auth Required	Joint		
29915	HIP ARTHRO ACETABULOPLASTY	ARTHROSCOPY HIP	No Auth Required	Joint		
		W/ACETABULOPLASTY				
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	No Auth Required	Surgery of respiratory		
		NASAL INT APPROACH		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		<u> </u>
30100	INTRAINASAL BIOFST	BIOFST INTRAINASAL	No Auth Required	system		
30110	REMOVAL OF NOSE POLYP(S)	EXCISION NASAL POLYP SIMPLE	No Auth Required	Surgery of respiratory		
			1	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	No Auth Required	Surgery of respiratory		
		LESION INT APPR		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	No Auth Poquired	'		
30120	IVEN 13101N OF INOSE	NOSE RHINOPHYMA	No Auth Required	Reconstructive		
30124	REMOVAL OF NOSE LESION	EXCISION DERMOID CYST NOSE SIMPLE	No Auth Required	Surgery of respiratory		
		SUBCUTANEOUS		system		

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30125	REMOVAL OF NOSE LESION	EXC DERMOID CYST NOSE COMPLEX	No Auth Required	Surgery of respiratory		
20420	EVELOS INTERNOS TURBUNATE	UNDER BONE/CRTLG	N. A. Alla D. a. Janel	system		
30130	EXCISE INFERIOR TURBINATE	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	No Auth Required	Surgery of respiratory system		
30140	RESECT INFERIOR TURBINATE	SUBMUCOUS RESCI INFERIOR	Authorization Required	Surgery of respiratory	Network Validation	
		TURBINATE PRTL/COMPL	·	system		
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	No Auth Required	Surgery of respiratory		
		BUTTON		system		
30300	REMOVE NASAL FOREIGN BODY	REMOVAL FOREIGN BODY INTRANASAL	No Auth Required			
20242	251401/5114511 5025101 2021	OFFICE PROCEDURE				
30310	REMOVE NASAL FOREIGN BODY	REMOVAL FOREIGN BODY INTRANASAL	No Auth Required	Surgery of respiratory		
20220	DEMOVE MACAL FORFICM BODY	GENERAL ANES	N. A. Alla D. a. Janel	system		
30320	REMOVE NASAL FOREIGN BODY	RMVL FOREIGN BODY INTRANASAL	No Auth Required	Surgery of respiratory		
30400	RECONSTRUCTION OF NOSE	LATERAL RHINOTOMY RHINP PRIM LAT&ALAR	Authorization Required	System Surgery of respiratory	Full Clinical Review	
30400	RECONSTRUCTION OF NOSE	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	Full Clinical Review	
30410	RECONSTRUCTION OF NOSE	KITING PRIM COMPLETE ATRIVE PARTS	Authorization Required	system	I dii Cililical Review	
30420	RECONSTRUCTION OF NOSE	RHINOPLASTY PRIMARY W/MAJOR	Authorization Required	Surgery of respiratory	Full Clinical Review	
30420	NECONSTRUCTION OF NOSE	SEPTAL REPAIR	/ danonzadon nequired	system	Tull clinical Review	
30430	REVISION OF NOSE	RHINOPLASTY SECONDARY MINOR	Authorization Required	Surgery of respiratory	Full Clinical Review	
		REVISION		system		
30435	REVISION OF NOSE	RHINOPLASTY SECONDARY	Authorization Required	Surgery of respiratory	Full Clinical Review	
		INTERMEDIATE REVISION		system		
30450	REVISION OF NOSE	RHINOPLASTY SECONDARY MAJOR	Authorization Required	Surgery of respiratory	Full Clinical Review	
		REVISION		system		
30460	REVISION OF NOSE	RHINP DFRM W/COLUM LNGTH TIP	Authorization Required	Surgery of respiratory	Full Clinical Review	
		ONLY		system		
30462	REVISION OF NOSE	RHINP DFRM COLUM LNGTH TIP	Authorization Required	Surgery of respiratory	Full Clinical Review	
		SEPTUM OSTEOT		system		
30465	REPAIR NASAL STENOSIS	REPAIR NASAL VESTIBULAR STENOSIS	Authorization Required	Surgery of respiratory	Full Clinical Review	
				system		
30468	RPR NSL VLV COLLAPSE W/IMPLT	RPR NSL VLV COLLAPSE SUBQ/SBMCSL	Authorization Required		5 11 611 1 1 5 1	
	·	LAT WALL IMPLT			Full Clinical Review	
30468	RPR NSL VLV COLLAPSE W/IMPLT	RPR NSL VLV COLLAPSE SUBQ/SBMCSL	Authorization Required		Full Clinical Basis	
20520	DEDAID OF MACAL SEPTURA	LAT WALL IMPLT	Authorization Descript	Currony of roceinstein	Full Clinical Review	
30520	REPAIR OF NASAL SEPTUM	SEPTOPLASTY/SUBMUCOUS RESECJ	Authorization Required	Surgery of respiratory	Full Clinical Review	
30540	REPAIR NASAL DEFECT	W/WO CARTILAGE GRF REPAIR CHOANAL ATRESIA INTRANASAL	No Auth Required	system Surgery of respiratory		
30340	THE AIN WASAL DEFECT	METAIN CHOANAL ATRESIA INTRANASAL	No Auth Required	system		
30545	REPAIR NASAL DEFECT	REPAIR CHOANAL ATRESIA	No Auth Required	Surgery of respiratory		
55545		TRANSPALATINE		system		
30560	RELEASE OF NASAL ADHESIONS	LYSIS INTRANASAL SYNECHIA	No Auth Required	Surgery of respiratory		
30303				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		
	l		l	3,300	I	

30620	INTRANASAL RECONSTRUCTION	SEPTAL/OTHER INTRANASAL	Authorization Required	Surgery of respiratory	Full Clinical Review	
30630	REPAIR NASAL SEPTUM DEFECT	DERMATOPLASTY  REPAIR NASAL SEPTAL PERFORATIONS	Authorization Required	System Surgery of respiratory	Full Clinical Review	
30030	REPAIR NASAL SEPTOW DEFECT	REPAIR NASAL SEPTAL PERFORATIONS	Authorization Required	Surgery of respiratory system	Full Cliffical Review	
30801	ABLATE INF TURBINATE SUPERF	ABLTJ SOFT TIS INFERIOR TURBINATES	No Auth Required	Surgery of respiratory		
20002	ADLATE INETUDDINATE CUDATUS	UNI/BI SUPFC	No. A cable Donnellor of	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	No Auth Required	Surgery of respiratory		
		ANTERIOR SIMPLE		system		
30903	CONTROL OF NOSEBLEED	CONTROL NASAL HEMORRHAGE	No Auth Required	Surgery of respiratory		
30905	CONTROL OF NOSEBLEED	ANTERIOR COMPLEX CTRL NSL HEMRRG PST NASAL	No Auth Required	system Surgery of respiratory		
30303	CONTROL OF NOSEBLEED	PACKS&/CAUTERY 1ST	No Auth Required	system		
30906	REPEAT CONTROL OF NOSEBLEED	CTRL NSL HEMRRG PST NASAL	No Auth Required	Surgery of respiratory		
		PACKS&/CAUTERY SUBSQ		system		
30915	LIGATION NASAL SINUS ARTERY	LIGATION ARTERIES ETHMOIDAL	No Auth Required	Surgery of respiratory		
30920	LIGATION UPPER JAW ARTERY	LIGATION ARTERIES INT MAXILLARY	No Auth Required	Surgery of respiratory		
56526	element of the last work the last the l	TRANSANTRAL	ino maan nequineu	system		
30930	THER FX NASAL INF TURBINATE	FRACTURE NASAL INFERIOR TURBINATE	No Auth Required	Surgery of respiratory		
		THERAPEUTIC		system		
30999	NASAL SURGERY PROCEDURE	UNLISTED PROCEDURE NOSE	Authorization Required	Surgery of respiratory	Full Clinical Review	
31000	IRRIGATION MAXILLARY SINUS	LAVAGE CANNULATION MAXILLARY	No Auth Required	system Surgery of respiratory		
31000	INNIGATION WAXILLANT SINGS	SINUS	No Auth Required	system		
31002	IRRIGATION SPHENOID SINUS	LAVAGE CANNULATION SPHENOID	No Auth Required	Surgery of respiratory		
		SINUS		system		
31020	EXPLORATION MAXILLARY SINUS	SINUSOTOMY MAXILLARY ANTROTOMY	No Auth Required	Surgery of respiratory		
31030	EXPLORATION MAXILLARY SINUS	INTRANASAL	No Auth Boquirod	System Surgary of respiratory		
31030	EXPLORATION MAXILLARY SINOS	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	No Auth Required	Surgery of respiratory		
		ANTROCH POLYPS		system		
31040	EXPLORATION BEHIND UPPER JAW	PTERYGOMAXILLARY FOSSA SURGERY	No Auth Required	Surgery of respiratory		
31050	EXPLORATION SPHENOID SINUS	ANY APPROACH SINUSOTOMY SPHENOID W/WO BIOPSY	No Auth Poquired	system Surgery of respiratory		
31030	EXI EGRATION SI TIENOID SINGS	Silvesore with stricted by we biot st	No Auth Required	system		
31051	SPHENOID SINUS SURGERY	SINUSOT SPHENOID W/MUCOSAL	No Auth Required	Surgery of respiratory		
		STRIPPING/RMVL POLYP		system		
31070	EXPLORATION OF FRONTAL SINUS	SINUSOTOMY FRONTAL EXTERNAL	No Auth Required	Surgery of respiratory		
31075	EXPLORATION OF FRONTAL SINUS	SIMPLE SINUSOTOMY FRONTAL TRANSORBITAL	No Auth Required	Surgery of respiratory		
31073	EXI EGILATION OF THOMPINE SINGS	UNILATERAL	No Auth Required	system		
31080	REMOVAL OF FRONTAL SINUS	SINUSOTOMY FRNT OBLITERATIVE W/O	No Auth Required	Surgery of respiratory		
		FLAP BROW INC		system		
31081	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT OBLIT W/O OSTPL FLAP	No Auth Required	Surgery of respiratory		
31084	REMOVAL OF FRONTAL SINUS	CORONAL INC SINUSOT FRNT OBLIT W/OSTPL FLAP	No Auth Required	system Surgery of respiratory		
31004	THE OF THOM THE SHOOT	BROW INC	Addi Required	system		
31085	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT OBLIT W/OSTPL FLAP	No Auth Required	Surgery of respiratory		
		CORONAL INC		system		
31086	REMOVAL OF FRONTAL SINUS	SINUSOT FRNT NONOBLIT W/OSTPL	No Auth Required	Surgery of respiratory		
31087	REMOVAL OF FRONTAL SINUS	FLAP BROW INC SINUSOT FRNT NONOBLIT W/OSTPL	No Auth Required	system Surgery of respiratory		
31007	MENIOVAL OF FRONTAL SINUS	FLAP CORONAL INC	Auth Required	system		

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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	·	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		

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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	N	letwork Validation	
31296	NSL/SINS NDSC SURG FRNT SINS	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	Authorization Required	Surgery of respiratory system	N	letwork Validation	
31297	NSL/SINS NDSC SURG SPHN SINS	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	Authorization Required	Surgery of respiratory system	N	letwork Validation	
31298	NSL/SINS NDSC SURG FRNT&SPHN		Authorization Required	Surgery of respiratory system	N	letwork Validation	
31299	SINUS SURGERY PROCEDURE	UNLISTED PROCEDURE ACCESSORY SINUSES	Authorization Required	Surgery of respiratory system	F	ull 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			

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31525	DX LARYNGOSCOPY EXCL NB	LARYNGOSCOPY W/WO	No Auth Required	Surgery of respiratory
		TRACHEOSCOPY DX EXCEPT NEWBORN		system
31526	DX LARYNGOSCOPY W/OPER SCOPE	LARYNGOSCOPY W/WO	No Auth Required	Surgery of respiratory
		TRACHEOSCOPY W/MICRO/TELESCOPE		system
31527	LARYNGOSCOPY FOR TREATMENT	LARYNGOSCOPY W/WO	No Auth Required	Surgery of respiratory
		TRACHEOSCOPY INSERT OBTURATOR		system
31528	LARYNGOSCOPY AND DILATION	LARYNGOSCOPY W/WO	No Auth Required	Surgery of respiratory
31320	Butting oscor i And Bibarion	TRACHEOSCOPY W/DILATION IN	No Audi Neguneu	system
21520	LARYNGOSCOPY AND DILATION	·	No Auth Roquired	
31529	LARYNGOSCOPY AND DILATION	LARYNGOSCOPY W/WO	No Auth Required	Surgery of respiratory
24522		TRACHEOSCOPY DILATION SUBSQ		system
31530	LARYNGOSCOPY W/FB REMOVAL	LARYNGOSCOPY W/FOREIGN BODY	No Auth Required	Surgery of respiratory
		REMOVAL		system
31531	LARYNGOSCOPY W/FB & OP SCOPE	LARYNGOSCOPY FOREIGN BODY RMVL	No Auth Required	Surgery of respiratory
		MICRO/TELESCOPE		system
31535	LARYNGOSCOPY W/BIOPSY	LARYNGOSCOPY DIRECT OPERATIVE	No Auth Required	Surgery of respiratory
		W/BIOPSY		system
31536	LARYNGOSCOPY W/BX & OP SCOPE	LARYNGOSCOPY W/BIOPSY	No Auth Required	Surgery of respiratory
		MICROSCOPE/TELESCOPE		system
31540	LARYNGOSCOPY W/EXC OF TUMOR	LARYNGOSCOPY EXC TUM&/STRIPPING	No Auth Required	Surgery of respiratory
	,	CORDS/EPIGLOTT		system
31541	LARYNSCOP W/TUMR EXC + SCOPE	LARGSC EXC TUM&/STRPG	No Auth Required	Surgery of respiratory
010.1	2 mmscor myrommene y score	CORDS/EPIGL MCRSCP/TLSCP	no macinic quincu	system
31545	REMOVE VC LESION W/SCOPE	LARGSC MICRO/TELESCOPE RMVL LES	No Auth Required	Surgery of respiratory
31343	REMOVE VC LESION W/SCOPE	VOCAL CORD FLAP	No Auth Required	
21546	DENAOVE VC LECION COORE/CDAFT		No Auth Doguisod	system
31546	REMOVE VC LESION SCOPE/GRAFT	LARGSC MICRO/TELESCOPE RMVL LES	No Auth Required	Surgery of respiratory
		VOCAL CORD GRAFT		system
31551	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN	No Auth Required	Surgery of respiratory
		W/O STENT < 12 YRS		system
31552	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN	No Auth Required	Surgery of respiratory
		W/O STENT 12 YRS >		system
31553	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN	No Auth Required	Surgery of respiratory
		W/STENT < 12 YRS		system
31554	LARYNGOPLASTY LARYNGEAL STEN	LARYNGOPLASTY LARYNGEAL STEN	No Auth Required	Surgery of respiratory
		W/STENT 12 YRS >		system
31560	LARYNGOSCOP W/ARYTENOIDECTOM	LARYNGOSCOPY DIRECT OPERATIVE	No Auth Required	Surgery of respiratory
		W/ARYTENOIDECTOMY		system
31561	LARYNSCOP REMVE CART + SCOP	LARGSC ARYTENOIDECTOMY	No Auth Required	Surgery of respiratory
		MICROSCOPE/TELESCOPE		system
31570	LARYNGOSCOPE W/VC INJ	LARYNGOSCOPE INJECTION VOCAL	No Auth Required	Surgery of respiratory
515.5		CORD THERAPEUTIC		system
31571	LARYNGOSCOP W/VC INJ + SCOPE	LARGSC W/NJX VOCAL CORD THER	No Auth Required	· ·
313/1	LAKTINGUSCUF W/ VC IIVJ + SCUPE	W/MICRO/TELESCOPE	No Auth Required	Surgery of respiratory
21572	LADCCC W/LACED DCTDLLEC		No Auth Boardan	System  Surrous of receivation
31572	LARGSC W/LASER DSTRJ LES	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ	ino Autri Kequirea	Surgery of respiratory
24575	LABORO WATER INVESTIGATION	LESION(S) UNI		system
31573	LARGSC W/THER INJECTION	LARYNGOSCOPY FLEXIBLE THERAPEUTIC	No Auth Required	Surgery of respiratory
		INJECTION UNI		system
31574	LARGSC W/NJX AUGMENTATION	LARYNGOSCOPY FLEXIBLE W/INJECTION	No Auth Required	Surgery of respiratory
		AGMNTJ UNI		system
31575	DIAGNOSTIC LARYNGOSCOPY	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	No Auth Required	Surgery of respiratory
				system
31576	LARYNGOSCOPY WITH BIOPSY	LARYNGOSCOPY FLEXIBLE	No Auth Required	Surgery of respiratory
		W/BIOPSY(IES)		system
31577	LARGSC W/RMVL FOREIGN BDY(S)	LARYNGOSCOPY FLX RMVL FOREIGN	No Auth Required	Surgery of respiratory
	,	BODY(S)		system
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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	Ī	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	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	,	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	No Auth Required	Surgery of respiratory			
24.522	PROMOUS CORPY (NAME OF A PORT	TRACHEAL STENT		system			
31632	BRONCHOSCOPY/LUNG BX ADDL	BRONCHOSCOPY W/TRANSBRONCHIAL	No Auth Required	Surgery of respiratory			
		LUNG BX EACH LOBE		system			
31633	BRONCHOSCOPY/NEEDLE BX ADDL	BRONCHOSCOPY W/TRANSBRONCL NDL	No Auth Required	Surgery of respiratory			
		ASPIR BX EA LOBE		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	No Auth Required	Surgery of respiratory			
		BODY		system			
31636	BRONCHOSCOPY BRONCH STENTS	BRNCHSC W/PLACEMENT BRNCL STENT	No Auth Required	Surgery of respiratory			
		1ST BRONCHUS		system			
31637	BRONCHOSCOPY STENT ADD-ON	BRONCHOSCOPY EACH MAJOR	No Auth Required	Surgery of respiratory			
		BRONCHUS STENTED		system			
31638	BRONCHOSCOPY REVISE STENT	BRNCHSC REVJ TRACHEAL/BRNCL STENT	No Auth Required	Surgery of respiratory			
		INS PREV SESS		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	No Auth Required	Surgery of respiratory			
31041	BRONCHOSCOTT TREAT BESCHAGE	STENOSIS OTH/THN EXC	No Auth Required	system			
31643	DIAG BRONCHOSCOPE/CATHETER	BRNCHSC W/PLMT CATH INTRCV	No Auth Required	Surgery of respiratory			
31043	DING BRONCHOSCOLE, CATHELER	RADIOELMNT APPL	No Auth Required	system			
31645	BRNCHSC W/THER ASPIR 1ST	BRONCHOSCOPY W/THER ASPIR	No Auth Required	Surgery of respiratory			
31043	BRIVEI SE WY THER ASI IN 151	TRACHBRNCL TREE 1ST	No Auth Required	system			
31646	BRNCHSC W/THER ASPIR SBSQ	BRONCHOSCOPY W/THER ASPIR	No Auth Required	Surgery of respiratory			
31040	BRIVEI SE W/ THER ASPIR SBSQ	TRACHBRNCL TREE SBSQ	No Auth Required				
31647	BRONCHIAL VALVE INIT INSERT	BRNCHSC OCCLUSION&INSERT BRONCH	No Auth Required	System			
31047	BRONCHIAL VALVE INTI INSERT		No Auth Required	Surgery of respiratory			
31648	BRONCHIAL VALVE REMOV INIT	VALVE INIT LOBE  BRNCHSC REMOVAL BRONCHIAL VALVE	No Auth Desuised	system			
31046	BRONCHIAL VALVE REIVIOV INTI	INITIAL	No Autii Required	Surgery of respiratory system			
31649	BRONCHIAL VALVE REMOV ADDL	BRNCHSC REMOVAL BRONCHIAL VALVE	No Auth Required	+ '			
31049	BRONCHIAL VALVE REIVIOV ADDE	EA ADDL	No Auth Required	Surgery of respiratory			
31651	BRONCHIAL VALVE ADDL INSERT	BRNCHSC OCCLUSION&INSERT BRONCH	No Auth Required	System			
31031	BRONCHIAE VALVE ADDE INSERT		No Auth Required	Surgery of respiratory			
21652	DRONGLI EDLIC CAMBINIC 4 /2 NODE	VALVE ADDL LOBE	No Auth Doguined	system			
31652	BRONCH EBUS SAMPLNG 1/2 NODE	BRNCHSC EBUS GUIDED SAMPL 1/2	No Auth Required	Surgery of respiratory			
21.052	DRONGLI EDLIG CAMBLAIC 3 /2 NODE	NODE STATION/STRUX	No Auth Doguined	system			
31653	BRONCH EBUS SAMPLNG 3/> NODE	BRNCHSC EBUS GUIDED SAMPL 3/>	No Auth Required	Surgery of respiratory			
24.65.4	DRONGU ERUS WAITI DERRUI LES	NODE STATION/STRUX	No. Austle Describer d	system			
31654	BRONCH EBUS IVNTJ PERPH LES	BRNSCHSC TNDSC EBUS DX/TX	No Auth Required	Surgery of respiratory			
24.550	DDONICH THERMODICTY 4 LODE	INTERVENTION PERPH LES	A calle a mineral and December of	system		Full Citataal Basiass	
31660	BRONCH THERMOPLSTY 1 LOBE	BRONCHOSCOPIC THERMOPLASTY ONE	Authorization Required	Surgery of respiratory		Full Clinical Review	
24554	PROMOUTUED AGRICTIVA / LORGE	LOBE		system		5 H OI: 1 LD .:	
31661	BRONCH THERMOPLSTY 2/> LOBES	BRONCHOSCOPIC THERMOPLASTY 2/>	Authorization Required	Surgery of respiratory		Full Clinical Review	
24747	PROMOUNAL PROMOUNTED P	LOBES		system			
31717	BRONCHIAL BRUSH BIOPSY	CATHETERIZATION W/BRONCHIAL	No Auth Required	Surgery of respiratory			
24722	0.5154105 05 4154444	BRUSH BIOPSY		system			
31720	CLEARANCE OF AIRWAYS	CATHETER ASPIRATION NASOTRACHEAL	No Auth Required	Surgery of respiratory			
24725	CLEADANCE OF AIDWAYS	SPX	No. Acade Doc. 1	system			
31725	CLEARANCE OF AIRWAYS	CATH ASPIR TRACHEOBRNCL	No Auth Required	Surgery of respiratory			
24720	INTRO MUNICIPE MURE /TURE	FIBERSCOPE BEDSIDE SPX	No Acado Donocionad	system			
31730	INTRO WINDPIPE WIRE/TUBE	TTRACH INTRO NDL WIRE	No Auth Required	Surgery of respiratory			
24750	DEDAID OF WINDDIDE	DIL/STENT/TUBE O2 THER	No Acade Doc. 1. 1	system			
31750	REPAIR OF WINDPIPE	TRACHEOPLASTY CERVICAL	No Auth Required	Surgery of respiratory			
24755	DEDAID OF WINDDIDE	TRACILEORIACTY	No Acado Donocionad	system			
31755	REPAIR OF WINDPIPE	TRACHEOPLASTY	No Auth Required	Surgery of respiratory			
L		TRACHEOPHARYNGEAL FSTLJ EA STG	I .	system	1		

24760	DEDAID OF WINDDIDE	TRACUEORI ACTIVINITRATI IORACIC	N. A. All D. a. Card	Comment of the contract of		1
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	·	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	No Auth Required	Surgery of respiratory
32200	DIVIN OF EN EGING EESIGN	DRAINAGE ABSCESS/CYST	140 Matil Required	system
32215	TREAT CHEST LINING	PLEURAL SCARIFICATION REPEAT	No Auth Required	Surgery of respiratory
		PNEUMOTHORAX	·	system
32220	RELEASE OF LUNG	DECORTICATION PULMONARY TOTAL	No Auth Required	Surgery of respiratory
		SEPARATE PROCEDURE		system
32225	PARTIAL RELEASE OF LUNG	DECORTICATION PULMONARY PARTIAL	No Auth Required	Surgery of respiratory
		SEPARATE PROC		system
32310	REMOVAL OF CHEST LINING	PLEURECTOMY PARIETAL SEPARATE	No Auth Required	Surgery of respiratory
22220	EDEE /DENAON/E CHECT LINING	PROCEDURE	No. Auth Doning	system
32320	FREE/REMOVE CHEST LINING	DECORTICATION & PARIETAL PLEURECTOMY	No Auth Required	Surgery of respiratory system
32400	NEEDLE BIOPSY CHEST LINING	BIOPSY PLEURA PERCUTANEOUS	No Auth Required	Surgery of respiratory
32400	INCEDED BIOL ST CHEST ENVING	NEEDLE	No Auth Required	system
32405	PERCUT BX LUNG/MEDIASTINUM	BIOPSY LUNG/MEDIASTINUM	No Auth Required	Surgery of respiratory
	,	PERCUTANEOUS NEEDLE	· ·	system
22400	CODE NIDL DY LNC (MED DEDO	CORE NEEDLE BX LUNG/MEDIASTINUM	No Auth Required	
32408	CORE NDL BX LNG/MED PERQ	PERQ W/IMG	·	
32440	REMOVE LUNG PNEUMONECTOMY	REMOVAL OF LUNG PNEUMONECTOMY	No Auth Required	Surgery of respiratory
				system
32442	SLEEVE PNEUMONECTOMY	REMOVAL LUNG PNEUMONECTOMY	No Auth Required	Surgery of respiratory
		RESXN SGMNT TRACHEA		system
32445	REMOVAL OF LUNG EXTRAPLEURAL	REMOVAL LUNG PNEUMONECTOMY	No Auth Required	Surgery of respiratory
32480	DARTIAL REMOVAL OF LUNC	EXTRAPLEURAL	No Auth Doguised	system Superior of received and the superior of the superior o
32480	PARTIAL REMOVAL OF LUNG	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	No Auth Required	Surgery of respiratory
32482	BILOBECTOMY	RMVL LUNG OTHER THAN	No Auth Required	Surgery of respiratory
32402	BILOBECTOWN	PNEUMONECT 2 LOBES BILOBEC	140 Matil Required	system
32484	SEGMENTECTOMY	RMVL LUNG OTHER THAN	No Auth Required	Surgery of respiratory
		PNEUMONECT 1 SEGMENTECTOMY	· ·	system
32486	SLEEVE LOBECTOMY	RMVL LUNG XCP TOT	No Auth Required	Surgery of respiratory
		PNEUMONECTOMY SLEEVE		system
		LOBECTOMY		
32488	COMPLETION PNEUMONECTOMY	RMVL LUNG OTHER/THAN PNUMEC	No Auth Required	Surgery of respiratory
		COMPLETION PNUMEC		system
32491	LUNG VOLUME REDUCTION	RMVL LUNG OTH/THN PNUMEC RESXN-	No Auth Required	Surgery of respiratory
22501	DEDAID DEONICHUS ADD ON	PLCTJ EMPHY LUNG	No Auth Doguised	system Superior of received and the superior of the superior o
32501	REPAIR BRONCHUS ADD-ON	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	No Auth Required	Surgery of respiratory
32503	RESECT APICAL LUNG TUMOR	RESCJ APICAL LUNG TUMOR W/O CHEST	No Auth Required	Surgery of respiratory
32303	TRESECT ATTEAL LONG TOWION	WALL RCNSTJ	No Auth Required	system
32504	RESECT APICAL LUNG TUM/CHEST	RESCJ APICAL LUNG TUMOR W/CHEST	No Auth Required	Surgery of respiratory
		WALL RCNSTJ		system
32505	WEDGE RESECT OF LUNG INITIAL	THORACOTOMY W/THERAPEUTIC	No Auth Required	Surgery of respiratory
		WEDGE RESEXN INITIAL		system
32506	WEDGE RESECT OF LUNG ADD-ON	THORACOTOMY W/THERAP WEDGE	No Auth Required	Surgery of respiratory
		RESEXN ADDL IPSILATRL		system
32507	WEDGE RESECT OF LUNG DIAG		No Auth Required	Surgery of respiratory
L		& ANTOM LUNG RESE		system
32540	REMOVAL OF LUNG LESION	EXTRAPLEURAL ENUCLEATION	No Auth Required	Surgery of respiratory
32550	INSERT PLEURAL CATH	INSERTION INDWELLING TUNNELED	No Auth Possired	system Surgery of recriptory
32330	INSERT PLEURAL CATE	PLEURAL CATHETER	No Auth Required	Surgery of respiratory system
32551	INSERTION OF CHEST TUBE	TUBE THORACOSTOMY INCLUDES	No Auth Required	Surgery of respiratory
32331		WATER SEAL		system
32552	REMOVE LUNG CATHETER	RMVL NDWELLG TUNNELED PLEURAL	No Auth Required	Surgery of respiratory
		CATHETER W/CUFF	·	system
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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	INSTLI VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	No Auth Required	Surgery of respiratory system
32561	LYSE CHEST FIBRIN INIT DAY	INSTLI VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	No Auth Required	Surgery of respiratory system
32562	LYSE CHEST FIBRIN SUBQ DAY	INSTLI 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

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32665	THORACOSCOP W/ESOPH MUSC EXC	THORACOSCOPY	No Auth Required	Surgery of respiratory			
		W/ESOPHAGOMYOTOMY HELLER TYPE		system			
32666	THORACOSCOPY W/WEDGE RESECT	THORACOSCOPY W/THERA WEDGE	No Auth Required	Surgery of respiratory			
22557	THE RESIDENCE OF THE RE	RESEXN INITIAL UNILAT		system			
32667	THORACOSCOPY W/W RESECT ADDL	THORACOSCOPY W/THERA WEDGE	No Auth Required	Surgery of respiratory			
22550	THOS & COCCOON WHAT DESCRIPTION OF	RESEXN ADDL IPSILATRL		system			
32668	THORACOSCOPY W/W RESECT DIAG	THORACOSCOPY W/DX WEDGE RESEXN	No Auth Required	Surgery of respiratory			
22000	THORA COCCODY DENADVE CECNAENT	ANATO LUNG RESEXN	No Auth Desuised	system			
32669	THORACOSCOPY REMOVE SEGMENT	THORACOSCOPY W/SEGMENTECTOMY	No Auth Required	Surgery of respiratory			
32670	THORACOSCOPY BILOBECTOMY	THORACOSCOPY W/BILOBECTOMY	No Auth Required	system Surgery of respiratory			
32070	THORACOSCOPT BILOBECTOWN	THORACOSCOPT W/BILOBECTOWN	No Autii kequireu	system			
32671	THORACOSCOPY PNEUMONECTOMY	THORACOSCOPY W/PNEUMONECTOMY	No Auth Required	Surgery of respiratory			
320/1	THORACOSCOPT PINEOWONECTOWN	THORACOSCOPT W/PNEUMONECTOWT	No Autii Kequireu				
32672	THORACOSCOPY FOR LVRS	THORACOSCOPY W/RESEXN-PLICAJ	No Auth Required	system Surgery of respiratory			
32072	THORACOSCOPT FOR LVKS	EMPHYSEMA LUNG UNIL	No Autii kequireu	system			
32673	THORACOSCOPY W/THYMUS RESECT	THORACOSCOPY RESEXN THYMUS	No Auth Required	Surgery of respiratory			
320/3	THORACOSCOFT W/TITIVIOS RESECT	UNI/BILATERAL	No Auth Required	system			
32674	THORACOSCOPY LYMPH NODE EXC	THORCOSCPY W/MEDIASTINL &	No Auth Required	Surgery of respiratory			
32074	THORACOSCOPT LTWPH NODE EXC	REGIONL LYMPHDENECTOMY	No Autii Kequireu	system			
32701	THORAX STEREO RAD TARGETW/TX	THORAX STEREOTACTIC RADIATION	No Auth Required	Surgery of respiratory			
32/01	THORAX STEREO RAD TARGETW/TX	TARGET W/TX COURSE	No Auth Required	system			
32800	REPAIR LUNG HERNIA	REPAIR LUNG HERNIA THROUGH CHEST	No Auth Required	Surgery of respiratory			
32000	INCI AIN LONG FIERINA	WALL	No Auth Required	system			
32810	CLOSE CHEST AFTER DRAINAGE	CLSR CH WALL FLWG OPN FLAP DRG	No Auth Required	Surgery of respiratory			
32010	CLOSE CHEST AT TEN DIVANIAGE	EMPYEMA	No Auth Required	system			
32815	CLOSE BRONCHIAL FISTULA	OPEN CLOSURE MAJOR BRONCHIAL	No Auth Required	Surgery of respiratory			
52515	Seese site ite in te i see t	FISTULA	no man neganea	system			
32820	RECONSTRUCT INJURED CHEST	MAJOR RECONSTRUCTION CHEST WALL	No Auth Required	Surgery of respiratory			
52525	The content of the chief	POSTTRAUMATIC	no nati neganea	system			
32850	DONOR PNEUMONECTOMY	DONOR PNEUMONECTOMY FROM	Authorization Required	Transplants and		Full Clinical Review	
		CADAVER DONOR		transplant related			
				services (including pre			
				and post transplant			
				testing)			
32851	LUNG TRANSPLANT SINGLE	LUNG TRANSPLANT 1 W/O	Authorization Required	Transplants and		Full Clinical Review	
		CARDIOPULMONARY BYPASS		transplant related	1		
				services (including pre			
			1	and post transplant	1		
				testing)			
32852	LUNG TRANSPLANT WITH BYPASS	LUNG TRANSPLANT 1	Authorization Required	Transplants and		Full Clinical Review	
		W/CARDIOPULMONARY BYPASS		transplant related			
			1	services (including pre	1		
				and post transplant			
				testing)			
32853	LUNG TRANSPLANT DOUBLE	LUNG TRANSPLANT 2 W/O	Authorization Required	Transplants and		Full Clinical Review	
	_	CARDIOPULMONARY BYPASS		transplant related	1		
			1	services (including pre	1		
			1	and post transplant	1		
			1	testing)	1		
32854	LUNG TRANSPLANT WITH BYPASS	LUNG TRANSPLANT 2	Authorization Required	Transplants and		Full Clinical Review	
		W/CARDIOPULMONARY BYPASS		transplant related	1		
		,	1	services (including pre	1		
				and post transplant			
				testing)			
	l		1	18/	l .		l.

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		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	No Auth Required	Surgery of cardiovascular		
		ENDOSCOPIC		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		

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33236	REMOVE ELECTRODE/THORACOTOMY	RMVL PRM EPICAR PM&ELTRDS	No Auth Required	Surgery of cardiovascular		
		THORCOM 1 LEAD SYS		system		
33237	REMOVE ELECTRODE/THORACOTOMY	RMVL PRM EPICAR PM&ELTRDS	No Auth Required	Surgery of cardiovascular		
		THORCOM DUAL LEAD SY		system		
33238	REMOVE ELECTRODE/THORACOTOMY		No Auth Required	Surgery of cardiovascular		
		THORACOTOMY		system		
33240	INSRT PULSE GEN W/SINGL LEAD	INSJ IMPLNTBL DEFIB PULSE GEN W/1	No Auth Required	Surgery of cardiovascular		
		EXISTING LD		system		
33241	REMOVE PULSE GENERATOR	REMOVAL IMPLANTABLE DEFIB PULSE	No Auth Required	Surgery of cardiovascular		
		GENERATOR ONLY		system		
33243	REMOVE ELTRD/THORACOTOMY	RMVL 1/DUAL CHAMBER DEFIB	No Auth Required	Surgery of cardiovascular		
		ELECTRODE BY THORACOM		system		
33244	REMOVE ELCTRD TRANSVENOUSLY	RMVL1/DUAL CHMBR IMPLTBL DFB	No Auth Required	Surgery of cardiovascular		
		ELTRD TRANSVNS XTRJ		system		
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	INSJ/RPLCMT PERM DFB W/TRNSVNS	Authorization Required	Surgery of cardiovascular	Network Validation	
		LDS 1/DUAL CHMBR	·	system		
33250	ABLATE HEART DYSRHYTHM FOCUS	ABLATION ARRHYTHMOGENIC	No Auth Required	Surgery of cardiovascular		
		FOCI/PATHWAY W/O BYPASS	·	system		
33251	ABLATE HEART DYSRHYTHM FOCUS	ABLATION ARRHYTHMOGENIC	No Auth Required	Surgery of cardiovascular		
		FOCI/PATHWAY W/BYPASS	·	system		
33254	ABLATE ATRIA LMTD	ABLATION & RECONSTRUCTION ATRIA	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
5525		LIMITED	/ tatilonzation negatica	system	i dii ciiiicai Nevieii	
33255	ABLATE ATRIA W/O BYPASS EXT	ABLATION & RCNSTJ ATRIA EXTNSV	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
33233	THE TEXT WAS EXT	W/O BYPASS	Authorization Required	system	Tull chilled Review	
33256	ABLATE ATRIA W/BYPASS EXTEN	ABLATION & RCNSTJ ATRIA EXTNSV	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
33230	ABEATE ATRIA W/BIT ASS EXTEN	W/BYPASS	Authorization Required	system	i dii ciiiicai keview	
33257	ABLATE ATRIA LMTD ADD-ON	ATRIA ABLATE & RCNSTJ W/OTHER	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
33237	ABLATE ATRIA LIVITO ADD-ON	PROCEDURE LIMITE	Authorization Required		r dii Cililicai Review	
33258	ABLATE ATRIA X10SV ADD-ON	ATRIA ABLTJ & RCNSTJ W/OTHER PX	Authorization Required	system Surgery of cardiovascular	Full Clinical Review	
33236	ABLATE ATRIA X103V ADD-ON	· · · · · · · · · · · · · · · · · · ·	Authorization Required		Full Cliffical Review	
22250	ADLATE ATDIA W/DVDACC ADD ON	EXTENSIV W/O BYP	Authorization Descriped	system	Full Clinical Davieur	
33259	ABLATE ATRIA W/BYPASS ADD-ON	ATRIA ABLTJ & RCNSTJ W/OTHER PX	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
22264	1 D. 1 T. 1 C. 1 D. 1 D. 1 D. 1 D. 1 D. 1 D. 1 D	EXTEN W/BYPASS		system		
33261	ABLATE HEART DYSRHYTHM FOCUS	OPRATIVE ABLTJ VENTR	No Auth Required	Surgery of cardiovascular		
		ARRHYTHMOGENIC FOC W/BYPASS		system		
33262	RMVL& REPLC PULSE GEN 1 LEAD	RMVL IMPLTBL DFB PLSE GEN W/REPL	No Auth Required	Surgery of cardiovascular		
		PLSE GEN 1 LEAD		system		
33263	RMVL & RPLCMT DFB GEN 2 LEAD	RMVL IMPLTBL DFB PLSE GEN	Authorization Required	Surgery of cardiovascular	Network Validation	
		W/RPLCMT PLSE GEN 2 LD		system		
33264	RMVL & RPLCMT DFB GEN MLT LD	RMVL IMPLTBL DFB PLS GEN W/RPLCMT	No Auth Required	Surgery of cardiovascular		
		PLS GEN MLT LD		system		
33265	ABLATE ATRIA LMTD ENDO	NDSC ABLATION & RCNSTJ ATRIA	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		LIMITED W/O BYPAS		system		
33266	ABLATE ATRIA X10SV ENDO	NDSC ABLATION & RCNSTJ ATRIA EXTEN	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		W/O BYPASS		system		
33270	INS/REP SUBQ DEFIBRILLATOR	INS/RPLCMNT PERM SUBQ IMPLTBL	No Auth Required	Surgery of cardiovascular		
		DFB W/SUBQ ELTRD		system		
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	INSJ OF SUBQ IMPLANTABLE	No Auth Required	Surgery of cardiovascular		
		DEFIBRILLATOR ELECTRODE		system		
33272	RMVL OF SUBQ DEFIBRILLATOR	RMVL OF SUBQ IMPLANTABLE	No Auth Required	Surgery of cardiovascular		
		DEFIBRILLATOR ELECTRODE	1	system		
33273	REPOS PREV IMPLTBL SUBQ DFB	REPOS PREVIOUSLY IMPLANTED SUBQ	No Auth Required	Surgery of cardiovascular		
		IMPLANTABLE DFB	1	system		
33274	TCAT INSJ/RPL PERM LDLS PM	TCAT INSJ/RPL PERM LEADLESS	No Auth Required	Surgery of cardiovascular		
	·	PACEMAKER RV W/IMG		system		
33275	TCAT RMVL PERM LDLS PM W/IMG	TCAT REMOVAL PERM LEADLESS PM	No Auth Required	Surgery of cardiovascular		
		RIGHT VENTR W/IMG		system		
	1	INIGHT VENTO VV/HVIO	I .	System		

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

33411	REPLACEMENT OF AORTIC VALVE	RPLCMT AORTIC VALVE ANNULUS	No Auth Required	Surgery of cardiovascular	
33411	THE EACHVIEW OF AGNITE VALVE	ENLGMENT NONC SINUS	No Addi Regulied	system	
33412	REPLACEMENT OF AORTIC VALVE	REPLACEMENT AORTIC VALVE KONNO	No Auth Required	Surgery of cardiovascular	
		PROCEDURE		system	
33413	REPLACEMENT OF AORTIC VALVE	REPLACEMENT AORTIC&PULMON	No Auth Required	Surgery of cardiovascular	
		VALVES ROSS PROCEDUR		system	
33414	REPAIR OF AORTIC VALVE	RPR VENTR O/F TRC OBSTRCJ PATCH	No Auth Required	Surgery of cardiovascular	
		ENLGMENT O/F TRC		system	
33415	REVISION SUBVALVULAR TISSUE	RESECTION/INCISION SUBVALVULAR	No Auth Required	Surgery of cardiovascular	
		TISSUE		system	
33416	REVISE VENTRICLE MUSCLE	VENTRICULOMYOTOMY-MYECTOMY	No Auth Required	Surgery of cardiovascular	
22447	252412 25 42251244445			system	
33417	REPAIR OF AORTIC VALVE	AORTOPLASTY SUPRAVALVULAR	No Auth Required	Surgery of cardiovascular	
33418	REPAIR TCAT MITRAL VALVE	STENOSIS TCAT MITRAL VALVE REPAIR INITIAL	No Auth Required	System Surgery of cardiovaccular	
33410	REPAIR TCAT WITTRAL VALVE	PROSTHESIS	No Autii Kequireu	Surgery of cardiovascular	
33419	REPAIR TCAT MITRAL VALVE	TCAT MITRAL VALVE REPAIR ADDL	No Auth Required	system Surgery of cardiovascular	
33413	INCI AIN TEAT WITHAL VALVE	PROSTHESIS	No Auth Required	system	
33420	REVISION OF MITRAL VALVE	VALVOTOMY MITRAL VALVE CLOSED	No Auth Required	Surgery of cardiovascular	
33 120		HEART		system	
33422	REVISION OF MITRAL VALVE	VALVOTOMY MITRAL VALVE OPEN	No Auth Required	Surgery of cardiovascular	
55 122		HEART W/BYPASS	Tro Flath Required	system	
33425	REPAIR OF MITRAL VALVE	VALVULOPLASTY MITRAL VALVE	No Auth Required	Surgery of cardiovascular	
		W/CARDIAC BYPASS		system	
33426	REPAIR OF MITRAL VALVE	VLVP MITRAL VALVE W/CARD BYP	No Auth Required	Surgery of cardiovascular	
		W/PROSTC RING	,	system	
33427	REPAIR OF MITRAL VALVE	VLVP MITRAL VALVE W/BYPASS RAD	No Auth Required	Surgery of cardiovascular	
		RCNSTJ W/WO RING		system	
33430	REPLACEMENT OF MITRAL VALVE	REPLACEMENT MITRAL VALVE	No Auth Required	Surgery of cardiovascular	
		W/CARDIOPULMONARY BYP		system	
33440	RPLCMT A-VALVE TLCJ AUTOL PV	RPLCMT AORTIC VALVE BY TLCJ AUTOL	No Auth Required	Surgery of cardiovascular	
		PULM VALVE		system	
33460	REVISION OF TRICUSPID VALVE	VALVECTOMY TRICUSPID VALVE	No Auth Required	Surgery of cardiovascular	
		W/CARDIOPULMONARY BYP		system	
33463	VALVULOPLASTY TRICUSPID	VALVULOPLASTY TRICUSPID VALVE W/O	No Auth Required	Surgery of cardiovascular	
		RING INSERTION		system	
33464	VALVULOPLASTY TRICUSPID	VALVULOPLASTY TRICUSPID VALVE	No Auth Required	Surgery of cardiovascular	
22465	DEDLACE TRICHERID VALVE	W/RING INSERTION	No Auth Dougland	system	
33465	REPLACE TRICUSPID VALVE	REPLACEMENT TRICUSPID VALVE	No Auth Required	Surgery of cardiovascular	
33468	REVISION OF TRICUSPID VALVE	W/CARD BYPASS TRICUSPID VALVE RPSG&PLCTJ EBSTEIN	No Auth Boquirod	System Surgery of cardiovaccular	
33468	REVISION OF TRICOSPID VALVE		No Auth Required	Surgery of cardiovascular	
33470	REVISION OF PULMONARY VALVE	ANOMALY VALVOTOMY PULMONARY VALVE CLSD	No Auth Required	System Surgery of cardiovascular	
33+70	THE VISION OF FOLIVIONANT VALVE	HEART TRANSVENTR	Auth Required	system	
33471	VALVOTOMY PULMONARY VALVE	VALVOTOMY PULM VALVE CLSD HEART	No Auth Required	Surgery of cardiovascular	-
33471	THE STATE OF THE S	VIA PULM ARTERY		system	
33474	REVISION OF PULMONARY VALVE	VALVOTOMY PULMONARY VALVE OPEN	No Auth Required	Surgery of cardiovascular	-
		HEART W/BYPASS		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	No Auth Required	Surgery of cardiovascular	
		COMMISSUROTOMY		system	
33477	IMPLANT TCAT PULM VLV PERQ	TCAT PULMONARY VALVE	No Auth Required	Surgery of cardiovascular	
		IMPLANTATION PRQ APPROACH		system	
33478	REVISION OF HEART CHAMBER	OUTFLOW TRACT AGMNTJ W/WO	No Auth Required	Surgery of cardiovascular	
		COMMISSUR/INFUND RESCJ		system	

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33496	REPAIR PROSTH VALVE CLOT	RPR NON-STRUCT PROSTC VALVE	No Auth Required	Surgery of cardiovascular		
		DYSFUNCTION W/BYPASS		system		
33500	REPAIR HEART VESSEL FISTULA	RPR CORONARY AV/ARTERIOCAR	No Auth Required	Surgery of cardiovascular		
		CHMBR FSTL W/BYPASS		system		
33501	REPAIR HEART VESSEL FISTULA	RPR CORONARY AV/ARTERIOCAR	No Auth Required	Surgery of cardiovascular		
		CHMBR FSTL W/O BYPASS		system		
33502	CORONARY ARTERY CORRECTION	RPR ANOM CORONARY ART PULM ART	No Auth Required	Surgery of cardiovascular		
		ORIGIN LIGATION		system		
33503	CORONARY ARTERY GRAFT	RPR ANOM CORONARY ARTERY PULM	No Auth Required	Surgery of cardiovascular		
		ART ORIGIN GRAFT		system		
33504	CORONARY ARTERY GRAFT	RPR ANOM CORONARY ART PULM ART	No Auth Required	Surgery of cardiovascular		
		ORIGIN GRF W/BYP		system		
33505	REPAIR ARTERY W/TUNNEL	RPR ANOM CORON ART W/CONSTJ	No Auth Required	Surgery of cardiovascular		
55555	THE THIRT WATER	INTRAPULM ART TUNNEL	110 / Iden Negamed	system		
33506	REPAIR ARTERY TRANSLOCATION	RPR ANOM CORONARY ART FROM	No Auth Required	Surgery of cardiovascular		
33300	NET ANY ANY ENT THE WAS ESCAPENA	PULM ART TO AORTA	No Addi Negalied	system		
33507	REPAIR ART INTRAMURAL	RPR ANOM AORTIC ORIGIN CORONARY	No Auth Required	Surgery of cardiovascular		
33307	REPAIR ART INTRAIVIORAL		No Auth Required			
22500	ENDOCCODIC VEIN HADVECT	ART UNROOF/TLCJ	No. Acade Describeral	system		
33508	ENDOSCOPIC VEIN HARVEST	NDSC SURG W/VIDEO-ASSISTED	No Auth Required	Surgery of cardiovascular		
		HARVEST VEIN CABG		system		
33510	CABG VEIN SINGLE	CORONARY ARTERY BYPASS 1	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFT		system		
33511	CABG VEIN TWO	CORONARY ARTERY BYPASS 2	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFTS		system		
33512	CABG VEIN THREE	CORONARY ARTERY BYPASS 3	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFTS		system		
33513	CABG VEIN FOUR	CORONARY ARTERY BYPASS 4	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFTS		system		
33514	CABG VEIN FIVE	CORONARY ARTERY BYPASS 5	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFTS		system		
33516	CABG VEIN SIX OR MORE	CORONARY ARTERY BYPASS 6/+	No Auth Required	Surgery of cardiovascular		
		CORONARY VENOUS GRAFT	· ·	system		
33517	CABG ARTERY-VEIN SINGLE	CORONARY ARTERY BYP W/VEIN &	No Auth Required	Surgery of cardiovascular		
		ARTERY GRAFT 1 VEIN		system		
33518	CABG ARTERY-VEIN TWO	CORONARY ARTERY BYP W/VEIN &	No Auth Required	Surgery of cardiovascular		
33310	CABCARTERI VEIN IVO	ARTERY GRAFT 2 VEIN	No Addi Neganea	system		
33519	CABG ARTERY-VEIN THREE	CORONARY ARTERY BYP W/VEIN &	No Auth Required	Surgery of cardiovascular		
33313	CADO ARTERI-VEIN TIMEE	ARTERY GRAFT 3 VEIN	No Auth Required	system		
33521	CABG ARTERY-VEIN FOUR	CORONARY ARTERY BYP W/VEIN &	No Auth Required	Surgery of cardiovascular		
33321	CADO ANTENT-VEIN LOUN		No Auth Required	- 1		
22522	CABG ARTERY-VEIN FIVE	ARTERY GRAFT 4 VEIN	No Auth Bossined	system Suggest of cardiovascular	+	
33522	CADO AKTEKT-VEIN FIVE	CORONARY ARTERY BYP W/VEIN &	No Auth Required	Surgery of cardiovascular		
22522	CARC ART VEIN CIV OR MORE	ARTERY GRAFT 5 VEIN	No Auth Desides !	system	<del></del>	
33523	CABG ART-VEIN SIX OR MORE	CORONARY ARTERY BYP W/VEIN	No Auth Required	Surgery of cardiovascular		
		&ARTERY GRAFT 6 VEIN	ļ	system		
33530	CORONARY ARTERY BYPASS/REOP	ROPRTJ CAB/VALVE PX > 1 MO AFTER	No Auth Required	Surgery of cardiovascular		
		ORIGINAL OPERJ	ļ	system		
33533	CABG ARTERIAL SINGLE	CABG W/ARTERIAL GRAFT SINGLE	No Auth Required	Surgery of cardiovascular		
		ARTERIAL GRAFT	ļ	system		
33534	CABG ARTERIAL TWO	CABG W/ARTERIAL GRAFT TWO	No Auth Required	Surgery of cardiovascular		
		ARTERIAL GRAFTS		system		
33535	CABG ARTERIAL THREE	CABG W/ARTERIAL GRAFT THREE	No Auth Required	Surgery of cardiovascular		
		ARTERIAL GRAFTS	1	system		
33536	CABG ARTERIAL FOUR OR MORE	CABG W/ARTERIAL GRAFT	No Auth Required	Surgery of cardiovascular		
		FOUR/>ARTERIAL GRAFTS		system		
33542	REMOVAL OF HEART LESION	MYOCARDIAL RESECTION	No Auth Required	Surgery of cardiovascular		
				system		
			1	system		

33545	REPAIR OF HEART DAMAGE	RPR POSTINFRCJ VENTRICULAR SEPTAL	No Auth Required	Surgery of cardiovascular
		DEFECT		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

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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		
33710	REPAIR OF HEART DEFECTS	RPR SINUS VALSALVA FISTULA W/RPR V-	No Auth Required	Surgery of cardiovascular		
33720	REPAIR OF HEART DEFECT	SEPTAL DEFECT RPR SINUS VALSALVA ANEURYSM	No Auth Required	Surgery of cardiovascular		
33722	REPAIR OF HEART DEFECT	CLOSURE AORTICO-LEFT VENTRICULAR	No Auth Required	system Surgery of cardiovascular		
		TUNNEL		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		
33736	REVISION OF HEART CHAMBER	ATRIAL SEPTECTOMY/SEPTOSTOMY	No Auth Required	system Surgery of cardiovascular		
33737	REVISION OF HEART CHAMBER	OPEN HEART W/BYPASS  ATRIAL SEPTECT/SEPTOST OPN HRT	No Auth Required	Surgery of cardiovascular		
		W/INFL OCCLUSION		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	No Auth Required	Surgery of cardiovascular		
33768	CAVOPULMONARY SHUNTING	ARTERY BOTH LUNGS ANASTOMOSIS CAVOPULMARY 2ND	No Auth Required	system Surgery of cardiovascular		
33770	REPAIR GREAT VESSELS DEFECT	SUPRIOR VENA CAVA  RPR TRPOS GREAT VSLS W/O ENLGMNT	No Auth Required	Surgery of cardiovascular		
		V-SEPTL DFCT		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	No Auth Required	Surgery of cardiovascular		
33773	REPAIR GREAT VESSELS DETECT	W/RMVL PULM BAND	No Auth Required	system		
33776	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VSL ATR BAFFLE	No Auth Required	Surgery of cardiovascular		
		W/CLSR V-SEPTL DFCT		system		
33777	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VSL ATR BAFFLE W/BYP	No Auth Required	Surgery of cardiovascular		
		SBPULM OBSTRC		system		
33778	REPAIR GREAT VESSELS DEFECT	RPR TRPOS GRT VESSEL AORTIC	No Auth Required	Surgery of cardiovascular		
		PULMONARY ART RCNSTJ		system		
33779	REPAIR GREAT VESSELS DEFECT	RPR TGV AORTIC PULM ART RCNSTJ	No Auth Required	Surgery of cardiovascular		
		W/RMVL PULM BAND		system		
33780	REPAIR GREAT VESSELS DEFECT		No Auth Required	Surgery of cardiovascular		
22704	DEDAID COEAT VECCEIC DEFECT	V-SEPTL DFCT	No Acado Donocionad	system		
33781	REPAIR GREAT VESSELS DEFECT	RPR TGV AORTIC P-ART RCNSTJ RPR	No Auth Required	Surgery of cardiovascular		
33782	NIKAIDOH PROC	SBPULMC OBSTRCJ  A-ROOT TLCJ VSD PULM STNS RPR W/O	No Auth Required	system Surgery of cardiovascular		
33702	MIKAIDOTT NOC	C OST RIMPLTJ	No Addi Negalied	system		
33783	NIKAIDOH PROC W/OSTIA IMPLT	A-ROOT TLCJ VSD PULM STNS RPR	No Auth Required	Surgery of cardiovascular		
		W/RIMPLTJ C OSTIA		system		
33786	REPAIR ARTERIAL TRUNK	TOTAL REPAIR TRUNCUS ARTERIOSUS	No Auth Required	Surgery of cardiovascular		
			·	system		
33788	REVISION OF PULMONARY ARTERY	REIMPLANTATION ANOMALOUS	No Auth Required	Surgery of cardiovascular		
		PULMONARY ARTERY		system		
33800	AORTIC SUSPENSION	AORTIC SUSPENSION TRACHEAL	No Auth Required	Surgery of cardiovascular		
		DECOMPRESSION SPX		system		
33802	REPAIR VESSEL DEFECT	DIVISION ABERRANT VESSEL VASCULAR	No Auth Required	Surgery of cardiovascular		
		RING		system		
33803	REPAIR VESSEL DEFECT	DIVISION ABERRANT VESSEL	No Auth Required	Surgery of cardiovascular		
22042	DEDAID CEDTAL DEFECT	W/REANASTOMOSIS	No Acado Donocionad	system		
33813	REPAIR SEPTAL DEFECT	OBLTRJ AORTOPULMONARY SEPTAL	No Auth Required	Surgery of cardiovascular		
33814	REPAIR SEPTAL DEFECT	DEFECT W/O BYPASS	No Auth Required	System		
33014	REPAIR SEPTAL DEFECT	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	No Auth Required	Surgery of cardiovascular system		
33820	REVISE MAJOR VESSEL	REPAIR PATENT DUCTUS ARTERIOSUS	No Auth Required	Surgery of cardiovascular		
33020	NEVISE III SON VESSEE	LIGATION	no mannequirea	system		
33822	REVISE MAJOR VESSEL	RPR PATENT DUXUS ARTERIOSUS DIV	No Auth Required	Surgery of cardiovascular		
		UNDER 18 YR	·	system		
33824	REVISE MAJOR VESSEL	RPR PATENT DUXUS ARTERIOSUS DIV 18	No Auth Required	Surgery of cardiovascular		
		YR & OLDER		system		
33840	REMOVE AORTA CONSTRICTION	EXC COARCJ AORTA W/WO PDA	No Auth Required	Surgery of cardiovascular		
		W/DIRECT ANASTOMOSIS		system		
33845	REMOVE AORTA CONSTRICTION	EXCISION COARCTATION AORTA W/WO	No Auth Required	Surgery of cardiovascular		
		PDA W/GRAFT	ļ	system		
33851	REMOVE AORTA CONSTRICTION	EXC COARCJ AORTA W/L SUBCLAV	No Auth Required	Surgery of cardiovascular		
225	252112 252711 25555	ART/PROSTC GUSSET		system		
33852	REPAIR SEPTAL DEFECT	RPR HYPOPLSTC A-ARCH	No Auth Required	Surgery of cardiovascular		
22052	REPAIR SEPTAL DEFECT	W/AGRFT/PROSTC W/O BYPASS	No Auth Boguired	System		
33853	INLEAN 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	No Auth Required	System		
33330	, a . a . a . a . a . a . a . a . a . a	DISSECTION	Addi nequired			
33859	AS-AORT GRF F/DS OTH/THN DSJ	AS-AORT GRF W/CARD BYP F/AORTIC	No Auth Required	+		
		DS OTH/THN DSJ				
33863	ASCENDING AORTIC GRAFT	AS-AORT GRF W/CARD BYP & AORTIC	No Auth Required	Surgery of cardiovascular		
		ROOT RPLCMT	<u> </u>	system		
33864	ASCENDING AORTIC GRAFT	ASCENDING AORTA GRF VALVE SPARE	No Auth Required	Surgery of cardiovascular		
		ROOT REMODEL		system		

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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	No Auth Required	Surgery of cardiovascular		
		W/WO BYPASS		system		
33877	THORACOABDOMINAL GRAFT	RPR THORACOABDOMINAL AORTIC	No Auth Required	Surgery of cardiovascular		
		ANEURYS W/WO BYPASS		system		
33880	ENDOVASC TAA REPR INCL SUBCL	EVASC RPR DTA COVERAGE ART ORIGIN	No Auth Required	Surgery of cardiovascular		
		1ST ENDOPROSTH		system		
33881	ENDOVASC TAA REPR W/O SUBCL	EVASC RPR DTA EXP COVERAGE W/O	No Auth Required	Surgery of cardiovascular		
		ART ORIGIN		system		
33883	INSERT ENDOVASC PROSTH TAA	PLMT PROX XTN PROSTH EVASC RPR	No Auth Required	Surgery of cardiovascular		
		DTA 1ST XTN		system		
33884	ENDOVASC PROSTH TAA ADD-ON	PLMT PROX XTN PROSTH EVASC RPR	No Auth Required	Surgery of cardiovascular		
		DTA EA PROX XTN		system		
33886	ENDOVASC PROSTH DELAYED	PLMT DSTL XTN PROSTH DLYD AFTER	No Auth Required	Surgery of cardiovascular		
22000	ARTERY TRANSPOSE (FAIROVAS TA A	EVASC RPR DTA	No. Acade Described	system		
33889	ARTERY TRANSPOSE/ENDOVAS TAA	OPN SUBCLA CRTD ART TRPOS NCK INC	No Auth Required	Surgery of cardiovascular		
22004	CAR CAR RR CRET/ENDOVACTAA	ULAT	No. Acade Described	system		
33891	CAR-CAR BP GRFT/ENDOVAS TAA	BYP GRF W/DESCENDING THORACIC	No Auth Required	Surgery of cardiovascular		
22010	DENACYE LUNG ARTERY FARROLL	AORTA RPR NECK INC PULMONARY ARTERY EMBOLECTOMY	No Auth Desuised	system		
33910	REMOVE LUNG ARTERY EMBOLI	W/CARD BYPASS	No Auth Required	Surgery of cardiovascular system		
33915	REMOVE LUNG ARTERY EMBOLI	PULMONARY ARTERY EMBOLECTOMY	No Auth Required	Surgery of cardiovascular		
		W/O CARD BYPASS		system		
33916	SURGERY OF GREAT VESSEL	PULMONARY ENDARTERCOMY W/WO	No Auth Required	Surgery of cardiovascular		
		EMBOLECTOMY W/BYPASS		system		
33917	REPAIR PULMONARY ARTERY	RPR PULMONARY ART STENOSIS RCNST	No Auth Required	Surgery of cardiovascular		
		W/PATCH/GRAFT		system		
33920	REPAIR PULMONARY ATRESIA	RPR PULMONARY ATRESIA	No Auth Required	Surgery of cardiovascular		
		W/CONSTJ/RPLCMT CONDUIT		system		
33922	TRANSECT PULMONARY ARTERY	TRANSECTION PULMONARY ARTERY	No Auth Required	Surgery of cardiovascular		
		W/CARD BYPASS		system		
33924	REMOVE PULMONARY SHUNT	LIG&TKDN SYSIC-TO-PULM ART SHUNT	No Auth Required	Surgery of cardiovascular		
		W/CGEN HEART		system		
33925	RPR PUL ART UNIFOCAL W/O CPB	RPR P-ART ARBORIZJ ANOMAL	No Auth Required	Surgery of cardiovascular		
		UNIFCLIZJ W/O BYPASS		system		
33926	REPR PUL ART UNIFOCAL W/CPB	RPR P-ART ARBORIZJ ANOMAL	No Auth Required	Surgery of cardiovascular		
		UNIFCLIZJ W/BYPASS		system		
33927	IMPLTJ TOT RPLCMT HRT SYS	IMPLTJ TOTAL RPLCMT HEART SYS	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		W/RCP CARDIECTOMY		system		
33928	RMVL & RPLCMT TOT HRT SYS	REMOVAL & RPLCMT TOTAL RPLCMT	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		HEART SYS		system		
33929	RMVL RPLCMT HRT SYS F/TRNSPL	REMOVAL TOTAL RPLCMT HEART SYS	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
225	25.40.41.05.20.102	FOR HEART TRNSPL		system	5 H 60: 1 - 1	
33930	REMOVAL OF DONOR HEART/LUNG	DONOR CARDIECTOMY-	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
22022	DDEDARE DONOR HEADT !	PNEUMONECTOMY	A sale and a sale and a	system	Full Citatania	
33933	PREPARE DONOR HEART/LUNG	BKBENCH PREPJ CADAVER DONOR	Authorization Required	Transplants and	Full Clinical Review	
		HEART/LUNG ALLOGRAFT		transplant related		
				services (including pre		
			1	and post transplant		
	1		1	testing)		

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33935	TRANSPLANTATION HEART/LUNG	HEART-LUNG TRNSPL W/RECIPIENT	Authorization Required	Transplants and	Full Clinical Rev	iew
		CARDIECTOMY-PNUMEC		transplant related		
				services (including pre		
				and post transplant		
				testing)		
33940	REMOVAL OF DONOR HEART	DONOR CARDIECTOMY	Authorization Required	Surgery of cardiovascular	Full Clinical Rev	iow
33340	INCINIOVAL OF BONOK HEART	DONOR CARDILLY OWN	Authorization Required	system	i dii ciiilicai kev	icw _
22044	DDEDARE DOMOR HEADT	DIVERNICH PREDI CAD AVER DONOR	Authorization Descriped	,	Full Clinian I Page	·
33944	PREPARE DONOR HEART	BKBENCH PREPJ CADAVER DONOR	Authorization Required	Transplants and	Full Clinical Rev	lew
		HEART ALLOGRAFT		transplant related		
				services (including pre		
				and post transplant		
				testing)		
33945	TRANSPLANTATION OF HEART	HEART TRANSPLANT W/WO RECIPIENT	Authorization Required	Surgery of cardiovascular	Full Clinical Rev	iew
		CARDIECTOMY		system		
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		
33347	200, 2020 1111/11011/11011	25		system		
22040	ECMO/ECI C DAILY MCNAT VENIOUS	ECNAC/ECIS DAILY MANNA CENACRIT FACU	No Auth Boowing			
33948	ECMO/ECLS DAILY MGMT-VENOUS	ECMO/ECLS DAILY MANAGEMENT EACH	ino Autri Kequirea	Surgery of cardiovascular		
		DAY VENO-VENOUS		system		
33949	ECMO/ECLS DAILY MGMT ARTERY	ECMO/ECLS DAILY MANAGEMENT EA	No Auth Required	Surgery of cardiovascular		
		DAY VENO-ARTERIAL		system		
33951	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA	No Auth Required	Surgery of cardiovascular		
		BIRTH-5 YRS PERQ		system		
33952	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA 6	No Auth Required	Surgery of cardiovascular		
		YRS&OLDER PERQ		system		
33953	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA	No Auth Required	Surgery of cardiovascular		
		BIRTH-5 YRS OPEN		system		
33954	ECMO/ECLS INSJ PRPH CANNULA	ECMO/ECLS INSJ OF PRPH CANNULA 6	No Auth Required	Surgery of cardiovascular		
33334	LCWO/LCLS INSS I NI II CANNOLA	YRS&OLDER OPEN	No Auth Required	system		
22055	FCNAO/FCLC INICL CTD CANINLII A		No Auth Dogwingd			
33955	ECMO/ECLS INSJ CTR CANNULA	ECMO/ECLS INSJ OF CENTRAL CANNULA	No Auth Required	Surgery of cardiovascular		
		BIRTH-5 YRS		system		
33956	ECMO/ECLS INSJ CTR CANNULA	ECMO/ECLS INSJ OF CENTRAL CANNULA	No Auth Required	Surgery of cardiovascular		
		6 YRS & OLDER		system		
33957	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERIPH CANNULA	No Auth Required	Surgery of cardiovascular		
		PERQ BIRTH-5 YRS		system		
33958	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA	No Auth Required	Surgery of cardiovascular		
		PRQ 6 YRS & OLDER		system		
33959	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA	No Auth Required	Surgery of cardiovascular		
	,	OPEN BIRTH-5 YRS		system		
33962	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS PERPH CANNULA	No Auth Required	Surgery of cardiovascular	<del></del>	<u> </u>
33302	Lemo, Lels Nei 03 i ENI II CNOLA	OPEN 6 YRS & OLDER	140 Matir Required	system		
22002	FCMO/FCI C DEDOC DEDDIT CMITTA		No Auth Doguised	· •		
33963	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS REPOS CENTRAL PERPH	No Auth Required	Surgery of cardiovascular		
		CANNULA BIRTH-5YRS		system		
33964	ECMO/ECLS REPOS PERPH CNULA	ECMO/ECLS ECLS REPOS CENTRAL	No Auth Required	Surgery of cardiovascular		
		CNULA 6YRS & OLDER		system		
33965	ECMO/ECLS RMVL PERPH CANNULA	ECMO/ECLS RMVL OF PERPH CANNULA	No Auth Required	Surgery of cardiovascular		
		PERQ BIRTH-5 YRS	<u> </u>	system		
33966	ECMO/ECLS RMVL PRPH CANNULA	ECMO/ECLS RMVL OF PRPH CANNULA	No Auth Required	Surgery of cardiovascular		
		PRQ 6 YRS & OLDER		system		
33967	INSERT I-AORT PERCUT DEVICE	INSERTION INTRA-AORTIC BALLOON	No Auth Required	Surgery of cardiovascular		
3030.	The state of the s	ASSIST DEV PERQ		system		
33968	REMOVE AORTIC ASSIST DEVICE	REMOVAL INTRA-AORTIC BALLOON	No Auth Required	Surgery of cardiovascular		
33908	INLIVIOVE AUNTIC ASSIST DEVICE		ivo Autii Requirea			
225	50140/5016 0141/1 050	ASSIST DEVICE PRQ		system	<del> </del>	
33969	ECMO/ECLS RMVL PERPH CANNULA	*	No Auth Required	Surgery of cardiovascular		
		OPEN BIRTH-5 YRS		system		

22270	Langua dingua artiga.		l	Io 6 11 1 I		
33970	AORTIC CIRCULATION ASSIST	INSJ INTRA-AORT BALO ASSIST DEV VIA	No Auth Required	Surgery of cardiovascular		
22274	A OPTIO CIP CIU ATION ACCIOT	FEM ART OPEN		system		
33971	AORTIC CIRCULATION ASSIST	RMVL I-AORT BALO ASST DEV W/RPR	No Auth Required	Surgery of cardiovascular		
33973	INSERT BALLOON DEVICE	FEM ART W/WO GRF INSJ I-AORT BALO ASSIST DEV VIA	No Auth Desuised	system		
33973	INSERT BALLOON DEVICE	ASCENDING AORTA	No Auth Required	Surgery of cardiovascular		
33974	DEMOVE INTRA AORTIC BALLOON	*	No Auth Required	System Surgery of cardiovascular		
33974	REMOVE INTRA-AORTIC BALLOON	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	No Auth Required	Surgery of cardiovascular		
33975	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP	Authorization Required	system Surgery of cardiovascular	Full Clinical Review	
33373	INFLANT VENTRICOLAR DEVICE	SINGLE VENTRICLE	Authorization Required		ruii Ciiiiicai Keview	
33976	IMPLANT VENTRICULAR DEVICE	INSJ VENTRIC ASSIST DEV XTRCORP	Authorization Required	system Surgery of cardiovascular	Full Clinical Review	
33970	IIIVIPLANT VENTRICOLAR DEVICE	BIVENTRICULAR	Authorization Required		ruii Ciiiiicai Keview	
33977	REMOVE VENTRICULAR DEVICE	REMOVAL VENTR ASSIST DEVICE	No Auth Required	system Surgery of cardiovascular		
33311	REWOVE VENTRICOLAR DEVICE	XTRCORP 1 VENTRICLE	No Auth Required	system		
33978	REMOVE VENTRICULAR DEVICE	REMOVAL VENTR ASSIST DEVICE	No Auth Required	Surgery of cardiovascular		
33370	NEWOVE VENTRICOLAR DEVICE	XTRCORP BIVENTR	No Auth Required	system		
33979	INSERT INTRACORPOREAL DEVICE	INSJ VENTR ASSIST DEV IMPLTABLE	No Auth Required	Surgery of cardiovascular		
33373	INSERT INTRACORT OREAE DEVICE	ICORP 1 VNTRC	No Auth Required	system		
33980	REMOVE INTRACORPOREAL DEVICE	RMVL VENTR ASSIST DEV IMPLTABLE	No Auth Required	Surgery of cardiovascular		
33300	TEMO TE INTINICOM ONEAL DEVICE	ICORP 1 VNTRC	Maar nequired	system		
33981	REPLACE VAD PUMP EXT	RPLCMT XTRCORP VAD 1/BIVENTR	No Auth Required	Surgery of cardiovascular		
33301	INCPLACE VAD FOIVIF EXT	PUMP 1/EA PUMP	No Auth Required	system		
33982	REPLACE VAD INTRA W/O BP	PLCMT VAD PMP IMPLTBL ICORP 1	No Auth Required	Surgery of cardiovascular		
33302	INCI LACE VAD IIVINA W/O DI	VENTR W/O BYPASS	No Auth Required	system		
33983	REPLACE VAD INTRA W/BP	RPLCMT VAD PMP IMPLTBL ICORP 1	No Auth Required	Surgery of cardiovascular		
33303	THE BIGE VIOLENTIAL WYOR	VNTR W/BYPASS	No Auth Required	system		
33984	ECMO/ECLS RMVL PRPH CANNULA	ECMO/ECLS RMVL PRPH CANNULA	No Auth Required	Surgery of cardiovascular		
33304	Lewis, Edes Have Fill II di HAVODA	OPEN 6 YRS & OLDER	No Auth Required	system		
33985	ECMO/ECLS RMVL CTR CANNULA	ECMO/ECLS REMOVAL OF CENTRAL	No Auth Required	Surgery of cardiovascular		
		CANNULA BIRTH-5 YRS		system		
33986	ECMO/ECLS RMVL CTR CANNULA	ECMO/ECLS RMVL OF CENTRAL	No Auth Required	Surgery of cardiovascular		
		CANNULA 6 YRS & OLDER		system		
33987	ARTERY EXPOS/GRAFT ARTERY	ARTERY EXPOS/GRAFT ARTERY	No Auth Required	Surgery of cardiovascular		
		PERFUSION ECMO/ECLS		system		
33988	INSERTION OF LEFT HEART VENT	INSERT LEFT HEART VENT BY THORACIC	No Auth Required	Surgery of cardiovascular		
		INC ECMO/ECLS		system		
33989	REMOVAL OF LEFT HEART VENT	RMVL LEFT HEART VENT BY THORACIC	No Auth Required	Surgery of cardiovascular		
		INCIS ECMO/ECLS		system		
33990	INSERT VAD ARTERY ACCESS	INSJ PERQ VAD W/IMAGING ARTERY	No Auth Required	Surgery of cardiovascular		
		ACCESS ONLY	·	system		
33991	INSERT VAD ART&VEIN ACCESS	INSJ PERQ VAD TRNSPTAL W/IMAGE	No Auth Required	Surgery of cardiovascular		
		ART&VENOUS ACCESS	1	system		
33992	REMOVE VAD DIFFERENT SESSION	REMOVAL PERCUTANEOUS VAD	No Auth Required	Surgery of cardiovascular		
		DIFFERENT SESSION		system		
33993	REPOSITION VAD DIFF SESSION	REPOSITION VAD W/IMAGING	No Auth Required	Surgery of cardiovascular		
		DIFFERENT SESSION		system		
225		INSJ PERQ VAD W/RS&I R HEART	No Auth Required			
33995	INSJ PERQ VAD R HRT VENOUS	VENOUS ACCESS ONLY				
225		REMOVAL PERQ R HEART VAD VENOUS	No Auth Required			
33997	RMVL PERQ RIGHT HEART VAD	CANNULA SEP INSJ				
33999	CARDIAC SURGERY PROCEDURE	UNLISTED CARDIAC SURGERY	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
			,	system		
34001	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC CATH CRTD	No Auth Required	Surgery of cardiovascular		
		SUBCLA/INNOMINATE ART	1	system		
34051	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC INNOMINATE	No Auth Required	Surgery of cardiovascular		
			1			
		SUBCLAVIAN ARTERY		system		

	Τ		T		
34101	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC AX BRACH	No Auth Required	rgery of cardiovascular	
		INNOMINATE SUBCLA ART		stem	
34111	REMOVAL OF ARM ARTERY CLOT	EMBLC/THRMBC W/WO CATH	No Auth Required	irgery of cardiovascular	
		RADIAL/ULNAR ART ARM INC		stem	
34151	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC RNL CELIAC MESENTRY	No Auth Required	irgery of cardiovascular	
		AORTO-ILIAC ART		stem	
34201	REMOVAL OF ARTERY CLOT	EMBLC/THRMBC FEMORAL POPLITEAL	No Auth Required	irgery of cardiovascular	
		AORTO-ILIAC ART		stem	
34203	REMOVAL OF LEG ARTERY CLOT	EMBLC/THRMBC POPLITEAL-TIBIO-	No Auth Required	irgery of cardiovascular	
		PRONEAL ART LEG INC		stem	
34401	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH VENA CAVA ILIAC	No Auth Required	rgery of cardiovascular	
		VEIN ABDL INC		stem	
34421	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH V/C ILIAC	No Auth Required	rgery of cardiovascular	
		FEMPOP VEIN LEG INC		stem	
34451	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH V/C ILIAC	No Auth Required	rgery of cardiovascular	
		FEMPOP VEIN ABDL&LEG		stem	
34471	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH SUBCLAVIAN	No Auth Required	irgery of cardiovascular	
		VEIN NECK INC	·	stem	
34490	REMOVAL OF VEIN CLOT	THRMBC DIR/W/CATH	No Auth Required	irgery of cardiovascular	
		AXILL&SUBCLAVIAN VEIN ARM IN		stem	
34501	REPAIR VALVE FEMORAL VEIN	VALVULOPLASTY FEMORAL VEIN	No Auth Required	irgery of cardiovascular	
0.501	THE THIN THE PERIOD THE PERIOD	THE TOLOR ENDING LENGTH LENGTH LE	110 / tatil itequiled	stem	
34502	RECONSTRUCT VENA CAVA	RECONSTRUCTION VENA CAVA ANY	No Auth Required	irgery of cardiovascular	
34302	RECONSTRUCT VERY CANA	METHOD	No Addi Negali ed	stem	
34510	TRANSPOSITION OF VEIN VALVE	VENOUS VALVE TRANSPOSITION ANY	No Auth Required	rgery of cardiovascular	
34310	THANSI OSITION OF VEHN VALVE	VEIN DONOR	No Addi Nequired	stem	
34520	CROSS-OVER VEIN GRAFT	CROSS-OVER VEIN GRAFT VENOUS	No Auth Required	rgery of cardiovascular	
34320	CROSS-OVER VEIN GRAFT	SYSTEM	No Auth Required	stem	
34530	LEG VEIN FUSION	SAPHENOPOPLITEAL VEIN	No Auth Required	rgery of cardiovascular	
34330	LEG VEIN FOSION		No Auth Required		
24704	51/400 000 4 40 410 000	ANASTOMOSIS		stem	
34701	EVASC RPR A-AO NDGFT	EVASC RPR DPLMNT AORTO-AORTIC	No Auth Required	irgery of cardiovascular	
24702	5,440,000,440,400,000	NDGFT		stem	
34702	EVASC RPR A-AO NDGFT RPT	EVASC RPR DPLMNT AORTO-AORTIC	No Auth Required	rgery of cardiovascular	
		NDGFT RPT		stem	
34703	EVASC RPR A-UNILAC NDGFT	EVASC RPR DPLMNT AORTO-UN-ILIAC	No Auth Required	rgery of cardiovascular	
		NDGFT		stem	
34704	EVASC RPR A-UNILAC NDGFT RPT	EVASC RPR DPLMNT AORTO-UN-ILIAC	No Auth Required	rgery of cardiovascular	
		NDGFT RPT		stem	
34705	EVAC RPR A-BIILIAC NDGFT	EVASC RPR DPLMNT AORTO-BI-ILIAC	No Auth Required	irgery of cardiovascular	
		NDGFT		stem	
34706	EVASC RPR A-BIILIAC RPT	EVASC RPR DPLMNT AORTO-BI-ILIAC	No Auth Required	irgery of cardiovascular	
		NDGFT RPT		stem	
34707	EVASC RPR ILIO-ILIAC NDGFT	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	No Auth Required	irgery of cardiovascular	
				stem	
34708	EVASC RPR ILIO-ILIAC RPT	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	No Auth Required	rgery of cardiovascular	
		RPT		stem	
34709	PLMT XTN PROSTH EVASC RPR	PLACEMENT XTN PROSTH FOR	No Auth Required	eneral Medicine -	
		ENDOVASCULAR RPR	1	dration, therapeutic,	
				ophylactic, diagnostic	
				jections and infusions,	
				nd chemotherapy and	
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2017   PATE ACCESS & CLOSH FEM MET   PRODUIT PLAN							
24712   TAT DIVER FRANCO FIXE DRY   TRANSCATHER DIVER PRINCED   TATAL DIVER FRANCO FIXED DRY   TRANSCATHER DIVER PRINCED   TATAL DIVER FRANCO FIXED DRY   TRANSCATHER DIVER PRINCED   TRANSCATHER DI	34710	DLYD PLMT XTN PROSTH 1ST VSL		No Auth Required			
No. Auth Required   No.			EVASC RPR 1ST VSL				
and chemotherapy and other company of ot							
Secretary Continues							
24713   DIAD PIMIT XTN PROSTINE A ADDL   DIA DEPMENT XTN PROSTHED IN Auth Required   Concern Medicine   Profession, therapeutic, prophysical deglicities   Profession, therapeutic							
VASC BREAD   VAS					othe		
VASC BREAD   VAS	34711	DLYD PLMT XTN PROSTH FA ADDI	DI YO PI ACEMENT XTN PROSTH FOR	No Auth Required	General Medicine -		
Part   Committee   Part   Part   Part   Part   Part   Committee   Part	34711	DETO FERMI XIIV I ROSIII EXTRODE		140 Matil Required			
SATIZE   TCAT DLVR ENRINCD FRU DEV   TRANSCETTERISE DLVR ENRINCD   Authorization Required   Supervision American   Authorization Required   Supervision Regulation   Authorization Required   Supervision Regulation   Authorization Required   Supervision Regulation   Authorization Required   Supervision Regulation   Supervision Regulation Regulation Regulation   Supervision Regulation Regulation Regulation Regulation Regulation   Supervision Regulation Reg							
34712 TOT DLYK ENRINCD PIXI DEV TRANSCATHETER BLYK ENRINCD PIXAL DEVICE RSB. TRANSCATHETER BLYK ENRINCE RSB. TRANSCATHETER BLYK ENRICH RSB. TRANSCATHETER BL							
14713 PERO ACCESS & CLISA FEM ART PERO ACCESS & CLISAR FEM ART PERO ACCESS							
PRATION DEVICES RS&I  PRATION DEVICES RSBIN DEVI							
PRATION DEVICES RS&I  PRATION DEVICES RSBIN DEVI							
PRO ACCESS & CLOS FEM ART PERO ACCESS & CLOSURE FEM ART FOR DELIVERY MODE? PRODUCE FEM ART FOR DELIVERY MODE? PRODUCE FEM ART FOR DELIVERY MODE? DELIVERY MODE? SURgery of cardiovascular system  34714 OPN FEM ART EXPOS CNDT CRT1 DIVER MARE EXPOS W/NOT CRT1 DIVER EXPOS W/NOT CRT1 DIVER MARE EXPOS W/NOT CRT1 DIVER EXPOS W/NOT CRT1 DIVER MARE EXPOS W/NOT CRT1 DIVER EXPOS W/NOT CRT1	34712	TCAT DLVR ENHNCD FIXJ DEV		Authorization Required		Full Clinical Review	
Injections and infusions, and other contents of the property of an other contents o			FIXATION DEVICES RS&I				
and demotherapy and other otherapy and other other other and the politic property of							
Series   S							
PERO ACCESS & CLOSURE FEM ART DELIVERY NOGET DELIVERY NOGET DUTY NOGET NO ANASJUBICLA ART EXPOS (MONT CRT1) DUTY NOGET NOGET W/CNDT CRT1  34715 DPN ANASJUBICLA ART EXPOS CNDT CRT1 DVN ANASJUBICLA ART EXPOS DUTY NOGET NO ANASJUBICLA ART EXPOS DUTY NOGET W/CNDT CRT1 W/CNDT CRT1  34717 EVASC RER ALIJAC NOGET NOGET UNI NOGET NO ANT NOGET NOGET NOGET NO AUTH REQUIRED ART NOGET UNI NOGET NO							
DELIVERY NOGET   OPEN EMART EXPOS CNDT CRT1   OLYEN ENGAGE HEAVES CROSTH   OLYEN EVASC PROSTH   OLYEN EVASC PROSTH UNI   OLYEN EVASC PR					othe		
DELIVERY NOGET   OPEN EMART EXPOS CNDT CRT1   OLYEN ENGAGE HEAVES CROSTH   OLYEN EVASC PROSTH   OLYEN EVASC PROSTH UNI   OLYEN EVASC PR	34713	PERQ ACCESS & CLSR FEM ART	PERQ ACCESS & CLOSURE FEM ART FOR	No Auth Required	Surgery of cardiovascular		
OPN EM ART EXPOS (NOT CRT)   OPN EM ART EXPOS (NOT CRT)   No 44th Required system					- '		
Surgery of cardiovascular system   Surgery of car	34714	OPN FEM ART EXPOS CNDT CRTJ	OPN FEM ART EXPOS W/CNDT CRTJ	No Auth Required	Surgery of cardiovascular		
EVASC PROSTH UNI   System   Surgery of cardiovascular   Surgery of cardiovascular   System   System   Surgery of cardiovascular   System			DLVR EVASC PROSTH		system		
Surgery of cardiovascular	34715	OPN AX/SUBCLA ART EXPOS	OPN AX/SUBCLA ART EXPOS DLVR	No Auth Required	Surgery of cardiovascular		
W/CNDT CRTI AT171E VEASC RPR A-LILAC NDGFT EVASC RPR ILLAC ART TM OF A-LILAC ART NDGFT UNI  34718 EVASC RPR ILLAC ART TM OF A-LILAC ART NO AUTH Required NOGET UNI  34808 ENDOVAS ILIAC A DEVICE ADDON EVASC PALEMENT ILIAC ARTERY OCCUSION DEVICE OCCUSION DEVICE PROSTH UNI  34813 FEMORAL ENDOVAS GRAFT ADD-ON PILMF RAFT EXPOS DUAR EVASC PROSTH UNI  34810 OPN FEM ART EXPOS OPN LILAC ART EXPOS DUAR EVASC AORTIC ARYSM RPR AORTIC ARYSM RPR OPN RPR ARYSM RPR ARTI TRAUMA TUBE PROSTH AORTIC GREEN PROSTH REPR OPN RPR ARYSM RPR ARTI TRAUMA AORTIOGRILLAC PROSTH REPR OPN RPR ARYSM RPR ARTI TRAUMA AORTIOGRILLAC PROSTH AORTIC GREEN PROS					•		
EVASC RPR LILAC ART TM OF A-ILIAC   No Auth Required	34716	OPN AX/SUBCLA ART EXPOS CNDT		No Auth Required			
ART NDGFT UNI  EVASC RPR N/A -ILIAC NDGFT  EVASC RPR ILIAC ART N/A -ILIAC ART N/A	24717	EVASC DDD A IIIAC NDCET	,	No Auth Required	system		
EVASC RPR N/A A-ILIAC NDGFT   EVASC RPR ILIAC ART N/A A-ILIAC ART N/A	34/1/	EVASC RER A-ILIAC ROOT I		No Auti Required			
Surgery of cardiovascular   Surgery of cardiovascular   Surgery of cardiovascular   System	34718	EVASC RPR N/A A-ILIAC NDGFT		No Auth Required			
OCCLUSION DEVICE   System				,			
OPN FEM ART EXPOS OPN FEM ART EXPOS DLYR EVASC PROSTH UNI System Surgery of cardiovascular system OPN ILIAC ART EXPOS OPN ILIAC ART EXPOS OPN ILIAC ART EXPOS OPN RAYSM RPR ARTL TRAUMA TUBE PROSTH OPEN AORTIC TUBE PROSTH REPR OPN RPR ARYSM RPR ARTL TRAUMA AORTIC HOPN REPROSTH OPN ILIAC ART EXPOS COND CRTJ OPN ILAC ART EXPOS COND CRTJ OPN BRACH ART EXPOS OPN BRACHART EXPOS CRTJ PROSTH EST CARD BY System  34834 OPN BRACH ART EXPOS OPN BRACHART EXPOS DLVR EVASC PROSTH UNI System Surgery of cardiovascular	34808	ENDOVAS ILIAC A DEVICE ADDON	EVASC PLACEMENT ILIAC ARTERY	No Auth Required	Surgery of cardiovascular		
PROSTH UNI  34813 FEMORAL ENDOVAS GRAFT ADD-ON PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR  34820 OPN ILIAC ART EXPOS OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI  34830 OPEN AORTIC TUBE PROSTH REPR OPN ARYSM RPR ARTL TRAUMA TUBE PROSTH PROSTH REPR  34831 OPEN AORTICITUBE PROSTH REPR  34831 OPEN AORTICITUBE PROSTH REPR  34831 OPEN AORTICITUBE PROSTH REPR  34832 OPEN AORTICITUBE PROSTH REPR  34833 OPN ILAC ART EXPOS OPN RPR ARYSM RPR ARTL TRMA AORTIO BILIAC PROSTH  400 AORTICITUBE PROSTH REPR  34834 OPN ILAC ART EXPOS CNDT CRTJ  34835 OPN ILAC ART EXPOS CNDT CRTJ  400 AURTH REQUIRED  500 AURTH					•		
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34842 ENDOVASC VISC AORTA 2 GRAFT ENDOVASC VISCER AORTA REPAIR No Auth Required Surgery of cardiovascular							
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			FENEST 2 ENDOGRAFT				

34843	ENDOVASC VISC AORTA 3 GRAFT	ENDOVASC VISCER AORTA REPAIR	No Auth Required	Surgery of cardiovascular
		FENEST 3 ENDOGRAFT		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

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35151	REPAIR DEFECT OF ARTERY	DIR RPR ANEURYSM & GRAFT	No Auth Required	Surgery of cardiovascular		
		POPLITEAL ARTERY		system		
35152	REPAIR RUPTD POPLITEAL ART	DIR RPR RUPTD ANEURYSM & GRF	No Auth Required	Surgery of cardiovascular		
25422	DED A D. D. D. D. V. ESSEL . ESSEN.	POPLITEAL ARTERY		system		
35180	REPAIR BLOOD VESSEL LESION	REPAIR CONGENITAL AV FISTULA HEAD	No Auth Required	Surgery of cardiovascular		
25402	DEDAID BLOOD VECCEL LECION	& NECK	N. A. Alb De surios d	system		
35182	REPAIR BLOOD VESSEL LESION	RPR CONGENITAL AV FISTULA THORAX	No Auth Required	Surgery of cardiovascular		
25404	DEDAID DI OOD VECCEL LECION	& ABDOMEN	N. A. Ale De surios d	system		
35184	REPAIR BLOOD VESSEL LESION	RPR CONGENITAL AV FISTULA	No Auth Required	Surgery of cardiovascular		
25400	DEDAID BLOOD VECCEL LECION	EXTREMITIES	N. A. Alb De surios d	system		
35188	REPAIR BLOOD VESSEL LESION	RPR/TRAUMATIC AV FISTULA HEAD &	No Auth Required	Surgery of cardiovascular		
25400	DEDAID DI OOD VECCEL LECION	NECK	N. A. Ale De surios d	system		
35189	REPAIR BLOOD VESSEL LESION	RPR/TRAUMATIC AV FISTULA THORAX &	No Auth Required	Surgery of cardiovascular		
35190	REPAIR BLOOD VESSEL LESION	ABDOMEN  RPR/TRAUMATIC AV FISTULA	No Auth Desuised	system Suggestion of conditions and an		
35190	REPAIR BLOOD VESSEL LESION		No Auth Required	Surgery of cardiovascular		
25201	DEDAID DI COD VECCEI I ECIONI	EXTREMITIES	No Auth Desuised	system		
35201	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT NECK	No Auth Required	Surgery of cardiovascular		
25206	DEDAIR BLOOD VESSEL LESION	DEDAIR BLOOD VESSEL DIRECT LIDDER	No Auth Required	System Surgary of cardiovascular	-	
35206	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT UPPER	No Auth Required	Surgery of cardiovascular		
25207	DEDAID DI COD VECCEI I ECIONI	EXTREMITY  DEPART BLOOD VESSEL DIRECT HAND	No Auth Desuised	system		
35207	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL DIRECT HAND	No Auth Required	Surgery of cardiovascular		
25211	DEDAIR BLOOD VESSEL LESION	FINGER RPR BLOOD VESSEL DIRECT	No Auth Required	System Surgary of cardiovascular	-	
35211	REPAIR BLOOD VESSEL LESION	INTRATHORACIC W/BYPASS	No Auth Required	Surgery of cardiovascular		
35216	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT	No Auth Required	System Surgary of cardiovascular		
33210	REPAIR BLOOD VESSEL LESION	INTRATHORACIC W/O BYPASS	No Autii Required	Surgery of cardiovascular		
35221	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT INTRA-	No Auth Required	System Surgery of cardiovascular	-	
33221	REPAIR BLOOD VESSEL LESION	ABDOMINAL	No Auth Required	Surgery of cardiovascular system		
35226	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL DIRECT LOWER	No Auth Required	Surgery of cardiovascular		
33220	INCI AIN BEOOD VESSEE EESION	EXTREMITY	No Auth Required	system		
35231	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/VEIN GRAFT	No Auth Required	Surgery of cardiovascular		
33231	REPAIR BLOOD VESSEE LESION	NECK	No Autii Required	system		
35236	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/VEIN GRAFT	No Auth Required	Surgery of cardiovascular		
33230	INCI AIN BEOOD VESSEE EESION	UPPER EXTREMITY	No Auth Required	system		
35241	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL VEIN GRAFT	No Auth Required	Surgery of cardiovascular		
33241	INCI AIN BEOOD VESSEE EESION	INTRATHORACIC W/BYP	No Auth Required	system		
35246	REPAIR BLOOD VESSEL LESION	RPR BLOOD VESSEL VEIN GRF	No Auth Required	Surgery of cardiovascular		
33240	THE AIR BEOOD VESSEE EESION	INTRATHORACIC W/O BYP	No Auth Required	system		
35251	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL VEIN GRAFT	No Auth Required	Surgery of cardiovascular		
33231	NET AIR BEGOD VESSEE EESION	INTRA-ABDOMINAL	No Auth Required	system		
35256	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL VEIN GRAFT	No Auth Required	Surgery of cardiovascular		
33230	NET AIR BEGOD VESSEE EESION	LOWER EXTREMITY	No Auth Required	system		
35261	REPAIR BLOOD VESSEL LESION	REPAIR BLOOD VESSEL W/GRAFT	No Auth Required	Surgery of cardiovascular		
33201	DEGGD VESSEE EESIGIV	OTHER/THAN VEIN NECK	Addi Required	system		
35266	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN	No Auth Required	Surgery of cardiovascular	<del></del>	
33200	DEGGD VESSEE EESIGIV	UPPER EXTREMITY	Addi Required	system		
35271	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN	No Auth Required	Surgery of cardiovascular		
332,1	THE PERSON VESSEL LESION	INTRATHRC W/BYP		system		
35276	REPAIR BLOOD VESSEL LESION	RPR BLOOD VSL GRF OTH/THN VEIN	No Auth Required	Surgery of cardiovascular		
		INTRATHRC W/O BYP		system		
35281	REPAIR BLOOD VESSEL LESION	RPR BLVSL W/GRFT OTHER/THAN VEIN	No Auth Required	Surgery of cardiovascular		
33201	The second second	INTRA-ABDOMINAL		system		
35286	REPAIR BLOOD VESSEL LESION	RPR BLVSL W/GRF OTHER/THAN VEIN	No Auth Required	Surgery of cardiovascular		
33233		LOWER EXTREMITY		system		
35301	RECHANNELING OF ARTERY	TEAEC W/PATCH GRF CAROTID VERTB	No Auth Required	Surgery of cardiovascular		
		SUBCLAV NECK INC		system		
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35302	RECHANNELING OF ARTERY	TEAEC W/GRAFT SUPERFICIAL FEMORAL	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		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	·	Surgery of cardiovascular system
35363	RECHANNELING OF ARTERY	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	·	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		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

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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
25526	ART DVD CRET AOR/CAROT/INNONA	DVDACC MA A /FINI	No Auth Dogwigod	system Supervise Seeding and a seeding
35526	ART BYP GRFT AOR/CAROT/INNOM	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINAT E	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-	No Auth Required	Surgery of cardiovascular
35535	ART BYP GRFT HEPATORENAL	FEMORAL BYPASS W/VEIN HEPATORENAL	No Auth Required	system Surgery of cardiovascular
55555	7 III SII SIII FILEI FIL	5117188 11, 121111121711811211112	ro raar negan ea	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
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	No Auth Required	Surgery of cardiovascular
25570	ART BYP TIBIAL-TIB/PERONEAL	ART/OTH DSTL BYP TIBL-TIBL/PRONEAL-	No Auth Required	system Surgery of cardiovascular
35570	·	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	No Auth Required	Surgery of cardiovascular
35587	VEIN BYP POP-TIBL PERONEAL	TIBL/PRONEAL ART IN-SITU VEIN BYP POP-TIBL PRONEAL	No Auth Required	Surgery of cardiovascular
35600	HARVEST ART FOR CABG ADD-ON	HARVEST UPPER EXTREMITY ARTERY 1	No Auth Required	Surgery of cardiovascular
35601	ART BYP COMMON IPSI CAROTID	SEGMENT CABG BYP OTH/THN VEIN COMMON-	No Auth Required	system Surgery of cardiovascular
		IPSILATERAL CAROTID		system
35606	ART BYP CAROTID-SUBCLAVIAN	BYP OTH/THN VEIN CAROTID- SUBCLAVIAN	No Auth Required	Surgery of cardiovascular system

25.642	A DT DVD CLID CLAVY CLID CLAVYAAN	DVD OTH /THAN VEIN CHD CLAVIAN	No Acade Described	E
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	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	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	No Auth Required	Surgery of cardiovascular
		NON-HEMO		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	system
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	No Auth Required	Surgery of cardiovascular system
35820	EXPLORE CHEST VESSELS	EXPL PO HEMRRG THROMBOSIS/INFCTJ	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		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

25242	D. 4.05.04.TUETEDE.M.	INTER OFFICE CONTROL (NICEDION	I	lo 6 11 1			
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			

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36253	INS CATH REN ART 2ND+ UNILAT	SUPSLCTV CATH 2ND+ORD	No Auth Required	Surgery of cardiovascular		
25254	NAC CATTUREN ART ONE BUAT	RENAL&ACCESSORY ARTERY/S&I		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	No Auth Required	Surgery of cardiovascular		
		INFUSION PUM		system		
36261	REVISION OF INFUSION PUMP	REVJ IMPLANTED INTRA-ARTERIAL	No Auth Required	Surgery of cardiovascular		
		INFUSION PUMP		system		
36262	REMOVAL OF INFUSION PUMP		No Auth Required	Surgery of cardiovascular		
		INFUSION PUMP		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	No Auth Required	system.		
		FEMRAL/JUGLAR VEIN				
36405	BL DRAW <3 YRS SCALP VEIN	VNPNXR <3 YEARS PHYS/QHP SKILL	No Auth Required			
		SCALP VEIN	,			
36406	BL DRAW <3 YRS OTHER VEIN	VNPNXR <3 YEARS PHYS/QHP SKILL	No Auth Required			
		OTHER VEIN				
36410	NON-ROUTINE BL DRAW 3/> YRS	VNPNXR 3 YEARS/> PHYS/QHP SKILL	No Auth Required			
36415	ROUTINE VENIPUNCTURE	COLLECTION VENOUS BLOOD	No Auth Required			
		VENIPUNCTURE				
36416	CAPILLARY BLOOD DRAW	COLLECTION CAPILLARY BLOOD SPECIMEN	No Auth Required			
36420	VEIN ACCESS CUTDOWN < 1 YR	VENIPUNCTURE CUTDOWN UNDER AGE	No Auth Required	Surgery of cardiovascular		
30420	VEIN ACCESS COTDOWN VITA	1 YR	No Auth Required	system		
36425	VEIN ACCESS CUTDOWN > 1 YR		No Auth Required	Surgery of cardiovascular		
30423	VEHVACCESS COTDOWN > 1 TK	VEHI ONCIONE COTBOWN AGE I MY	No riadi nequired	system		
36430	BLOOD TRANSFUSION SERVICE	TRANSFUSION BLOOD/BLOOD	No Auth Required	Surgery of cardiovascular		
		COMPONENTS		system		
36440	BL PUSH TRANSFUSE 2 YR/<	PUSH TRANSFUSION BLOOD 2	No Auth Required	Surgery of cardiovascular		
	,	YR/UNDER		system		
36450	BL EXCHANGE/TRANSFUSE NB	EXCHNG TRANSFUSION BLOOD	No Auth Required	Surgery of cardiovascular		
		NEWBORN		system		
36455	BL EXCHANGE/TRANSFUSE NON-NB	EXCHNG TRANSFUSION BLOOD	No Auth Required	Surgery of cardiovascular		
		OTHER/THAN NEW BORN		system		
36456	PRTL EXCHANGE TRANSFUSE NB	PRTL EXCHANGE TRANSFUSE	No Auth Required	Surgery of cardiovascular		
		BLOOD/PLSM/CRYST NEWBORN		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	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
26466	AULV MONGA ADNID COLDONIT A 4LT VAL	INCMPTNT VEIN	A. the extent on Democrat	system	Full Clinian Davison	
36466	NJX NONCMPND SCLRSNT MLT VN	NJX NONCMPND SCLEROSANT	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
26/160	NJX SCLRSNT SPIDER VEINS	MULTIPLE INCMPTNT VEINS	Authorization Bossies	system Surgery of cardiovascular	Full Clinical Review	
36468	INTO OCTUDINI DAIDEK AEINO	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	Authorization Required	Surgery of cardiovascular system	ruii Cimicai KevieW	
36470	NJX SCLRSNT 1 INCMPTNT VEIN	INJECTION SCLEROSANT SINGLE	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
30473	TO COLLOW THE OWN THE VEHY	INCMPTNT VEIN	, ac. on Euclon Required	system	. a Similed Neview	
36471	NJX SCLRSNT MLT INCMPTNT VN	INJECTION SCLEROSANT MULTIPLE	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		INCMPTNT VEINS		system		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		MCHNCHEM 1ST VEIN		system		
36474	ENDOVENOUS MCHNCHEM ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		MCHNCHEM SBSQ VEINS		system		
36475	ENDOVENOUS RF 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR	Authorization Required	Surgery of cardiovascular	 Full Clinical Review	
		RF 1ST VEIN		system		
36476	ENDOVENOUS RF VEIN ADD-ON	ENDOVEN ABLTJ INCMPTNT VEIN XTR	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		RF 2ND+ VEINS		system		

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ENDOVENOUS LASER 1ST VEIN	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Authorization Required	Surgery of cardiovascular system		Full Clinical Review	
ENDOVENOUS LASER VEIN ADDON	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Authorization Required	Surgery of cardiovascular		Full Clinical Review	
INSERTION OF CATHETER VEIN	PRQ PORTAL VEIN CATHETERIZATION	No Auth Required	Surgery of cardiovascular			
ENDOVEN THER CHEM ADHES 1ST	ENDOVEN ABLTI THER CHEM ADHESIVE	Authorization Required	Surgery of cardiovascular		Full Clinical Review	
ENDOVEN THER CHEM ADHES SBSQ	ENDOVEN ABLTI THER CHEM ADHESIVE	Authorization Required	Surgery of cardiovascular		Full Clinical Review	
INSERTION OF CATHETER VEIN	VEN CATHJ SLCTV ORGAN BLD	No Auth Required	Surgery of cardiovascular			
INSERTION OF CATHETER VEIN	CATHJ UMBILICAL VEIN DX/THER NB	No Auth Required	Surgery of cardiovascular			
APHERESIS WBC		No Auth Required	Surgery of cardiovascular			
APHERESIS RBC	THERAPEUTIC APHERESIS RED BLOOD	No Auth Required	Surgery of cardiovascular			
APHERESIS PLATELETS	THERAPEUTIC APHERESIS PLATELETS	No Auth Required	Surgery of cardiovascular			
APHERESIS PLASMA	THERAPEUTIC APHERESIS PLASMA	No Auth Required	Surgery of cardiovascular			
APHERESIS IMMUNOADS SLCTV		No Auth Required	Surgery of cardiovascular system			
PHOTOPHERESIS	PHOTOPHERESIS EXTRACORPOREAL	No Auth Required	Surgery of cardiovascular			
INSERT NON-TUNNEL CV CATH		No Auth Required	Surgery of cardiovascular			
INSERT NON-TUNNEL CV CATH	INSJ NON-TUNNELED CENTRAL VENOUS	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSERT TUNNELED CVC W/O SUBQ	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSJ TUNNELED CVC W/O SUBQ	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ PORT	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ PORT	Authorization Required	Surgery of cardiovascular		Network Validation	
INSERT TUNNELED CV CATH	INSJ TUNNELED CTR VAD W/SUBQ	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSJ TUN VAD REQ 2 CATH 2 SITS W/O	No Auth Required	Surgery of cardiovascular			
INSERT TUNNELED CV CATH	INSJ TUN VAD REQ 2 CATH 2 SITS	No Auth Required	Surgery of cardiovascular			
INSJ PICC <5 YR W/O IMAGING	INSERTION PICC W/O IMG GDN < 5 YR	No Auth Required	Surgery of cardiovascular			
INSJ PICC 5 YR+ W/O IMAGING	INSERTION PICC W/O IMG GDN 5 YR/>	No Auth Required	Surgery of cardiovascular			
INSERT PICVAD CATH	INSJ PRPH CTR VAD W/SUBQ PORT	No Auth Required	Surgery of cardiovascular			
INSERT PICVAD CATH	INSJ PRPH CTR VAD W/SUBQ PORT AGE	No Auth Required	Surgery of cardiovascular			
INSJ PICC RS&I <5 YR	INSERTION PICC W/RS&I < 5 YR	No Auth Required	Surgery of cardiovascular			
INSJ PICC RS&I 5 YR+	INSERTION PICC W/RS&I 5 YR/>	No Auth Required	Surgery of cardiovascular system			
	ENDOVENOUS LASER VEIN ADDON  INSERTION OF CATHETER VEIN  ENDOVEN THER CHEM ADHES 1ST  ENDOVEN THER CHEM ADHES SBSQ  INSERTION OF CATHETER VEIN  INSERTION OF CATHETER VEIN  APHERESIS WBC  APHERESIS PLATELETS  APHERESIS PLASMA  APHERESIS IMMUNOADS SLCTV  PHOTOPHERESIS  INSERT NON-TUNNEL CV CATH  INSERT TUNNELED CV CATH	ENDOVENOUS LASER VEIN ADDON ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER ZND+ VEINS INSERTION OF CATHETER VEIN PRQ PORTAL VEIN CATHETERIZATION ANY METHOD ENDOVEN THER CHEM ADHES IST ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN ENDOVEN THER CHEM ADHES SBSQ ENDOVEN THER CHEM ADHES SBSQ ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN ENDOVEN THER CHEM ADHES SBSQ ENDOVEN ABLTI THER CHEM ADHESIVE 1SSQ VEIN INSERTION OF CATHETER VEIN VEN CATHJ SLCTV ORGAN BLD SAMPLING INSERTION OF CATHETER VEIN CATHJ JUMBILICAL VEIN DX/THER NB APHERESIS WBC THERAPEUTIC APHERESIS WHITE BLOOD CELLS APHERESIS PLATELETS THERAPEUTIC APHERESIS PLATELETS APHERESIS PLATELETS THERAPEUTIC APHERESIS PLATELETS APHERESIS PLASMA THERAPEUTIC APHERESIS PLASMA PHERESIS IMMUNOADS SLCTV THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION PHOTOPHERESIS PHOTOPHERESIS EXTRACORPOREAL INSERT NON-TUNNEL CV CATH INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 Y 8/> INSERT TUNNELED CV CATH INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 Y 8/> INSERT TUNNELED CV CATH INSJ TUNNELED CV W/O SUBQ PORT/PMP AGE 5 YR INSERT TUNNELED CV CATH INSJ TUNNELED CV W/O SUBQ PORT/PMP AGE 5 YR INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/> INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/> INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/> INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/> INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/> INSERT TUNNELED CV CATH INSJ TUNNELED CTR VAD W/SUBQ PORT INSJ PICC 5 YR+ W/O IMAGING INSSERTION PICC W/O IMG GDN 5 YR/> INSSERT PICVAD CATH INSJ PICC S YR INSSERT ON PICC W/O	LASER LIST VEIN	LASER IST VEN ENDOVEN DELTA DONNE ABELTI NCAPTENT VEIN XTR Authorization Required Suggery of ardiovascular system PROPORTIAL VEIN CATHETERIZATION NO Auth Required Surgery of cardiovascular system No Auth Required Surgery of cardiovascular system No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system The Required Surgery of cardiovascular system Surgery of cardiovascular system The Republic Aphleresis Patellers No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system The Republic Aphleresis Patellers No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system The Republic Aphleresis Patello No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system The Republic Aphleresis Patello No Authorization Required Surgery of cardiovascular system Surgery of cardiovascular system No Authorization Required Surgery of ca	LASER 15 VERN  REDOVER ADDON  LASER 240- VEINS  REDOVER ABLI INCKMPTNT VEIN XTR  LASER 240- VEINS  RESERVEN  RESERVE	ASSETTION OF CATHETER VEIN ADDOMN ABOTT INCREPTINT VEIN XTR AUSTROAM PREQUENCY ASSETTION OF CATHETER VEIN AND AUTHOR NO AUTH REQUIRED AUTHOR AUTH

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36575	REPAIR TUNNELED CV CATH	RPR TUN/NON-TUN CTR VAD CATH	No Auth Required	Surgery of cardiovascular	
		W/O SUBQ PORT/PMP		system	
36576	REPAIR TUNNELED CV CATH	RPR CTR VAD W/SUBQ PORT/PMP	No Auth Required	Surgery of cardiovascular	
20570	DEDLACE TUNNELED CV CATU	CTR/PRPH INSJ SIT	No Auth Doguisod	system	
36578	REPLACE TUNNELED CV CATH	RPLCMT CATH CTR VAD SUBQ	No Auth Required	Surgery of cardiovascular	
20500	DEDLACE CVAD CATU	PORT/PMP	No Auth Doguisod	system	
36580	REPLACE CVAD CATH	RPLCMT COMPL NON-TUN CVC W/O	No Auth Required	Surgery of cardiovascular	
36581	REPLACE TUNNELED CV CATH	SUBQ PORT/PMP  RPLCMT COMPL TUN CVC W/O SUBQ	No Auth Required	system Surgery of cardiovascular	
20201	REPLACE TONNELED CV CATH	PORT/PMP	No Autii Kequiieu		
36582	REPLACE TUNNELED CV CATH	RPLCMT COMPL TUN CTR VAD W/SUBQ	No Auth Boquired	system Surgery of cardiovascular	
30362	REPLACE TONNELED CV CATH	PORT PORT TON CTR VAD W/30BQ	No Autii Kequiieu	Surgery of cardiovascular system	
36583	REPLACE TUNNELED CV CATH	RPLCMT COMPL TUN CTR VAD W/SUBQ	No Auth Poquired	Surgery of cardiovascular	
30363	REFLACE TOWNELLD CV CATTI	PMP	No Auti Required	system	
36584	COMPL RPLCMT PICC RS&I	COMPLETE REPLACEMENT PICC RS&I	No Auth Required	Surgery of cardiovascular	
30304	CONTENT FICE NO.	COMITETE REFERENCEMENT FICE ROOF	No Addi Required	system	
36585	REPLACE PICVAD CATH	RPLCMT COMPL PRPH CTR VAD	No Auth Required	Surgery of cardiovascular	
30303	INCLINEVAD CATTI	W/SUBQ PORT	No Auth Required	system	
36589	REMOVAL TUNNELED CV CATH	RMVL TUN CVC W/O SUBQ PORT/PMP	No Auth Required	System	
30303	THE TOTAL LEGISTRE	MANUE TO TO CASE AND SORGE ON THE PROPERTY OF	/ tatil nequired		
36590	REMOVAL TUNNELED CV CATH	RMVL TUN CTR VAD W/SUBQ	No Auth Required	Surgery of cardiovascular	
30330	NEWOVAL TOWNELLE CV CATT	PORT/PMP CTR/PRPH INSJ	No Addi Required	system	
36591	DRAW BLOOD OFF VENOUS DEVICE	COLLECT BLOOD FROM IMPLANT	No Auth Required	System	
30331	DIWW BEOOD OIT VENOUS BEVICE	VENOUS ACCESS DEVICE	110 Matil Required		
36592	COLLECT BLOOD FROM PICC	COLLECT BLOOD FROM CATHETER	No Auth Required		
50552	Secretary Secretary Manager	VENOUS NOS	no man neganea		
36593	DECLOT VASCULAR DEVICE	DECLOT BY THROMBOLYTIC AGENT	No Auth Required	Surgery of cardiovascular	
50555	52020 1 77.5002 III 527.02	IMPLANT DEVICE/CATH	no man neganea	system	
36595	MECH REMOV TUNNELED CV CATH	MCHNL RMVL PRICATH OBSTR CV DEV	No Auth Required	Surgery of cardiovascular	
		VIA VEN ACCESS		system	
36596	MECH REMOV TUNNELED CV CATH	MCHNL RMVL INTRAL OBSTR CV DEV	No Auth Required	Surgery of cardiovascular	
		THRU DEV LUMEN		system	
36597	REPOSITION VENOUS CATHETER	RPSG PREVIOUSLY PLACED CVC UNDER	No Auth Required	Surgery of cardiovascular	
		FLUOR GDNCE	, i	system	
36598	INJ W/FLUOR EVAL CV DEVICE	CNTRST NJX RAD EVAL CTR VAD FLUOR	No Auth Required	Surgery of cardiovascular	
		IMG&REPRT	,	system	
36600	WITHDRAWAL OF ARTERIAL BLOOD	ARTERIAL PUNCTURE WITHDRAWAL	No Auth Required		
		BLOOD DX			
36620	INSERTION CATHETER ARTERY	ARTL CATHJ/CANNULJ	No Auth Required	Surgery of cardiovascular	
		MNTR/TRANSFUSION SPX PRQ	<u> </u>	system	
36625	INSERTION CATHETER ARTERY	ARTL CATHJ/CANNULJ	No Auth Required	Surgery of cardiovascular	
		MNTR/TRANSFUSION SPX CUTDOWN	<u> </u>	system	
36640	INSERTION CATHETER ARTERY	ARTL CATHJ PROLNG NFS THER	No Auth Required	Surgery of cardiovascular	
		CHEMOTX CUTDOWN	<u> </u>	system	
36660	INSERTION CATHETER ARTERY	CATHETERIZATION UMBILICAL	No Auth Required	Surgery of cardiovascular	
		NEWBORN ART DX/THERAPY		system	
36680	INSERT NEEDLE BONE CAVITY	PLACEMENT NEEDLE INTRAOSSEOUS	No Auth Required	Surgery of cardiovascular	
		INFUSION		system	
36800	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH PURPOSE	No Auth Required	Surgery of cardiovascular	
		SPX VEIN VEIN		system	
36810	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH PURPOSE	No Auth Required	Surgery of cardiovascular	
		SPX ARVEN XTRNL		system	
36815	INSERTION OF CANNULA	INSJ CANNULA HEMO OTH SPX ARVEN	No Auth Required	Surgery of cardiovascular	
		XTRNL REVJ/CLSR		system	
36818	AV FUSE UPPR ARM CEPHALIC	ARVEN ANAST OPN UPR ARM CEPHALIC	No Auth Required	Surgery of cardiovascular	
		VEIN TRPOS		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		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	No Auth Required	Surgery of cardiovascular		
		PORTOSYSTEMIC SHUNT		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	No Auth Required	Surgery of cardiovascular		
37188	VEN MECHNL THRMBC REPEAT TX	THROMBECTOMY VEIN PRQ TRLUML MCHNL THRMBC VEIN	No Auth Required	system Surgery of cardiovascular		
27424		REPEAT TX		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		
37197	REMOVE INTRVAS FOREIGN BODY	PRQ TRANSCATHETER RTRVL INTRVAS	No Auth Required	system Surgery of cardiovascular		
		FB WITH IMAGING	,	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	No Auth Required	Surgery of cardiovascular		
37213	THROMBLYTIC ART/VEN THERAPY	W/IMAGING INIT TX THROMBOLYSIS ART/VENOUS INFSN	No Auth Required	system Surgery of cardiovascular		
		W/IMAGE SUBSQ TX		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	No Auth Required	Surgery of cardiovascular		
37217	STENT PLACEMT RETRO CAROTID	EMBOLIC PROTECJ TCATH STENT PLACEMT RETROGRAD	No Auth Required	system Surgery of cardiovascular		
		CAROTID/INNOMINATE	·	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	Authorization Required	Surgery of cardiovascular	Network Validation	
37222	ILIAC REVASC ADD-ON	PLMT & ANGIOPLSTY  REVASCULARIZATION ILIAC ART ANGIOP	No Auth Required	Surgery of cardiovascular		
37223	ILIAC REVASC W/STENT ADD-ON	EA IPSI VSL  REVSC OPN/PRQ ILIAC ART W/STNT &	No Auth Required	system Surgery of cardiovascular		
		ANGIOP IPSILATL	·	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	No Auth Required	Surgery of cardiovascular		
		W/STNT/ANGIOP SM VSL		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	

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37228	TIB/PER REVASC W/TLA	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/ANGIOPLASTY UNI		system		
37229	TIB/PER REVASC W/ATHER	REVSC OPN/PRQ TIB/PERO	Authorization Required	Surgery of cardiovascular	Network Validation	
		W/ATHRC/ANGIOP SM VSL		system		
37230	TIB/PER REVASC W/STENT	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/STNT/ANGIOP SM VSL		system		
37231	TIB/PER REVASC STENT & ATHER	REVSC OPN/PRQ TIB/PERO	Authorization Required	Surgery of cardiovascular	Network Validation	
		W/STNT/ATHR/ANGIOP SM VSL		system		
37232	TIB/PER REVASC ADD-ON	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/ANGIOPLASTY UNI EA VSL		system		
37233	TIBPER REVASC W/ATHER ADD-ON	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/ATHRC/ANGIOP UNI EA VSL		system		
37234	REVSC OPN/PRQ TIB/PERO STENT	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/STNT/ANGIOP UNI EA VSL		system		
37235	TIB/PER REVASC STNT & ATHER	REVSC OPN/PRQ TIB/PERO	No Auth Required	Surgery of cardiovascular		
		W/STNT/ATHR/ANGIOP EA VSL		system		
37236	OPEN/PERQ PLACE STENT 1ST	OPEN/PERQ PLACEMENT	No Auth Required	Surgery of cardiovascular		
		INTRAVASCULAR STENT INITIAL	·	system		
37237	OPEN/PERQ PLACE STENT EA ADD	OPEN/PERQ PLACEMENT	No Auth Required	Surgery of cardiovascular		
		INTRAVASCULAR STENT EA ADDL	· ·	system		
37238	OPEN/PERQ PLACE STENT SAME	OPEN/PERQ PLACEMENT	No Auth Required	Surgery of cardiovascular		
		INTRAVASCULAR STENT SAME 1ST		system		
37239	OPEN/PERQ PLACE STENT EA ADD	OPEN/PERQ PLACEMENT INTRAVASC	No Auth Required	Surgery of cardiovascular		
0,200	or Englished Stores Entres	STENT SAME EA ADDL	no mannequirea	system		
37241	VASC EMBOLIZE/OCCLUDE VENOUS	VASCULAR EMBOLIZATION OR	No Auth Required	Surgery of cardiovascular		
37241	VASC ENIBOLIZE/ OCCEODE VENOUS	OCCLUSION VENOUS RS&I	No Auth Required	system		
37242	VASC EMBOLIZE/OCCLUDE ARTERY	VASCULAR EMBOLIZATION OR	No Auth Required	Surgery of cardiovascular		
37242	VASC ENIBOLIZE/ OCCLODE ARTERI	OCCLUSION ARTERIAL RS&I	No Auth Required	system		
37243	VASC EMBOLIZE/OCCLUDE ORGAN	VASCULAR EMBOLIZE/OCCLUDE ORGAN	No Auth Required	Surgery of cardiovascular		
37243	VASC ENIBOLIZE/ OCCLODE ONGAN	TUMOR INFARCT	No Auth Required	system		
37244	VASC EMBOLIZE/OCCLUDE BLEED	VASCULAR EMBOLIZATION OR	No Auth Required	Surgery of cardiovascular		
37244	VASC EIVIBOLIZE/OCCLODE BLEED	OCCLUSION HEMORRHAGE	No Autii Required	system		
37246	TRLUML BALO ANGIOP 1ST ART		No Auth Doguined			
37246	TREUME BALO ANGIOP 131 ART	TRLML BALO ANGIOP OPEN/PERQ IMG	No Auth Required	Surgery of cardiovascular		
27247	TRUM # RANG ANGIOR ARRIVART	S&I 1ST ART		system		
37247	TRLUML BALO ANGIOP ADDL ART	TRLML BALO ANGIOP OPEN/PERQ IMG	No Auth Required	Surgery of cardiovascular		
27240	TRUM # RANG ANGIOR #5T V/5W	S&I EA ADDL ART		system		
37248	TRLUML BALO ANGIOP 1ST VEIN	TRLML BALO ANGIOP OPEN/PERQ	No Auth Required	Surgery of cardiovascular		
		W/IMG S&I 1ST VEIN		system		
37249	TRLUML BALO ANGIOP ADDL VEIN	TRLML BALO ANGIOP OPEN/PERQ	No Auth Required	Surgery of cardiovascular		
		W/IMG S&I ADDL VEIN		system		
37252	INTRVASC US NONCORONARY 1ST	INTRAVASCULAR US NONCORONARY	No Auth Required	Surgery of cardiovascular		
		RS&I INTIAL VESSEL		system		
37253	INTRVASC US NONCORONARY ADDL	INTRAVASCULAR US NONCORONARY	No Auth Required	Surgery of cardiovascular		
		RS&I ADDL VESSEL	ļ	system		
37500	ENDOSCOPY LIGATE PERF VEINS	VASC ENDOSCOPY SURG W/LIG	No Auth Required	Surgery of cardiovascular		
		PERFORATOR VEINS SPX	ļ	system		
37501	VASCULAR ENDOSCOPY PROCEDURE	UNLISTED VASCULAR ENDOSCOPY	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		PROCEDURE		system		
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	No Auth Required	Surgery of cardiovascular		
		CAROTID ARTERY		system		
37606	LIGATION OF NECK ARTERY	LIG INT/COMMON CAROTID ART	No Auth Required	Surgery of cardiovascular		

37607	LIGATION OF A-V FISTULA	LIG/BANDING ANGIOACCESS	No Auth Required	Surgery of cardiovascular		
27600	TEMPORAL ARTERY PROCEDURE	ARTERIOVENOUS FISTULA LIGATION/BIOPSY TEMPORAL ARTERY	No Auth Required	system Surgery of cardiovascular		
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		
27647	LICATION OF ARRONAEN ARTERY	LICATION MALOR ARTERY ARRONATAL	N. A. Alb D. a. Jane	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	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
37700	THE SECOND VENT	JUNCT/INTERRUPJ	, tata on required	system	i dii ciiiicai Neview	
37718	LIGATE/STRIP SHORT LEG VEIN	LIGJ DIVJ & STRIPPING SHORT	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
	, , , , , , , , , , , , , , , , , , , ,	SAPHENOUS VEIN		system		
37722	LIGATE/STRIP LONG LEG VEIN	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		JUNCT KNE/BELW		system		
37735	REMOVAL OF LEG VEINS/LESION	LIGJ & DIVJ RADICAL STRIP	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		LONG/SHORT SAPHENOUS		system		
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	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		US GID 1 LEG		system		
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 >	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		20 INCS		system		
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	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		CLUSTER 1 LEG		system		
37788	REVASCULARIZATION PENIS	PENILE REVASCULARIZATION ARTERY	No Auth Required	Surgery of cardiovascular		
		W/WO VEIN GRAFT		system		
37790	PENILE VENOUS OCCLUSION	PENILE VENOUS OCCLUSIVE PROCEDURE	No Auth Required	Surgery of cardiovascular system		
37799	VASCULAR SURGERY PROCEDURE	UNLISTED PROCEDURE VASCULAR	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		SURGERY		system		
38100	REMOVAL OF SPLEEN TOTAL	SPLENECTOMY TOTAL SEPARATE	No Auth Required	Surgery of hemic and		
		PROCEDURE		lymphatic systems		
38101	REMOVAL OF SPLEEN PARTIAL	SPLENECTOMY TOTAL EN BLOC	No Auth Required	Surgery of hemic and		
38102	DEMONAL OF SPIEEN TOTAL	W/OTHER PROCEDURE	No Auth Boswins	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	No Auth Required	Surgery of hemic and		
30113	THE TAIN OF NOT TOKED STEELIN	W/WO PRTL SPLENECT	140 Matil Required	lymphatic systems		
38120	LAPAROSCOPY SPLENECTOMY	LAPAROSCOPIC SURGICAL	No Auth Required	Surgery of hemic and		
-		SPLENECTOMY	,	lymphatic systems		
38129	LAPAROSCOPE PROC SPLEEN	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of hemic and	Full Clinical Review	
		SPLEEN		lymphatic systems		

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38200	INJECTION FOR SPLEEN X-RAY	INJECTION PROCEDURE	No Auth Required	Surgery of hemic and		
		SPLENOPORTOGRAPY		lymphatic systems		
38204	BL DONOR SEARCH MANAGEMENT	MGMT RCP HEMATOP PROGENITOR	Authorization Required	Transplants and	Full Clinical Re	view
		CELL DONOR &ACQUISJ		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38205	HARVEST ALLOGENEIC STEM CELL	BLD-DRV HEMATOP PROGEN CELL	Authorization Required	Transplants and	Full Clinical Re	view
		HRVG TRNSPLJ ALGNC		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38206	HARVEST AUTO STEM CELLS	BLD-DRV HEMATOP PROGEN CELL	Authorization Required	Transplants and	Full Clinical Re	view
30200	TIVILLE OF THE STEIN CEEES	HRVG TRNSPLJ AUTOL	/ actionization negatica	transplant related	T un chinicul No	view
		TIRVO TRIOSFED ACTOL		services (including pre		
				and post transplant		
20207	ODVODDECEDVE CEEL OF U.S.			testing)	5 11 011 1 1 10	
38207	CRYOPRESERVE STEM CELLS	TRNSPL PREPJ HEMATOP PROGEN CELLS	Authorization Required	Transplants and	Full Clinical Re	view
		CRYOPRSRV STOR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38208	THAW PRESERVED STEM CELLS	TRNSPL PREP HEMATOP PROGEN THAW	Authorization Required	Transplants and	Full Clinical Re	view
		PREV HRV PER DNR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38209	WASH HARVEST STEM CELLS	TRNSP PREP HMATOP PROG THAW	Authorization Required	Transplants and	Full Clinical Re	view
		PREV HRV WSH PER DNR		transplant related		
		-		services (including pre		
				and post transplant		
				testing)		
38210	T-CELL DEPLETION OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN	Authorization Required	Transplants and	Full Clinical Re	NIOW .
30210	T CEEE DET EETTON OF THANKEST	DEPLJ IN HRV T-CELL	/ actionization negatica	transplant related	T un chinicul No	view
		DET ES IN TINO 1-CEEE				
				services (including pre		
				and post transplant		
20244	T. W. 400. OF U. D. FR. 575. OF U. A. D. 107.	TRANSPI PREPI VIENANTOR PROGENITIVA		testing)	5 11 611 : 1.5	
38211	TUMOR CELL DEPLETE OF HARVST	TRNSPL PREPJ HEMATOP PROGEN TUM	Authorization Required	Transplants and	Full Clinical Re	view
		CELL DEPLJ		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38212	RBC DEPLETION OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN RED	Authorization Required	Transplants and	Full Clinical Re	view
		BLD CELL RMVL		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38213	PLATELET DEPLETE OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN PLTLT	Authorization Required	Transplants and	Full Clinical Re	view
		DEPLJ		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38214	VOLUME DEPLETE OF HARVEST	TRNSPL PREPJ HEMATOP PROGEN PLSM	Authorization Poquired	Transplants and	Full Clinical Re	view
30214	VOLUME DEPLETE OF HARVEST	VOL DEPLJ	Authorization Required	transplants and	ruii Clinicai Re	VIEW
		VOL DEPLI				
				services (including pre		
1	1		1	and post transplant		
				testing)		

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38215	HARVEST STEM CELL CONCENTRTE	TRNSPL PREPJ HEMATOP PROGEN	Authorization Required	Transplants and	Full Clinical Review	
		CONCENTRATION PLSM		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38220	DX BONE MARROW ASPIRATIONS	DIAGNOSTIC BONE MARROW	No Auth Required	Surgery of hemic and		
		ASPIRATIONS		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	No Auth Required	Surgery of hemic and		
		& ASPIRATIONS	·	lymphatic systems		
38230	BONE MARROW HARVEST ALLOGEN	BONE MARROW HARVEST	Authorization Required	Transplants and	Full Clinical Review	
		TRANSPLANTATION ALLOGENEIC	· ·	transplant related		
				services (including pre		
				and post transplant		
				testing)		
38232	BONE MARROW HARVEST AUTOLOG	BONE MARROW HARVEST	Authorization Required	Transplants and	Full Clinical Review	
50252		TRANSPLANTATION AUTOLOGOUS	/ tatilonization negatica	transplant related	. un cimical neview	
		TRANSFLANTATION AUTOLOGOUS		services (including pre		
				and post transplant		
				testing)		
38240	TRANSPLT ALLO HCT/DONOR	TRNSPLJ ALLOGENEIC HEMATOPOIETIC	Authorization Required	Transplants and	Full Clinical Review	
30240	TRANSPLI ALLO HCI/DONOR		Authorization Required	'	ruii Ciiiiicai Keview	
		CELLS PER DONOR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38241	TRANSPLT AUTOL HCT/DONOR	TRNSPLJ AUTOLOGOUS	Authorization Required	Transplants and	Full Clinical Review	
		HEMATOPOIETIC CELLS PER DONOR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
38242	TRANSPLT ALLO LYMPHOCYTES	ALLOGENEIC LYMPHOCYTE INFUSIONS	Authorization Required	Transplants and	Full Clinical Review	
				transplant related		
				services (including pre		
				and post transplant		
				testing)		
38243	TRANSPLI HEMATOPOIETIC BOOST	TRNSPLJ HEMATOPOIETIC CELL BOOST	Authorization Required	Transplants and	Full Clinical Review	
			,	transplant related		
				services (including pre		
				and post transplant		
				testing)		
38300	DRAINAGE LYMPH NODE LESION	DRG LYMPH NODE	No Auth Required	Surgery of hemic and		
		ABSC/LYMPHADENITIS SMPL		lymphatic systems		
38305	DRAINAGE LYMPH NODE LESION	DRG LYMPH NODE	No Auth Required	Surgery of hemic and		
		ABSC/LYMPHADENITIS EXTNSV	1	lymphatic systems		
38308	INCISION OF LYMPH CHANNELS	LYMPHANGIOTOMY/OTH OPRATIONS	No Auth Required	Surgery of hemic and		
		LYMPHATIC CHANNELS	1	lymphatic systems		
38380	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT CERVICAL	No Auth Required	Surgery of hemic and		
		APPROACH	1	lymphatic systems		
38381	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT THORACIC	No Auth Required	Surgery of hemic and		
30301	THE SECOND PORT OF THE SECOND PO	APPROACH		lymphatic systems		
38382	THORACIC DUCT PROCEDURE	SUTR&/LIG THORACIC DUCT	No Auth Required	Surgery of hemic and		
30302	THOMACIC DOCT I NOCEDORE	ABDOMINAL APPROACH	Auth Nequileu	lymphatic systems		
38500	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN	No Auth Required	Surgery of hemic and		
30300	BIOF 31/REIVIOVAL LTIVIPH NODES	·	ivo Autii Requirea			
20505	NEEDLE BIODCY LYMADIL NODEC	SUPERFICIAL  DY (EVC LYMBU NODE NEED) E	No Auth Desuised	lymphatic systems		
38505	NEEDLE BIOPSY LYMPH NODES	BX/EXC LYMPH NODE NEEDLE	No Auth Required	Surgery of hemic and		
	1	SUPERFICIAL	<u> </u>	lymphatic systems		

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38510	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN DEEP	No Auth Required	Surgery of hemic and		
		CERVICAL NODE		lymphatic systems		
38520	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPN DP CRV	No Auth Required	Surgery of hemic and		
		NODE W/EXC FAT PAD		lymphatic systems		
38525	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN DEEP	No Auth Required	Surgery of hemic and		
		AXILLARY NODE		lymphatic systems		
38530	BIOPSY/REMOVAL LYMPH NODES	BX/EXC LYMPH NODE OPEN INT	No Auth Required	Surgery of hemic and		
20524	00511 01/510 110/1105514 110055	MAMMARY NODE		lymphatic systems		
38531	OPEN BX/EXC INGUINOFEM NODES	OPEN BIOPSY/EXCISION	No Auth Required	Surgery of hemic and		
205.42	EVELORE REED MORE/S) MESSY	INGUINOFEMORAL NODES		lymphatic systems		
38542	EXPLORE DEEP NODE(S) NECK	DISSECTION DEEP JUGULAR NODE	No Auth Required	Surgery of hemic and		
20550	DEA 40 VALAUECI/ A DA 4DIT LECION	EVC CCTIC LIVEDONAN AV (CDV VIVIO DD	No. Acade Described	lymphatic systems		
38550	REMOVAL NECK/ARMPIT LESION	EXC CSTIC HYGROMA AX/CRV W/O DP	No Auth Required	Surgery of hemic and		
20555	REMOVAL NECK/ARMPIT LESION	NEUROVASC DSJ	No Auth Dogwined	lymphatic systems		
38555	REMOVAL NECK/ARMIPIT LESION	EXC CSTIC HYGROMA AX/CRV W/DP	No Auth Required	Surgery of hemic and		
38562	REMOVAL PELVIC LYMPH NODES	NEUROVASC DSJ LMTD LMPHADEC STAGING SPX	No Auth Dogwined	lymphatic systems		
38502	REMOVAL PELVIC LYMPH NODES	PEL&PARA-AORTIC	No Auth Required	Surgery of hemic and		
20564	REMOVAL ABDOMEN LYMPH NODES	LMTD LMPHADEC STAGING SPX RPR	No Auth Required	lymphatic systems		
38564	REMOVAL ABDOMEN LYMPH NODES	AORTIC&/SPLENIC	No Auth Required	Surgery of hemic and		
38570	LAPAROSCOPY LYMPH NODE BIOP	· · · · · · · · · · · · · · · · · · ·	No Auth Required	lymphatic systems		
38570	LAPAROSCOPY LYWIPH NODE BIOP	LAPS SURG RETROPERITONEAL LYMPH	No Auth Required	Surgery of hemic and		
38571	LAPAROSCOPY LYMPHADENECTOMY	NODE BX 1/MLT LAPS SURG BILATERAL TOTAL PELVIC	Authorization Required	lymphatic systems Surgery of hemic and	Network Validation	
303/1	LAPAROSCOPT ETIVIPHADENECTORIT	LMPHADECTOMY	Authorization Required	lymphatic systems	Network validation	
38572	LAPAROSCOPY LYMPHADENECTOMY	LAPS BI TOT PEL LMPHADEC & PRI-	No Auth Required	Surgery of hemic and		
30372	LAFAROSCOFT ETIVIFTIADENECTOWIT	AORTIC LYMPH BX 1	No Auth Required	lymphatic systems		
38573	LAPS PELVIC LYMPHADEC	LAPS W/BI TOT PEL LMPHADEC &	No Auth Required	Surgery of urinary		
30373	LAI 31 ELVIC ETIVII HADEC	OMNTC LYMPH BX	No Addi Negalied	system		
38589	LAPAROSCOPE PROC LYMPHATIC	UNLISTED LAPAROSCOPY PX	Authorization Required	Surgery of hemic and	Full Clinical Review	
30303	Burringseer Et Nee Environmente	LYMPHATIC SYSTEM	Authorization Required	lymphatic systems	r dir cililical neview	
38700	REMOVAL OF LYMPH NODES NECK	SUPRAHYOID LYMPHADENECTOMY	No Auth Required	Surgery of hemic and		
30700	THE WOOME OF ETHIN THOSES NEEK	SOLIVILLOID ELIVILLIA DELL'ECTORIT	No Auth Required	lymphatic systems		
38720	REMOVAL OF LYMPH NODES NECK	CERVICAL LYMPHADENECTOMY	No Auth Required	Surgery of hemic and		
50720	The mother of Emminings and the six		no nam negamea	lymphatic systems		
38724	REMOVAL OF LYMPH NODES NECK	CERVICAL LYMPHADEC MODIFIED	No Auth Required	Surgery of hemic and		
50721	The mother of Emminings and the six	RADICAL NECK DSJ	no nam negamea	lymphatic systems		
38740	REMOVE ARMPIT LYMPH NODES	AXILLARY LYMPHADENECTOMY	No Auth Required	Surgery of hemic and		
		SUPERFICIAL		lymphatic systems		
38745	REMOVE ARMPIT LYMPH NODES	AXILLARY LYMPHADENECTOMY	No Auth Required	Surgery of hemic and		
		COMPLETE		lymphatic systems		
38746	REMOVE THORACIC LYMPH NODES	THORCOM THRC W/MEDSTNL &	No Auth Required	Surgery of hemic and		
		REGIONAL LMPHADEC		lymphatic systems		
38747	REMOVE ABDOMINAL LYMPH NODES	ABDL LMPHADEC REG CELIAC GSTR	No Auth Required	Surgery of hemic and		
		PORTAL PRIPNCRTC		lymphatic systems		
38760	REMOVE GROIN LYMPH NODES	INGUINOFEM LMPHADEC SUPFC	No Auth Required	Surgery of hemic and		
		W/CLOQUETS NODE SPX		lymphatic systems		
38765	REMOVE GROIN LYMPH NODES	INGUINOFEM LMPHADEC SUPFC W/PEL	No Auth Required	Surgery of hemic and		
		LMPHADEC	·	lymphatic systems		
38770	REMOVE PELVIS LYMPH NODES	PEL LMPHADEC W/XTRNL ILIAC	No Auth Required	Surgery of hemic and		
		HYPOGSTR&OBTURATOR	1	lymphatic systems		
38780	REMOVE ABDOMEN LYMPH NODES	RPR TABDL LMPHADEC EXTNSV W/PEL	No Auth Required	Surgery of hemic and		
		AORTIC&RNL		lymphatic systems		
38790	INJECT FOR LYMPHATIC X-RAY	INJECTION PROCEDURE	No Auth Required	Surgery of hemic and		
		LYMPHANGIOGRAPHY	1	lymphatic systems		
38792	RA TRACER ID OF SENTINL NODE	INJ RADIOACTIVE TRACER FOR ID OF	No Auth Required	Surgery of hemic and		

20704	L COSSOS TURBA DIR LANGUA DI LAT	Towns a transfer of the transf	h	Ia I		
38794	ACCESS THORACIC LYMPH DUCT	CANNULATION THORACIC DUCT	No Auth Required	Surgery of hemic and		
20000	10 144 2 05 05 17 174 421 1 1025	INTERACE CENTRALE AND AREA NOTE IN		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	Authorization Required	Surgery of hemic and	Full Clinical Review	
30333	BEOOD/ENVIRONE TO THE TRUE TO THE TOTAL TO T	LYMPHATIC SYSTEM	Authorization Required	lymphatic systems	i dii ciiiicai Neview	
39000	EXPLORATION OF CHEST	MEDIAST W/EXPL DRG RMVL FB/BX CRV	No Auth Required	Surgery of mediastinum		
33000	EXTENSION OF CITES!	APPR	No Auth Required	and diaphragm		
39010	EXPLORATION OF CHEST	MEDIAST W/EXPL DRG RMVL FB/BX	No Auth Required	Surgery of mediastinum		
		TTHRC APPR		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	No Auth Required	Surgery of mediastinum		
		MEDIASTINAL MASS BIOPSY		and diaphragm		
39402	MEDIASTINOSCPY W/LMPH NOD BX	MEDIASTINOSCOPY WITH LYMPH NODE	No Auth Required	Surgery of mediastinum		
		BIOPSY/IES		and diaphragm		
39499	CHEST PROCEDURE	UNLISTED PROCEDURE MEDIASTINUM	Authorization Required	Surgery of mediastinum	Full Clinical Review	
				and diaphragm		
39501	REPAIR DIAPHRAGM LACERATION	REPAIR LACERATION DIAPHRAGM ANY	No Auth Required	Surgery of mediastinum		
		APPROACH		and diaphragm		
39503	REPAIR OF DIAPHRAGM HERNIA	RPR NEONATAL DIPHRG HERNIA W/WO	No Auth Required	Surgery of mediastinum		
		CHEST TUBE INSJ		and diaphragm		
39540	REPAIR OF DIAPHRAGM HERNIA	RPR DIPHRG HRNA OTH/THN	No Auth Required	Surgery of mediastinum		
		NEONATAL TRAUMTC AQT		and diaphragm		
39541	REPAIR OF DIAPHRAGM HERNIA	RPR DIPHRG HRNA OTH/THN	No Auth Required	Surgery of mediastinum		
		NEONATAL TRAUMTC CHRNC		and diaphragm		
39545	REVISION OF DIAPHRAGM	IMBRICATION DIAPHRAGM	No Auth Required	Surgery of mediastinum		
		EVENTRATION		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	No Auth Required	Surgery of mediastinum		
		REPAIR		and diaphragm		
39599	DIAPHRAGM SURGERY PROCEDURE	UNLISTED PROCEDURE DIAPHRAGM	Authorization Required	Surgery of mediastinum	Full Clinical Review	
				and diaphragm		
40490	BIOPSY OF LIP	BIOPSY OF LIP	No Auth Required	Surgery of digestive		
				system		
40500	PARTIAL EXCISION OF LIP	VERMILIONECTOMY LIP SHV	No Auth Required	Surgery of digestive		
10510	DARTIN SVOGODA OF UR	W/MUCOSAL ADVMNT		system		
40510	PARTIAL EXCISION OF LIP	EXC LIP TRANSVRS WEDGE EXC W/PRIM	No Auth Required	Surgery of digestive		
40520	DARTIAL EVOICION OF LIP	CLSR	N. A. Alla D. a. Janel	system		
40520	PARTIAL EXCISION OF LIP	EXC LIP V-EXC W/PRIM DIR LINR CLSR	No Auth Required	Surgery of digestive		
40525	DECONCEDUCE LID WITH FLAD	EVELID FULL THIRNE DENET DATA COAL	No Auth Desuised	system		
40525	RECONSTRUCT LIP WITH FLAP	EXC LIP FULL THKNS RCNSTJ W/LOCAL	No Auth Required	Surgery of digestive		
40527	RECONSTRUCT LIP WITH FLAP	EXC LIP FULL THKNS RCNSTJ W/CROSS	No Auth Required	System Surgery of digostive		
40327	NECONSTRUCT LIP WITH FLAP	LIP FLAP	ino Autii Required	Surgery of digestive		
40530	PARTIAL REMOVAL OF LIP	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	No Auth Required	Surgery of digestive		
70330	TANTIAL NEIVIOVAL OF LIF	1.25 Ell > ONE-YOUNTH W/O NCNSIJ	Auti nequireu	system		
40650	REPAIR LIP	RPR LIP FULL THICKNESS VERMILION	No Auth Required	Surgery of digestive		
70030	TALL A STATE OF THE STATE OF TH	ONLY	Auti nequireu			
40652	REPAIR LIP		No Auth Required			
10032						
40654	REPAIR LIP		No Auth Required	<del>                                     </del>		
.005 F						
40652 40654	REPAIR LIP REPAIR LIP	ONLY  RPR LIP FULL THICKNESS HALF/<  VERTICAL HEIGHT  RPR LIP FULL THKNS >ONE-HALF VERT  HEIGHT/COMPLE	No Auth Required  No Auth Required	System Surgery of digestive system 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		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	·	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		

Supply of digestive	41005	DRAINAGE OF MOUTH LESION	*	No Auth Required		
SADING CORNING CONTROL HISSON   SURBERNAL SPACE   No. Auth Required   System	41006	DRAINAGE OF MOUTH LESION	INTRAORAL I&D TONGUE/FLOOR	No Auth Required	Surgery of digestive	
SUBMINITAL SPICE   SUPPLY	41007	DRAINAGE OF MOUTH LESION		No Auth Required		
DANIMAGE OF MOUTH LESION   INTRACAL BIS TRONGUE/FLOOR   No. Auth Required   System			*			
Supply of digestive	41008	DRAINAGE OF MOUTH LESION	-	No Auth Required		
ACCIONO INCIDION DE TONOGUE FOLD   INCIGION INCIGILAT FERNUM   No. Auth Required System	41009	DRAINAGE OF MOUTH LESION		No Auth Required		
### FRENOTOMY ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SCT/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SC ST/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SC ST/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SC ST/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC SC ST/HINTMA FLOGR No. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System ### TORGAL ISEA DAS SC ST/HINTMA FLOGR NO. Auth Required Surgery of digestive System Surgery			MASTICATOR SPACE		system	
A1015 ORANNAGE OF MOUTH LESION MYTROPAL ISO ARES CST/HMTMA FLOOR NO Auth Required System Syst	41010	INCISION OF TONGUE FOLD		No Auth Required	Surgery of digestive	
MOUTH SUBLINED.  MOUTH						
MOUTH SUMMON   XTRORAL ISD ASC CST/HMTMA FLOOR NO Auth Required   Surgery of digestive	41015	DRAINAGE OF MOUTH LESION		No Auth Required		
A1112 DRAINAGE OF MOUTH LESION XTRORAL ISO ASSC CST/MITMA FLOOR No Auth Required system (STRORAL ISO PLOOR MASTICATOR) (STRORAL ISO PLOOR MASTICATOR MASTICATOR MASTICATOR MASTICATOR MAST	41016	DRAINAGE OF MOUTH LESION	XTRORAL I&D ABSC CST/HMTMA FLOOR	No Auth Required	Surgery of digestive	
MOUTH SUBMADB   MOUTH SUBMADB   System   Syste			MOUTH SUBMENT		system	
Authorized Service   Surgery of digestive	41017	DRAINAGE OF MOUTH LESION		No Auth Required	Surgery of digestive	
SPACE   System   System   System   System   System   System   PlaCEMENT NEEDLE HEAD/NECK   RADIOLEMENT APPLICAT   RADIOLEMENT APPLICAT   SUSTEM   System						
PLACE NEEDLES H&N FOR RT   PLACEMENT NEEDLE HEAD/NECK   RADIOLETMENT APPLICAT   RADIOLETMENT APPLICATION   RADIOLETMEN	41018	DRAINAGE OF MOUTH LESION		No Auth Required		
ALL					-	
BIOPSY TONGUE   BIOPSY TONGUE ANTERIOR TWO-THERD   Surgery of digestive system   Surgery of di	41019	PLACE NEEDLES H&N FOR RT		No Auth Required		
HIRDS   Supery of FLOOR OF MOUTH   BIOPSY TONGUE POSTERIOR ONE-THIRD No Auth Required system   Surgery of digestive system	41100	DIODEN OF TONICHE	1	No Auth Dogwined	-	
### BIOPSY OF TONGUE ### BIOPSY TONGUE POSTERIOR ONE-THIRD No Auth Required Surgery of digestive system   ### Surgery of digestive system   ##	41100	BIOPSY OF TONGUE		No Auth Required		
41108 BIOPSY OF FLOOR OF MOUTH BIOPSY FLOOR MOUTH NO Auth Required Surgery of digestive system CLOSURE SUCISION OF TONGUE LESION EXCISION TONGUE W/CLSR ANTERIOR NO Auth Required Surgery of digestive system System System  41112 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR ANTERIOR NO Auth Required Surgery of digestive system System  41113 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR ANTERIOR NO Auth Required Surgery of digestive system POSTERIOR ONE-THIRDS System  41114 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR NO Auth Required Surgery of digestive system POSTERIOR ONE-THIRD Surgery of digestive system  41115 EXCISION OF TONGUE EISION EXCLESION TONGUE W/CLSR W/LOCAL NO Auth Required Surgery of digestive system  41116 EXCISION OF TONGUE FOLD EXCISION LINGUAL FRENUM NO Auth Required Surgery of digestive system  41116 EXCISION OF TONGUE FOLD EXCISION LINGUAL FRENUM NO Auth Required Surgery of digestive system  41116 EXCISION OF MOUTH LESION EXCISION LESION FLOOR MOUTH EXCISION LESION FLOOR MOUTH SYSTEM  41120 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY AND EXCISION LESION FLOOR MOUTH System  41130 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY HEMIGLOSSECTOMY NO Auth Required Surgery of digestive system  41131 TONGUE AND NECK SURGERY GLOSSECTOMY PRIL W/UNI RADICAL NO Auth Required Surgery of digestive system  41140 REMOVAL OF TONGUE GLOSSECTOMY PRIL W/UNI RADICAL NO Auth Required Surgery of digestive system  41140 REMOVAL OF TONGUE GLOSSECTOMY PRIL W/UNI RADICAL NO Auth Required Surgery of digestive system  41145 TONGUE REMOVAL NECK SURGERY GLOSSECTOMY PRIL W/UNI RADICAL NO Auth Required Surgery of digestive system  41150 TONGUE REMOVAL NECK SURGERY GLOSSECTOMY MOTRACHS W/O NO Auth Required Surgery of digestive system  41151 TONGUE MOUTH JAW SURGERY GLOSSECTOMY MANDIBULAR RESCI FLOOR NO Auth Required Surgery of digestive system  41151 TONGUE MOUTH JAW SURGERY GLOSSECTOMY MANDIBULAR RESCI FLOOR NO Auth Required Surgery of digestive system  41151 TONGUE MOUTH NECK SURGERY GLOSSECTOMY MANDIBULAR RESCI FLOOR NO Auth	41105	BIOPSY OF TONGUE		No Auth Required	-	
### BIOPSY OF FLOOR OF MOUTH BIOPSY FLOOR MOUTH NO Auth Required Surgery of digestive system  #### Surgery o						
41110 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR ANTERIOR NO Auth Required System 41112 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR ANTERIOR NO Auth Required System 41113 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR NO Auth Required System 41114 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR NO Auth Required System 41116 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR NO Auth Required Surgery of digestive System 41116 EXCISION OF TONGUE LESION EXCLESION TONGUE W/CLSR W/LOCAL NO Auth Required Surgery of digestive System 41116 EXCISION OF TONGUE FOLD EXCISION LINGUAL FRENUM FRENECTOMY FRENECTOMY System System 41116 EXCISION OF MOUTH LESION EXCISION LESION LES	41108	BIOPSY OF FLOOR OF MOUTH	BIOPSY FLOOR MOUTH	No Auth Required		
CLOSURE  41112 EXCISION OF TONGUE LESION  EXC LESION TONGUE W/CLSR ANTERIOR No Auth Required  Surgery of digestive system  41113 EXCISION OF TONGUE LESION  EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD  A outh Required Surgery of digestive system  41114 EXCISION OF TONGUE LESION  EXC LESION TONGUE W/CLSR W/LOCAL No Auth Required Surgery of digestive system  41115 EXCISION OF TONGUE LESION  EXC LESION TONGUE W/CLSR W/LOCAL No Auth Required Surgery of digestive system  41116 EXCISION OF TONGUE FLAP  EXCISION LINGUAL FRENUM No Auth Required Surgery of digestive system  41116 EXCISION OF MOUTH LESION  EXCISION LISION FLOOR MOUTH NO Auth Required Surgery of digestive system  41120 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY <one-half &="" 41130="" 41131="" 41140="" 41145="" 41150="" 41153="" and="" auth="" complitot="" composit="" digestive="" dsj="" floor="" glosse="" glossectomy="" hemiglossectomy="" jaw="" mandibu<="" mandibular="" mouth="" neck="" no="" o="" of="" partial="" pril="" radical="" removal="" required="" resci="" surgery="" system="" td="" tongue="" uni="" w="" wotrachs=""><td></td><td></td><td></td><td>· ·</td><td></td><td></td></one-half>				· ·		
### EXCLISION OF TONGUE LESION   EXCLESION TONGUE W/CLSR ANTERIOR   No Auth Required   Surgery of digestive   System   ### SUISION OF TONGUE LESION   EXCLESION TONGUE W/CLSR   No Auth Required   Surgery of digestive   System   ### SUISION OF TONGUE LESION   EXCLESION TONGUE W/CLSR   No Auth Required   Surgery of digestive   System   ### SUISION OF TONGUE LESION   EXCLESION TONGUE W/CLSR W/LOCAL   No Auth Required   Surgery of digestive   System   ### SUISION OF TONGUE FOLD   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LINGUAL FRENUM   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH LESION FLOOR MOUTH LESION   No Auth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION   EXCISION FLOOR MOUTH LESION FLOOR MANDIAL RESCU   Suision Floor Floor Mouth Required   Surgery of digestive   System   ### SUISION OF MOUTH LESION FLOOR MANDIAL FROM FLOOR MANDIAL RESCU   Suision Floor Floor Mandial Floor Fl	41110	EXCISION OF TONGUE LESION	EXCISION LESION TONGUE W/O	No Auth Required	Surgery of digestive	
TWO-THIRDS   System   System   System   Surgery of digestive   Surgery of digestive   System   Surgery of digestive   Surgery of digestive   Surgery of digestive   System   Surgery of digestive   Surgery of digestive   System   Surgery of digestive   Surgery of digestive   System   System   Surgery of digestive   System			CLOSURE		system	
### EXCISION OF TONGUE LESION   EXC LESION TONGUE W/CLSR   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE LESION   EXC LESION TONGUE W/CLSR W/LOCAL   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE FOLD   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   System   ### EXCISION OF MOUTH LESION   SURGERY   GLOSSECTOMY HEMIGLOSSECTOMY   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE   GLOSSECTOMY HEMIGLOSSECTOMY   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE   GLOSSECTOMY PRTL W/UNI RADICAL   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE   GLOSSECTOMY PRTL W/UNI RADICAL   No Auth Required   Surgery of digestive   System   ### EXCISION OF TONGUE   SURGERY   GLOSSECTOMY PRTL W/UNI RADICAL   No Auth Required   Surgery of digestive   System   Surgery of digestive   Surgery of digestive	41112	EXCISION OF TONGUE LESION		No Auth Required	Surgery of digestive	
POSTERIOR ONE-THIRD System  41114 EXCISION OF TONGUE LESION EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP TONGUE FLAP  EXCISION OF TONGUE FOLD EXCISION LINGUAL FRENUM FRENECTOMY FRENECTOMY FRENECTOMY System  4116 EXCISION OF MOUTH LESION EXCISION LESION FLOOR MOUTH No Auth Required Surgery of digestive system  41120 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY < NO-HALF TONGUE GLOSSECTOMY FRENECTOMY AUTHOR OF TONGUE GLOSSECTOMY HEMIGLOSSECTOMY FRENECTOMY No Auth Required Surgery of digestive system Surgery of digestive system  41130 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY HEMIGLOSSECTOMY FRENECTOMY No Auth Required Surgery of digestive system Surgery of digestive system  41135 TONGUE AND NECK SURGERY GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ NECK DSJ Surgery of digestive system Surgery of digestive system  41140 REMOVAL OF TONGUE GLOSSECTOMPL/TOT W/WOTRACHS W/O RAD NECK DSJ Surgery of digestive system  41145 TONGUE REMOVAL NECK SURGERY GLOSSECTOMPL/TOT W/WOTRACHS W/UNI RAD NECK DSJ W/UNI RAD NECK DSJ Surgery of digestive system  41145 TONGUE REMOVAL NECK SURGERY GLOSSECTOMPL/TOT W/WOTRACHS W/UNI RAD NECK DSJ Surgery of digestive system  41150 TONGUE MOUTH JAW SURGERY GLOSSECTOMPOSIT W/RESCI FLOOR MANDIBULAR RESCI Surgery of digestive system  41151 TONGUE MOUTH NECK SURGERY GLOSSECTOMPOSIT RESCI FLOOR MANDIBULAR RESCI Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLOSSECTOMPOSIT RESCI FLOOR MANDIBULAR RESCI Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLOSSECTOMPOSIT RESCI FLOOR MANDIBULAR RESCI Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLOSSECTOMPOSIT RESCI FLOOR MANDIBULAR RESCI Surgery of digestive Su						
### ACCISION OF TONGUE LESION   EXCLESION TONGUE W/CLSR W/LOCAL   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF TONGUE FOLD   EXCISION LINGUAL FRENUM   FRENECTOMY   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF MOUTH LESION   EXCISION LESION FLOOR MOUTH   No Auth Required   Surgery of digestive   system   ### AUTHOR EXCISION OF MOUTH LESION   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH LESION   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH LESION   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMY PRIT W/UNI RADICAL SURGERY   GLOSSECTOMY PRIT W/WO TRACHS   No Auth Required   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMPLYTOT W/WO TRACHS   No Auth Required   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMPLYTOT W/WO TRACHS   No Auth Required   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMPLYTOT W/WO TRACHS   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMPLYTOT W/WO TRACHS   Surgery of digestive   System   ### AUTHOR EXCISION OF MOUTH JAW SURGERY   GLOSSECTOMPLYTOT W/WO TRACHS   Surgery of digestive   System   Surgery of digestive   System	41113	EXCISION OF TONGUE LESION	-	No Auth Required		
TONGUE FLAP  4115 EXCISION OF TONGUE FOLD  EXCISION LINGUAL FRENUM FRENECTOMY FRENCTOMY FRENECTOMY FRENCTOMY FRENCCTOMY F			1		-	
### SCISION OF TONGUE FOLD  ### EXCISION LINGUAL FRENUM FRENECTOMY  ### EXCISION OF MOUTH LESION  ### EXCISION LESION FLOOR MOUTH  ### No Auth Required  ### Surgery of digestive system  ### Surgery	41114	EXCISION OF TONGUE LESION		No Auth Required		
FRENECTOMY  41116 EXCISION OF MOUTH LESION EXCISION LESION FLOOR MOUTH A1120 PARTIAL REMOVAL OF TONGUE  GLOSSECTOMY <one-half a1130="" a1140="" a11413="" a11415="" and="" ano="" auth="" chool="" digestive="" dsj="" glossectomy="" hemiglossectomy="" mover="" moverachs="" neck="" no="" o="" of="" partial="" prtl="" radical="" removal="" required="" s<="" surgery="" system="" td="" tongue="" uni="" w=""><td>A1115</td><td>EXCISION OF TONGLIE FOLD</td><td>1</td><td>No Auth Poquired</td><td>-</td><td></td></one-half>	A1115	EXCISION OF TONGLIE FOLD	1	No Auth Poquired	-	
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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 System  41140 REMOVAL OF TONGUE GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/O RAD NECK DSJ  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/O RAD NECK DSJ System  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41151 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system	41116	EXCISION OF MOUTH LESION		No Auth Required	·	
41120 PARTIAL REMOVAL OF TONGUE GLOSSECTOMY <one-half &="" 41130="" 41135="" 41140="" 41145="" 41150="" 41151="" 41152="" 41153="" 41154="" 41155="" 41156="" 41157="" 41158="" 41159="" and="" auth="" compl="" composit="" digestive="" dsj="" floor="" glossectomy="" glssc="" hemiglossectomy="" jaw="" mandibular="" mouth="" neck="" no="" o="" of="" partial="" prtl="" rad="" radical="" removal="" required="" rescj="" surgery="" system="" system<="" td="" tongue="" tot="" trachs="" uni="" w="" wo="" wotrachs=""><td></td><td></td><td></td><td>,,,,,,</td><td></td><td></td></one-half>				,,,,,,		
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  41140 REMOVAL OF TONGUE GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/O RAD NECK DSJ  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41150 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41150 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41150 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41120	PARTIAL REMOVAL OF TONGUE	GLOSSECTOMY < ONE-HALF TONGUE	No Auth Required	Surgery of digestive	
System  41135 TONGUE AND NECK SURGERY GLOSSECTOMY PRTL W/UNI RADICAL NO Auth Required Surgery of digestive system  41140 REMOVAL OF TONGUE GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/O RAD NECK DSJ W/UNI RAD NECK DSJ W/UNI RAD NECK DSJ System  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41151 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41130	PARTIAL REMOVAL OF TONGUE	GLOSSECTOMY HEMIGLOSSECTOMY	No Auth Required		
41140 REMOVAL OF TONGUE  GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  TONGUE REMOVAL NECK SURGERY  GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ  W/UNI RAD NECK DSJ  W/UNI RAD NECK DSJ  W/UNI RAD NECK DSJ  TONGUE MOUTH JAW SURGERY  GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ  MANDIBULAR RESCJ  GLSSC COMPOSIT RESCJ FLOOR  MO Auth Required  Surgery of digestive system  41150 TONGUE MOUTH NECK SURGERY  GLSSC COMPOSIT RESCJ FLOOR  MANDIBULAR RESCJ  GLSSC COMPOSIT RESCJ FLOOR  No Auth Required Surgery of digestive system  Surgery of digestive system  Surgery of digestive system  41150 TONGUE MOUTH NECK SURGERY  GLSSC COMPOSIT RESCJ FLOOR  No Auth Required Surgery of digestive system  Surgery of digestive	71130	TONGOL	SECOSECTOWN NEWNOLOGIC TOWN	Natir nequired		
NECK DSJ system  41140 REMOVAL OF TONGUE GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ System  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/ON Auth Required Surgery of digestive system  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ MANDIBULAR RESCJ SUrgery of digestive system  41151 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41135	TONGUE AND NECK SURGERY	GLOSSECTOMY PRTL W/UNI RADICAL	No Auth Required		
41140 REMOVAL OF TONGUE GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ System  41145 TONGUE REMOVAL NECK SURGERY GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ System  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ MANDIBULAR RESCJ GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system						
41145 TONGUE REMOVAL NECK SURGERY  GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ  41150 TONGUE MOUTH JAW SURGERY  GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY  GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY  GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41140	REMOVAL OF TONGUE	GLSSC COMPL/TOT W/WOTRACHS W/O	No Auth Required	Surgery of digestive	
W/UNI RAD NECK DSJ system  41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive					system	
41150 TONGUE MOUTH JAW SURGERY GLSSC COMPOSIT W/RESCJ FLOOR & No Auth Required Surgery of digestive system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41145	TONGUE REMOVAL NECK SURGERY		No Auth Required	Surgery of digestive	
MANDIBULAR RESCJ system  41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive			1		-	
41153 TONGUE MOUTH NECK SURGERY GLSSC COMPOSIT RESCJ FLOOR No Auth Required Surgery of digestive	41150	TONGUE MOUTH JAW SURGERY	*	No Auth Required		
	41153	TONGUE MOUTH NECK SURGERY	GLSSC COMPOSIT RESCJ FLOOR	No Auth Required	Surgery of digestive	
			SUPRAHYOID NCK DSJ			
41155 TONGUE JAW & NECK SURGERY GLSSC COMPOSIT RESCJ FLR MNDBLR No Auth Required Surgery of digestive	41155	TONGUE JAW & NECK SURGERY	GLSSC COMPOSIT RESCJ FLR MNDBLR	No Auth Required	Surgery of digestive	
RESCJ & RAD NECK system			RESCJ & RAD NECK		system	

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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		
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	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		
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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</td <td>No Auth Required</td> <td>Surgery of digestive system</td> <td></td> <td></td>	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		
42210	RECONSTRUCT CLEFT PALATE	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	No Auth Required	Surgery of digestive		
42215	RECONSTRUCT CLEFT PALATE	PALATOPLASTY CLEFT PALATE MAJOR REVJ	No Auth Required	Surgery of digestive		
42220	RECONSTRUCT CLEFT PALATE	PALATOPLASTY CLEFT PALATE SEC	No Auth Required	Surgery of digestive		
42225	RECONSTRUCT CLEFT PALATE	PALATOP CL PALATE ATTACHMENT	No Auth Required	Surgery of digestive		
42226	LENGTHENING OF PALATE	PHARYNGEAL FLAP  LENGTHENING PALATE & PHARYNGEAL	No Auth Required	Surgery of digestive		
42227	LENGTHENING OF PALATE	FLAP LENGTHENING PALATE W/ISLAND FLAP	No Auth Required	Surgery of digestive		
42235	REPAIR PALATE	REPAIR ANTERIOR PALATE W/VOMER	No Auth Required	Surgery of digestive		
42260	REPAIR NOSE TO LIP FISTULA	FLAP REPAIR NASOLABIAL FISTULA	No Auth Required	Surgery of digestive		
42280	PREPARATION PALATE MOLD	MAXILLARY IMPRESJ PALATAL PROSTHESIS	No Auth Required	Surgery of digestive		
42281	INSERTION PALATE PROSTHESIS	INSJ PIN-RETAINED PALATAL PROSTHESIS	No Auth Required	Surgery of digestive		
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	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	,	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		

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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			
42040	EVERTON OF NECK OVET	EVE BRANCHIAL CLEET CVCT CONFINED	No Auth Benefical	system			
42810	EXCISION OF NECK CYST	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	No Auth Required	Surgery of digestive			
42815	EXCISION OF NECK CYST	EXC BRANCHIAL CLEFT CYST BELOW	No Auth Required	System Surgery of digestive			
42013	EXCISION OF NECK C131	SUBQ TISS&/PHRYNX	No Autii Kequiieu	Surgery of digestive			
42820	REMOVE TONSILS AND ADENOIDS	TONSILLECTOMY & ADENOIDECTOMY	No Auth Required	System Surgery of digostive			
42020	REWOVE TONSILS AND ADENOIDS	<age 12<="" td=""><td>No Autii Kequiieu</td><td>Surgery of digestive system</td><td></td><td></td><td></td></age>	No Autii Kequiieu	Surgery of digestive system			
42821	REMOVE TONSILS AND ADENOIDS	TONSILLECTOMY & ADENOIDECTOMY	No Auth Required	Surgery of digestive			
42021	REMOVE TONSIES AND ADENOIDS	AGE 12/>	No Auti Required	system			
42825	REMOVAL OF TONSILS	TONSILLECTOMY PRIMARY/SECONDARY	No Auth Required	Surgery of digestive			
42023	REMOVAL OF TONSIES	<age 12<="" td=""><td>No Auti Required</td><td>system</td><td></td><td></td><td></td></age>	No Auti Required	system			
42826	REMOVAL OF TONSILS	TONSILLECTOMY PRIMARY/SECONDARY	No Auth Poquired	Surgery of digestive			
42020	REMOVAL OF TONSIES	AGE 12/>	No Auth Required	system			
42830	REMOVAL OF ADENOIDS	ADENOIDECTOMY PRIMARY <age 12<="" td=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></age>	No Auth Required				
42030	REMOVAL OF ADENOIDS	ADENOIDECTOWN PRIMARY CAGE 12	No Auth Required	Surgery of digestive			
42024	DEMOVAL OF A DEMOIDS	ADENIOIDECTORAY DRIVADA DV ACE 12/2	No Auth Doguined	system			
42831	REMOVAL OF ADENOIDS	ADENOIDECTOMY PRIMARY AGE 12/>	No Auth Required	Surgery of digestive			
42025	DEMOVAL OF A DEMOIDS	ADENIOIDECTOMY CECONDARY (ACE 42	No. Acade Donochus d	system			
42835	REMOVAL OF ADENOIDS	ADENOIDECTOMY SECONDARY <age 12<="" td=""><td>No Auth Required</td><td>Surgery of digestive</td><td></td><td></td><td></td></age>	No Auth Required	Surgery of digestive			
12026	25,40,44, 25,425,40,22	1051101055550101055010101010105		system			
42836	REMOVAL OF ADENOIDS	ADENOIDECTOMY SECONDARY AGE	No Auth Required	Surgery of digestive			
		12/>		system			
42842	EXTENSIVE SURGERY OF THROAT	RADICAL RESECTION TONSIL W/O	No Auth Required	Surgery of digestive			
		CLOSURE		system			
42844	EXTENSIVE SURGERY OF THROAT	RADICAL RESCJ TONSIL CLOSURE	No Auth Required	Surgery of digestive			
		W/LOCAL FLAP		system			
42845	EXTENSIVE SURGERY OF THROAT	RADICAL RESCJ TONSIL CLOSURE	No Auth Required	Surgery of digestive			
		W/OTHER FLAP		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	No Auth Required	Surgery of digestive			
		METHOD SPX		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	No Auth Required	Surgery of digestive			
		SINUS DIR CLSR		system			
42894	REVISION OF PHARYNGEAL WALLS	RESCJ PHRNGL WALL CLSR W/FLP OR	No Auth Required	Surgery of digestive			
		FLP W/MVASC ANAS		system			
42900	REPAIR THROAT WOUND	SUTURE PHARYNX WOUND/INJURY	No Auth Required	Surgery of digestive			
			<u> </u>	system			
42950	RECONSTRUCTION OF THROAT	PHARYNGOPLASTY PLSTC/RCNSTV	No Auth Required	Surgery of digestive	_		
<u> </u>		OPRATION PHARYNX	<u> </u>	system			
42953	REPAIR THROAT ESOPHAGUS	PHARYNGOESOPHAGEAL REPAIR	No Auth Required	Surgery of digestive			
			<u> </u>	system			
42955	SURGICAL OPENING OF THROAT	PHARYNGOSTOMY FSTLJ PHARYNX	No Auth Required	Surgery of digestive			
		XTRNL FEEDING		system			
42960	CONTROL THROAT BLEEDING	CONTROL OROPHARYNGEAL	No Auth Required	Surgery of digestive			
		HEMORRHAGE SIMPLE	1	system			
42961	CONTROL THROAT BLEEDING		No Auth Required	Surgery of digestive			
		COMP REQ HOSPITJ	1	system			
42962	CONTROL THROAT BLEEDING	CTRL OROPHARYNGEAL HEMORRHAGE	No Auth Required	Surgery of digestive			
		W/SEC SURG IVNTJ		system			
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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		

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43194	ESOPHAGOSCP RIG TRNSO REM FB	ESOPHAGOSCOPY RIG TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		REMOVAL FOREIGN BODY			Applies to All Codes	
					within Specific Group	
43195	ESOPHAGOSCOPY RIGID BALLOON	ESOPHAGOSCOPY RIGID TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		BALLOON DILATION			Applies to All Codes	
					within Specific Group	
43196	ESOPHAGOSCP GUIDE WIRE DILAT	ESOPHAGOSCOPY RIG TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
43130	ESOL IN GOSCI. GOIDE WINE DIET	GUIDE WIRE DILATION	140 Matil Regalica	глаозсору	Applies to All Codes	
		GOIDE WINE DIEATION			within Specific Group	
42407	ESOPHAGOSCOPY FLEX DX BRUSH	ESOPHAGOSCOPY FLEXIBLE	No Auth Required	Fadaaaa		
43197	ESOPHAGOSCOPY FLEX DX BROSH		No Auth Required	Endoscopy	PA for Code in Group	
		TRANSNASAL DIAGNOSTIC			Applies to All Codes	
					within Specific Group	
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	ESOPHAGOSCOPY FLEXIBLE	No Auth Required	Endoscopy	PA for Code in Group	
		TRANSNASAL WITH BIOPSY			Applies to All Codes	
					within Specific Group	
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	ESOPHAGOSCOPY FLEXIBLE TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		DIAGNOSTIC			Applies to All Codes	
					within Specific Group	
43201	ESOPH SCOPE W/SUBMUCOUS INJ	ESOPHAGOSCOPY FLEXIBLE TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		W SUBMUCOUS INJ		''	Applies to All Codes	
					within Specific Group	
43202	ESOPHAGOSCOPY FLEX BIOPSY	ESOPHAGOSCOPY FLEXIBLE TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
43202	ESOT HAGOSCOT T LEX BIOLST	WITH BIOPSY	No Auth Required	Епаозсору	Applies to All Codes	
		WIIII BIOF31				
42204	ECODITICODE MICCLEDOCICINI	ECODUA COCCODY ELEV TRANCORAL	No. Acatle Describer d	Endonesia.	within Specific Group	
43204	ESOPH SCOPE W/SCLEROSIS INJ	ESOPHAGOSCOPY FLEX TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		INJECTION VARICES			Applies to All Codes	
					within Specific Group	
43205	ESOPHAGUS ENDOSCOPY/LIGATION	ESPHGOSCOPY FLEX W/BAND LIGATION	No Auth Required	Endoscopy	PA for Code in Group	
		ESOPHGL VARICES			Applies to All Codes	
					within Specific Group	
43206	ESOPH OPTICAL ENDOMICROSCOPY	ESOPHAGOSCOPY TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
		W/OPTICAL ENDOMICROSCOPY			Applies to All Codes	
					within Specific Group	
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	EGD PARTIAL/COMPL	No Auth Required	Endoscopy	PA for Code in Group	
		ESOPHAGOGASTRIC FUNDOPLASTY	i i		Applies to All Codes	
					within Specific Group	
43211	ESOPHAGOSCOP MUCOSAL RESECT	ESOPHAGOSCOPY FLEXIBLE TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group	
43211	ESOTTINGOSCOT WIGCOSKE RESECT	MUCOSAL RESEXN	140 Matil Regalica	глаозсору	Applies to All Codes	
		WOCOSAL RESEAR				
42242	ECODUA COCCOD CTENT DI A CENTENT	ECODUA COCCODY TRANCORAL CTENT	No. Acatle Describer d	Endonesia.	within Specific Group	
43212	ESOPHAGOSCOP STENT PLACEMENT	ESOPHAGOSCOPY TRANSORAL STENT	No Auth Required	Endoscopy	PA for Code in Group	
		PLACEMENT			Applies to All Codes	
					within Specific Group	
43213	ESOPHAGOSCOPY RETRO BALLOON	ESOPHAGOSCOPY RETROGRADE DILATE	No Auth Required	Endoscopy	PA for Code in Group	
		BALLOON/OTHER			Applies to All Codes	
					within Specific Group	
43214	ESOPHAGOSC DILATE BALLOON 30	ESOPHAGOSCOPY DILATE ESOPHAGUS	No Auth Required	Endoscopy	PA for Code in Group	
		BALLOON 30 MM			Applies to All Codes	
					within Specific Group	
43215	ESOPHAGOSCOPY FLEX REMOVE FB	ESOPHAGOSCOPY FLEXIBLE REMOVAL	No Auth Required	Endoscopy	PA for Code in Group	
		FOREIGN BODY			Applies to All Codes	
					within Specific Group	
43216	ESOPHAGOSCOPY LESION REMOVAL	ESPHAGOSCOPY FLEX LESION REMOVAL	No Auth Required	Endoscopy	PA for Code in Group	<del></del>
43210	ESSITINGOSCOI I EESION NEIVIOVAL	HOT BX FORCEPS	140 Addi Nequired	Lildoscopy	Applies to All Codes	
		TIOT BATORCEFS			1	
42217	FCORUM COCCORVICAMA DE LEC DENTA	ECODITA COCCODY ELEVID LECION	No Auth Doguina	Fadassanii	within Specific Group	
43217	ESOPHAGOSCOPY SNARE LES REMV	ESOPHAGOSCOPY FLEXIB LESION	No Auth Required	Endoscopy	PA for Code in Group	
		REMOVAL TUMOR SNARE			Applies to All Codes	
					within Specific Group	

43220 E	ESOPHAGOSCOPY BALLOON <30MM						
	ESOT TIMOOSCOT T BALLOON ASOLATIVE	ESOPHAGOSCOPY FLEX BALLOON DILAT	No Auth Required	Endoscopy	PA for Code in Group		
		<30 MM DIAM			Applies to All Codes		
					within Specific Group		
43226	ESOPH ENDOSCOPY DILATION	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE	No Auth Required	Endoscopy	PA for Code in Group		
		DILATION			Applies to All Codes		
					within Specific Group		
43227 E	ESOPHAGOSCOPY CONTROL BLEED	ESOPHAGOSCOPY FLEXIBLE	No Auth Required	Endoscopy	PA for Code in Group		
		W/BLEEDING CONTROL			Applies to All Codes		
					within Specific Group		
43229 E	ESOPHAGOSCOPY LESION ABLATE	ESOPHAGOSCOPY FLEX TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group		
		LESION ABLATION		,	Applies to All Codes		
					within Specific Group		
43231	ESOPHAGOSCOP ULTRASOUND EXAM	ESOPHAGOSCOPY FLEXIBLE TRANSORAL	No Auth Required	Endoscopy	PA for Code in Group		
.0201		ULTRASOUND EXAM		Lindoscopy	Applies to All Codes		
		CETTO ISOCIAL EN INT			within Specific Group		
43232 E	ESOPHAGOSCOPY W/US NEEDLE BX	ESOPHAGOSCOPY INTRA/TRANSMURAL	No Auth Required	Endoscopy	PA for Code in Group		
43232	ESOT HAGOSCOTT W/OS NEEDLE DX	NEEDLE ASPIRAT/BX	No Auth Required	Епаозсору	Applies to All Codes		
		NEEDLE ASFIRAT/BA			within Specific Group		
43233 E	EGD BALLOON DIL ESOPH30 MM/>	EGD ESOPHAGUS BALLOON DILATION	No Auth Required	Fadaaaa	PA for Code in Group		
43233	EGD BALLOON DIL ESOPHSO WIWI/>		No Auth Required	Endoscopy	· ·		
		30 MM OR LARGER			Applies to All Codes		
42225	EGD DIAGNOSTIC BRUSH WASH	ESOPHAGOGASTRODUODENOSCOPY	N. A. Alb D. a. Card	F. d	within Specific Group		
43235 E	EGD DIAGNOSTIC BROSH WASH		No Auth Required	Endoscopy	PA for Code in Group		
		TRANSORAL DIAGNOSTIC			Applies to All Codes		
40006	LIBBR OLGODE WAS INC.	FOODULA CO CA CED CO LA CO			within Specific Group	5 11 01: 1 10 1	
43236	UPPR GI SCOPE W/SUBMUC INJ	ESOPHAGOGASTRODUODENOSCOPY	Authorization Required	Endoscopy	PA for Code in Group	Full Clinical Review	
		SUBMUCOSAL INJECTION			Applies to All Codes		
				<u> </u>	within Specific Group		
43237 E	ENDOSCOPIC US EXAM ESOPH	ESOPHAGOGASTRODUODENOSCOPY US	No Auth Required	Endoscopy	PA for Code in Group		
		SCOPE W/ADJ STRXRS			Applies to All Codes		
				l	within Specific Group		
43238 E	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL US NEEDLE	No Auth Required	Endoscopy	PA for Code in Group		
		ASPIRATE/BIOPSY ESOPHAGS			Applies to All Codes		
					within Specific Group		
43239 E	EGD BIOPSY SINGLE/MULTIPLE	EGD TRANSORAL BIOPSY	No Auth Required	Endoscopy	PA for Code in Group		
		SINGLE/MULTIPLE			Applies to All Codes		
					within Specific Group		
43240 E	EGD W/TRANSMURAL DRAIN CYST	EGD TRANSORAL TRANSMURAL	No Auth Required	Endoscopy	PA for Code in Group		
		DRAINAGE PSEUDOCYST			Applies to All Codes		
					within Specific Group		
43241	EGD TUBE/CATH INSERTION	EGD INTRALUMINAL TUBE/CATHETER	No Auth Required	Endoscopy	PA for Code in Group		
		INSERTION			Applies to All Codes		
					within Specific Group		
43242	EGD US FINE NEEDLE BX/ASPIR	EGD INTRMURAL NEEDLE ASPIR/BIOP	No Auth Required	Endoscopy	PA for Code in Group		
		ALTERED ANATOMY			Applies to All Codes		
					within Specific Group		
43243 E	EGD INJECTION VARICES	EGD INJECTION SCLEROSIS	No Auth Required	Endoscopy	PA for Code in Group		
		ESOPHGL/GASTRIC VARICES			Applies to All Codes		
					within Specific Group		
43244	EGD VARICES LIGATION	EGD BAND LIGATION	No Auth Required	Endoscopy	PA for Code in Group		
		ESOPHGEAL/GASTRIC VARICES			Applies to All Codes		
					within Specific Group		
43245 E	EGD DILATE STRICTURE	EGD DILATION GASTRIC/DUODENAL	No Auth Required	Endoscopy	PA for Code in Group		
		STRICTURE			Applies to All Codes		
					within Specific Group		
43246 E	EGD PLACE GASTROSTOMY TUBE	EGD PERCUTANEOUS PLACEMENT	No Auth Required	Endoscopy	PA for Code in Group		
		GASTROSTOMY TUBE			Applies to All Codes		
		i	1	I	within Specific Group	1	1

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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	No Auth Required	Endoscopy	PA for Code in Group	
		PASSAGE ESOPHAGUS			Applies to All Codes	
					within Specific Group	
43249	ESOPH EGD DILATION <30 MM	EGD BALLOON DILATION ESOPHAGUS	No Auth Required	Endoscopy	PA for Code in Group	
43243	ESOTTI EGD BIETTION 130 WIW	<30 MM DIAM	140 Matil Required	Endoscopy	Applies to All Codes	
		C30 WIWI DIAWI				
40050	FOR CALIFFRANTINA COR DOLLAR	505 5154 55140444 15510445 514407			within Specific Group	
43250	EGD CAUTERY TUMOR POLYP	EGD FLEX REMOVAL LESION(S) BY HOT	No Auth Required	Endoscopy	PA for Code in Group	
		BIOPSY FORCEPS			Applies to All Codes	
					within Specific Group	
43251	EGD REMOVE LESION SNARE	EGD REMOVAL TUMOR POLYP/OTHER	No Auth Required	Endoscopy	PA for Code in Group	
		LESION SNARE TECH			Applies to All Codes	
					within Specific Group	
43252	EGD OPTICAL ENDOMICROSCOPY	EGD FLEX TRANSORAL W/OPTICAL	No Auth Required	Endoscopy	PA for Code in Group	
		ENDOMICROSCOPY		. ,	Applies to All Codes	
		Z. W. S. W. C. W. S.			within Specific Group	
43253	EGD US TRANSMURAL INJXN/MARK	EGD US GUIDED TRANSMURAL	No Auth Required	Endoscopy	PA for Code in Group	
43233	EGD US TRANSIVIORAL INJANJIVIARK		No Autii Kequireu	Endoscopy	· ·	
		INJXN/FIDUCIAL MARKER			Applies to All Codes	
					within Specific Group	
43254	EGD ENDO MUCOSAL RESECTION	EGD TRANSORAL ENDOSCOPIC	No Auth Required	Endoscopy	PA for Code in Group	
		MUCOSAL RESECTION			Applies to All Codes	
					within Specific Group	
43255	EGD CONTROL BLEEDING ANY	EGD TRANSORAL CONTROL BLEEDING	No Auth Required	Endoscopy	PA for Code in Group	
		ANY METHOD	·	.,	Applies to All Codes	
					within Specific Group	
43257	EGD W/THRML TXMNT GERD	EGD DELIVER THERMAL ENERGY	No Auth Required	Surgery of digestive	Within Specific Group	
43237	LOD W/TIRIVIE TAIVIINT GERD	SPHNCTR/CARDIA GERD	No Auth Required			
42250	ECD LIC EVANA DIJODENIJA /JEJUNIJA		No. Acatle Describeral	system	DA for Code in Cooper	
43259	EGD US EXAM DUODENUM/JEJUNUM	EDG US EXAM SURGICAL ALTER STOM	No Auth Required	Endoscopy	PA for Code in Group	
		DUODENUM/JEJUNUM			Applies to All Codes	
					within Specific Group	
43260	ERCP W/SPECIMEN COLLECTION	ERCP DX COLLECTION SPECIMEN	No Auth Required	Endoscopy	PA for Code in Group	
		BRUSHING/WASHING			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	No Auth Required	Endoscopy	PA for Code in Group	
43202	ENDO CHOLANGIOFANCKLATOGRAFII	-	No Auth Required	Lildoscopy	-	
		W/SPHINCTEROTOMY/PAPILLOTOMY			Applies to All Codes	
					within Specific Group	
43263	ERCP SPHINCTER PRESSURE MEAS	ERCP W/PRESSURE MEASUREMENT	No Auth Required	Endoscopy	PA for Code in Group	
		SPHINCTER OF ODDI			Applies to All Codes	
					within Specific Group	
43264	ERCP REMOVE DUCT CALCULI	ERCP REMOVE CALCULI/DEBRIS	No Auth Required	Endoscopy	PA for Code in Group	
		BILIARY/PANCREAS DUCT	•		Applies to All Codes	
		<u> </u>			within Specific Group	
43265	ERCP LITHOTRIPSY CALCULI	ERCP DESTRUCTION/LITHOTRIPSY	No Auth Required	Endoscopy	PA for Code in Group	
43203	End Enform of Calcoli	CALCULI ANY METHOD	140 Addi Nequiled	глиозсору	Applies to All Codes	
		CALCULI AINT IVIL I HUU				
40066	500 510 000000 075117 01 405	500 540 000000 07547 PL ( *** ****			within Specific Group	
43266	EGD ENDOSCOPIC STENT PLACE	EGD ENDOSCOPIC STENT PLACEMENT	No Auth Required	Endoscopy	PA for Code in Group	
		W/WIRE& DILATION			Applies to All Codes	
					within Specific Group	
43270	EGD LESION ABLATION	EGD ABLATE TUMOR POLYP/LESION	No Auth Required	Endoscopy	PA for Code in Group	
		W/DILATION& WIRE			Applies to All Codes	
					within Specific Group	
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43273	ENDOSCOPIC PANCREATOSCOPY	ENDOSCOPIC PAPILLA CANNULATION	No Auth Required	Endoscopy	PA for Code in Group		
		BILE/PANCREATIC			Applies to All Codes		
					within Specific Group		
43274	ERCP DUCT STENT PLACEMENT	ERCP STENT PLACEMENT	No Auth Required	Endoscopy	PA for Code in Group		
		BILIARY/PANCREATIC DUCT			Applies to All Codes		
		,			within Specific Group		
43275	ERCP REMOVE FORGN BODY DUCT	ERCP REMOVE FOREIGN BODY/STENT	No Auth Required	Endoscopy	PA for Code in Group		
10275	End. NEMOVE FORCET BOB! BOO!	BILIARY/PANC DUCT	no matime qui eu	2аозоору	Applies to All Codes		
		Bieli/Mily17Mile Boel			within Specific Group		
43276	ERCP STENT EXCHANGE W/DILATE	ERCP BILIARY/PANC DUCT STENT	No Auth Required	Endoscopy	PA for Code in Group		
43270	ERCP STEINT EXCHAINGE W/DILATE	The state of the s	No Auth Required	Elluoscopy			
		EXCHANGE W/DIL&WIRE			Applies to All Codes		
					within Specific Group		
43277	ERCP EA DUCT/AMPULLA DILATE	ERCP BALLOON DILATE BILIARY/PANC	No Auth Required	Endoscopy	PA for Code in Group		
		DUCT/AMPULLA EA			Applies to All Codes		
					within Specific Group		
43278	ERCP LESION ABLATE W/DILATE	ERCP TUMOR/POLYP/LESION ABLATION	No Auth Required	Endoscopy	PA for Code in Group		
		W/DILATION&WIRE			Applies to All Codes		
					within Specific Group		
43279	LAP MYOTOMY HELLER	LAPS ESOPHAGOMYOTOMY	No Auth Required	Surgery of digestive			
		W/FUNDOPLASTY IF PERFORMED	1	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	Authorization Required	Surgery of digestive		Network Validation	
43201	LAI TAKAESOTTIAG TIEKK KETAIK	FUNDPLSTY W/O MESH	Authorization Required	system		Network validation	
43282	LAP PARAESOPH HER RPR W/MESH	LAPS RPR PARAESPHGL HRNA INCL	No Auth Required	Surgery of digestive			
43202	LAP PARAESOPH HER RPR W/IVIESH		No Auth Required				
42202	LAD ECODILLENCTUENING	FUNDPLSTY W/MESH	No. Acade Described	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	Authorization Required	Surgery of digestive		Full Clinical Review	
		DEV CRRPL		system			
43285	RMVL ESOPHGL SPHNCTR DEV	REMOVAL ESOPHAGEAL SPHINCTER	Authorization Required	Surgery of digestive		Full Clinical Review	
		AGMNTJ DEVICE		system			
43286	ESPHG TOT W/LAPS MOBLJ	ESOPHAGECTOMY TOTAL NEAR TOTAL	No Auth Required	Surgery of digestive			
		W/LAPS MOBLJ		system			
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	ESOPHAGECTOMY DISTAL 2/3	No Auth Required	Surgery of digestive			
		W/LAPAROSCOPIC MOBLJ		system			
43288	ESPHG THRSC MOBLJ	ESOPHAGECTOMY TOTAL NEAR TOTAL	No Auth Required	Surgery of digestive			
		W/THRSC MOBLI		system			
43289	LAPAROSCOPE PROC ESOPH	UNLISTED LAPAROSCOPIC PROCEDURE	Authorization Required	Surgery of digestive		Full Clinical Review	
10205	2 11 11 10 20 12 11 11 00 20 01 11	ESOPHAGUS	rationization required	system		· un conneur neview	
43300	REPAIR OF ESOPHAGUS	ESPHGP CRV APPR W/O RPR	No Auth Required	Surgery of digestive			
43300	REPAIR OF ESOPHAGOS	· ·	No Auth Required				
42205	DEDAID ECODIA CHE AND EIGTHIA	TRACHEOESOPHGL FSTL	No. Austle Describer d	system			
43305	REPAIR ESOPHAGUS AND FISTULA	ESPHGP CRV APPR W/RPR	No Auth Required	Surgery of digestive			
		TRACHEOESOPHGL FSTL		system	1		+
43310	REPAIR OF ESOPHAGUS	ESPHGP THRC APPR W/O RPR	No Auth Required	Surgery of digestive			
		TRACHEOESOPHGL FSTL		system			
43312	REPAIR ESOPHAGUS AND FISTULA	ESPHGP THRC APPR W/RPR	No Auth Required	Surgery of digestive			
		TRACHEOESOPHGL FSTL	ļ	system			
43313	ESOPHAGOPLASTY CONGENITAL	ESPHGP CGEN DFCT THRC APPR W/O	No Auth Required	Surgery of digestive			
		RPR FSTL		system			
43314	TRACHEO-ESOPHAGOPLASTY CONG	ESPHGP CGEN DFCT THRC APPR W/RPR	No Auth Required	Surgery of digestive			
		FSTL		system			
43320	FUSE ESOPHAGUS & STOMACH	EGST W/WO	No Auth Required	Surgery of digestive			
		VAGOTOMY&PYLOROPLASTY		system			
		TABDL/TTHRC AP	1	1			
43325	REVISE ESOPHAGUS & STOMACH	ESOPG/GSTR FUNDOPLASTY W/FUNDIC	No Auth Required	Surgery of digestive	+		+
73323	THE VISE ESOI FIAGOS & STOWACT	PATCH PATCH	no Auth Required	system			
	1	ILAICU	I.	payatem	l	ı	

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		Surgery of digestive system		
43420	REPAIR ESOPHAGUS OPENING	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	·	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	No Auth Required	Surgery of digestive system		
		REMOVAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	No Auth Required	Surgery of digestive		
43757	DX DUOD INTUB W/ASP SPECS	SINGLE SPECIMEN  DUODENAL INTUBAT W/IMAG GUIDED	No Auth Required	Surgery of digestive		
43761	REPOSITION GASTROSTOMY TUBE	MULTIPLE SPECIMEN REPOS NASO/ORO GASTRIC FEEDING	No Auth Required	Surgery of digestive		
43762	RPLC GTUBE NO REVJ TRC	TUBE THRU DUO PERQ REPLACEMENT GTUBE NOT REQ	No Auth Required	system Surgery of digestive		
		REVJ GSTRST TRC		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	v
43771	LAP REVISE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43772	LAP RMVL GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Authorization Required	Bariatric Surgery	Full Clinical Review	V
43773	LAP REPLACE GASTR ADJ DEVICE	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43774	LAP RMVL GASTR ADJ ALL PARTS	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43775	LAP SLEEVE GASTRECTOMY	LAPS GSTRC RSTRICTIV PX	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43800	RECONSTRUCTION OF PYLORUS	LONGITUDINAL GASTRECTOMY PYLOROPLASTY	No Auth Required	Surgery of digestive		
43810	FUSION OF STOMACH AND BOWEL	GASTRODUODENOSTOMY	No Auth Required	Surgery of digestive		
43820	FUSION OF STOMACH AND BOWEL	GASTROJEJUNOSTOMY W/O	No Auth Required	Surgery of digestive		
		VAGOTOMY		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	V
43843	GASTROPLASTY W/O V-BAND	GSTR RSTCV W/O BYP OTH/THN VER- BANDED GSTP	Authorization Required	Bariatric Surgery	Full Clinical Review	V
43845	GASTROPLASTY DUODENAL SWITCH	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43846	GASTRIC BYPASS FOR OBESITY	GASTRIC RSTCV W/BYP W/SHORT LIMB	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43847	GASTRIC BYPASS INCL SMALL I	150 CM/<  GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43848	REVISION GASTROPLASTY	REVISION OPEN GASTRIC RESTRICTIVE	Authorization Required	Bariatric Surgery	Full Clinical Review	v
43850	REVISE STOMACH-BOWEL FUSION	PX NOT DEVICE  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	 	

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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	Authorization Required	Transplants and	Full Clinical Review	
		DONOR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
44133	ENTERECTOMY LIVE DONOR	DONOR ENTERECTOMY OPEN LIVING	Authorization Required	Transplants and	Full Clinical Review	
		DONOR		transplant related		
				services (including pre		
				and post transplant		
				testing)		
44135	INTESTINE TRANSPLNT CADAVER	INTESTINAL ALLOTRANSPLANTATION	No Auth Required	Surgery of digestive		
		CADAVER DONOR		system		
44136	INTESTINE TRANSPLANT LIVE	INTESTINAL ALLOTRANSPLANTATION	No Auth Required	Surgery of digestive		
		LIVING DONOR		system		
44137	REMOVE INTESTINAL ALLOGRAFT	RMVL TRNSPLED INTESTINAL	Authorization Required	Transplants and	Full Clinical Review	
		ALLOGRAFT COMPL		transplant related		
				services (including pre		
				and post transplant		
				testing)		
44139	MOBILIZATION OF COLON	MOBLI SPLENIC FLXR PFRMD	No Auth Required	Surgery of digestive		
		CONJUNCT W/PRTL COLCT		system		
44140	PARTIAL REMOVAL OF COLON	COLECTOMY PARTIAL W/ANASTOMOSIS	No Auth Required	Surgery of digestive		
	212711 25140111 25 20101	00150701010100711111/01/0111151/51		system		
44141	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL W/SKIN LEVEL	No Auth Required	Surgery of digestive		
44442	DARTIAL REMOVAL OF COLON	CECOST/COLOSTOMY	N. A. All Demoised	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 &	No Auth Poquired	Surgery of digestive		
44144	TAKTIAL KLIVIOVAL OF COLON	MUCOFISTULA	No Auth Required	system		
44145	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL	No Auth Required	Surgery of digestive		
		W/COLOPROCTOSTOMY		system		
44146	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL	No Auth Required	Surgery of digestive		
-		W/COLOPROCTOSTOMY & COLOSTOMY		system		
				'		
44147	PARTIAL REMOVAL OF COLON	COLECTOMY PRTL ABDOMINAL &	No Auth Required	Surgery of digestive		
		TRANSANAL APPROACH		system		
44150	REMOVAL OF COLON	COLCT TOT ABDL W/O PRCTECT	No Auth Required	Surgery of digestive		
		W/ILEOST/ILEOPXTS		system		
44151	REMOVAL OF COLON/ILEOSTOMY	COLCT TOT ABDL W/O PRCTECT	No Auth Required	Surgery of digestive		
		W/CONTINENT ILEOST		system		
44155	REMOVAL OF COLON/ILEOSTOMY	COLECTOMY TOT ABDL	No Auth Required	Surgery of digestive		
		W/PROCTECTOMY W/ILEOSTOMY		system		
44156	REMOVAL OF COLON/ILEOSTOMY	COLECTOMY TOT ABDL	No Auth Required	Surgery of digestive		
		W/PROCTECTOMY W/CONTNT ILEOST		system		
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44157	COLECTOMY W/ILEOANAL ANAST	COLECTOMY TOT ABD	No Auth Required	Surgery of digestive		
44450	COLECTOMY IN /NICO DECTLINA DOLLOLI	W/PROCTECTOMY ILEOANAL ANAST	No Auth Decition	system		
44158	COLECTOMY W/NEO-RECTUM POUCH	COLCT TTL ABD W/PRCTECT ILEOANAL	No Auth Required	Surgery of digestive		
44160	REMOVAL OF COLON	ANAST & RSVR	No Auth Poguired	system Surgery of digostive		
44160	NEIVIOVAL OF COLOIN	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	No Auth Required	Surgery of digestive system		
44180	LAP ENTEROLYSIS	LAPAROSCOPY ENTEROLYSIS SEPARATE	No Auth Required	Surgery of digestive		
44100	LAI LIVIEROLISIS	PROCEDURE	No Auth Nequileu	system		
44186	LAP JEJUNOSTOMY	LAPAROSCOPY SURGICAL	No Auth Required	Surgery of digestive		
77100	2	JEJUNOSTOMY	Maar nequireu	system		
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44187	LAP ILEO/JEJUNO-STOMY	LAPAROSCOPY SURG	No Auth Required	Surgery of digestive			
		ILEOSTOMY/JEJUNOSTOMY NON-TUBE		system			
44188	LAP COLOSTOMY	LAPAROSCOPY SURG COLOSTOMY/SKN	No Auth Required	Surgery of digestive			
		LVL CECOSTOMY		system			
44202	LAP ENTERECTOMY	LAPS ENTERECT RESCJ 1 SMALL INTEST	No Auth Required	Surgery of digestive			
		RESCJ & ANA	i i	system			
44203	LAP RESECT S/INTESTINE ADDL	LAPAROSCOPY SMALL INTESTINE RESCJ	No Auth Required	Surgery of digestive			
	,	& ANASTOMOSIS		system			
44204	LAPARO PARTIAL COLECTOMY	LAPAROSCOPY COLECTOMY PARTIAL	No Auth Required	Surgery of digestive			
44204	Burnio Printine Colection	W/ANASTOMOSIS	110 Mati Negalica	system			
44205	LAP COLECTOMY PART W/ILEUM	LAPS COLECTOMY PRTL W/RMVL	No Auth Required	Surgery of digestive			
44203	LAI COLLETOWITTAKT WYILLOW	TERMINAL ILEUM	No Addi Negalied				
44206	LAP PART COLECTOMY W/STOMA		No Auth Doguined	system			
44206	LAP PART COLECTOINT W/STOINA	LAPS COLECTOMY PRTL W/END CLST &	No Auth Required	Surgery of digestive			
		CLSR DSTL SGM		system			
44207	L COLECTOMY/COLOPROCTOSTOMY	LAPS COLECTOMY PRTL	Authorization Required	Surgery of digestive		Network Validation	
		W/COLOPXTSTMY LW ANAST		system			
44208	L COLECTOMY/COLOPROCTOSTOMY	LAPS COLECTMY PRTL	No Auth Required	Surgery of digestive			
		W/COLOPXTSTMY LW ANAST W/CLST		system			
44210	LAPARO TOTAL PROCTOCOLECTOMY	LAPS COLECTOMY TOT W/O PRCTECT	No Auth Required	Surgery of digestive			
		W/ILEOST/ILEOPXTS		system			
44211	LAP COLECTOMY W/PROCTECTOMY	LAPS COLCT TTL ABD W/PRCTECT	No Auth Required	Surgery of digestive			
		ILEOANAL ANASTOMSIS		system			
44212	LAPARO TOTAL PROCTOCOLECTOMY	LAPS COLECTOMY ABDL	No Auth Required	Surgery of digestive			
		W/PROCTECTOMY W/ILEOSTOMY		system			
44213	LAP MOBIL SPLENIC FL ADD-ON	LAPS MOBLI SPLENIC FLXR PFRMD	No Auth Required	Surgery of digestive			
		W/PRTL COLECTOMY		system			
44227	LAP CLOSE ENTEROSTOMY	LAPS CLSR NTRSTM LG/SM INT W/RESCJ	No Auth Required	Surgery of digestive			
		& ANASTOMOSIS		system			
44238	LAPAROSCOPE PROC INTESTINE	UNLISTED LAPAROSCOPY PX INTESTINE	Authorization Required	Surgery of digestive		Full Clinical Review	
		XCP RECTUM		system			
44300	OPEN BOWEL TO SKIN	PLACEMENT	No Auth Required	Surgery of digestive			
		ENTEROSTOMY/CECOSTOMY TUBE	·	system			
		OPEN		'			
44310	ILEOSTOMY/JEJUNOSTOMY	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	No Auth Required	Surgery of digestive			
				system			
44312	REVISION OF ILEOSTOMY	REVJ ILEOSTOMY SIMPLE RLS	No Auth Required	Surgery of digestive			
		SUPERFICIAL SCAR SPX		system			
44314	REVISION OF ILEOSTOMY	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-	No Auth Required	Surgery of digestive			
44314	THE VISION OF TEEOSTOWN	DEPTH SPX	110 Mati Negalica	system			
44316	DEVISE BOWEL POUCH	CONTINENT ILEOSTOMY KOCK	No Auth Required	Surgery of digestive			
44310	DEVISE BOWLET ODGIT	PROCEDURE SPX	No Addi Negalied	system			
44320	COLOSTOMY		No Auth Doguined	<u> </u>			
44320	COLOSTOWIY	COLOSTOMY/SKIN LEVEL CECOSTOMY	No Auth Required	Surgery of digestive			
44222	COLOCTOR MY MUTTLE BLODGIES	COLOCTOR BY /CVALLY // CECOCTOR BY	No. Austle Describer d	system			
44322	COLOSTOMY WITH BIOPSIES	COLOSTOMY/SKN LVL CECOSTOMY	No Auth Required	Surgery of digestive			
44246	DEVICION OF COLOCTOMY	W/MULT BXS SPX	No Avalle De avalue d	system	1		
44340	REVISION OF COLOSTOMY	REVJ COLOSTOMY SMPL RLS SUPFC	No Auth Required	Surgery of digestive	1		
		SCAR SPX		system	1		
44345	REVISION OF COLOSTOMY	REVJ COLOSTOMY COMP RCNSTJ IN-	No Auth Required	Surgery of digestive	1		
		DEPTH SPX	<u> </u>	system			
44346	REVISION OF COLOSTOMY	REVJ COLOSTOMY W/RPR PARACLST	No Auth Required	Surgery of digestive	1		
		HERNIA SPX		system			
44360	SMALL BOWEL ENDOSCOPY	ENDOSCOPY UPPER SMALL INTESTINE	No Auth Required	Surgery of digestive	1		
				system			
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	ENDOSCOPY UPPER SMALL INTESTINE	No Auth Required	Surgery of digestive	1		
		W/BIOPSY		system			
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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			
44376	SMALL BOWEL ENDOSCOPY	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLI SPEC SPX	No Auth Required	Surgery of digestive			
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive			
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/COLLI 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 COLLI 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	No Auth Required	Colonoscopy	PA for Code in Group		
		STENT PLCMT			Applies to All Codes		
					within Specific Group		
44403	COLONOSCOPY W/RESECTION	COLONOSCOPY STOMA W/ENDOSCOPIO	No Auth Required	Colonoscopy	PA for Code in Group		
44403	COLONOSCOI I W/RESECTION	MUCOSAL RESCJ	140 Matil Regalica	сыспозсору	Applies to All Codes		
		IVIOCOSAL RESCI					
				<del></del>	within Specific Group		
44404	COLONOSCOPY W/INJECTION	COLONOSCOPY STOMA	No Auth Required	Colonoscopy	PA for Code in Group		
		W/SUBMUCOSAL INJECTION			Applies to All Codes		
					within Specific Group		
44405	COLONOSCOPY W/DILATION	COLONOSCOPY STOMA W/BALLOON	No Auth Required	Colonoscopy	PA for Code in Group		
		DILATION			Applies to All Codes		
					within Specific Group		
44406	COLONOSCOPY W/ULTRASOUND	COLONOSCOPY STOMA W/ENDOSCOPIO	No Auth Required	Colonoscopy	PA for Code in Group		
44400	COLONOSCOI I W/ OLINISCOND	ULTRASOUND EXAM	140 Matil Regalica	сыспозсору	Applies to All Codes		
		OLINASOUND EXAM					
44407	COLONOS CORRESPONDENTAL A CRUP (RV	001 0110000000 070144 114/115 010 1101			within Specific Group		
44407	COLONOSCOPY W/NDL ASPIR/BX	COLONOSCOPY STOMA W/US GID NDL	No Auth Required	Colonoscopy	PA for Code in Group		
		ASPIR/BX			Applies to All Codes		
					within Specific Group		
44408	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY THROUGH STOMA WITH	No Auth Required	Colonoscopy	PA for Code in Group		
		DECOMPRESSION			Applies to All Codes		
					within Specific Group		
44500	INTRO GASTROINTESTINAL TUBE	INTRODUCTION LONG GI TUBE	No Auth Required	Surgery of digestive			
44300	INTINO GASTROINTESTINALE TOBE	SEPARATE PROCEDURE	140 Matil Required	system			
44602	SUTURE SMALL INTESTINE		No Auth Doguinad		+		
44602	SUTURE SIVIALL INTESTINE	ENTERORRHAPHY SINGLE	No Auth Required	Surgery of digestive			
		PERFORATION		system			
44603	SUTURE SMALL INTESTINE	ENTERORRHAPHY MULTIPLE	No Auth Required	Surgery of digestive			
		PERFORATIONS		system			
44604	SUTURE LARGE INTESTINE	SUTR LG INTESTINE 1/MULT PERFORAT	No Auth Required	Surgery of digestive			
		W/O COLOSTOMY		system			
44605	REPAIR OF BOWEL LESION	SUTR LG INTESTINE 1/MULT PERFORAT	No Auth Required	Surgery of digestive			
		W/COLOSTOMY		system			
44615	INTESTINAL STRICTUROPLASTY	INTSTINAL STRICTUROPLASTY W/WO	No Auth Required	Surgery of digestive			
44013	INVESTIVAL STRICTOROL EAST	DILAT OBSTRCJ	No Auth Required	system			
44620	DEDAID DOWEL OPENING		No. Acatle Describeral		-		
44620	REPAIR BOWEL OPENING	CLOSURE ENTEROSTOMY LG/SMALL	No Auth Required	Surgery of digestive			
		INTESTINE		system			
44625	REPAIR BOWEL OPENING	CLSR NTRSTM LG/SM RESCJ & ANAST	No Auth Required	Surgery of digestive			
		OTH/THN CLRCT		system			
44626	REPAIR BOWEL OPENING	CLSR NTRSTM LG/SM RESCJ &	No Auth Required	Surgery of digestive			
		COLORECTAL ANASTOMOSIS		system			
44640	REPAIR BOWEL-SKIN FISTULA	CLOSURE INTESTINAL CUTANEOUS	No Auth Required	Surgery of digestive			
		FISTULA		system			
44650	REPAIR BOWEL FISTULA	CLSR ENTEROENTERIC/ENTEROCOLIC	No Auth Required	Surgery of digestive			
44030	REPAIR BOWEL FISTOLA	·	No Autii Kequireu				
		FSTL		system	+		+
44660	REPAIR BOWEL-BLADDER FISTULA	CLSR ENTEROVES FSTL W/O	No Auth Required	Surgery of digestive			
		INTSTINAL/BLADDER RESCJ		system			
44661	REPAIR BOWEL-BLADDER FISTULA	CLSR ENTEROVES FSTL	No Auth Required	Surgery of digestive			
		W/INTESTINE&/BLADDER RESCJ		system			
44680	SURGICAL REVISION INTESTINE	INTESTINAL PLICATION SEPARATE	No Auth Required	Surgery of digestive			
		PROCEDURE		system			
44700	SUSPEND BOWEL W/PROSTHESIS	EXCLUSION SM INT FROM PELVIS	No Auth Required	Surgery of digestive	+	1	
77700	JOST END DOWLE W/FROSTILESIS		Auth Nequireu				
44704	INITERACE COLONI LAVIACE ADD CAL	MESH/PROSTH/TISS	No Auth Description	system	+	+	
44701	INTRAOP COLON LAVAGE ADD-ON	INTRAOPERATIVE COLONIC LAVAGE	No Auth Required	Surgery of digestive			
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44705	PREPARE FECAL MICROBIOTA	PREPARE FECAL MICROBIOTA FOR	No Auth Required	Surgery of digestive			
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### MADOW RECTUM WINSPARCH   MICHAEL FAMIL WASNE   MAJAR Required   Surgery of rigestone	45116	PARTIAL REMOVAL OF RECTUM	PRCTECT PRTL W/ANAST TRANSSAC	No Auth Required	Surgery of digestive	
WARTERIA   WARTERIA   PRECISE COMP WARTER						
## MATCH CONTROL   PRECEDUM   PRECEDIO COUNTY	45119	REMOVE RECTUM W/RESERVOIR		No Auth Required		
ANASTOMOSS   PRICE COMM WYSTOLYTOT COLCT   No. Auth Required   Suggery of digestive   Sug	45120	REMOVAL OF RECTUM		No Auth Required		
MARTINE DISCRECTION	43120	REMOVAL OF RECTOM		No Auti Required		
MARTINE DISCRECTION	45121	REMOVAL OF RECTUM AND COLON	PRCTECT COMPL W/STOT/TOT COLCT	No Auth Required	Surgery of digestive	
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PROPRIA   System			TRANSSAC/TRANSCOCCYGEAL			
Surgery of digestive	45171	EXC RECT TUM TRANSANAL PART	EXC RCT TUM NOT INCL MUSCULARIS	No Auth Required	Surgery of digestive	
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SNARE TQ system  45315 PROCTOSIGMOIDOSCOPY REMOVAL PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE System  45317 PROCTOSIGMOIDOSCOPY BLEED PROCTOSGMDSC RIGID CONTROL BLEEDING Surgery of digestive system  45320 PROCTOSIGMOIDOSCOPY ABLATE PROCTOSGMDSC RIGID ABLATION No Auth Required Surgery of digestive system  45321 PROCTOSIGMOIDOSCOPY VOLVUL PROCTOSGMDSC RIGID DCMPRN VOLVULUS System  45322 PROCTOSIGMOIDOSCOPY W/STENT PROCTOSGMDSC RIGID TNDSC STENT PLMT  45330 DIAGNOSTIC SIGMOIDOSCOPY SIGMOIDOSCOPY SIGMOIDOSCOPY FLX DX W/COLLI SPEC BR/WA IF PFRMD  45331 SIGMOIDOSCOPY AND BIOPSY SIGMOIDOSCOPY FLX W/BIOPSY No Auth Required Surgery of digestive system  45331 SIGMOIDOSCOPY AND BIOPSY  SIGMOIDOSCOPY FLX DX W/COLLI SPEC System  45331 SIGMOIDOSCOPY AND BIOPSY  SIGMOIDOSCOPY FLX W/BIOPSY  No Auth Required Surgery of digestive system  45332 Surgery of digestive System  45333 SIGMOIDOSCOPY AND BIOPSY  SIGMOIDOSCOPY FLX W/BIOPSY  No Auth Required Surgery of digestive System  45331 Surgery of digestive System  45331 SIGMOIDOSCOPY AND BIOPSY  SIGMOIDOSCOPY FLX W/BIOPSY  No Auth Required Surgery of digestive System  45331 Surgery of digestive Surgery of digestive System  45331 Surgery of digestive Surgery of digestive System	45200	DDOCTOCIONACIDOCCODY DENACYA:		No Audo Domino		
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TUMOR CAUTERY/SNARE  45317 PROCTOSIGMOIDOSCOPY BLEED  PROCTOSGMDSC RIGID CONTROL BLEEDING  PROCTOSGMOIDOSCOPY ABLATE  PROCTOSGMOSC RIGID ABLATION LESION  PROCTOSIGMOIDOSCOPY VOLVUL  PROCTOSGMDSC RIGID DCMPRN VOLVULUS  PROCTOSIGMOIDOSCOPY W/STENT PROCTOSGMOSC RIGID TNDSC STENT PLMT  PROCTOSGMOSC RIGID TNDSC STENT PLMT  PROCTOSGMOIDOSCOPY SIGMOIDOSCOPY	/521E	PROCTOSIGMOIDOSCODY PEMOVAL		No Auth Required		
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45327 PROCTOSIGMOIDOSCOPY W/STENT PROCTOSGMDSC RIGID TNDSC STENT PLMT System  45330 DIAGNOSTIC SIGMOIDOSCOPY SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD System  45331 SIGMOIDOSCOPY AND BIOPSY SIGMOIDOSCOPY FLX W/BIOPSY No Auth Required Surgery of digestive System						
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BR/WA IF PFRMD system  45331 SIGMOIDOSCOPY AND BIOPSY SIGMOIDOSCOPY FLX W/BIOPSY No Auth Required Surgery of digestive		,				
BR/WA IF PFRMD system  45331 SIGMOIDOSCOPY AND BIOPSY SIGMOIDOSCOPY FLX W/BIOPSY No Auth Required Surgery of digestive	45330	DIAGNOSTIC SIGMOIDOSCOPY	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC	No Auth Required	Surgery of digestive	
			BR/WA IF PFRMD			
SINGLE/MULTIPLE system	45331	SIGMOIDOSCOPY AND BIOPSY	SIGMOIDOSCOPY FLX W/BIOPSY	No Auth Required	Surgery of digestive	
			SINGLE/MULTIPLE		system	

		1		1			
45332	SIGMOIDOSCOPY W/FB REMOVAL	SIGMOIDOSCOPY FLX W/RMVL	No Auth Required	Surgery of digestive			
		FOREIGN BODY		system			
45333	SIGMOIDOSCOPY & POLYPECTOMY	SIGMOIDOSCOPY FLX W/RMVL TUMOR	No Auth Required	Surgery of digestive			
		BY HOT BX FORCEPS		system			
45334	SIGMOIDOSCOPY FOR BLEEDING	SIGMOIDOSCOPY FLX CONTROL	No Auth Required	Surgery of digestive			
		BLEEDING		system			
45335	SIGMOIDOSCOPY W/SUBMUC INJ	SGMDSC FLX DIRED SBMCSL NJX ANY	No Auth Required	Surgery of digestive			
		SBST		system			
45337	SIGMOIDOSCOPY & DECOMPRESS	SGMDSC FLX W/DCMPRN W/PLMT	No Auth Required	Surgery of digestive			
		DCMPRN TUBE		system			
45338	SIGMOIDOSCOPY W/TUMR REMOVE	SGMDSC FLX RMVL TUM POLYP/OTH	No Auth Required	Surgery of digestive			
		LES SNARE TQ		system			
45340	SIG W/TNDSC BALLOON DILATION	SIGMOIDOSCOPY FLX TNDSC BALO	No Auth Required	Surgery of digestive			
		DILAT		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	No Auth Required	Surgery of digestive			
		NDL ASPIR/BX		system			
45346	SIGMOIDOSCOPY W/ABLATION	SIGMOIDOSCOPY FLX ABLATION	No Auth Required	Surgery of digestive			
		TUMOR POLYP/OTH LES		system			
45347	SIGMOIDOSCOPY W/PLCMT STENT	SIGMOIDOSCOPY FLX PLACEMENT OF	No Auth Required	Surgery of digestive			
		ENDOSCOPIC STENT		system			
45349	SIGMOIDOSCOPY W/RESECTION	SGMDSC FLX WITH ENDOSCOPIC	No Auth Required	Surgery of digestive			
		MUCOSAL RESECTION		system			
45350	SGMDSC W/BAND LIGATION	SIGMOIDOSCOPY FLX WITH WITH BAND	No Auth Required	Surgery of digestive			
		LIGATION(S)		system			
45378	DIAGNOSTIC COLONOSCOPY	COLONOSCOPY FLX DX W/COLLJ SPEC	No Auth Required	Colonoscopy	PA for Code in Group		
		WHEN PFRMD			Applies to All Codes		
					within Specific Group		
45379	COLONOSCOPY W/FB REMOVAL	COLONOSCOPY FLX W/REMOVAL OF	No Auth Required	Colonoscopy	PA for Code in Group		
	·	FOREIGN BODY(S)	,		Applies to All Codes		
					within Specific Group		
45380	COLONOSCOPY AND BIOPSY	COLONOSCOPY W/BIOPSY	No Auth Required	Colonoscopy	PA for Code in Group		
		SINGLE/MULTIPLE			Applies to All Codes		
		,			within Specific Group		
45381	COLONOSCOPY SUBMUCOUS NJX	COLSC FLX WITH DIRECTED	No Auth Required	Colonoscopy	PA for Code in Group		
		SUBMUCOSAL NJX ANY SBST	· ·	.,	Applies to All Codes		
					within Specific Group		
45382	COLONOSCOPY W/CONTROL BLEED	COLSC FLEXIBLE W/CONTROL BLEEDING	No Auth Required	Colonoscopy	PA for Code in Group		
	,	ANY METHOD		,	Applies to All Codes		
					within Specific Group		
45384	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/REMOVAL LESION BY HOT	No Auth Required	Colonoscopy	PA for Code in Group		
.550 .	oo zon oo oo na na zon oo na zon oo zon oo zon oo zon oo zon oo zon oo	BX FORCEPS	no macin nequired	Солоновсору	Applies to All Codes		
		5X1 511521 5			within Specific Group		
45385	COLONOSCOPY W/LESION REMOVAL	COLSC FLX W/RMVL OF TUMOR POLYP	No Auth Required	Colonoscopy	PA for Code in Group		
45505	COLONOSCOI I WY EESION REINIOWAE	LESION SNARE TQ	No Addi Required	союнозсору	Applies to All Codes		
		EESIGIT SITTING TO			within Specific Group		
45386	COLONOSCOPY W/BALLOON DILAT	COLSC FLEXIBLE W/TRANSENDOSCOPIC	No Auth Required	Colonoscopy	PA for Code in Group		
45500	COLONOSCOI I WYDALLOON DILAI	BALLOON DILAT	140 Addi Required	Солонозсору	Applies to All Codes		
		BALLOON DILAT			within Specific Group		
45388	COLONOSCOPY W/ABLATION	COLONOSCOPY FLX ABLATION TUMOR	No Auth Required	Colonoscopy	PA for Code in Group		
43300	COLONOSCOFT W/ABLATION	POLYP/OTHER LES	No Auth Required	союновсору	Applies to All Codes		
		FOLIF/OTHER LES					
45200	COLONOSCOPY W/STENT PLCMT	COLONOSCODY ELY MITH ENDOSCODIO	No Auth Boardan	Colonosco	within Specific Group		
45389	COLONOSCOPT W/STENT PLCIVIT	COLONOSCOPY FLX WITH ENDOSCOPIC	ivo Autri kequirea	Colonoscopy	PA for Code in Group		
		STENT PLACEMENT			Applies to All Codes		
		1	İ	I	within Specific Group	l	

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45390	COLONOSCOPY W/RESECTION	COLONOSCOPY FLX W/ENDOSCOPIC	No Auth Required	Colonoscopy	PA for Code in Group		
		MUCOSAL RESECTION			Applies to All Codes		
					within Specific Group		
45391	COLONOSCOPY W/ENDOSCOPE US	COLSC FLX W/NDSC US XM RCTM ET AL	No Auth Required	Colonoscopy	PA for Code in Group		
	,	LMTD&ADJ STRUX	·	.,	Applies to All Codes		
		Emily and Strick			within Specific Group		
45392	COLONOSCOPY W/ENDOSCOPIC FNB	COLSC FLX W/US GUID NDL ASPIR/BX	No Auth Required	Colonoscopy	PA for Code in Group		
45392	COLONOSCOPY W/ENDOSCOPIC FNB		No Auth Required	Colonoscopy	·		
		W/US RCTM ET AL			Applies to All Codes		
					within Specific Group		
45393	COLONOSCOPY W/DECOMPRESSION	COLONOSCOPY FLEXIBLE WITH	No Auth Required	Colonoscopy	PA for Code in Group		
		DECOMPRESSION			Applies to All Codes		
					within Specific Group		
45395	LAP REMOVAL OF RECTUM	LAPS PROCTECTOMY	No Auth Required	Surgery of digestive			
.5555	E II NEINOVIE OF REGION	ABDOMINOPERINEAL W/COLOSTOMY	rio ria il ricquirea	system			
		ABDOMINOFERINLAL W/COLOSTOWN		System			
45007				6 6 11 11	-		
45397	LAP REMOVE RECTUM W/POUCH	LAPS PROCTECTOMY COMBINED PULL-	No Auth Required	Surgery of digestive			
		THRU W/RESERVOIR		system			
45398	COLONOSCOPY W/BAND LIGATION	COLONOSCOPY FLEXIBLE WITH BAND	No Auth Required	Colonoscopy	PA for Code in Group		
		LIGATION(S)			Applies to All Codes		
					within Specific Group		
45399	UNLISTED PROCEDURE COLON	UNLISTED PROCEDURE COLON	Authorization Required	Surgery of digestive		Full Clinical Review	
43333	ONLISTED I NOCEDONE COLON	ONLISTED I NOCEDONE COLON	Authorization Required	system		Tall Cliffical Neview	
45 400	LABABOSCODIS DDOS	LABAROSCORVERROCTOREVVERROLARSE	No. Acade Describer d	· ·			
45400	LAPAROSCOPIC PROC	LAPAROSCOPY PROCTOPEXY PROLAPSE	No Auth Required	Surgery of digestive			
				system			
45402	LAP PROCTOPEXY W/SIG RESECT	LAPAROSCOPY PROCTOPEXY PROLAPSE	No Auth Required	Surgery of digestive			
		SIGMOID RESCJ		system			
45499	LAPAROSCOPE PROC RECTUM	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of digestive		Full Clinical Review	
		RECTUM		system			
45500	REPAIR OF RECTUM	PROCTOPLASTY STENOSIS	No Auth Required	Surgery of digestive			
				system			
45505	REPAIR OF RECTUM	PROCTOPLASTY PROLAPSE MUCOUS	No Auth Required	Surgery of digestive	<u> </u>		
45505	REPAIR OF RECTOW		No Auth Required				
		MEMBRANE		system	_		<del> </del>
45520	TREATMENT OF RECTAL PROLAPSE	PERIRECTAL INJ SCLEROSING SOLUTION	No Auth Required	Surgery of digestive			
		PROLAPSE		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 RESCI ABDL	No Auth Required	Surgery of digestive			
.5550	THE THIN THE OTHER THE THE OTHER THE	APPR	rio ria il ricquirea	system			
45560	DEDAID OF DECTOCELE		No. Acade Describer d	· ·			
45560	REPAIR OF RECTOCELE	REPAIR RECTOCELE SEPARATE	No Auth Required	Surgery of digestive			
		PROCEDURE		system			
45562	EXPLORATION/REPAIR OF RECTUM	EXPL RPR & PRESACRAL DRG RECTAL	No Auth Required	Surgery of digestive			
		INJURY		system			
45563	EXPLORATION/REPAIR OF RECTUM	EXPL RPR & PRESACRAL DRG RECTAL INJ	No Auth Required	Surgery of digestive			
	•	W/COLOSTOMY		system			
45800	REPAIR RECT/BLADDER FISTULA	CLOSURE RECTOVESICAL FISTULA	No Auth Required	Surgery of digestive			
.5555		222312120101201012101010		system			
45805	REPAIR FISTULA W/COLOSTOMY	CLSR RECTOVESICAL FISTULA	No Auth Required			1	
43605	NLFAIN FISTULA W/CULUSTUIVIT		ino Autii Required	Surgery of digestive			
		W/COLOSTOMY	<u> </u>	system		1	
45820	REPAIR RECTOURETHRAL FISTULA	CLOSURE RECTOURETHRAL FISTULA	No Auth Required	Surgery of digestive			
				system			
45825	REPAIR FISTULA W/COLOSTOMY	CLOSURE RECTOURETHRAL FISTULA	No Auth Required	Surgery of digestive			
		W/COLOSTOMY	1	system			
45900	REDUCTION OF RECTAL PROLAPSE	RDCTJ PROCIDENTIA UNDER ANES	No Auth Required	Surgery of digestive			
.5500		SEPARATE PROCEDURE		system			
		JEI ANATE FROCEDORE	1	Jayatelli	i	1	1

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

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46280	REMOVE ANAL FIST COMPLEX	TX ANAL FSTL	No Auth Required	Surgery of digestive		
		TRANS/SUPRA/XTRASPHNCTRC INCL		system		
		SETON				
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	No Auth Required	Surgery of digestive		
		XTRNL		system		
46500	INJECTION INTO HEMORRHOID(S)	INJECTION SCLEROSING SOLUTION	No Auth Required	Surgery of digestive		
		HEMORRHOIDS		system		
46505	CHEMODENERVATION ANAL MUSC	CHEMODENERVATION INTERNAL ANAL	No Auth Required	Surgery of digestive		
		SPHINCTER	·	system		
46600	DIAGNOSTIC ANOSCOPY SPX	ANOSCOPY DX W/COLLJ SPEC BR/WA	No Auth Required	Surgery of digestive		
		SPX WHEN PRFRMD	i i	system		
46601	DIAGNOSTIC ANOSCOPY	ANOSCOPY DX W/HRA &CHEM AGNTS	No Auth Required	Surgery of digestive		
		ENHANCEMENT		system		
46604	ANOSCOPY AND DILATION	ANOSCOPY W/DILATION	No Auth Required	Surgery of digestive		
40004	74VOSCOT TAND BIBATION	ANOSCOT I WYDID WICH	140 Matil Regalica	system		
46606	ANOSCOPY AND BIOPSY	ANOSCOPY W/BX SINGLE/MULTIPLE	No Auth Required	Surgery of digestive		
40000	ANOSCOL LAND BIOLS!	ANOSCOTT W/bx Single/Moeth Le	No Auth Required	system		
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	ANOSCOPY DX W/HRA &CHEM AGNTS	No Auth Required	- t '		
40007	DIAGNOSTIC ANOSCOPT & BIOPST	•	No Autii Kequireu	Surgery of digestive		
46608	ANOSCOPY REMOVE FOR BODY	ENHANCEMENT W/BX  ANOSCOPY W/RMVL FOREIGN BODY	No Auth Doguined	system		
40008	ANOSCOPY REMOVE FOR BODY	ANOSCOPY W/RIVIVE FOREIGN BODY	No Auth Required	Surgery of digestive		
15510	AN 00000 N D 5 40 45 4 50 0 1	***************************************		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	No Auth Required	Surgery of digestive		
		SNARE TQ		system		
46612	ANOSCOPY REMOVE LESIONS	ANOSC RMVL MULT TUMORS	No Auth Required	Surgery of digestive		
		CAUTERY/SNARE		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	No Auth Required	Surgery of digestive		
		STRICTURE ADULT		system		
46705	REPAIR OF ANAL STRICTURE	ANOPLASTY PLASTIC OPERATION	No Auth Required	Surgery of digestive		
		STRICTURE INFANT		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	No Auth Required	Surgery of digestive		
		ADVMNT TPRNL APPR		system		
46712	REPR PER/VAG POUCH DBL PROC	RPR ILEOANAL POUCH FSTL/POUCH	No Auth Required	Surgery of digestive		
		ADVMNT CMBN APPR		system		
46715	REP PERF ANOPER FISTU	RPR LW IMPERFORATE ANUS	No Auth Required	Surgery of digestive		
		W/ANOPRNL FSTL CUT-BK		system		
46716	REP PERF ANOPER/VESTIB FISTU		No Auth Required	Surgery of digestive		
		FISTULA		system		
46730	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/O FSTL	No Auth Required	Surgery of digestive		
-0730	CONTROL OF ADDLINE AND	PRNL/SACROPRNL APPR		system		
46735	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/O FISTULA	No Auth Required	Surgery of digestive		
40/33	CONSTRUCTION OF ABSENT ANDS	CMBN APPR	No Auth Required	system		
46740	CONSTRUCTION OF ABSENT ANUS	RPR HI IMPRF ANUS W/FSTL	No Auth Poquired			
40/40	CONSTRUCTION OF ABSENT ANDS	· ·	No Auth Required	Surgery of digestive		
		PRNL/SACROPRNL APPR		system		

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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	1	No Auth Required	Surgery of digestive system			
46750	REPAIR OF ANAL SPHINCTER	SPHNCTROP ANAL	No Auth Required	Surgery of digestive			
46751	REPAIR OF ANAL SPHINCTER	INCONTINENCE/PROLAPSE ADULT SPHNCTROP ANAL	No Auth Required	system Surgery of digestive			
46753	RECONSTRUCTION OF ANUS	INCONTINENCE/PROLAPSE CHLD  GRAFT THIERSCH RCT INCONTINENCE	No Auth Required	Surgery of digestive			
46754	REMOVAL OF SUTURE FROM ANUS	&/PROLAPSE  RMVL THIERSCH WIRE/SUTURE ANAL	No Auth Required	Surgery of digestive			
46760	REPAIR OF ANAL SPHINCTER	SPHINCTEROPLASTY ANAL MUSCLE	No Auth Required	Surgery of digestive			
46761	REPAIR OF ANAL SPHINCTER	TRANSPLANT SPHNCTROP ANAL LEVATOR MUSC	No Auth Required	Surgery of digestive			
46900	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS SIMPLE CHEMICAL	No Auth Required	system			
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			
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			
46024	DESTRUCTION AND LESSON(S)		No Auth Donitord	system	-		
46924	DESTRUCTION ANAL LESION(S)	DSTRJ LESION ANUS EXTENSIVE	No Auth Required	Commence of discontinu			
46930	DESTROY INTERNAL HEMORRHOIDS	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY		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			

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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	Full Clinical Review	
47147	PREP DONOR LIVER/ARTERIAL	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Authorization Required	testing) 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		

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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		Full Clinical Review	
				transplant related			
				services (including pre			
				and post transplant			
				testing)			
47400	INCISION OF LIVER DUCT	HEPATCOTOMY/HEPATCOSTOMY	No Auth Required	Surgery of digestive			
47420	INCICION OF BUE DUCT	W/EXPL DRG/RMVL ST1	No Auth Descriped	system			
47420	INCISION OF BILE DUCT	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	No Auth Required	Surgery of digestive			
47425	INCISION OF BILE DUCT	CHOLEDOCHOT/OST	No Auth Required	system Surgery of digestive			
47423	INCISION OF BILL BOOT	W/SPHNCTROTOMY/SPHNCTROP	No Auth Required	system			
47460	INCISE BILE DUCT SPHINCTER	TRANSDUOL SPHINCTEROT/PLASTY	No Auth Required	Surgery of digestive			
		W/WO RMVL CALCULUS		system			
47480	INCISION OF GALLBLADDER	CHOLECSTOT/CHOLECSTOST W/EXPL	No Auth Required	Surgery of digestive			
		DRG/RMVL ST1 SPX		system			
47490	INCISION OF GALLBLADDER	CHOLECYSTOSTOMY PRQ W/IMAGING	No Auth Required	Surgery of digestive			
47531	INJECTION FOR CHOLANGIOGRAM	& CATHETER PLMT  NJX CHOLANGIO PRQ W/IMG GID RS&I	No Auth Required	System			
4/331	INJECTION FOR CHOLANGIOGRAM	EXISTING ACCESS	No Autii Requireu	Surgery of digestive system			
47532	INJECTION FOR CHOLANGIOGRAM	NJX CHOLANGIO PRQ W/IMG GID RS&I	No Auth Required	Surgery of digestive			
		NEW ACCESS		system			
47533	PLMT BILIARY DRAINAGE CATH	PRQ PLMT BILIARY DRG CATH W/IMG	No Auth Required	Surgery of digestive			
		GID RS&I EXTERNL		system			
47534	PLMT BILIARY DRAINAGE CATH	PRQ PLMT BILIARY DRG CATH W/IMG	No Auth Required	Surgery of digestive			
47505	CONTRACTOR OF THE PROPERTY.	GID RS&I INT-EXT		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	No Auth Required	Surgery of digestive			
17550	Exercise Size and Size Size	W/IMG GID RS&I	no nati neganea	system			
47537	REMOVAL BILIARY DRG CATH		No Auth Required	Surgery of digestive			
		FLUOR GID RS&I	·	system			
47538	PERQ PLMT BILE DUCT STENT	PLMT BILE DUCT STENT PRQ EXISTING	No Auth Required	Surgery of digestive			
		ACCESS		system			
47539	PERQ PLMT BILE DUCT STENT	PLMT BILE DUCT STENT PRQ NEW	No Auth Required	Surgery of digestive			
47540	PERQ PLMT BILE DUCT STENT	ACCESS W/O SEP CATH PLMT BILE DUCT STENT PRQ NEW	No Auth Required	system Surgery of digestive			
4/340	I ENG LIVIT BILL DOCT STEINT	ACCESS W/SEP CATH	No Auth Nequileu	system			
47541	PLMT ACCESS BIL TREE SM BWL	PLMT ACCESS THRU BILIARY TREE INTO	No Auth Required	Surgery of digestive			
		SMALL BWL NEW		system			
47542	DILATE BILIARY DUCT/AMPULLA	BALLOON DILAT BILIARY	No Auth Required	Surgery of digestive			
		DUCT/AMPULLA PRQ EACH DUCT		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			
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47552	BILIARY ENDO PERQ DX W/SPECI	BILIARY ENDO PRQ T-TUBE DX	No Auth Required	Surgery of digestive			
		W/COLLECT SPEC BRUSH		system			
47553	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE W/BX	No Auth Required	Surgery of digestive			
		SINGLE/MULTIPLE		system			
47554	BILIARY ENDOSCOPY THRU SKIN	BILIARY ENDOSCOPY PRQ VIA T-TUBE	No Auth Required	Surgery of digestive			
		W/RMVL CALCULUS		system			
47555	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE W/DIL DUCT	No Auth Required	Surgery of digestive			
		W/O STENT		system			
47556	BILIARY ENDOSCOPY THRU SKIN	BILIARY NDSC PRQ T-TUBE DILAT STRIX	No Auth Required	Surgery of digestive			
		W/STENT		system			
47562	LAPAROSCOPIC CHOLECYSTECTOMY	LAPAROSCOPY SURG	Authorization Required	Surgery of digestive		Network Validation	
		CHOLECYSTECTOMY		system			
47563	LAPARO CHOLECYSTECTOMY/GRAPH	LAPS SURG CHOLECYSTECTOMY	Authorization Required	Surgery of digestive		Network Validation	
		W/CHOLANGIOGRAPHY		system			
47564	LAPARO CHOLECYSTECTOMY/EXPLR	LAPS SURG CHOLECSTC W/EXPL	No Auth Required	Surgery of digestive			
		COMMON DUCT		system			
47570	LAPARO CHOLECYSTOENTEROSTOMY	LAPAROSCOPY SURG	No Auth Required	Surgery of digestive			
		CHOLECYSTOENETEROSTOMY		system			
47579	LAPAROSCOPE PROC BILIARY	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of digestive		Full Clinical Review	
		BILIARY TRACT		system			
47600	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY	No Auth Required	Surgery of digestive			
				system			
47605	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY	No Auth Required	Surgery of digestive			
		W/CHOLANGIOGRAPHY		system			
47610	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY W/EXPLORATION	No Auth Required	Surgery of digestive			
		COMMON DUCT		system			
47612	REMOVAL OF GALLBLADDER	CHOLECYSTECTOMY EXPL DUCT	No Auth Required	Surgery of digestive			
		CHOLEDOCHOENTEROSTOMY		system			
47620	REMOVAL OF GALLBLADDER	CHOLECSTC EXPL DUX	No Auth Required	Surgery of digestive			
		SPHNCTROTOMY/SPHNCTROP		system			
47700	EXPLORATION OF BILE DUCTS	EXPL CONGENITAL ATRESIA BILE DUCTS	No Auth Required	Surgery of digestive			
17700	EXILEGITATION OF BILL BOOTS	EXILE GOLVEELININE YOUNGER, BILLE BOOLS	- To rider rieganica	system			
47701	BILE DUCT REVISION	PORTOENETEROSTOMY	No Auth Required	Surgery of digestive			
.,,01	Sizz Soor NZ Vision	i om oznaranos om	- To rider rieganica	system			
47711	EXCISION OF BILE DUCT TUMOR	EXC BILE DUX TUM W/WO PRIM RPR	No Auth Required	Surgery of digestive			
4//11	EXCISION OF BILL DOCT TOWIGH	XTRHEPATC	No riatii nequirea	system			
47712	EXCISION OF BILE DUCT TUMOR	EXC BILE DUX TUM W/WO PRIM RPR	No Auth Required	Surgery of digestive			
47712	EXCISION OF BILL DOCT TOWIGH	INTRAHEPATC	No riatir nequired	system			
47715	EXCISION OF BILE DUCT CYST	EXCISION CHOLEDOCHAL CYST	No Auth Required	Surgery of digestive			
47713	Excision of Bizz Boot Clar	Excision choceboomine ensi	No riatir nequired	system			
47720	FUSE GALLBLADDER & BOWEL	CHOLECYSTOENTEROSTOMY DIRECT	No Auth Required	Surgery of digestive			
47720	1 03E GALLBLADDLIK & BOWLE	CHOLLETSTOLINTEROSTOWN BIRLET	No Auth Required	system			
47721	FUSE UPPER GI STRUCTURES	CHOLECYSTOENTEROSTOMY	No Auth Required	Surgery of digestive			
7//21	1 032 OFFER OF STRUCTURES	W/GASTROENTEROSTOMY	Auth Required				
47740	FUSE GALLBLADDER & BOWEL		No Auth Required	Surgery of digostive	1		
47740	TOSE GALLDLADDER & BUWEL	CHOLECYSTOENTEROSTOMY ROUX-EN-	ivo Autii nequirea	Surgery of digestive			
47741	FUSE GALLBLADDER & BOWEL	CHOLECSTONTRSTM ROUX-EN-Y	No Auth Required	System			
4//41	TOSE GALLDLADDER & BUWEL		No Auth Required	Surgery of digestive			
47760	ELICE DILE DUCTS AND DOWEL	W/GASTRONTRSTM	No Auth Required	System			
47760	FUSE BILE DUCTS AND BOWEL	ANAST XTRHEPATC BILIARY DUCTS & GI	ivo Autri Kequirea	Surgery of digestive			
47765	FLICE LIVED DUCTO & DOVES	TRACT	No Auth Decisional	system			
47765	FUSE LIVER DUCTS & BOWEL	ANAST INTRAHEPATC DUCTS & GI	No Auth Required	Surgery of digestive			
47700	FLICE BUE BUCTC AND BOWE	TRACT	N. A. All D. A. de d	system	-		
47780	FUSE BILE DUCTS AND BOWEL	ANAST ROUX-EN-Y XTRHEPATC BILIARY	No Auth Required	Surgery of digestive			
	SUGE BU E BUIGES AND S SUUSI	DUCTS & GI		system			
47785	FUSE BILE DUCTS AND BOWEL	ANAST ROUX-EN-Y INTRAHEPATC	No Auth Required	Surgery of digestive			
		BILIARY DUCTS & GI	<u> </u>	system		1	

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ACCEMENT BILE DUCT S INTERTINE	47800	RECONSTRUCTION OF BILE DUCTS	RCNSTJ PLSTC BILIARY DUCTS W/END-	No Auth Required	Surgery of digestive			
Mode	47901	DI ACEMENT DILE DILICT CLIDDORT		No Auth Boquired				
1970   SULTIME PILE DUCT MULTY   SULTIME PER PARCHAST PROCEDURE	4/801	PLACEMENT BILE DUCT SUPPORT	PLACEMENT CHOLEDOCHAL STENT	No Auth Required				
Option	47802	FUSE LIVER DUCT & INTESTINE	U-TUBE HEPATICOENTEROSTOMY	No Auth Required	<u> </u>			
A TURNE BILL DUCT NUMPY   NUMBER   Surgery of digestive   Number								
OSST NUMBER	47900	SUTURE BILE DUCT INJURY	SUTURE EXTRAHEPATIC BILE DUCT PRE-	No Auth Required				
ONLINE   O				·				
PLACE BRANCE FOR ADDOMN   PLACE BRANCE FERNANCEATT   PARCEATTS   PARCEATTS   Supery of digestive   Supery of	47999	BILE TRACT SURGERY PROCEDURE	UNLISTED PROCEDURE BILIARY TRACT	Authorization Required	Surgery of digestive		Full Clinical Review	
MACREATITIS   MACREATITIS   MACREATITIS   MACREATITIS   MACRIA   MACREATITIS   MACREATITIS   MACREATIC   MACRIA   MACREATIC   MACREATIC   MACRIA   MACREATIC   MACRIA   MACREATIC   MACRIA   MACRIA   MACREATIC   MACRIA   MACRIA   MACREATIC   MACRIA   MACREATIC   MACRIA   MACREATIC   MACRIA   MACRIA   MACREATIC   MACRIA   MACRIA   MACRIA   MACREATIC   MACRIA   MACR					system			
ABCOON_ALD F PANCERAS   REMOVAL OF PANCERAS   REMOVE PANCERAS OPEN   Suggest of digestive y cyclem	48000	DRAINAGE OF ABDOMEN		No Auth Required				
MOCHAELOSTOSTOMW 9.591600 9.59					• •			
REMOVAL OF PANCERATIC STONE   REMOVAL PANCERATIC CALCULUS   No Auth Required   Surgery of digestive   Surgery of	48001	PLACEMENT OF DRAIN PANCREAS		No Auth Required				
Surgery of digestive	40020	DEMOVAL OF DANIEDE ATIC CTONE		No Auth Desuised				
Signey of Jennifer   Signey	48020	REMOVAL OF PANCREATIC STONE	REMOVAL PANCREATIC CALCULUS	No Auth Required				
MEDIC BIDD'SY PANCREAS   BIDD'SY PANCREAS   BUDD'SY PANCREAS   No Auth Required   System	49100	DIODSY OF DANICHEAS OBEN	DIODSY DANICREAS ODEN	No Auth Poquired				
MEDIE BIOPSY PANCREAS   BIOPSY PANCREA PERCUTANOUS   No Auth Required   Sugrey or digestive   System	40100	BIOLD OF LANCINEAS OF EN	BIOL 31 LANCKEAS OF EN	No Auth Required				
NEDUE   NECTOR   NECTOR   No Auth Required   Surgery of digestive	48102	NEEDLE BIOPSY PANCREAS	BIOPSY PANCREA PERCUTANEOUS	No Auth Required				
RESECT/DEBRIDE PANCREAS   RESEC/DBRIDMT PANCREAS   No Auth Required   System								
MERCHAITING   MATCHAITING   System	48105	RESECT/DEBRIDE PANCREAS		No Auth Required	'			
System   S		·		·				
ABATUAL REMOVAL OF PANCREAS   PARTECE DITL STOT W/O PARTECE DITL W/O PARTECE D	48120	REMOVAL OF PANCREAS LESION	EXCISION LESION PANCREAS	No Auth Required	Surgery of digestive			
PARTIAL REMOVAL OF PANCREAS   PROTECT DST. NO AUTH Required Surgery of digestive system					system			
ABITAL REMOVAL OF PANCREAS PANCRETCODY PANCRECTOSTL NR-TOT W/PRSRV DUO W/PANCRECTOSTL NR-TOT W/PRSRV DUO W/P	48140	PARTIAL REMOVAL OF PANCREAS	PNCRTECT DSTL STOT W/O	No Auth Required	Surgery of digestive			
MyNorman					system			
### PANCREATECTOMY PROKREATECT DSTL NR-TOT W/PRSRV DUO No Auth Required Surgery of digestive system  #### PANCREATCOMY  ### PANCREATCOMY	48145	PARTIAL REMOVAL OF PANCREAS		No Auth Required	Surgery of digestive			
CHLD-TYP PX  48148 REMOVAL OF PANCREATIC DUCT EXCISION AMPULLA VATER  NO Auth Required Surgery of digestive system  urgery of digestive system  NO Auth Required Surgery of digestive system Surgery of digestive Syst					<u> </u>			
REMOVAL OF PANCREATIC DUCT   EXCISION AMPULLA VATER   No Auth Required   Surgery of digestive   System   System   System   Surgery of digestive   Surgery of d	48146	PANCREATECTOMY		No Auth Required				
System   System   Surgery of digestive   Su	404.40	DEMOVAL OF DANISDEATIC DUST		N. A. Alb Danishand				
PARTIAL REMOVAL OF PANCREAS   PARCREATOE   PROX STOT   W/PANCRATOE   System   System   System   PANCREATCH   PANCREATOE	48148	REMOVAL OF PANCREATIC DUCT	EXCISION AMPULLA VATER	No Auth Required				
MyPANCREATOLEJUNOSTOMY   No Auth Required   Surgery of digestive   System	48150	DARTIAL REMOVAL OF DANCREAS	PNCRTECT PROY STOT	No Auth Required	<u> </u>			
PANCREATECTOMY   PANCREATOLEJUNOSTOMY   PAN	40130	TANTIAL REMOVAL OF TANCREAS		No Auth Required				
PANCREATCOMY   PNCRTECT   No Auth Required   Surgery of digestive   System   PNCRTECT   No Auth Required   Surgery of digestive   System   PNCRTECT   PN	48152	PANCREATECTOMY		No Auth Required				
AB153   PANCREATECTOMY   PNCRTECT   W/PANCREATOJEJUNOSTOMY   W/PANCRE			•					
A8154 PANCREATECTOMY PNCRTECT PROX STOT W/O PANCREATOLEJUNOSTOMY System  48155 REMOVAL OF PANCREAS PANCREATOLEJUNOSTOMY System  48160 PANCREAS PANCREAS PANCREATECTOMY TOTAL System  48160 PANCREAS REMOVAL/TRANSPLANT PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS PANCREAS/ISLET CELLS  48400 INJECTION INTRAOP ADD-ON INJECTION INTRAOPERATIVE PANCREATIC CYST System  48500 SURGERY OF PANCREATIC CYST MARSUPIALIZATION PANCREATIC CYST System  48510 DRAIN PANCREATIC PSEUDOCYST EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN  48520 FUSE PANCREAS CYST AND BOWEL INTANAST PANCREATIC CYST GI TRACT DIRECT  48540 PANCREAS CYST AND BOWEL INTANAST PANCREATIC CYST GI TRACT ROUX-EN-Y  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY No auth Required Surgery of digestive system  48545 Surgery of digestive System  50 Surgery of digestive System  80 Surgery of digestive System  81 Surgery of digestive System  82 Surgery of digestive System  83 Surgery of digestive System  84 Surgery of digestive System  85 Surgery of digestive System  86 Surgery of digestive System  87 Surgery of digestive System  88 Surgery of digestive System	48153	PANCREATECTOMY	PNCRTECT	No Auth Required	Surgery of digestive			
PANCREATOJEJUNOSTOMY   System   System   PANCREATOJEJUNOSTOMY   PANCREATECTOMY TOTAL   No Auth Required   Surgery of digestive   System   PANCREATECTOMY W/TRNSPLJ   PANCREATECTOMY W			W/PANCREATOJEJUNOSTOMY	·				
### REMOVAL OF PANCREAS    PANCREAS   PANCREATECTOMY W/TRNSPLI   No Auth Required   Surgery of digestive system	48154	PANCREATECTOMY	PNCRTECT PROX STOT W/O	No Auth Required	Surgery of digestive			
48160 PANCREAS REMOVAL/TRANSPLANT PANCREATIC COMP W/TRNSPLJ 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 System  48520 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT  48545 PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY  No Auth Required Surgery of digestive system  500 Surgery of digestive system			PANCREATOJEJUNOSTOMY		system			
A8160   PANCREAS REMOVAL/TRANSPLANT   PANCREATECTOMY W/TRNSPLI   PANCREAS/ISLET CELLS   PANCREAS/ISLET CELLS   PANCREAS/ISLET CELLS   System	48155	REMOVAL OF PANCREAS	PANCREATECTOMY TOTAL	No Auth Required				
PANCREAS/ISLET CELLS   System   Surgery of digestive Surgery of digestive System   Surgery of digestive Surgery of digestive System   Surgery of digestive Surge					<u> </u>			
A8400   INJECTION INTRAOP ADD-ON   INJECTION INTRAOPERATIVE   PANCREATOGRAPHY   No Auth Required   Surgery of digestive   system	48160	PANCREAS REMOVAL/TRANSPLANT		No Auth Required				
SURGERY OF PANCREATIC CYST MARSUPIALIZATION PANCREATIC CYST No Auth Required Surgery of digestive system  48510 DRAIN PANCREATIC PSEUDOCYST EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN  48520 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT  48540 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT  48540 PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y  48540 PANCREATORRHAPHY  PANCREATORRHAPHY  No Auth Required Surgery of digestive system	10105				<u> </u>			
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  48520 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT  48540 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT  ROUX-EN-Y  PANCREATORRHAPHY  No Auth Required Surgery of digestive system	48400	INJECTION INTRAOP ADD-ON		No Auth Required				
A8510 DRAIN PANCREATIC PSEUDOCYST EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN System System Surgery of digestive	40500	STIDGEDY OF DANICHEATIC CYCT		No Auth Poguired				
48510     DRAIN PANCREATIC PSEUDOCYST     EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN     No Auth Required system     Surgery of digestive system       48520     FUSE PANCREAS CYST AND BOWEL DIRECT     INT ANAST PANCREATIC CYST GI TRACT DIRECT     No Auth Required System     Surgery of digestive system       48540     FUSE PANCREAS CYST AND BOWEL ROUX-EN-Y     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	48500	SUNDERT OF PANCKEATIC CYST	IVIANSUPIALIZATION PAINCREATIC CYST	ino Autri Kequirea				
PANCREAS OPEN system  48520 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT System  48540 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT System  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY No Auth Required System  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY No Auth Required Surgery of digestive system	48510	DRAIN PANCREATIC PSELIDOCYST	EXTERNAL DRAINAGE PSELIDOCYST OF	No Auth Required				
48520 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT DIRECT System  48540 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY No Auth Required Surgery of digestive system  48545 Surgery of digestive System  5000 Surgery of digestive System  8000 Surgery of digestive System	40310	S. S						
BIRECT System Surgery of digestive Surgery of diges	48520	FUSE PANCREAS CYST AND BOWEL	*	No Auth Required		1		
48540 FUSE PANCREAS CYST AND BOWEL INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y System Surgery of digestive system  48545 PANCREATORRHAPHY PANCREATORRHAPHY INJURY No Auth Required Surgery of digestive								
ROUX-EN-Y system Surgery of digestive ROUX-EN-Y System Surgery of digestive	48540	FUSE PANCREAS CYST AND BOWEL		No Auth Required	'			
system	48545	PANCREATORRHAPHY	PANCREATORRHAPHY INJURY	No Auth Required	Surgery of digestive			
					system			

	T			1			
48547	DUODENAL EXCLUSION	DUOL EXCLUSION	No Auth Required	Surgery of digestive			
		W/GASTROJEJUNOSTOMY PNCRTC INJ		system			
48548	FUSE PANCREAS AND BOWEL	PANCREATICOJEJUNOSTOMY SIDE-TO-	No Auth Required	Surgery of digestive			
		SIDE ANAST		system			
48550	DONOR PANCREATECTOMY	DONOR PANCREATECTOMY DUODENAL	Authorization Required	Transplants and	Fu	II Clinical Review	
		SGM TRANSPLANT		transplant related			
				services (including pre			
				and post transplant			
				testing)			
48551	PREP DONOR PANCREAS	BKBENCH PREPJ CADAVER DONOR	Authorization Required	Transplants and	Fu	Il Clinical Review	
10551	THE BOTTOM THINGS IS	PANCREAS ALLOGRAFT	/ tatilonization negatica	transplant related	"	Cilinoai ilevieti	
		TANGEREAS ALEGGIVII I		services (including pre			
				and post transplant			
40550	DDED DOMOD DAMODEAS (VENIOUS	DUDENICU DONCETI ODIVO DNICOG AL COST		testing)	-		
48552	PREP DONOR PANCREAS/VENOUS	BKBENCH RCNSTJ CDVR PNCRS ALGRFT	Authorization Required	Transplants and	Fu	II Clinical Review	
		VEN ANAST EA		transplant related			
				services (including pre			
				and post transplant			
				testing)			
48554	TRANSPL ALLOGRAFT PANCREAS	TRANSPLANTATION PANCREATIC	Authorization Required	Transplants and	Fu	ll Clinical Review	
		ALLOGRAFT		transplant related			
				services (including pre			
				and post transplant			
				testing)			
48556	REMOVAL ALLOGRAFT PANCREAS	RMVL TRANSPLANTED PANCREATIC	Authorization Required	Transplants and	Fu	Il Clinical Review	
40330	REMOVAL ALLOGRAFT FANCREAS	ALLOGRAFT	Authorization Required	transplant related	l u	iii Ciiiiicai Neview	
		ALLOGRAFI		· ·			
				services (including pre			
				and post transplant			
				testing)			
48999	PANCREAS SURGERY PROCEDURE	UNLISTED PROCEDURE PANCREAS	Authorization Required	Surgery of digestive	Fu	II Clinical Review	
				system			
49000	EXPLORATION OF ABDOMEN	EXPLORATORY LAPAROTOMY	No Auth Required	Surgery of digestive			
		CELIOTOMY W/WO BIOPSY SPX		system			
49002	REOPENING OF ABDOMEN	REOPENING RECENT LAPAROTOMY	No Auth Required	Surgery of digestive			
				system			
49010	EXPLORATION BEHIND ABDOMEN	EXPL RETROPERITONEUM W/WO BX	No Auth Required	Surgery of digestive			
		SPX		system			
49013	PRPERTL PEL PACK HEMRRG TRMA	PREPERITONEAL PEL PACK F/HEMRRG	No Auth Required				
		ASSOC PEL TRMA	· ·				
49014	REEXPLORATION PELVIC WOUND	REEXPL PEL WND W/RMVL	No Auth Required				1
.5514	Land Control of the Wood	PREPERITONEAL PEL PACKING					
49020	DRAINAGE ABDOM ABSCESS OPEN	DRAINAGE PERITON ABSCESS/LOCAL	No Auth Required	Surgery of digestive			<u> </u>
75020	DIV III AND ADDON'I ADJULGO OF LIN	PERITONITIS OPEN	nequired				
40040	DRAIN OPEN ARRONA ARCCECC		No Auth Doguised	system			+
49040	DRAIN OPEN ABDOM ABSCESS	DRAINAGE	No Auth Required	Surgery of digestive			
		SUBDIAPHRAGMATIC/SUBPHREN		system			
		ABSCESS OPEN					<del> </del>
49060	DRAIN OPEN RETROPERI ABSCESS	DRAINAGE OF RETROPERITONEAL	No Auth Required	Surgery of digestive			
		ABSCESS OPEN		system			
49062	DRAIN TO PERITONEAL CAVITY	DRG XTRAPERITONEAL LYMPHOCELE	No Auth Required	Surgery of digestive			
		PERITON CAVITY OPN		system			
49082	ABD PARACENTESIS	ABDOM PARACENTESIS DX/THER W/O	No Auth Required	Surgery of digestive			
		IMAGING GUIDANCE		system			
49083	ABD PARACENTESIS W/IMAGING	ABDOM PARACENTESIS DX/THER	No Auth Required	Surgery of digestive			
		W/IMAGING GUIDANCE		system			
49084	PERITONEAL LAVAGE	PERITONEAL LAVAGE W/WO IMAGING	No Auth Required	Surgery of digestive			<del> </del>
75004	I EMITONEAL ENVAGE	GUIDANCE	nequired	system			
		GUIDANCE		system			

49180	BIOPSY ABDOMINAL MASS	BX ABDL/RETROPERITONEAL MASS PRQ	No Auth Required	Surgery of digestive		
		NEEDLE		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	No Auth Required	Surgery of digestive		
49215	EXCISE SACRAL SPINE TUMOR	TUMORS >10.0 CM  EXC PRESAC/SACROCOCCYGEAL TUMOR	No Auth Required	Surgery of digestive		
49220	MULTIPLE SURGERY ABDOMEN	STAGING LAPAROTOMY HODGKINS	No Auth Required	Surgery of digestive		
49250	EXCISION OF UMBILICUS	DISEASE/LYMPHOMA  UMBILECTOMY OMPHALECTOMY EXC	No Auth Required	system Surgery of digestive		
		UMBILICUS SPX		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	No Auth Required	Surgery of digestive		
49322	LAPAROSCOPY ASPIRATION	SINGLE/MULTIPLE  LAPS SURG W/ASPIR CAVITY/CYST	No Auth Required	Surgery of digestive		
		SINGLE/MULTIPLE		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	Authorization Required	Surgery of digestive	Full Clinical Review	
49400	AIR INJECTION INTO ABDOMEN	PERTONEUM & OMENTUM INJECTION AIR/CONTRAST PERITONEAL	No Auth Required	system Surgery of digestive		
49402	REMOVE FOREIGN BODY ADBOMEN		No Auth Required	Surgery of digestive		
49405	IMAGE CATH FLUID COLXN VISC	FROM CAVITY IMAGE-GUIDE FLUID COLLXN DRAINAGE	No Auth Required	system Surgery of digestive		
		CATH VISC PERQ	·	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	No Auth Required	Surgery of digestive		
49412	INS DEVICE FOR RT GUIDE OPEN	THERAPY 1/MLT PLACEMENT INTRSTL DEV OPN W/IMG	No Auth Required	system Surgery of digestive		1
40419	INSERT TUN IP CATH PERC	GUID 1/MLT INSJ INTRAPERITONEAL CATHETER	·	system		
		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	 	

	T		_		1	_
49422	REMOVE TUNNELED IP CATH	REMOVAL TUNNELED	No Auth Required	Surgery of digestive		
40.400	SVOUANIOS DRAINIAOS CATUSTER	INTRAPERITONEAL CATHETER		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	No Auth Required	Surgery of digestive		
		CATH/TUBE SPX	·	system		
49425	INSERT ABDOMEN-VENOUS DRAIN	INSERTION PERITONEAL-VENOUS	No Auth Required	Surgery of digestive		
		SHUNT	·	system		
49426	REVISE ABDOMEN-VENOUS SHUNT	REVIS PERITONEAL-VENOUS SHUNT	No Auth Required	Surgery of digestive		
				system		
49427	INJECTION ABDOMINAL SHUNT	INJECT EVALUATE PREVIOUS	No Auth Required	Surgery of digestive		
		PERITONEAL-VENOUS SHUNT		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	No Auth Required	Surgery of digestive		
		INTRAPERITONEAL CATHETER		system		
49436	EMBEDDED IP CATH EXIT-SITE	DELAYED CREATION EXIT SITE	No Auth Required	Surgery of digestive		
		EMBEDDED CATHETER		system		
49440	PLACE GASTROSTOMY TUBE PERC	INSERT GASTROSTOMY TUBE	No Auth Required	Surgery of digestive		
		PERCUTANEOUS		system		
49441	PLACE DUOD/JEJ TUBE PERC	INSERT	No Auth Required	Surgery of digestive		
		DUODENOSTOMY/JEJUNOSTOMY TUBE		system		
		PERQ				
49442	PLACE CECOSTOMY TUBE PERC	INSERT CECOSTOMY/OTHER COLONIC	No Auth Required	Surgery of digestive		
		TUBE PERCUTANEOUS		system		
49446	CHANGE G-TUBE TO G-J PERC	CONVERT GASTROSTOMY-GASTRO-	No Auth Required	Surgery of digestive		
		JEJUNOSTOMY TUBE PERQ		system		
49450	REPLACE G/C TUBE PERC	REPLACE GASTROSTOMY/CECOSTOMY	No Auth Required	Surgery of digestive		
		TUBE PERCUTANEOUS		system		
49451	REPLACE DUOD/JEJ TUBE PERC	REPLACE	No Auth Required	Surgery of digestive		
43431	REPLACE DOOD/JEJ TOBE FERC	DUODENOSTOMY/JEJUNOSTOMY TUBE	No Auth Required	system		
		PERQ		System		
49452	REPLACE G-J TUBE PERC	REPLACEMENT GASTRO-JEJUNOSTOMY	No Auth Required	Surgery of digestive		
43432	THE BIGE OF TOBETERS	TUBE PERCUTANEOUS	No Auth Required	system		
49460	FIX G/COLON TUBE W/DEVICE	OBSTRUCTIVE MATERIAL REMOVAL	No Auth Required	Surgery of digestive		
13 100		FROM GI TUBE	no man neganea	system		
49465	FLUORO EXAM OF G/COLON TUBE	CONTRAST INJECTION PERQ	No Auth Required	Surgery of digestive		
		RADIOLOGIC EVAL GI TUBE		system		
49491	RPR HERN PREEMIE REDUC	RPR 1ST INGUN HRNA PRETERM INFT	No Auth Required	Surgery of digestive		
		RDC		system		
49492	RPR ING HERN PREMIE BLOCKED	RPR 1ST INGUN HRNA PRETERM INFT	No Auth Required	Surgery of digestive		
		INCARCERATED		system		
49495	RPR ING HERNIA BABY REDUC	RPR 1ST INGUN HRNA FULL TERM INFT	No Auth Required	Surgery of digestive	 	
		<6 MO RDC		system		
49496	RPR ING HERNIA BABY BLOCKED	RPR 1ST INGUN HRNA FULL TERM INFT	No Auth Required	Surgery of digestive		
		<6 MO INCARCER		system		
49500	RPR ING HERNIA INIT REDUCE	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS	No Auth Required	Surgery of digestive		
		REDUCIBLE	ļ	system		
49501	RPR ING HERNIA INIT BLOCKED	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS	No Auth Required	Surgery of digestive		
		INCARCERATED		system		
49505	PRP I/HERN INIT REDUC >5 YR	RPR 1ST INGUN HRNA AGE 5 YRS/>	Authorization Required	Surgery of digestive	Network Validation	
		REDUCIBLE		system		
49507	PRP I/HERN INIT BLOCK >5 YR	RPR 1ST INGUN HRNA AGE 5 YRS/>	No Auth Required	Surgery of digestive		
L		INCARCERATED	<u> </u>	system	Ì	

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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	No Auth Required	Surgery of digestive			
43032	DA VERTITOR HERMAN METALIN	INCAL/INGUN REDUCIBLE	No Addi Required	system			
49653	LAP VENT/ABD HERN PROC COMP	LAP RPR HRNA XCPT INCAL/INGUN	No Auth Required	Surgery of digestive			
		NCRC8/STRANGULATED		system			
49654	LAP INC HERNIA REPAIR	LAPAROSCOPY REPAIR INCISIONAL	No Auth Required	Surgery of digestive			
49655	LAP INC HERN REPAIR COMP	HERNIA REDUCIBLE  LAPS RPR INCISIONAL HERNIA	No Auth Required	System			
49055	LAP INC HERN REPAIR COMP	NCRC8/STRANGULATED	No Auth Required	Surgery of digestive system			
49656	LAP INC HERNIA REPAIR RECUR	LAPS RPR RECURRENT INCISIONAL	No Auth Required	Surgery of digestive			
13030		HERNIA REDUCIBLE	Tro / tatil riequirea	system			
49657	LAP INC HERN RECUR COMP	LAPS RPR RECURRENT INCAL HRNA	No Auth Required	Surgery of digestive			
		NCRC8/STRANGULATED	·	system			
49659	LAPARO PROC HERNIA REPAIR	UNLIS LAPS PX HRNAP HERNIORRHAPHY	Authorization Required	Surgery of digestive		Full Clinical Review	
		HERNIOTOMY		system			
49900	REPAIR OF ABDOMINAL WALL	SEC ABDOMINAL WALL SUTURE	No Auth Required	Surgery of digestive			
		EVISCERATION/DEHSN		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	No Auth Required	Surgery of digestive			
40000	ADDOMENI CLIDOEDV DDOCEDLIDE	W/MICROVASCULAR ANAST	Authorization Descriped	system		Full Clinical Davison	
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	No Auth Required	Surgery of urinary			
30010	LATEONATION OF RIBINET	PX	No Auth Required	system			
50020	RENAL ABSCESS OPEN DRAIN	DRAINAGE PERIRENAL/RENAL ABSCESS	No Auth Required	Surgery of urinary			
		OPEN		system			
50040	DRAINAGE OF KIDNEY	NEPHROSTOMY/NEPHROTOMY	No Auth Required	Surgery of urinary			
		W/DRAINAGE		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	No Auth Required	Surgery of urinary			
	IN GIGLON OF WIRNEY	CALCULUS		system			
50070	INCISION OF KIDNEY	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	No Auth Required	Surgery of urinary			
50075	REMOVAL OF KIDNEY STONE	NEPHROLITHOTOMY RMVL LG	No Auth Required	system Surgery of urinary			
30073	REMOVAL OF RIDINET STONE	STAGHORN STAGE 1	No Auth Required	system			
50080	REMOVAL OF KIDNEY STONE	PRQ.	No Auth Required	Surgery of urinary			
30000	THE WORK OF MISHER STORE	NEPHROSTOLITHOTOMY/PYELOSTOLITH		system			
		OTOMY 2 CM</td <td></td> <td>,</td> <td></td> <td></td> <td></td>		,			
50081	REMOVAL OF KIDNEY STONE	PRQ	No Auth Required	Surgery of urinary			
		NEPHROSTOLITHOTOMY/PYELOSTOLITH		system			
		OTOMY > 2 CM					
50100	REVISE KIDNEY BLOOD VESSELS	TRNSXJ/REPOSITIONING ABERRANT	No Auth Required	Surgery of urinary			
		RENAL VESSEL SPX		system			
50120	EXPLORATION OF KIDNEY	PYELOTOMY W/EXPLORATION	No Auth Required	Surgery of urinary			
				system			
50125	EXPLORE AND DRAIN KIDNEY	PYELOTOMY W/DRAINAGE	No Auth Required	Surgery of urinary			
E0120	DEMONAL OF KIDNEY STONE	PYELOSTOMY W/PEMOVAL CALCULUS	No Auth Descrived	system			
50130	REMOVAL OF KIDNEY STONE	PYELOTOMY W/REMOVAL CALCULUS	No Auth Required	Surgery of urinary			
50135	EXPLORATION OF KIDNEY	PYELOTOMY COMPLICATED	No Auth Required	system Surgery of urinary			
30133	EN EGINTION OF KIDNET	TELOTOWIT CONFEIGNTED	Auth Required	system			
	<u> </u>		I	зузсен	1	1	1

F0200	DENIAL BLODGY DEDO	DENIAL DIODSY DDO TDOCAD ANGEDI G	No Auth Desuised	Caaan. afiaan.	1	
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		
50230	REMOVAL KIDNEY OPEN RADICAL	NEPHRECTOMY W/PRTL URETERECT	No Auth Required	Surgery of urinary		
50234	REMOVAL OF KIDNEY & URETER	OPEN RIB RESCJ RAD NEPHRECTOMY W/TOT	No Auth Required	system Surgery of urinary		
30234	NEWS VIEST RIBITET & SKETER	URETERECT&BLDR CUFF SAME INC	No Auth Required	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		
50290	REMOVAL OF KIDNEY LESION	EXCISION PERINEPHRIC CYST	No Auth Required	system Surgery of urinary		
			·	system		
50300	REMOVE CADAVER DONOR KIDNEY	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Authorization Required	Transplants and transplant related	Full Clinical Review	
		DONOR UNI/BILATERAL		services (including pre		
				and post transplant		
				testing)		
50320	REMOVE KIDNEY LIVING DONOR	DONOR NEPHRECTOMY OPEN LIVING	Authorization Required	Transplants and	Full Clinical Review	
		DONOR		transplant related		
				services (including pre		
				and post transplant testing)		
50323	PREP CADAVER RENAL ALLOGRAFT	BKBENCH PREPJ CADAVER DONOR	Authorization Required	Transplants and	Full Clinical Review	
		RENAL ALLOGRAFT		transplant related		
				services (including pre		
				and post transplant		
50325	PREP DONOR RENAL GRAFT	BKBENCH PREPJ LIVING RENAL DONOR	Authorization Required	testing) Transplants and	Full Clinical Review	
30323	THE BONON NEIVAE GNALT	ALLOGRAFT	Authorization Required	transplant related	Tun chinical Neview	
				services (including pre		
				and post transplant		
50227	PDED DENIAL CRAFT A FAIOUS	DVDENCU DONCTI DENIAL ALCOST	Authorization Book 1	testing)	Full Clinian David	
50327	PREP RENAL GRAFT/VENOUS	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Authorization Required	Transplants and transplant related	Full Clinical Review	
		VEIVOUS AIVAST LA		services (including pre		
				and post transplant		
				testing)		
50328	PREP RENAL GRAFT/ARTERIAL	BKBENCH RCNSTJ RENAL ALLOGRAFT	Authorization Required	Transplants and	Full Clinical Review	
		ARTERIAL ANAST EA		transplant related		
				services (including pre and post transplant		
				testing)		
50329	PREP RENAL GRAFT/URETERAL	BKBENCH RCNSTJ ALGRFT URETERAL	Authorization Required	Transplants and	Full Clinical Review	
		ANAST EA		transplant related		
				services (including pre		
				and post transplant		
			<u>l</u>	testing)	j	

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 ALTRNSPLI IMPLTI 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 ALTRNSPLI IMPLTI 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 AUTOTRNSPLI 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	
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	INSTLI 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	
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	
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	

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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	No Auth Required	Surgery of urinary			
		NEPHROCUTANEOUS/PYELOCUTANEOU S FISTULA		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	No Auth Required	Surgery of urinary			
50540	DELIGION OF HODGESHOE WIDNEY	RPR THRC APPR		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	No Auth Required	Surgery of urinary			
		CYSTS		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			
30344	Du / inoscor / i i i i i i i i i i i i i i i i i i	2 11 7 11 03 00 1 1 2 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1	No Matir Required	system			
50545	LAPARO RADICAL NEPHRECTOMY	LAPAROSCOPY RADICAL NEPHRECTOMY	No Auth Required	Surgery of urinary system			
50546	LAPAROSCOPIC NEPHRECTOMY	LAPAROSCOPY NEPHRECTOMY	No Auth Required	Surgery of urinary			
50547	LABABO DEMOVAL DOMOBIZIDMEV	W/PARTIAL URETERECT	N Audi D i d	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	Authorization Required	Surgery of urinary		Full Clinical Review	
363.13	E W / W G G G G G G G G G G G G G G G G G	RENAL	riamonization ricquirea	system		r an enmearmetre ii	
50551	KIDNEY ENDOSCOPY	RENAL ENDOSCOPY NEPHROSTOMY	No Auth Required	Surgery of urinary			
F0FF2	KIDNEY ENDOSCOPY	W/WO IRRIGATION  RENAL NDSC NEPHROST W/URETERAL	No Auth Doguised	system			
50553	KIDNEY ENDOSCOPY	CATH W/WO DILA	No Auth Required	Surgery of urinary system			
50555	KIDNEY ENDOSCOPY & BIOPSY	RENAL NDSC NEPHROS/PYELOSTOMY	No Auth Required	Surgery of urinary			
	-	BIOPSY		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	No Auth Required	Surgery of urinary			
50562	RENAL SCOPE W/TUMOR RESECT	RMVL FB/CALCULUS RENAL NDSC NEPHROS/PYELOSTOMY	No Auth Required	system Surgery of urinary			
		RESCJ TUMOR		system			
50570	KIDNEY ENDOSCOPY	RENAL NDSC NEPHROTOMY W/WO	No Auth Required	Surgery of urinary			
50572	KIDNEY ENDOSCOPY	IRRIGATION RNL NDSC NFROT W/URTRL CATHJ	No Auth Required	system Surgery of urinary			
		W/WO DILAT URETER		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	No Auth Required	Surgery of urinary			
		&/INCISION W/WO BX		system	1		

50580	KIDNEY ENDOSCOPY & TREATMENT	RNL NDSC NFROT/PLOT W/RMVL	No Auth Required	Surgery of urinary			
50500	ED LONGUENTO OF WIDNEY STONE	FB/CALCULUS		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	No Auth Required	Surgery of urinary			
FOCOE	INSERT URETERAL SUPPORT	PROCEDURE URETEROTOMY INSERTION	No Auth Deguined	system			
50605		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	No Auth Required	Surgery of urinary			
		URETER		system			
50650	REMOVAL OF URETER	URETRECECTOMY W/BLADDER CUFF	No Auth Required	Surgery of urinary			
		SEPARATE PROCEDURE	· ·	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	No Auth Required	Surgery of urinary			
		URETEROGRAPHY/URETEROPYLOGRAP HY CATH		system			
50686	MEASURE URETER PRESSURE	MANOMETRIC STDS THRU	No Auth Required	Surgery of urinary	-		
		URTROST/NDWELLG URTRL CATH	· ·	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	No Auth Required	Surgery of urinary			
50694	PLMT URETERAL STENT PRQ	NFROS TRACT PLMT URTRL STNT PRQ NEW ACESS	No Auth Required	System Surgery of urinary			
		W/O SEP NFROS CATH		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			
50722	RELEASE OF URETER	URETEROLYSIS FOR OVARIAN VEIN	No Auth Required	Surgery of urinary			
50725	RELEASE/REVISE URETER	SYNDROME URTROLSS RETROCAVAL URTR	No Auth Required	Surgery of urinary			
		W/REANAST		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			

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50740	FUSION OF URETER & KIDNEY	EXC URACHAL CYST/SINUS W/WO	No Auth Required	Surgery of urinary			
		UMBILICAL HERNIA RPR		system			
50750	FUSION OF URETER & KIDNEY	URETEROCALYCOSTOMY ANAST	No Auth Required	Surgery of urinary			
50750	SURION OF LIBETERS	URETER RENAL CALYX		system			
50760	FUSION OF URETERS	URETEROURETEROSTOMY	No Auth Required	Surgery of urinary			
	COLUMN OF URFEED			system			
50770	SPLICING OF URETERS	TRANSURETEROURETEROSTOMY ANAST	No Auth Required	Surgery of urinary			
50700	DEIMANI ANT LIDETED IN DI ADDED	URETER CLAT URTR	N. A. Ale De surios d	system			
50780	REIMPLANT URETER IN BLADDER	URETER DIADDER	No Auth Required	Surgery of urinary			
F0702	DEIMADI ANT LIDETED IN DI ADDED	URETER BLADDER	No Auth Desuised	system			
50782	REIMPLANT URETER IN BLADDER	URETERONEOCYSTOSTOMY ANAST	No Auth Required	Surgery of urinary			
50783	REIMPLANT URETER IN BLADDER	DUPLICATE URETER BLDR URETERONEOCYSTOSTOMY	No Auth Required	System			
30763	REINIPLANT ORETER IN BLADDER	W/URETERAL TAILORING	No Autii Required	Surgery of urinary system			
50785	REIMPLANT URETER IN BLADDER	URTRONEOCSTOST W/VESICO-PSOAS	No Auth Required	Surgery of urinary			
30763	REINIFEANT ORETER IN BEADDER	HITCH/BLDR FLAP	No Autii Required	system			
50800	IMPLANT URETER IN BOWEL	URETEROENTEROSTOMY ANAST	No Auth Required	Surgery of urinary			
30000	IN LANT ONE TEN IN BOWLE	URETER INTESTINE	No Auth Required	system			
50810	FUSION OF URETER & BOWEL	URETEROSIGMOIDOSTOMY	No Auth Required	Surgery of urinary			
30310	. 33.3.4 OF ORETER & BOWLE	W/SIGMOID BLADDER & COLOSTO	Addi Required	system			
50815	URINE SHUNT TO INTESTINE	URETEROCOLON CONDUIT INTESTINE	No Auth Required	Surgery of urinary			
30013	OKINE SHOWT TO INTESTINE	ANASTOMOSIS	No Auth Required	system			
50820	CONSTRUCT BOWEL BLADDER	URETEROILEAL CONDUIT W/INTESTINE	No Auth Required	Surgery of urinary			
30020	CONSTRUCT BOWLE BERDBER	ANASTOMOSIS	No Auth Required	system			
50825	CONSTRUCT BOWEL BLADDER	CONTINENT DVRJ W/INT ANAST ANY	No Auth Required	Surgery of urinary			
30023	oonomoo. sowee so to e	SGM SM&/LG INTSTN	- To Auth Neganica	system			
50830	REVISE URINE FLOW	URINARY UNIDIVERSION	No Auth Required	Surgery of urinary			
				system			
50840	REPLACE URETER BY BOWEL	RPLCMT ALL/PART URETER INTESTINE	No Auth Required	Surgery of urinary			
		SGM W/ANAST	·	system			
50845	APPENDICO-VESICOSTOMY	CUTANANEOUS APPENDICO-	No Auth Required	Surgery of urinary			
		VESICOSTOMY	·	system			
50860	TRANSPLANT URETER TO SKIN	URETEROSTOMY TRANSPLANTATION	No Auth Required	Surgery of urinary			
		URETER SKIN		system			
50900	REPAIR OF URETER	URETERORRHAPHY SUTURE URETER	No Auth Required	Surgery of urinary			
		SEPARATE PROCEDURE		system			
50920	CLOSURE URETER/SKIN FISTULA	CLOSURE URETEROCUTANEOUS	No Auth Required	Surgery of urinary			
		FISTULA		system			
50930	CLOSURE URETER/BOWEL FISTULA	CLOSURE URETEROCUTANEOUS	No Auth Required	Surgery of urinary			
		FISTULA W/VISC RPR		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	No Auth Required	Surgery of urinary			
		W/CSTSC&URTRL STENT PLMT		system			
50948	LAPARO NEW URETER/BLADDER	LAPS URTRONEOCSTOST W/O	No Auth Required	Surgery of urinary			
		CSTSC&URTRL STENT PLMT		system			
50949	LAPAROSCOPE PROC URETER	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of urinary		Full Clinical Review	
		URETER		system			
50951	ENDOSCOPY OF URETER	URETERAL ENDOSCOPY VIA	No Auth Required	Surgery of urinary			
		URETEROSTOMY		system			
50953	ENDOSCOPY OF URETER	URETERAL ENDOSCOPY VIA URETEROST	No Auth Required	Surgery of urinary			
		W/WO DIL URETER		system			
50955	URETER ENDOSCOPY & BIOPSY	URETERAL ENDOSCOPY VIA	No Auth Required	Surgery of urinary			
		URETEROSTOMY W/BIOPSY		system			

50957	URETER ENDOSCOPY & TREATMENT		No Auth Required	Surgery of urinary	
		W/WO BIOPSY		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	No Auth Required	Surgery of urinary	
50976	URETER ENDOSCOPY & TREATMENT	W/O IMAGING W/BX URETERAL ENDOSC VIA URETEROT	No Auth Required	Surgery of urinary	
50980	URETER ENDOSCOPY & TREATMENT	W/DEST&/INC W/WO BX NDSC URETEROTOMY RMVL	No Auth Required	Surgery of urinary	
51020	INCISE & TREAT BLADDER	FB/CALCULUS  CYSTOTOMY/CYSTOSTOMY FULG&/INSJ	No Auth Required	system Surgery of urinary	
		RADACT MATRL		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	No Auth Required	Surgery of urinary	
51060	REMOVAL OF URETER STONE	W/RMVL CALCULUS TRANSVESICAL URETROLITHOTOMY	No Auth Required	Surgery of urinary	
51065	REMOVE URETER CALCULUS	CYSTOTOMY W/CALCULUS BASKET	No Auth Required	Surgery of urinary	
		XTRJ&/FRAGMENTATIO		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	
51520	REMOVAL OF BLADDER LESION	CYSTOTOMY SIMPLE EXCISION VESICAL	No Auth Required	Surgery of urinary	
51525	REMOVAL OF BLADDER LESION	NECK CYSTOTOMY EXCISE BLADDER	No Auth Required	Surgery of urinary	
51530	REMOVAL OF BLADDER LESION	DIVERTICULUM 1/MULTIPLE CYSTOTOMY EXCISION BLADDER	No Auth Required	Surgery of urinary	
51535	REPAIR OF URETER LESION	TUMOR  CYSTOTOMY EXCISE/INCISE/REPAIR	No Auth Required	Surgery of urinary	
51550	PARTIAL REMOVAL OF BLADDER	URETEROCELE CYSTECTOMY PARTIAL SIMPLE	No Auth Required	system Surgery of urinary	
51555	PARTIAL REMOVAL OF BLADDER	CYSTECTOMY PARTIAL COMPLICATED	No Auth Required	system 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	

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51580	REMOVE BLADDER/REVISE TRACT	CYSTECTOMY	No Auth Required	Surgery of urinary		
		W/URETEROSIGMOIDOSTOMY		system		
		W/NODES				
51585	REMOVAL OF BLADDER & NODES	CYSTECTOMY W/URETEROSIGMOID BI	No Auth Required	Surgery of urinary		
		PELV LYMPH NODES	·	system		
51590	REMOVE BLADDER/REVISE TRACT	CSTC COMPL W/URTROILEAL	No Auth Required	Surgery of urinary		
31330	NEWIOVE BENEDEN, NEVISE HONOT	CONDUIT/BLDR W/INT ANAST	140 / tatil ricquirea	system		
F1F0F	DENACY/E DI ADDED/DEN/ICE TDACT		Na Auth Daguinad			
51595	REMOVE BLADDER/REVISE TRACT	CSTC COMPL W/CONDUIT/SIGMOID	No Auth Required	Surgery of urinary		
		BLDR PEL LMPHADEC		system		
51596	REMOVE BLADDER/CREATE POUCH	CSTC COMPL W/CONTINENT DVRJ OPN	No Auth Required	Surgery of urinary		
		NEOBLDR		system		
51597	REMOVAL OF PELVIC STRUCTURES	PELVIC EXENTERATION COMPLETE	No Auth Required	Surgery of urinary		
		MALIGNANCY		system		
51600	INJECTION FOR BLADDER X-RAY	NJX CSTOGRAPY/VOIDING	No Auth Required	Surgery of urinary		
		URETHROCSTOGRAPY	· ·	system		
51605	PREPARATION FOR BLADDER XRAY	NJX & PLACEMENT CHAIN	No Auth Required	Surgery of urinary		
31003	FREFARATION FOR BLADDER ARAT	CONTRAST&/URETHROCSTOGRAPY	No Auth Required			
54640		·		system		
51610	INJECTION FOR BLADDER X-RAY	NJX RETROGRADE	No Auth Required	Surgery of urinary		
		URETHROCSTOGRAPY		system		
51700	IRRIGATION OF BLADDER	BLDR IRRIGATION SMPL LAVAGE	No Auth Required	Surgery of urinary		
		&/INSTLJ		system		
51701	INSERT BLADDER CATHETER	INSJ NON-NDWELLG BLADDER	No Auth Required			
		CATHETER	·			
51702	INSERT TEMP BLADDER CATH	INSJ TEMP NDWELLG BLADDER	No Auth Required			
31,02	Index. Telm be about or in	CATHETER SIMPLE	i vo matin medanica			
F4700	INICEDE DI ADDED CATILI COMBLEY		N. A. A. Ale D. A. A. A.			
51703	INSERT BLADDER CATH COMPLEX	INSJ TEMP NDWELLG BLADDER	No Auth Required			
		CATHETER COMPLICATED				
51705	CHANGE OF BLADDER TUBE	CHANGE CYSTOSTOMY TUBE SIMPLE	No Auth Required			
51710	CHANGE OF BLADDER TUBE	CHANGE CYSTOSTOMY TUBE	No Auth Required			
		COMPLICATED				
51715	ENDOSCOPIC INJECTION/IMPLANT	NDSC NJX IMPLT MATRL URT&/BLDR	No Auth Required	Surgery of urinary		
		NCK		system		
51720	TREATMENT OF BLADDER LESION	BLADDER INSTILLATION	No Auth Required	Surgery of urinary		
51/20	THE THINE THE SECOND SERVICES OF THE SECOND SE	ANTICARCINOGENIC AGENT	i vo matin medanica	system		
F172F	CINADI E CVCTONAETDOCDANA		Na Auth Daguinad			
51725	SIMPLE CYSTOMETROGRAM	SIMPLE CYSTOMETROGRAM	No Auth Required	Surgery of urinary		
				system		
51726	COMPLEX CYSTOMETROGRAM	BLADDER PRESSURE MEASUREMENT	No Auth Required	Surgery of urinary		
		DURING FILLING		system		
51727	CYSTOMETROGRAM W/UP	COMPLEX CYSTOMETROGRAM	No Auth Required	Surgery of urinary		
		URETHRAL PRESS PROFILE		system		
51728	CYSTOMETROGRAM W/VP	COMPLEX CYSTOMETROGRAM VOIDING	No Auth Required	Surgery of urinary		
	,	PRESSURE STUDIES		system		
51729	CYCTOMETROCRAMANA/A/DRIJD		No Auth Boguired			
31/29	CYSTOMETROGRAM W/VP&UP	COMPLX CYSTOMETRO W/VOID PRESS	No Auth Required	Surgery of urinary		
		& URETHRAL PROFIL		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	No Auth Required	Surgery of urinary		
		OTH/THN NDL		system		
51785	ANAL/URINARY MUSCLE STUDY	NDL EMG STDS EMG ANAL/URTL	No Auth Required	Surgery of urinary		
31/03		SPHNCTR ANY TQ	/ wan nequired			
E1702	LIBINIARY REELEV CTURY		No Auth Beautred	system Surgary of urinary		
51792	URINARY REFLEX STUDY	STIMULUS EVOKED RESPONSE	No Auth Required	Surgery of urinary		
			<u> </u>	system		
51797	INTRAABDOMINAL PRESSURE TEST	VOID PRESSURE STUDIES	No Auth Required	Surgery of urinary		
		INTRAABDOMINAL		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		

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52235	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DEST	Authorization Required	Surgery of urinary		Network Validation	
		&/RMVL MED BLADDER TUM		system			
52240	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DEST	No Auth Required	Surgery of urinary			
		&/RMVL TUMOR LARGE		system			
52250	CYSTOSCOPY AND RADIOTRACER	CYSTOURETHROSCOPY INSJ RADIOACT	No Auth Required	Surgery of urinary			
		SBST W/WOBX/FULG		system			
52260	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DIL BLADDER	No Auth Required	Surgery of urinary			
		GENERAL ANESTH		system			
52265	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/DIL BLADDER	No Auth Required	Surgery of urinary			
		LOCAL ANESTHESIA		system			
52270	CYSTOSCOPY & REVISE URETHRA	CYSTOURETHROSCOPY W/INTERNAL	No Auth Required	Surgery of urinary			
		URETHROTOMY FEMALE		system			
52275	CYSTOSCOPY & REVISE URETHRA	CYSTOURETHROSCOPY W/INTERNAL	No Auth Required	Surgery of urinary			
		URETHROTOMY MALE		system			
52276	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/INTERNAL	No Auth Required	Surgery of urinary			
		URETHROTOMY MALE		system			
52277	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/RESECJ	No Auth Required	Surgery of urinary			
		EXTERNAL SPHINCTER		system			
52281	CYSTOSCOPY AND TREATMENT	CYSTO CALIBRATION DILAT URTL	No Auth Required	Surgery of urinary			
		STRIX/STENOSIS		system			
52282	CYSTOSCOPY IMPLANT STENT	CYSTOURETHROSCOPY INSERTION	No Auth Required	Surgery of urinary			
		PERM URETHRAL STENT		system			
52283	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/STEROID	No Auth Required	Surgery of urinary			
		INJECTION STRICTURE		system			
52285	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY TX FEMALE	No Auth Required	Surgery of urinary			
		URETHRAL SYNDROME	·	system			
52287	CYSTOSCOPY CHEMODENERVATION	CYSTOURETHROSCOPY INJ	No Auth Required	Surgery of urinary			
		CHEMODENERVATION BLADDER		system			
52290	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/URETERAL	No Auth Required	Surgery of urinary			
		MEATOTOMY UNI/BI		system			
52300	CYSTOSCOPY AND TREATMENT	CYSTO W/RESCJ/FULG ORTHOPIC	No Auth Required	Surgery of urinary			
		URETEROCELE UNI/BI		system			
52301	CYSTOSCOPY AND TREATMENT	CYSTO W/RESECJ ECTOPIC	No Auth Required	Surgery of urinary			
		URETEROCELE UNI/BI		system			
52305	CYSTOSCOPY AND TREATMENT	CYSTO INC/RESCJ ORIFICE BLDR	No Auth Required	Surgery of urinary			
32303	orbitoscor i / iito i ilizatimiziti	DIVERTICULUM 1/MLT	- To rider rieganica	system			
52310	CYSTOSCOPY AND TREATMENT	CYSTO W/SIMPLE REMOVAL STONE &	No Auth Required	Surgery of urinary			
32310	CISTOSCOI I AND INCAMENT	STENT	No riatir nequired	system			
52315	CYSTOSCOPY AND TREATMENT	CYSTO W/COMPLEX REMOVAL STONE &	No Auth Required	Surgery of urinary			
32313	CISTOSCOI I AND INCAMENT	STENT STENT	No riatir nequired	system			
52317	REMOVE BLADDER STONE	LITHOLAPAXY SMPL/SM <2.5 CM	No Auth Required	Surgery of urinary			
32317	REWOVE BLADDER STONE	LITTIOLAFAXT SIVIFLYSIVI \2.5 CIVI	No Auth Required	system			
52318	REMOVE BLADDER STONE	LITHOLAPAXY COMP/LG > 2.5 CM	No Auth Required	<u> </u>			
32310	REMOVE BLADDER STONE	LITHOLAPAXT COMP/LG > 2.3 CM	No Auth Required	Surgery of urinary			
F2220	CVCTOCCODY AND TREATMENT	CVCTOLIBETLIBOSCODY M/DMAVI	No Auth Dogwined	system			
52320	CYSTOSCOPY AND TREATMENT	CYSTOURETHROSCOPY W/RMVL	No Auth Required	Surgery of urinary			
E222F	CVCTOCCODY CTONIE DENAOVAL	URETERAL CALCULUS	No Auth Booming	system Surgery of urinary			
52325	CYSTOSCOPY STONE REMOVAL	CYSTO FRAGMENTATION URETERAL	No Auth Required	Surgery of urinary			
F2227	CVCTOCCODY INJECT MATERIAL	STONE CYCTO W/SUBJECTION NIX IMPLE MATER	No Auth Desuised	system	-		
52327	CYSTOSCOPY INJECT MATERIAL	CYSTO W/SUBURTRIC NJX IMPLT MATRL	ivo Autri Kequirea	Surgery of urinary			
F2222	CYCTOCCODY AND TREET STATE	CYCTO MANUALO DE DE L'ELECTRICE	N. A. All Day 1	system			
52330	CYSTOSCOPY AND TREATMENT	CYSTO MANJ W/O RMVL URETERAL	No Auth Required	Surgery of urinary			
50000	0.070.0000 4.40 705.474.454.7	STONE		system			<u> </u>
52332	CYSTOSCOPY AND TREATMENT	CYSTO W/INSERT URETERAL STENT	Authorization Required	Surgery of urinary		Network Validation	
				system			
52334	CREATE PASSAGE TO KIDNEY	CYSTO INSJ URTRL GD WIRE PRQ NFROS	No Auth Required	Surgery of urinary			
		RTRGR		system			

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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		
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		

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53025	INCISION OF URETHRA	MEATOTOMY CUTTING MEATUS SPX	No Auth Required	Surgery of urinary system	
53040	DRAINAGE OF URETHRA ABSCESS	DRAINAGE DEEP PERIURETHRAL ABSCESS	No Auth Required	Surgery of urinary	
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		No Auth Required	Surgery of urinary system	
53085	DRAINAGE OF URINARY LEAKAGE		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	,	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	

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53445	INSERT URO/VES NCK SPHINCTER	INSJ INFLATABLE URETHRAL/BLADDER	No Auth Required	Surgery of urinary			
		NECK SPHINCTER		system			
53446	REMOVE URO SPHINCTER	REMVL INFLATABLE	No Auth Required	Surgery of urinary			
		URETHRAL/BLADDER NECK SPHINCTER		system			
53447	REMOVE/REPLACE UR SPHINCTER	RMVL & RPLCMT NFLTL	No Auth Required	Surgery of urinary			
		URETHRAL/BLADDER NECK SPHINC		system			
53448	REMOV/REPLC UR SPHINCTR COMP	RMVL & RPLCMT NFLTBL NCK SPHNCTR	No Auth Required	Surgery of urinary			
		THRU INFCT FLD		system			
53449	REPAIR URO SPHINCTER	RPR NFLTBL URETHRAL/BLADDER NECK	No Auth Required	Surgery of urinary			
		SPHINCTER		system			
53450	REVISION OF URETHRA	URETHROMEATOPLASTY W/MUCOSAL	No Auth Required	Surgery of urinary			
		ADVANCEMENT		system			
53460	REVISION OF URETHRA	URETHROMEATOPLASTY W/PRTL EXC	No Auth Required	Surgery of urinary			
		DSTL URTL SGM		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	No Auth Required	Surgery of urinary			
33302	INCI AIR OF ORETTINA INSORT	WOUND/INJ FEMALE	No Auth Required	system			
53505	REPAIR OF URETHRA INJURY	URETHRORRHAPHY SUTR URETHRAL	No Auth Required	Surgery of urinary			
33303	REFAIR OF ORETTINA INJUNT	WOUND/INJ PENILE	No Auth Required	system			
53510	REPAIR OF URETHRA INJURY	URETHRORRHAPHY SUTR URETHRAL	No Auth Required	•			
53510	REPAIR OF URETHRA INJURY		No Auth Required	Surgery of urinary			
F2545	DEDAID OF LIBETURA INJURNA	WOUND/INJ PERINEAL	N. A. All Described	system			
53515	REPAIR OF URETHRA INJURY	URTORR SUTR URETHRAL WND/INJ	No Auth Required	Surgery of urinary			
50500	252412 05 112571124 255507	PROSTATOMEMBRANOUS		system			
53520	REPAIR OF URETHRA DEFECT	CLSR URETHROSTOMY/URETHROQ FSTL	No Auth Required	Surgery of urinary			
		MALE SPX		system			
53600	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX DILATOR MALE	No Auth Required	Surgery of urinary			
		1ST		system			
53601	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX DILATOR MALE	No Auth Required	Surgery of urinary			
		SBSQ		system			
53605	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX/VESICAL NCK	No Auth Required	Surgery of urinary			
		DILAT MALE ANES		system			
53620	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX FILIFORM &	No Auth Required	Surgery of urinary			
		FOLLWR MALE 1ST		system			
53621	DILATE URETHRA STRICTURE	DILAT URETHRAL STRIX FILIFORM &	No Auth Required	Surgery of urinary			
		FOLLWR MALE SBSQ		system			
53660	DILATION OF URETHRA	DILAT FEMALE URETHRA	No Auth Required	Surgery of urinary			
		W/SUPPOSITORY&/INSTLJ INI		system			
53661	DILATION OF URETHRA	DILAT FEMALE URT	No Auth Required	Surgery of urinary			
		W/SUPPOSITORY&/INSTLJ SBSQ		system			
53665	DILATION OF URETHRA	DILAT FEMALE URETHRA	No Auth Required	Surgery of urinary			
		GENERAL/CNDJ SPINAL ANES		system			
53850	PROSTATIC MICROWAVE THERMOTX	TRURL DSTRJ PRSTATE TISS	No Auth Required	Surgery of urinary			
		MICROWAVE THERMOTH		system			
53852	PROSTATIC RF THERMOTX	TRURL DSTRJ PRSTATE TISS RF	No Auth Required	Surgery of urinary			
		THERMOTH		system			
53854	TRURL DSTRJ PRST8 TISS RF WV	TRURL DSTRJ PRST8 TISS RF WV	Authorization Required	Surgery of urinary		Full Clinical Review	
		THERMOTHERAPY		system			
53855	INSERT PROST URETHRAL STENT	INSERT TEMP PROSTATIC URETH STENT	No Auth Required	Surgery of urinary			
		W/MEASUREMENT		system			
53860	TRANSURETHRAL RF TREATMENT	TRURL RF FEMALE BLADDER NECK STRS	Authorization Required	Surgery of urinary		Full Clinical Review	
33000	THE WISCONS THE WISCONS TO THE WISCO	URIN INCONT		system		. a cimical review	
53899	UROLOGY SURGERY PROCEDURE	UNLISTED PROCEDURE URINARY	Authorization Required	<i>'</i>		Full Clinical Review	
23022	ONOLOGI JONGLNI FNOCEDURE		Authorization Required	Surgery of urinary		i un cimical neview	
		SYSTEM		system			

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54000	SLITTING OF PREPUCE	SLITTING PREPUCE DORSAL/LATERAL	No Auth Required	Surgery of male genital	
54001	SLITTING OF PREPUCE	SPX NEWBORN SLITTING PREPUCE DORSAL/LAT SPX	No Auth Required	System Surgery of male genital	
34001	SETTING OF PREPOCE	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	No Auth Required		
		ELECTRODESICCATION			
54056	CRYOSURGERY PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE	No Auth Required	Surgery of male genital	
54057	LASER SURG PENIS LESION(S)	CRYOSURGERY  DSTRJ LESION PENIS SIMPLE LASER	No Auth Required	Surgary of male genital	
34037	LASEN SONG PENIS LESION(S)	D31NJ LESION FEINIS SIIVIFEE LASEN	No Auti Required	Surgery of male genital system	
54060	EXCISION OF PENIS LESION(S)	DSTRJ LESION PENIS SIMPLE SURG	No Auth Required	Surgery of male genital	
	(-,	EXCISION		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	
F4440	TREATMENT OF RENIC LEGION	EVOICION OF BENILE BLACKE	No Acade Bookstond	system	
54110	TREATMENT OF PENIS LESION	EXCISION OF PENILE PLAQUE	No Auth Required	Surgery of male genital	
54111	TREAT PENIS LESION GRAFT	EXC PENILE PLAQUE GRAFT &/5 CM	No Auth Required	system Surgery of male genital	
54111	THE WITE ELSION GIVET	LENGTH	No Auth Required	system	
54112	TREAT PENIS LESION GRAFT	EXC PENILE PLAQUE GRAFT > 5 CM	No Auth Required	Surgery of male genital	
		LENGTH		system	
54115	TREATMENT OF PENIS LESION	REMOVAL FOREIGN BODY DEEP PENILE	No Auth Required	Surgery of male genital	
		TISSUE		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	
54130	REMOVE PENIS & NODES	AMPUTATION PENIS RADW/BI	No Auth Required	Surgery of male genital	
34130	REMOVE PENIS & NODES	INGUINOFEMORAL LMPHADE	No Auti Required	Surgery of male genital system	
54135	REMOVE PENIS & NODES	AMPUTATION PENIS RADICAL	No Auth Required	Surgery of male genital	
		W/LYMPH NODES		system	
54150	CIRCUMCISION W/REGIONL BLOCK	CIRCUMCISION W/CLAMP/OTH DEV	No Auth Required	Surgery of male genital	
		W/BLOCK		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	
F41C2	LVCIC DENIIL CIDCUMIC LECION	LVCIC/EVCICIONI DENIII E	No Auth Dogwingd	system Surgery of male conital	
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	
2.200		22.2 3331014		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	
5 4 2 2 5				system	
54220	TREATMENT OF PENIS LESION	IRRIGATION CORPORA CAVERNOSA	No Auth Required	Surgery of male genital	
		PRIAPISM	j	system	

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54230	PREPARE PENIS STUDY	INJECTION CORPORA	No Auth Required	Surgery of male genital		
		CAVERNOSOGRAPY		system		
54231	DYNAMIC CAVERNOSOMETRY	DYNAMIC CAVERNOSOMETRY NJX	No Auth Required	Surgery of male genital		
		VASOACTIVE DRUGS		system		
54235	PENILE INJECTION	NJX C/P/A CAVERNOSA	No Auth Required	Surgery of male genital		
		W/PHARMACOLOGIC AGT		system		
54240	PENIS STUDY	PENILE PLETHYSMOGRAPHY	No Auth Required	Surgery of male genital		
				system		
54250	PENIS STUDY	NOCTURNAL PENILE TUMESCENCE	No Auth Required	Surgery of male genital		
		&/RIGIDITY TEST		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	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR		system		
54308	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR <3 CM		system		
54312	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR > 3 CM		system		
54316	RECONSTRUCTION OF URETHRA	URETHROPLASTY 2ND STAGE	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR SKIN GRF		system		
54318	RECONSTRUCTION OF URETHRA	URETHROPLASTY 3RD STG	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR RLS PENIS		system		
54322	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR W/SMPL	No Auth Required	Surgery of male genital		
		MEATAL ADVMNT		system		
54324	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR W/URTP	No Auth Required	Surgery of male genital		
		SKIN FLAPS		system		
54326	RECONSTRUCTION OF URETHRA	1 STG DSTL HYPOSPADIAS RPR URTP	No Auth Required	Surgery of male genital		
		SKN FLAPS		system		
54328	REVISE PENIS/URETHRA	1 STAGE DSTL HYPOSPADIAS RPR	No Auth Required	Surgery of male genital		
		W/EXTENSIVE DSJ		system		
54332	REVISE PENIS/URETHRA	1 STAGE PROX PENILE/PENOSCROTAL	No Auth Required	Surgery of male genital		
		HYPOSPADIAS RPR		system		
54336	REVISE PENIS/URETHRA	1 STG PERINEAL HYPOSPADIAS RPR	No Auth Required	Surgery of male genital		
		W/GRF&/FLAP		system		
54340	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS CLSR	No Auth Required	Surgery of male genital		
		INC/EXC SIMPLE		system		
54344	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS MOBLJ	No Auth Required	Surgery of male genital		
		FLAPS & URTP		system		
54348	SECONDARY URETHRAL SURGERY	RPR HYPOSPADIAS COMPLCTJS DSJ &	No Auth Required	Surgery of male genital		
		URTP FLAP/GRF		system		
54352	RECONSTRUCT URETHRA/PENIS	RPR HYPOSPADIAS CRIPPLE W/DSJ &	No Auth Required	Surgery of male genital		
		EXC & GRFS/FLAP		system		
54360	PENIS PLASTIC SURGERY	PLASTIC RPR PENIS CORRECT	No Auth Required	Surgery of male genital		
		ANGULATION		system		
54380	REPAIR PENIS	PLASTIC RPR PENIS EPISPADIAS DSTL	No Auth Required	Surgery of male genital		
		SPHNCTR	·	system		
54385	REPAIR PENIS	PLASTIC PENIS EPISPADIAS DSTL	No Auth Required	Surgery of male genital		
		SPHNCTR W/INCONT		system		
54390	REPAIR PENIS AND BLADDER	PLASTIC RPR PENIS EPISPADIAS	No Auth Required	Surgery of male genital		
		W/EXSTROPHY BLADDER		system		
54400	INSERT SEMI-RIGID PROSTHESIS	INSJ PENILE PROSTHESIS NON-	No Auth Required	Surgery of male genital		
		INFLATABLE SEMI-RIGID		system		
54401	INSERT SELF-CONTD PROSTHESIS	INSJ PENILE PROSTHESOS INFLATABLE	No Auth Required	Surgery of male genital		
32		SELF-CONTAINED		system		
54405	INSERT MULTI-COMP PENIS PROS	INSJ MULTI-COMPONENT INFLATABLE	No Auth Required	Surgery of male genital		
34403	THE PROPERTY OF THE PROPERTY O	PENILE PROSTH		system		
	1	ILLINITE LIVOSTIT	I	эуэссии	l	<u> </u>

Selection   Sele		T			
SAME   RECAMB MULTI-COMP POINT POI	54406	REMOVE MUTI-COMP PENIS PROS	· ·	No Auth Required	Surgery of male genital
MICHANIS	E4400	DEDAID MALILEL COMAD DENIC DDOC		No Auth Dogwingd	
SAMOVE PRIVATE CONTROL PRISON CONTROL   SAMOVE SEASON   No. Auth Required   System   Source of male genital   System	54408	REPAIR WIDETI-COMP PENIS PROS		No Auth Required	
MINISTRA PRINT   No. Auth Required   Sugrey of male genital   Sugrey	54410	REMOVE/REPLACE PENIS PROSTH		No Auth Required	<del>'</del>
SAMOV/RECLEPIUS POSC COMP   MANUE & RECONT PRICE TO PRICE					
MACHINE   MACH	54411	REMOV/REPLC PENIS PROS COMP		No Auth Required	
MICHAEL PRINT CONTAIN PROS   RIVAL AR PECCATI NON NON THE MAPETER   No. Auch Exequired   Suggery of male genital   System		,		·	
EMAV/REP. FENIS COMPAIL   PROCESS AND PR	54415	REMOVE SELF-CONTD PENIS PROS	RMVL NON-NFLTBL/NFLTBL PENILE	No Auth Required	Surgery of male genital
PRINTERPORTERS   PROS COMPL			PROSTH W/O RPLCMT		system
REMUREPER PRISE PROS COMP4   NEXT PRISE PROSTITISES   No. Auth Required   Suggesty of male genital   System	54416	REMV/REPL PENIS CONTAIN PROS	RMVL & RPLCMT NON-NFLTBL/NFLTBL	No Auth Required	Surgery of male genital
NECTOR DELO  ORANGO OF PRINS  CORPORA CAVERNOSA-SAPHENOUS  YEN SHAFT UNIVER  SAVESTON OF PRINS  CORPORA CAVERNOSA-CORPUS  SYSTEM  SONGGOUN SHAPE UNIVER  SONGGOUN SHAPE UNIVERS  SONGGOUN SHAPE UNIVE			PENILE PROSTHESI		system
REVISION OF PENIS  CORRORA CAVERNOSA CIANS PENIS  SPONIGIOUS MINITUR INVIVISI  SETTI PENIS  REPARR OF REPAIS  REPARR OF PENIS  REPARR O	54417	REMV/REPLC PENIS PROS COMPL		No Auth Required	Surgery of male genital
VERN SHUMT LIN/JBM   System   Surgery of male genital system   S					
REVISION OF PENIS SPONSIGIOMI SHIPTURE IN INFORMATION IN UNID STATE IN COMPORA CAVERNOSA CIANS PENIS (CORPORA CAVERNOSA CIANS PENIS COMPORA CAVERNOSA CIANS PENIS STEED PRIAMPSIN COMPORAL TEAR PENIS PENI	54420	REVISION OF PENIS		No Auth Required	Surgery of male genital
SPONGIOSUM SHUNT UN/8!  44358 REVISION OF PINS  CORPORA CURRONSA-GLANS PINS  FOTU PRIANPISM  SPETU PRIANPISM  FOTU PRIANPISM  REPAIR CORPOREAL TEAR  REPAIR TO FENIS  REPAIR TO FENIS  PLOSTIC OPERATION PENIS COMPAIR ON A path Required system  Surgery of male genital system  ADMITTATION WINDERTH REP  ADMITTATION WINDERTH REP  SURGERY OF FINS  PLOSTIC OPERATION PENIS TOURNESS TOURN					
Section of Penns   CORPORA CAVERNOSA-GLANS ENNS   SPILE PRIAPENS   STEP PRIAPENS   STEP PRIAPENS   STEP PRIAPENS   REPAIR OF TRAUMATIC CORPOREAL   TEARS   STEP PRIAPENS   REPAIR OF TRAUMATIC CORPOREAL   TEARS   STEP PRIAPENS   REPAIR OF TRAUMATIC CORPOREAL   System   Sys	54430	REVISION OF PENIS		No Auth Required	
STIL PRAPEM   Surgery of male genital system					
SEPAIR CORPOREAL TEAR   SEPAIR OF TRAUMATIC CORPOREAL   No Auth Required   System	54435	REVISION OF PENIS		No Auth Required	
TEAR(S)  AREANTATION OF PENIS  REPLANTATION PENIS (COMP)  AMPUTATION W/DRETH REP  PLASTIC OFFERIN  PLASTIC OFFERIN  PLASTIC OFFERINO  PLASTIC OFFERINO  PLASTIC OFFERINO  PREPUTIAL STRETCHING  PREPUTIAL STRETCHING  PORESKI MANI W/LSS PREPUTIAL  ADS&STRETCHING  BIOPSY TESTIS TRETCHING  BIOPSY TESTIS INSTEDLE SEPARATE  PROCEDURE  P		252412 202222541 7542			
SEPLANTATION OF PENIS   REPLANTATION PENIS COMP   Anoth Required   Surgery of male genital   S	54437	REPAIR CORPOREAL TEAR		No Auth Required	
AMPUTATION W/USETH REP  \$ system  \$ PLASTIC OPERATION PENIS NURY  \$ PREPUTIAL STRETCHING  \$ PREPUTIAL SURgery of male genital system  \$ PREPUTIAL STRETCHING  \$ PREPUTIAL STRETCHING  \$ PREPUTIAL SURgery of male genital system  \$ PREPUTIAL STRETCHING  \$ PREPUTIAL SURGERY  \$ PREPUTIAL STRETCHING  \$ PREPUTIAL SURGERY  \$ PRE	E4420	DEDI ANTATIONI OF DENIIC		No Auth Dogwingd	
SATIO PENIS   PLATIC OPERATION PENIS INJURY   No Auth Required   Surgery of male genital   system	54438	REPLANTATION OF PENIS		No Auth Required	
S4500 REMOVAL OF TESTIS UNGENERAL ORCHITECTOMY PARTIAL ORCHITECTOMY PART	54440	DEDAID OF DENIS		No Auth Poquired	
PREPUTIAL STRETCHING	34440	INCEPAIR OF FEIRIS	PLASTIC OPERATION PENIS INJURY	No Auti Required	
ADS&STRETCHING Software Section Sectio	5//50	DREDITIAL STRETCHING	FORESKN MANI W/I SS PREDITIAL	No Auth Required	
BIOPSY TESTIS BIOPSY TESTIS BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE  \$4505 BIOPSY OF TESTIS  \$4505 BIOPSY TESTIS BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE  \$54512 EXCISE LESION TESTIS  \$4512 EXCISE LESION TESTIS  \$4512 EXCISE LESION TESTIS  \$4520 ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH  \$54520 ORCHIECTOMY PARTIAL  \$54520 ORCHIECTOMY RADICAL TUMOR  \$54520 ORCHIECTOMY RADICAL TUMO	34430	THE OTHER STREET CHING		No Auth Required	
PROCEDURE   System   Surgery of male genital   System   System   System   Surgery of male genital   System	54500	BIOPSY OF TESTIS		No Auth Required	<del>'</del>
BIOPSY OF TESTIS BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE  EXCISE LESION TESTIS EXC XTRPARRNHYMAL LESION TESTIS No Auth Required System  SUrgery of male genital system  SURGERY OF TESTIS ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH  SURGERY OF TESTIS SURGERY ORCHIECTOMY PARTIAL No Auth Required Surgery of male genital system  SASSIS EXTENSIVE TESTIS SURGERY ORCHIECTOMY RADICAL TUMOR MANUAL APPROACH System  MARBOMINIAL EXPL  SASSIS EXPLORATION FOR TESTIS EXPL UNDESCENDED TESTIS NO Auth Required Surgery of male genital system  SURGERY ORCHIECTOMY RADICAL TUMOR NO Auth Required Surgery of male genital system  SASSIS EXPLORATION FOR TESTIS EXPL UNDESCENDED TESTIS NO Auth Required Surgery of male genital system  SURGERY OR MAIL REQUIRED SURGERY SURGERY NO AUTH REQUIRED SURGERY OR MAIL REQUIRED SURGERY OR MAIL REQUIRED SURGERY SURGERY SURGERY SURGERY SURGERY NO AUTH REQUIRED SURGERY OR MAIL REQUIRED SURGERY					
PROCEDURE   System   System   Strict	54505	BIOPSY OF TESTIS		No Auth Required	
S4520 REMOVAL OF TESTIS ORCHIECTOMY SIMPLE SCROTTAL/INGUINAL APPROACH System SYSTEM SCROTTAL/INGUINAL APPROACH SYSTEM SYSTEM STISS URGERY ORCHIECTOMY RADICAL TUMOR WABDOMINAL EXPL SYSTEM SYSTE			PROCEDURE		
S4520 REMOVAL OF TESTIS ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH System System Scrotal Scrotal System Scrotal System	54512	EXCISE LESION TESTIS	EXC XTRPARENCHYMAL LESION TESTIS	No Auth Required	Surgery of male genital
SCROTAL/INGUINAL APPROACH System  SA532 ORCHIECTOMY PARTIAL ORCHIECTOMY PARTIAL NO Auth Required Surgery of male genital system  SURGERY Surgery of male genital system  SURGERY ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH System  SURGERY ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH Surgery of male genital system  SURGERY ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL SURGERY ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL SYSTEM  SURGERY OF male genital Surgery OF male genital system  SURGERY OF male genital Surgery OF male genital system  SURGERY OF male genital					
Surgery of male genital system  SA535 REMOVAL OF TESTIS ORCHIECTOMY PARTIAL NO Auth Required Surgery of male genital system  SA535 EXTENSIVE TESTIS SURGERY ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH  SA535 EXTENSIVE TESTIS SURGERY ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL  SA536 EXPLORATION FOR TESTIS EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA INGUN/SCROTAL AREA INGUN/SCROTAL AREA SYSTEM  SA550 EXPLORATION FOR TESTIS EXPL UNDESCENDED TESTIS INGUN/SCROTAL AREA INGUN/SCROTAL INGUN/SCROTAL AREA INGUN/SCROTAL INGUN/SCROTAL INGUN/SCROTAL INGUN/SCROTAL AREA INGUN/SCROTAL INGUN/SCROTA	54520	REMOVAL OF TESTIS	ORCHIECTOMY SIMPLE	No Auth Required	Surgery of male genital
System  System  SAS30 REMOVAL OF TESTIS  ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH  SYSTEM  SURGERY OF male genital system  SURGERY OF male genital system  SURGERY OF male genital system			SCROTAL/INGUINAL APPROACH		system
SETENSIVE TESTIS SURGERY  ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH  SYSTEM  SYSTEM  ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH  ORCHIECTOMY RADICAL TUMOR ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL  SYSTEM  SURGERY of male genital System  SURGERY OF m	54522	ORCHIECTOMY PARTIAL	ORCHIECTOMY PARTIAL	No Auth Required	Surgery of male genital
Suppose   Supp					
S4535   EXTENSIVE TESTIS SURGERY   ORCHIECTOMY RADICAL TUMOR   W/ABDOMINAL EXPL   System   Surgery of male genital   sy	54530	REMOVAL OF TESTIS		No Auth Required	
System   S	54505	EVERYON SE TECTIS OUR CERV			<del>'</del>
S4550 EXPLORATION FOR TESTIS EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA System  54560 EXPLORATION FOR TESTIS EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL System  54600 REDUCE TESTIS TORSION RDCT; TORSION TESTIS FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE  54620 ORCHIOPEXY INGUN/SCROT APPR ORCHIOPEXY INGUINAL OR SCROTAL APPROACH ABDOMINAL EXPL SYSTEM  54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS SINSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system  54660 Surgery of male genital system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system  54670 Surgery of male genital system  54680 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE NO Auth Required Surgery of male genital system	54535	EXTENSIVE TESTIS SURGERY		No Auth Required	
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EXPLORATION FOR TESTIS  EXPL UNDESCENDED TESTIS  W/ABDOMINAL EXPL  System  Surgery of male genital system	54550	EAPLORATION FOR TESTIS		ino Autri Kequirea	
W/ABDOMINAL EXPL  System  S4600 REDUCE TESTIS TORSION  RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS  SUSPENSION OF TESTIS  FIXATION CONTRALATERAL TESTIS  SEPARATE PROCEDURE  SYSTEM  SYSTEM  SYSTEM  SURGERY of male genital system  SEPARATE PROCEDURE  SYSTEM  SYSTEM  SYSTEM  SURGERY of male genital system  SORCHIOPEXY INGUN/SCROT APPR  ORCHIOPEXY INGUN/SCROT APPR  ORCHIOPEXY INGUNINAL OR SCROTAL APPROACH APPROACH APPROACH  ORCHIOPEXY (FOWLER-STEPHENS)  ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS  NO Auth Required  Surgery of male genital system	5/1560	EXPLORATION FOR TESTIS		No Auth Required	<del>'</del>
Suspension of Testis  Surgery of male genital system  Surgery of male genital system  Suspension of Testis  Surgery of Male genital system  Surgery of male genital system  Suspension of Testis  Susp	34300	LAFLORATION FOR 1E3113		No Auth Required	
TESTIS system  54620 SUSPENSION OF TESTIS FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE System  54640 ORCHIOPEXY INGUN/SCROT APPR ORCHIOPEXY INGUINAL OR SCROTAL APPROACH APPROACH APPROACH System  54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS System  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital system  54670 Surgery of male genital System  54680 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital System	54600	REDUCE TESTIS TORSION		No Auth Required	
SUSPENSION OF TESTIS  FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE  SUSPENSION OF TESTIS  FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE  SUSPENSION OF TESTIS  FIXATION CONTRALATERAL TESTIS SUSPENSION OF TESTIS  FIXATION CONTRALATERAL TESTIS No Auth Required Surgery of male genital system	34000	THE OCE TESTIS TORSION		110 Addi Nequiled	
SEPARATE PROCEDURE System  54640 ORCHIOPEXY INGUN/SCROT APPR ORCHIOPEXY INGUINAL OR SCROTAL APPROACH System  54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital system	54620	SUSPENSION OF TESTIS		No Auth Required	
Surgery of male genital system  54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital system  54670 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS Surgery of male genital system  54680 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital					
APPROACH system  54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA- ABDOMINAL TESTIS System  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital System	54640	ORCHIOPEXY INGUN/SCROT APPR		No Auth Required	
54650 ORCHIOPEXY (FOWLER-STEPHENS) ORCHIOPEXY ABDL APPROACH INTRA- ABDOMINAL TESTIS No Auth Required system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital		, , , , , , , , , , , , , , , , , , , ,			
ABDOMINAL TESTIS system  54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital	54650	ORCHIOPEXY (FOWLER-STEPHENS)		No Auth Required	
54660 REVISION OF TESTIS INSJ TESTICULAR PROSTH SEPARATE No Auth Required Surgery of male genital					
	54660	REVISION OF TESTIS		No Auth Required	
			PROCEDURE		system

ASSESSED   APAROSCOPY ORCHECTOMY   APAROSCOPY SUPPORT   APAROSCOPY SUP				1		ı	
SECSION OF PRINCIPATION   TRANSPORTATION TESTS OF FISHER	54670	REPAIR TESTIS INJURY	SUTURE/REPAIR TESTICULAR INJURY	No Auth Required	Surgery of male genital system		
SARGO   DAMAGOCOPY ORDERETORY   DAMAGOCOPY SARGOLA	54680	RELOCATION OF TESTIS(ES)	TRANSPLANTATION TESTIS TO THIGH	No Auth Required	Surgery of male genital		
JAMANDSCOPY ORIGINATES   JAMANDSCOPY ORIGINATES   JAMANDSCAPE PROCEDURE   JAMANDSCAPE PROCEDURE   JAMANDSCAPE PROCEDURE   JAMANDSCOPY PROCEDURE   JAMANDSCAPE PROCEDURE   JA	54690	LAPAROSCOPY ORCHIECTOMY		No Auth Required			
SARGOCOPE PROCECTESTS   UNLISTED LAPANOSCOPY PROCECTURE   TISSIS	54692	LAPAROSCOPY ORCHIOPEXY	LAPAROSCOPY ORCHIOPEXY INTRA-	No Auth Required	Infertility Testing or		
SATION   SALE   SACE	54699	LAPAROSCOPE PROC TESTIS	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of male genital	Full Clinical Review	
SARRON   SICH FENDIOWINS   SICH   STRENGT	54700	DRAINAGE OF SCROTUM	I&D EPIDIDYMIS TSTIS&/SCROTAL	No Auth Required	Surgery of male genital		
Season REMOVE EPOIDLYMIS LISSON  EXCISION DOCAL ESEND FEDIOTHMIS  SARAD  REMOVAL OF EPOIDLYMIS SESON  EPOIDLYMECTOMY UNILLATERAL  NO Auth Required  Surgery of male genital  system  Full Clinical Review  Full C	54800	BIOPSY OF EPIDIDYMIS		No Auth Required	Surgery of male genital		
BEMOVAL OF EPIDIDYMIS LESION   EPIDIDYMECTOMY UNILATERAL   No Auth Required   Surgery of male genital system	54830	REMOVE EPIDIDYMIS LESION	EXCISION LOCAL LESION EPIDIDYMIS	No Auth Required	Surgery of male genital		
SABBO   REMOVAL OF EPIDIDYMIS   PIDIDYMISCTOMY UNILATERAL   No Auth Required   Surgery of male gental system	54840	REMOVE EPIDIDYMIS LESION		No Auth Required	Surgery of male genital		
Season   Removal, or endownal or endownal or sention   Surgery of male genital   Surgery of ma	54860	REMOVAL OF EPIDIDYMIS		No Auth Required	Surgery of male genital		
SARRED   EMPLORE EPIDIDYMIS   EXPLORATION EPIDIDYMIS W/N/WO   No Auth Required   Surgery of male genital   Surgery of ma	54861	REMOVAL OF EPIDIDYMIS	EPIDIDYMECTOMY BILATERAL	No Auth Required	Surgery of male genital		
Full Clinical Review	54865	EXPLORE EPIDIDYMIS		No Auth Required	Surgery of male genital		
FUSION OF SPERMATIC DUCTS   EPIDIDYMOVASOSTOMY ANAST   EPIDIDYMOUSE   EPIDIDYMO	54900	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST	Authorization Required	Infertility Testing or	Full Clinical Review	
S0000   DRAINAGE OF HYDROCELE   PANRA ASPIR HYDROCELE TUNICA VAGIS   No Auth Required   Surgery of male genital system   Surgery o	54901	FUSION OF SPERMATIC DUCTS	EPIDIDYMOVASOSTOMY ANAST	Authorization Required	Infertility Testing or	Full Clinical Review	
SOUND   REMOVAL OF HYDROCELE   EXCISION HYDROCELE UNILATERAL   No Auth Required   Surgery of male genital   system	55000	DRAINAGE OF HYDROCELE	PNXR ASPIR HYDROCELE TUNICA VAGIS	No Auth Required	Surgery of male genital		
STOA1   REMOVAL OF HYDROCELES   EXCISION HYDROCELE BILATERAL   No Auth Required   Surgery of male genital   system	55040	REMOVAL OF HYDROCELE	EXCISION HYDROCELE UNILATERAL	No Auth Required	Surgery of male genital		
BOTTLE TYPE system   System   System   Span   System   Span   System   Span   S	55041	REMOVAL OF HYDROCELES	EXCISION HYDROCELE BILATERAL	No Auth Required			
SS100   DRAINAGE OF SCROTUM ABSCESS   DRAINAGE SCROTAL WALL ABSCESS   No Auth Required   Surgery of male genital   System   SS110   SPUDRE SCROTUM   SCROTAL EXPLORATION   No Auth Required   Surgery of male genital   System   SS110   SPUDRE SCROTUM   SCROTUM   SURGERY of male genital   System   SS110   SURGERY of male genital   SURGE	55060	REPAIR OF HYDROCELE		No Auth Required			
System  Signature of male genital system  Infertility Testing or full Clinical Review of male genital system  Signature of male genital system	55100	DRAINAGE OF SCROTUM ABSCESS	DRAINAGE SCROTAL WALL ABSCESS	No Auth Required			
S5120   REMOVAL OF SCROTUM   RESECTION SCROTUM   No Auth Required   Surgery of male genital system   S5150   REMOVAL OF SCROTUM   RESECTION SCROTUM   No Auth Required   Surgery of male genital system   S5175   REVISION OF SCROTUM   SCROTOPLASTY SIMPLE   No Auth Required   Surgery of male genital system   S5180   REVISION OF SCROTUM   SCROTOPLASTY COMPLICATED   No Auth Required   Surgery of male genital system   S5200   INCISION OF SCROTUM   SCROTOPLASTY COMPLICATED   No Auth Required   Surgery of male genital system   S5200   INCISION OF SPERM DUCT   VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX   VASOTOMY UNI/BI SPX   Surgery of male genital system   S5250   REMOVAL OF SPERM DUCT   VASOTOMY UNI/BI SPX W/POSTOP   SEMEN EXAMS   SEMEN EXAMS   SEMEN EXAMS   SEMEN EXAMS   Surgery of male genital system   S5300   PREPARE SPERM DUCT   VASOTOMY VASOGRAMS UNI/BI   Authorization Required   Infertility Testing or Treatment   Treatment   Surgery of male genital system   S5400   REPAIR OF SPERM DUCT   VASOVASOSTOMY VASOVASORRHAPHY   Authorization Required   Surgery of male genital system   Surgery of male genital	55110	EXPLORE SCROTUM	SCROTAL EXPLORATION	No Auth Required			
SESSION   REMOVAL OF SCROTUM   RESECTION SCROTUM   No Auth Required   Surgery of male genital system   SURGERY SIMPLE   No Auth Required   Surgery of male genital system   SURGERY SIMPLE   No Auth Required   Surgery of male genital system   SURGERY OF MALE SURGERY OF	55120	REMOVAL OF SCROTUM LESION	REMOVAL FOREIGN BODY SCROTUM	No Auth Required	Surgery of male genital		
SCROTOPLASTY SIMPLE   No Auth Required   Surgery of male genital system	55150	REMOVAL OF SCROTUM	RESECTION SCROTUM	No Auth Required	Surgery of male genital		
SCROTOPLASTY COMPLICATED   No Auth Required   Surgery of male genital   system	55175	REVISION OF SCROTUM	SCROTOPLASTY SIMPLE	No Auth Required	Surgery of male genital		
S5200   INCISION OF SPERM DUCT   VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX   Infertility Testing or Treatment   Infertility Testing or Treatment   Infertility Testing or Treatment   Surgery of male genital system   Infertility Testing or Treatment   Infe	55180	REVISION OF SCROTUM	SCROTOPLASTY COMPLICATED	No Auth Required	Surgery of male genital		
SEMEN VAL OF SPERM DUCT(S)   VASECTOMY UNI/BI SPX W/POSTOP   No Auth Required   Surgery of male genital   system   Semental   System   S	55200	INCISION OF SPERM DUCT		Authorization Required	Infertility Testing or	Full Clinical Review	
S5300   PREPARE SPERM DUCT X-RAY   VASOTOMY VASOGRAMS UNI/BI   Authorization Required   Infertility Testing or   Treatment   Treatment   Treatment   Treatment   Treatment   Surgery of male genital   System   S5500   REMOVAL OF HYDROCELE   EXC HYDROCELE SPRMATIC CORD UNI   No Auth Required   Surgery of male genital   Surgery of	55250	REMOVAL OF SPERM DUCT(S)	VASECTOMY UNI/BI SPX W/POSTOP	No Auth Required	Surgery of male genital		
System   Surgery of male genital   Surg	55300	PREPARE SPERM DUCT X-RAY		Authorization Required	Infertility Testing or	Full Clinical Review	
	55400	REPAIR OF SPERM DUCT	VASOVASOSTOMY VASOVASORRHAPHY	Authorization Required		Full Clinical Review	
SPX System	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	No Auth Required	Surgery of male genital		
		SEPARATE PROCEDURE		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	

\$5873 CRYOABLATE PROSTATE WUJS & MONITORI WUJS & MUJS	
STATE   STAT	
MATRIL J/MLT NIX  55876 TRANSPERI NEEDLE PLACE PROS TADASSERINEAL PLATY TOL/CATHS PROSTATE RADI INSI  55876 PLACE RT DEVICE/MARKER PROS PLATI INTERSTITIAL DEV RADIAT TX PROSTATE J/MULT PROSTATE J/MULT PROSTATE J/MULT TRANSSECTAL ABLITI MAL PRST8 TISSUE Authorization Required System  55880 ABLTJ MAL PRST8 TISS HIFU TRANSSECTAL ABLITI MAL PRST8 TISSUE Authorization Required HIFU W/JS  55899 GENTAL SURGERY PROCEDURE UNILISTED PROCEDURE MALE GENTAL SYSTEM PLACE ENEDLES PELVIC FOR RT PLACEMENT NEEDLE PLEVIC ORGAN RADIOELEMENT APPL AUTHORIZED PROCEDURE MALE GENTAL PROSTATE AUTHORIZED PROCEDURE MALE GENTAL SYSTEM PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL SS990 SEX TRANSFORMATION M TO F INTERSEX SURG FEMALE MALE AUthorization Required System and intersex Sys	
STANSPERINEEDLE PLACE PROS   TRANSPERINEAL PLINT NDL/CATHS   PROSTATE RADI INIS.	
PROSTATE RADI INSI  55876 PLACE RT DEVICE/MARKER PROS PLATI INTERSTITIAL DEV RADIAT TX PROSTATE ADJINSI  55880 ABLTI MAL PRST8 TISS HIFU TRANSRECTAL ABLTI MAL PRST8 TISSUE HIFU W/US  55899 GENITAL SURGERY PROCEDURE UNLISTED PROCEDURE MALE GENITAL SYSTEM  55920 PLACE NEEDLES PELVIC FOR RT PLACEMENT APPL S5990 SEX TRANSFORMATION M TO F INTERSEX SURG MALE FEMALE S5990 SEX TRANSFORMATION M TO F INTERSEX SURG MALE FEMALE Authorization Required Surgery of male genital system Surgery of male genital system Surgery of male genital system Surgery of reproductive system and intersex Reconstructive Full Clinical Review Surgery of reproductive system and intersex Reconstructive Full Clinical Review Surgery of reproductive system and intersex SURGERY PROCEDURE S5990 SEX TRANSFORMATION M TO F INTERSEX SURG MALE FEMALE Authorization Required Surgery of reproductive System and intersex Reconstructive Full Clinical Review Surgery of reproductive system and intersex Surgery of reproductive Surgery of reproductive System and intersex Surgery of reproductive Surgery	
PROSTATE 1/MULT   System   System	
ABLTI MAL PRST8 TISS HIFU  TRANSRECTAL ABLTI MAL PRST8 TISSUE HIFU W/US  S5889  GENITAL SURGERY PROCEDURE  UNLISTED PROCEDURE MALE GENITAL Authorization Required System  Syst	
S5890   GENITAL SURGERY PROCEDURE   UNLISTED PROCEDURE MALE GENITAL   Authorization Required   Surgery of male genital   system   Full Clinical Review   STEM   SURGERY PROCEDURE   SUSTEM   Surgery of male genital   Surgery o	
SYSTEM  SURGERY FOR PROJUCTIVE  Full Clinical Review	
S5920   PLACE NEEDLES PELVIC FOR RT   PLACEMENT NEEDLE PELVIC ORGAN   RADIOELEMENT APPL	
S5970   SEX TRANSFORMATION M TO F   INTERSEX SURG MALE FEMALE   Authorization Required   Reconstructive   Full Clinical Review	
S5980   SEX TRANSFORMATION F TO M   INTERSEX SURG FEMALE MALE   Authorization Required   Reconstructive   Full Clinical Review	
Section   Sect	
Section Destroy Vulva Lesion/S COMPL  Section Destroy Vulva Lesion/S Comple Destruction Lesion Section	
SURGERY FOR VULVA LESION  MARSUPIALIZATION BARTHOLINS GLAND CYST  SURGERY FOR YULVA LESION(S)  LYSIS OF LABIAL LESION(S)  LYSIS OF LABIAL LESION(S)  LYSIS LABIAL ADHESIONS  No Auth Required  Surgery of female genital system  SURGERY FOR VULVA LESION(S)  DESTROY VULVA LESIONS SIM  DESTRUCTION LESIONS VULVA SIMPLE NO Auth Required  SURGERY FOR YULVA LESION(S)  DESTROY VULVA LESION/S COMPL  DESTRUCTION LESIONS VULVA NO Auth Required  EXTENSIVE  SIOPSY OF VULVA/PERINEUM  BIOPSY VULVA/PERINEUM 1 LESION SYX  BIOPSY OF VULVA/PERINEUM  BIOPSY VULVA/PERINEUM EACH ADDL System  Surgery of female genital Surgery of female genital System  Sourgery of female genital System  Surgery of female genital Surgery of	
GLAND CYST 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 system  56515 DESTROY VULVA LESION/S COMPL DESTRUCTION LESIONS VULVA No Auth Required EXTENSIVE  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 No Auth Required Surgery of female genital system  56620 PARTIAL REMOVAL OF VULVA VULVA VULVECTOMY SIMPLE PARTIAL No Auth Required Reconstructive  56625 COMPLETE REMOVAL OF VULVA VULVA VULVECTOMY SIMPLE COMPLETE No Auth Required Surgery of female genital Surgery of female genital Surgery of female genital System	
LYSIS CABIAL LESION(S)  LYSIS LABIAL ADHESIONS  No Auth Required  Surgery of female genital system  Section of the system  DESTRUCTION LESIONS VULVA SIMPLE  No Auth Required  Surgery of female genital system  DESTRUCTION LESIONS VULVA SIMPLE  No Auth Required  Surgery of female genital system  Section of the system  Section of the system  Section of the system  Section of the system  Surgery of female genital S	
HYMENOTOMY HYMENOTOMY SIMPLE INCISION No Auth Required Surgery of female genital system  DESTROY VULVA LESIONS SIM DESTRUCTION LESIONS VULVA SIMPLE No Auth Required  DESTROY VULVA LESION/S COMPL DESTRUCTION LESIONS VULVA No Auth Required EXTENSIVE  S6605 BIOPSY OF VULVA/PERINEUM BIOPSY VULVA/PERINEUM 1 LESION SPX No Auth Required Surgery of female genital system  S6606 BIOPSY OF VULVA/PERINEUM BIOPSY VULVA/PERINEUM EACH ADDL No Auth Required Surgery of female genital system  S6607 PARTIAL REMOVAL OF VULVA VULVA VULVECTOMY SIMPLE PARTIAL No Auth Required Reconstructive  S6608 COMPLETE REMOVAL OF VULVA VULVECTOMY SIMPLE COMPLETE No Auth Required Surgery of female genital Surgery of femal	
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EXTENSIVE  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 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	
Second Formula   BIOPSY 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 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	
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	
56625 COMPLETE REMOVAL OF VULVA VULVECTOMY SIMPLE COMPLETE No Auth Required Surgery of female genital	
56630 EXTENSIVE VULVA SURGERY VULVECTOMY RADICAL PARTIAL No Auth Required Surgery of female genital system	
56631 EXTENSIVE VULVA SURGERY VULVECTOMY RAD PRTL UNI No Auth Required Surgery of female genital INGUINOFEM LMPHADECTOMY system	
56632 EXTENSIVE VULVA SURGERY VULVECTOMY RAD PRTL BI No Auth Required Surgery of female genital INGUINOFEM LMPHADECTOMY System	
56633 EXTENSIVE VULVA SURGERY VULVECTOMY RADICAL COMPLETE No Auth Required Surgery of female genital	
56634 EXTENSIVE VULVA SURGERY VULVECTOMY RAD COMPL UNI No Auth Required Surgery of female genital	
INGUINOFEM LMPHADECTOMY system  56637 EXTENSIVE VULVA SURGERY VULVECTOMY RAD COMPL BI No Auth Required Surgery of female genital	
INGUINOFEM LMPHADECTOMY system	
56640 EXTENSIVE VULVA SURGERY VULVECTOMY RAD COMPL ILIAC & No Auth Required Surgery of female genital system	
56700 PARTIAL REMOVAL OF HYMEN PRTL HYMENECTOMY/REVJ HYMENAL 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	No Auth Required	Surgery of female genital	
		NONOBSTETRICAL SPX		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	system	
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	

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57210	REPAIR VAGINA/PERINEUM	COLPOPERINEORRHAPHY SUTURE INJ	No Auth Required	Surgery of female genital			
57000	DELUCION OF URETURA	VAGINA&/PERINEU		system			
57220	REVISION OF URETHRA	PLASTIC URETHRAL SPHINCTER	No Auth Required	Surgery of female genital			
57230	REPAIR OF URETHRAL LESION	VAGINAL APPROACH PLASTIC REPAIR URETHROCELE	No Auth Required	System Surgery of female genital			
37230	REPAIR OF ORETHRAL LESION	PLASTIC REPAIR UNETHROCELE	No Auth Required	Surgery of female genital			
57240	ANTERIOR COLPORRHAPHY	ANTERIOR COLPORRAPHY RPR	No Auth Required	Surgery of female genital			
37240	ANTERIOR COLFORNIAFIII	CYSTOCELE W/CYSTO	No Auth Required	Surgery of female genital system			
57250	REPAIR RECTUM & VAGINA	POST COLPORRHAPHY RECTOCELE	No Auth Required	Surgery of female genital			
37230	THE TAIR REET OWN & VIOLEN	W/WO PERINEORRHAPHY	No Auth Required	system			
57260	CMBN ANT PST COLPRHY	CMBND ANTERPOST COLPORRAPHY	No Auth Required	Surgery of female genital			
37200	CWENT TOT COLL INT	W/CYSTO	No Auth Required	system			
57265	CMBN AP COLPRHY W/NTRCL RPR	CMBND ANTERPOST COLPORRAPHY	No Auth Required	Surgery of female genital			
		W/CYSTO W/NTRCL RPR		system			
57267	INSERT MESH/PELVIC FLR ADDON	INSJ MESH/PROSTH PELVIC FLOOR	No Auth Required	Surgery of female genital			
	,	DEFECT EACH SITE		system			
57268	REPAIR OF BOWEL BULGE	REPAIR ENTEROCELE VAGINAL	No Auth Required	Surgery of female genital			
		APPROACH SPX		system			
57270	REPAIR OF BOWEL POUCH	REPAIR ENTEROCELE ABDOMINAL	No Auth Required	Surgery of female genital			
		APPROACH SPX		system			
57280	SUSPENSION OF VAGINA	COLPOPEXY ABDOMINAL APPROACH	No Auth Required	Surgery of female genital			
				system			
57282	COLPOPEXY EXTRAPERITONEAL	COLPOPEXY VAGINAL	No Auth Required	Surgery of female genital			
		EXTRAPERITONEAL APPROACH		system			
57283	COLPOPEXY INTRAPERITONEAL	COLPOPEXY VAGINAL	No Auth Required	Surgery of female genital			
		INTRAPERITONEAL APPROACH		system			
57284	REPAIR PARAVAG DEFECT OPEN	PARAVAGINAL DEFECT REPAIR OPEN	No Auth Required	Surgery of female genital			
		ABDOMINAL APPR		system			
57285	REPAIR PARAVAG DEFECT VAG	PARAVAGINAL DEFECT REPAIR VAGINAL	No Auth Required	Surgery of female genital			
		APPROACH		system			
57287	REVISE/REMOVE SLING REPAIR	RMVL/REVJ SLING STRESS	No Auth Required	Surgery of female genital			
		INCONTINENCE		system			
57288	REPAIR BLADDER DEFECT	SLING OPERATION STRESS	Authorization Required	Surgery of female genital	N	letwork Validation	
		INCONTINENCE		system			
57289	REPAIR BLADDER & VAGINA	PEREYRA PX W/ANTERIOR	No Auth Required	Surgery of female genital			
	CONSTRUCTION OF MACINA	COLPORRHAPHY		system			
57291	CONSTRUCTION OF VAGINA	CONSTRUCTION ARTIFICIAL VAGINA	No Auth Required	Reconstructive			
F7202	CONSTRUCT VACINA WITH CRAFT	W/O GRAFT CONSTRUCTION ARTIFICIAL VAGINA	No Auth Required	Bosonstructivo			
57292	CONSTRUCT VAGINA WITH GRAFT	W/GRAFT	No Auth Required	Reconstructive			
57295	REVISE VAG GRAFT VIA VAGINA	REVJ/RMVL PROSTHETIC VAGINAL	No Auth Required	Surgery of female genital			
31233	NEVISE VAG GIALL VIA VAGINA	GRAFT VAGINAL APP	Auth Required	system			
57296	REVISE VAG GRAFT OPEN ABD	REVJ W/RMVL PROSTHETIC VAGINAL	No Auth Required	Surgery of female genital			
3,230	THE THE GIVE TOTELLY ADD	GRAFT ABDML APPR		system			
57300	REPAIR RECTUM-VAGINA FISTULA	CLSR RECTOVAGINAL FISTULA	No Auth Required	Surgery of female genital			
3.300	The state of the s	VAGINAL/TRANSANAL APPR		system			
57305	REPAIR RECTUM-VAGINA FISTULA	CLSR RECTOVAGINAL FISTULA	No Auth Required	Surgery of female genital			
		ABDOMINAL APPROACH	1	system			
57307	FISTULA REPAIR & COLOSTOMY	CLSR RECTOVAG FSTL ABDL APPR	No Auth Required	Surgery of female genital			
		W/CONCOMITANT CLST	1	system			
57308	FISTULA REPAIR TRANSPERINE	CLSR RECTOVAG FSTL TPRNL PRNL BDY	No Auth Required	Surgery of female genital			
		RCNSTJ		system			
57310	REPAIR URETHROVAGINAL LESION	CLOSURE URETHROVAGINAL FISTULA	No Auth Required	Surgery of female genital			
				system			
57311	REPAIR URETHROVAGINAL LESION	CLSR URETHROVAG FSTL	No Auth Required	Surgery of female genital			
		W/BULBOCAVERNOSUS TRNSPL		system			1

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57320	REPAIR BLADDER-VAGINA LESION	CLOSURE VESICOVAGINAL FISTULA	No Auth Required	Surgery of female genital
		VAGINAL APPROACH		system
57330	REPAIR BLADDER-VAGINA LESION	CLSR VESICOVAG FSTL	No Auth Required	Surgery of female genital
		TRANSVESICAL&VAG APPR		system
57335	REPAIR VAGINA	VAGINOPLASTY INTERSEX STATE	No Auth Required	Reconstructive
57400	DILATION OF VAGINA	DILATION VAGINA W/ANESTHESIA	No Auth Required	Surgery of female genital
		OTHER THAN LOCAL		system
57410	PELVIC EXAMINATION	PELVIC EXAMINATION W/ANESTHESIA	No Auth Required	Surgery of female genital
		OTHER THAN LOCAL		system
57415	REMOVE VAGINAL FOREIGN BODY	REMOVAL IMPACTED VAG FB SPX	No Auth Required	Surgery of female genital
		W/ANES OTH/THN LOCAL		system
57420	EXAM OF VAGINA W/SCOPE	COLPOSCOPY ENTIRE VAGINA	No Auth Required	Surgery of female genital
		W/CERVIX IF PRESENT		system
57421	EXAM/BIOPSY OF VAG W/SCOPE	COLPOSCOPY ENTIRE VAGINA	No Auth Required	Surgery of female genital
		W/VAGINA/CERVIX BX		system
57423	REPAIR PARAVAG DEFECT LAP	PARAVAGINAL DEFECT REPAIR	No Auth Required	Surgery of female genital
		LAPAROSCOPIC APPROACH		system
57425	LAPAROSCOPY SURG COLPOPEXY	LAPAROSCOPY COLPOPEXY SUSPENSION	No Auth Required	Surgery of female genital
		VAGINAL APEX		system
57426	REVISE PROSTH VAG GRAFT LAP	REVISION PROSTHETIC VAGINAL GRAFT	No Auth Required	Surgery of female genital
		LAPAROSCOPIC		system
57452	EXAM OF CERVIX W/SCOPE	COLPOSCOPY CERVIX UPPER/ADJACENT	No Auth Required	Surgery of female genital
		VAGINA		system
57454	BX/CURETT OF CERVIX W/SCOPE	COLPOSCOPY CERVIX BX CERVIX &	No Auth Required	Surgery of female genital
		ENDOCRV CURRETAGE		system
57455	BIOPSY OF CERVIX W/SCOPE	COLPOSCOPY CERVIX UPPR/ADJCNT	No Auth Required	Surgery of female genital
	,,,,,	VAGINA W/CERVIX BX		system
57456	ENDOCERV CURETTAGE W/SCOPE	COLPOSCOPY CERVIX ENDOCERVICAL	No Auth Required	Surgery of female genital
	,	CURETTAGE		system
57460	BX OF CERVIX W/SCOPE LEEP	COLPOSCOPY CERVIX VAG LOOP ELTRD	No Auth Required	Surgery of female genital
	,	BX CERVIX		system
57461	CONZ OF CERVIX W/SCOPE LEEP	COLPOSCOPY CERVIX VAG ELTRD	No Auth Required	Surgery of female genital
		CONIZATION CERVIX		system
		COMPUTER-AIDED MAPG CERVIX UTERI	No Auth Required	
57465	CAM CERVIX UTERI DRG COLP	DRG COLPOSCOPY		
57500	BIOPSY OF CERVIX	BIOPSY CERVIX SINGLE/MULT/EXCISION	No Auth Required	
37300	Sier di dentin	OF LESION SPX	no man neganea	
		or EESIGIVSI A		
57505	ENDOCERVICAL CURETTAGE	ENDOCERVICAL CURETTAGE NOT DONE	No Auth Required	Surgery of female genital
37303	ENDOCENTICAL CONETTAGE	AS PART OF D&C	No Auth Required	system
57510	CAUTERIZATION OF CERVIX	CAUTERY CERVIX ELECTRO/THERMAL	No Auth Required	Surgery of female genital
37310	CHOTEMESTHON OF CERTIX	CHOTEKT CERVIX ELECTRO, THERWINE	No Auth Required	system
57511	CRYOCAUTERY OF CERVIX	CAUTERY CERVIX CRYOCAUTERY	No Auth Required	Surgery of female genital
3/311	CRIOCACTERI OF CERVIX	INITIAL/REPEAT	No Auth Required	
57513	LASER SURGERY OF CERVIX	CAUTERY CERVIX LASER ABLATION	No Auth Boquired	system  Surgery of formula genital
3/313	LAJEN SUNGENT OF CERVIA	CAUTENT CENVIA LASER ADLATION	No Auth Required	Surgery of female genital
57520	CONIZATION OF CERVIX	CONIZATION CERVIX W/WO D&C RPR	No Auth Required	Surgery of formula genital
3/320	CONIZATION OF CERVIA	KNIFE/LASER	No Auth Required	Surgery of female genital
57522	CONIZATION OF CERVIX		No Auth Boquired	system  Surgery of formula genital
5/522	CONIZATION OF CERVIA	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	No Auth Required	Surgery of female genital
57530	REMOVAL OF CERVIX		No Auth Boquired	system  Surgery of formula genital
3/330	NEIVIOVAL OF CERVIX		No Auth Required	Surgery of female genital
E7F24	DEMOVAL OF CEDVIX DADICAL	CERVIX SPX	No Auth Boardan	System System
57531	REMOVAL OF CERVIX RADICAL	RAD TRACHELECTOMY W/BI PEL	No Auth Required	Surgery of female genital
F7F40	DEMONAL OF RECIDINAL CERNINA	LMPHADEC	No Auth Downing	system  Suggest of formula goalite  Suggest of formula goa
57540	REMOVAL OF RESIDUAL CERVIX	EXCISION CERVICAL STUMP	No Auth Required	Surgery of female genital
		ABDOMINAL APPROACH	j	system

57545	REMOVE CERVIX/REPAIR PELVIS	EXC CERVICAL STUMP ABDL APPR	No Auth Required	Surgery of female genital		
		W/PELVIC FLOOR RPR		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	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		
57700	REVISION OF CERVIX	CERCLAGE UTERINE CERVIX	No Auth Required	Surgery of female genital		
57720	REVISION OF CERVIX	NONOBSTETRICAL TRACHELORRHAPHY PLSTC RPR	No Auth Required	Surgery of female genital		
57800	DILATION OF CERVICAL CANAL	UTERINE CERVIX VAG DILATION CERVICAL CANAL	No Auth Required	Surgery of female genital		
		INSTRUMENTAL SPX		system		
58100	BIOPSY OF UTERUS LINING	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		
58150	TOTAL HYSTERECTOMY	TOTAL ABDOMINAL HYSTERECT W/WO	No Auth Required	system Surgery of female genital		
58152	TOTAL HYSTERECTOMY	RMVL TUBE OVARY  TOT ABD HYST W/WO RMVL TUBE	No Auth Required	Surgery of female genital		
58180	PARTIAL HYSTERECTOMY	OVARY W/COLPURETHRXY SUPRACERVICAL ABDL HYSTER W/WO	No Auth Required	Surgery of female genital		
		RMVL TUBE OVARY		system		
58200	EXTENSIVE HYSTERECTOMY	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM		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/<	No Auth Required	Surgery of female genital		
58275	HYSTERECTOMY/REVISE VAGINA	W/RPR ENTEROCELE  VAGINAL HYSTERECTOMY W/TOT/PRTL	No Auth Required	Surgery of female genital		
58280	HYSTERECTOMY/REVISE VAGINA	VAGINECTOMY  VAG HYSTER W/TOT/PRTL VAGINECT	No Auth Required	system Surgery of female genital		
		W/RPR ENTEROCELE	,	system		
58285	EXTENSIVE HYSTERECTOMY	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	No Auth Required	Surgery of female genital system		

250 CM			1	1	T		T
\$2322   W.G. HYST NO. TYC COMPLEX   W.G. HYST 2-20 GM ANAVL   No. Auth Required   Surgery of female genital   Su	58290	VAG HYST COMPLEX	VAGINAL HYSTERECTOMY UTERUS >	No Auth Required	Surgery of female genital		
TURES/OVARY   VALUE   VALU							
Mac HIST 1/O & REPAIR COMP	58291	VAG HYST INCL T/O COMPLEX		No Auth Required			
LUBSA/JONAN W.JONES PER STREES   AVA INST WARD REPARA COMP.   AVA INST W	50000	VA C 11/67 7 10 0 2 252 412 COA42			+ '		
Section   Sect	58292	VAG HYST 1/O & REPAIR COMPL		No Auth Required			
Second   S	50000	V4.0 V1057 V4 (110.0 D50.4 10.0 00.4 10.1			<del></del>		
Maintain	58293	VAG HYST W/URO REPAIR COMPL		No Auth Required			
SASON   RESERT INTRAUTERINE DEVICE   REMOVAL INTRAUTERINE DEVICE IUD   No Auth Required			COLPOURTCSTOPEXY W/WO NDSC CTR		system		
SASON   INSERT MITRAUTERINE DEVICE   AREMOVAL INTRAUTERINE DEVICE IUD   No Auth Required	58204	VAG HYST W/ENTEROCELE COMPL	VAGINAL HYSTERECTOMY >250 GM RPR	No Auth Required	Surgeny of female genital		
REMOVE INTRAUTERNE DEVICE   NESERTION INTRAUTERNE DEVICE UD No. Auth Required	30234	VAG 11131 W/ENTEROCELE COMPE		No Auth Required			
REMOVE INTRALITERINE DEVICE REMOVAL INTRALITERINE DEVICE ILD No. Auth Required Surgery of formale gentlar System (Inclinical Review System)  ARTIFICIAL INSEMINATION NO. ARTIFICIAL INSEMINATION NITRA-CITERINE SYSTEM WASHING ARTIFICIAL INSEMINATION NITRA-CITERINE SYSTEM WASHING SYSTEM WASHING ARTIFICIAL INSEMINATION NITRA-CITERINE SYSTEM NITRALIFICIAL ARTIFICIAL INSEMINATION NITRA-CITERINE SYSTEM NITRALIFICIAL ARTIFICIAL INSEMINATION NITRA-CITERINE SYSTEM NITRALIFICIAL INSEMINATION NITRA-CITERI	58300	INSERT INTRALITERINE DEVICE		No Auth Required	System		
ARTERICAL INSEMINATION CERVICAL CEVICAL CEVICA	30300			- To rider neganed			
ARTERICAL INSEMINATION CERVICAL CEVICAL CEVICA	58301	REMOVE INTRAUTERINE DEVICE	REMOVAL INTRAUTERINE DEVICE IUD	No Auth Required			
CENUCAL   SALEY CARTIFICAL INSEMINATION   ARTHRICAL INSEMINATION   NORAL Authorization Required   Surgery of female genital   System   Fall Clinical Review   System   Serial WASHING   SERVIA WASHING   SURGERY OF female genital   Surgery of female genital   System   Service   Surgery of female genital   Surge				·	Surgery of female genital	Full Clinical Review	
ARTIFICIAL INSEMINATION UTERINE USERMINATION UTERINE USERMINATION USUGENY of female genital U							
S\$232 PERM WASHING SPERM WASHING ARTHCICAL NSKIMINATION SPERM WASHING ARTHCICAL NSKIMINATION SOMEWASHING ARTHCICAL NSKIMINATION SWitten Switten Switten Switten Somewaster School Program of the State Switten	58322	ARTIFICIAL INSEMINATION		Authorization Required	+ '	Full Clinical Review	
SPERM WASHING ASTRICAL NUMBER ASSTRICAL NUMBER A							
NISEMINATION   No Auth Required   Surgery of female genital   Surgery of female geni	58323	SPERM WASHING	SPERM WASHING ARTIFICIAL	Authorization Required		Full Clinical Review	
SONOMYSTER/MYSTEROSALPIN SAS45 REOPEN FALLOPIAN TUBE TRANSCERY OF Female genital TRANSCERY FALLOPIAN TUBE TRANSCERY OF FEMALE GENITAL TRANSCERY OF FEMALE GE			INSEMINATION				
SASSA   REOPEN FALLOPIAN TUBE   TRANSCERV FALLOPIAN TUBE CATH   W/WO HYSTOSAIPING   System	58340	CATHETER FOR HYSTEROGRAPHY	CATH & SALINE/CONTRAST	No Auth Required	Surgery of female genital		
SS46   NSERT HEYMAN UTERI CAPSULE   NSERTINO NEYMAN CASSULES   NO AUTH Required   System			SONOHYSTER/HYSTEROSALPI		system		
SS46   NSERT HEYMAN UTERI CAPSULE   NSERTION NEYMAN CAPSULES   No Auth Required   System	58345	REOPEN FALLOPIAN TUBE	TRANSCERV FALLOPIAN TUBE CATH	No Auth Required	Surgery of female genital		
CLINICAL BRACHTHERAPY   System			W/WO HYSTOSALPING				
S8350   REOPEN FALLOPIAN TUBE	58346	INSERT HEYMAN UTERI CAPSULE	INSERTION HEYMAN CAPSULES	No Auth Required	Surgery of female genital		
S8353   ENDOMETR ABLATE THERMAL   ENDOMETRIAL ABLT) THERMAL W/O   No Auth Required   Surgery of female genital   System   S9353   ENDOMETRIAL CRYOABLATION   ENDOMETRIAL CRYOABLATION   ENDOMETRIAL CRYOABLATION   SNATH Required   Surgery of female genital   System   S9354   SUSPENSION OF UTERUS   UTERINE SUSPENSION W/WO   SHORT INTERCECTORY   SUSPENSION OF UTERUS   UTERINE SUSPENSION W/WO   SHORT INTERCECTORY   SUSPENSION OF UTERUS   UTERINE SUSPENSION W/WO SHORT   SHORT INTERCECTORY   Surgery of female genital   System   S93540   SUSPENSION OF UTERUS   UTERINE SUSP W/WO SHORT   UIGAMITS W/SYMPATHECTOMY   Surgery of female genital   Surgery of female genital   System   S93540   Suspension OF UTERUS   HYSTERGERIAPHY REPAIR RUPT   No Auth Required   Surgery of female genital   System   S93540   Suspension OF UTERUS   HYSTERGERIAPHY REPAIR RUPT   NO Auth Required   Surgery of female genital   System   S93540   System   S93540   System   S93540   Suspension OF UTERUS   HYSTERGECTORY 250 GM/s   System   S93540			CLINICAL BRACHYTHERAPY		system		
ENDOMETRIAL ABLT THERMAL  ENDOMETRIAL CRYOABLATION  ENDOMETRIAL CRYOABLATION  ENDOMETRIAL CRYOABLATION (ENDOMETRIAL CRYOABLATION W/VS & No Auth Required System System System)  S8400  SUSPENSION OF UTERUS  UTERINE SUSPENSION W/WO SHORT (IGAMENTS SPX SYSTEM)  S8410  SUSPENSION OF UTERUS  UTERINE SUSPENSION W/WO SHORT (IGAMENTS SPX SYSTEM)  S8410  SUSPENSION OF UTERUS  UTERINE SUSPENSION W/WO SHORT (IGAMENTS SPX SYSTEM)  S8410  SUSPENSION OF UTERUS  UTERINE SUSPENSION W/WO SHORT (IGAMENTS SPX SYSTEM)  S8420  REPAIR OF RUPTURED UTERUS  HYSTEROBRHAPHY REPAIR RUPT (IFENS SYSTEM)  S8541  LIFE UTERUS SOME OF UTERUS  HYSTEROPLASTY RPR UTERINE (IGAMENTS SYSTEM)  S8542  LIFE UTERUS SOME OF UTERUS  HYSTEROPLASTY RPR UTERINE (IGAMENTS SYSTEM)  S8543  LIFE UTERUS SOME OF UTERUS  UTERUS SO	58350	REOPEN FALLOPIAN TUBE	CHROMOTUBATION OVIDUCT	No Auth Required	Infertility Testing or		
HYSTEROSCOPIC GUID   System   Surgery of female genital			W/MATERIALS		Treatment		
S8356   ENDOMETRIAL CRYOABLATION   ENDOMETRIAL CRYOABLATION W/US & No Auth Required system   System	58353	ENDOMETR ABLATE THERMAL	ENDOMETRIAL ABLTJ THERMAL W/O	No Auth Required	Surgery of female genital		
ENDOMETRIAL CR					+ '		
SUSPENSION OF UTERUS  UTERINE SUSPENSION W/WO SHORT END UGAMENTS SPX UGAMENTS SPX SUSPENSION OF UTERUS  USPENSION OF UTERUS  USPENSION OF UTERUS  USPENSION OF UTERUS  USPENSION OF UTERUS  BESSO  REPAIR OF RUPTURED UTERUS  HYSTERORRHAPHY REPAIR RUPT UFERUS NONDSTETRICAL  SESSO  REVISION OF UTERUS  HYSTERORRHAPHY REPAIR RUPT UTERUS NONDSTETRICAL  SESSO  REVISION OF UTERUS  HYSTEROPLASTY RPR UTERINE ANOMALY  SYSTEM  No Auth Required Surgery of female genital system  Surgery of fem	58356	ENDOMETRIAL CRYOABLATION	ENDOMETRIAL CRYOABLATION W/US &	No Auth Required	Surgery of female genital		
SHORTENING LIGAMENTS SPX  SHORTENING LIGAMENTS SPX  UTERINE SUSP W/WO SHORT  LIGAMENTS W/SYMPATHECTOMY  LIGAMENTS W/SYMPATHECTOMY  SSEZO  REPAIR OF RUPTURED UTERUS  HYSTERORHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL  ANOMALY  SESSAO  REVISION OF UTERUS  HYSTERORLASTY RPR UTERINE ANOMALY  SUrgery of female genital system  SURGERY OF female genital					+ '		
S8520 REPAIR OF RUPTURED UTERUS UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY System  S8520 REPAIR OF RUPTURED UTERUS HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL UTERUS NONOBSTETRICAL System  S8540 REVISION OF UTERUS HYSTEROPLASTY RPR UTERINE ANOMALY System  S8541 LISH UTERUS 250 G OR LESS LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/	58400	SUSPENSION OF UTERUS		No Auth Required			
LIGAMNTS W/SYMPATHECTOMY  S9520 REPAIR OF RUPTURED UTERUS HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL  S8540 REVISION OF UTERUS HYSTEROPLASTY RPR UTERINE ANOMALY System  S8541 LSH UTERUS 250 G OR LESS LAPAROSCOPY SUPRACERVICAL HYSTERCTOMY 250 GM/s RMVL TUBE/OVARY S9540 LSH W/T/O UT 250 G OR LESS LAPS SUPRACERVICAL HYSTERECT 250 GM/s RMVL TUBE/OVARY S9540 S8543 LSH W/T/O UTERUS ABOVE 250 G LAPS SUPRACERVICAL HYSTERECTOMY S9540 LAPS SUPRACERVICAL HYSTERECTOMY S9540 S					+ '		
REPAIR OF RUPTURED UTERUS  HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL  S8540  REVISION OF UTERUS  HYSTEROPLASTY RPR UTERINE ANOMALY  ANOMALY  System  S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System S0 Auth Required Surgery of female genital System	58410	SUSPENSION OF UTERUS		No Auth Required			
S8540 REVISION OF UTERUS HYSTEROPLASTY RPR UTERINE ANO Auth Required Surgery of female genital system  58541 LSH UTERUS 250 G OR LESS LAPAROSCOPY SUPRACERVICAL HYSTERECT 250 GM/<  58542 LSH W/T/O UT 250 G OR LESS LAPS SUPRACER VICAL RWYSTERECT 250 GM/<  58543 LSH UTERUS ABOVE 250 G LAPS SUPRACER VICAL HYSTERECT OMY 250 GM/<  58544 LSH W/T/O UT 250 G OR LESS LAPS SUPRACER VICAL HYSTERECT OMY 250 GM/<  58545 LSH W/T/O UTERUS ABOVE 250 G LAPS SUPRACER VICAL HYSTERECT OMY 250 GM/<  58546 LSH W/T/O UTERUS ABOVE 250 G LAPS SUPRACER VICAL HYSTERECT OMY 250 GM/<  58547 LSH W/T/O UTERUS ABOVE 250 G LAPS SUPRACER VICAL HYSTEREC 250 GM/ 58548 LAPAROSCOPIC MYOMECTOMY LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<  58546 LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/5 MYOMAS 39 system  58546 LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/5 MYOMAS 39 system  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC NO Auth Required Surgery of female genital system  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC NO Auth Required Surgery of female genital system  58549 Surgery of female genital system  58540 Surgery of female genital system  58541 Surgery of female genital system  58542 Surgery of female genital system  58543 Surgery of female genital system	50500	252442 05 244274252 44752446			<del></del>		
S8540   REVISION OF UTERUS	58520	REPAIR OF RUPTURED UTERUS		No Auth Required			
ANOMALY  System  SINGLED ANOMALY  ANO Auth Required Surgery of female genital system	F0F40	DEVICION OF LITERUS		No Auth Dogwined	+ '		
LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<  LAPS SUPRACRY HYSTERECT 250 GM/< RMVL TUBE/OVAR  Surgery of female genital system	5854U	IVENISION OF OTEKOS		ino Autri Kequirea			
HYSTERECTOMY 250 GM/ 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	585/11	I SH LITERUS 250 G OR LESS		No Auth Required	· ·		
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RMVL TUBE/OVAR system  58543 LSH UTERUS ABOVE 250 G LAPS SUPRACERVICAL HYSTERECTOMY >250  58544 LSH W/T/O UTERUS ABOVE 250 G LAPS SUPRACRV HYSTEREC >250 G No Auth Required Surgery of female genital system  58545 LAPAROSCOPIC MYOMECTOMY LAPS MYOMECTOMY EXC 1-4 MYOMAS State Supply of female genital system  58546 LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS Supply of female genital system  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  No Auth Required Surgery of female genital system  58548 Surgery of female genital system  58548 Surgery of female genital system  58549 Surgery of female genital system  58549 Surgery of female genital system  58540 Surgery of female genital system	58542	ISH W/T/O UT 250 G OR LESS		No Auth Required			
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S250   System   System   Surgery of female genital   Surgery of female genital   System   Surgery of female genital   System   Surgery of female genital   System   Switch   Surgery of female genital   System   Switch	58543	LSH UTERUS ABOVE 250 G		No Auth Required	· ·		
LAPAROSCOPIC MYOMECTOMY LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/< LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS 250 GRAMS LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS 250 GRAMS LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS 250 GRAMS LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS 250 GRAMS LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS System  S8548 LAPARO-MYOMECTOMY COMPLEX LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  No Auth Required Surgery of female genital system  Surgery of female genital system  Surgery of female genital system							
RMVL TUBE/OVARY System  SASS45 LAPAROSCOPIC MYOMECTOMY LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/< SYSTEM  SURgery of female genital 350 system	58544	LSH W/T/O UTERUS ABOVE 250 G		No Auth Required	<del></del>		
LAPAROSCOPIC MYOMECTOMY LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/< Surgery of female genital system				1			
250 GM/< system  58546 LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS No Auth Required system  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY  58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	58545	LAPAROSCOPIC MYOMECTOMY	·	No Auth Required	+ '		
LAPARO-MYOMECTOMY COMPLEX LAPS MYOMECTOMY EXC 5/> MYOMAS 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  Surgery of female genital system							
S250 GRAMS System  LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY System  Surgery of female genital system	58546	LAPARO-MYOMECTOMY COMPLEX	LAPS MYOMECTOMY EXC 5/> MYOMAS	No Auth Required			
58548 LAP RADICAL HYST LAPS W/RAD HYST W/BILAT LMPHADEC No Auth Required Surgery of female genital system							
RMVL TUBE/OVARY system	58548	LAP RADICAL HYST	LAPS W/RAD HYST W/BILAT LMPHADEC	No Auth Required	Surgery of female genital		
FOREQ LABADO ACCEVACIONACIONACIONACIONACIONACIONACIONACION			RMVL TUBE/OVARY				
	58550	LAPARO-ASST VAG HYSTERECTOMY		No Auth Required	Surgery of female genital		
250 GM/< system			250 GM/<		system		

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58552	LAPARO-VAG HYST INCL T/O	LAPS W/VAG HYSTERECT 250	No Auth Required	Surgery of female genital		
		GM/&RMVL TUBE&/OVARIES		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	No Auth Required	Surgery of female genital		
		RMVL TUBE&/OVAR		system		
58555	HYSTEROSCOPY DX SEP PROC	HYSTEROSCOPY DIAGNOSTIC SEPARATE	No Auth Required	Surgery of female genital		
		PROCEDURE		system		
58558	HYSTEROSCOPY BIOPSY	HYSTEROSCOPY BX	Authorization Required	Surgery of female genital	Network Validation	
		ENDOMETRIUM&/POLYPC W/WO D&C	·	system		
				,		
58559	HYSTEROSCOPY LYSIS	HYSTEROSCOPY LYSIS INTRAUTERINE	No Auth Required	Surgery of female genital		
		ADHESIONS		system		
58560	HYSTEROSCOPY RESECT SEPTUM	HYSTEROSCOPY DIV/RESCJ	No Auth Required	Surgery of female genital		
		INTRAUTERINE SEPTUM		system		
58561	HYSTEROSCOPY REMOVE MYOMA	HYSTEROSCOPY REMOVAL	No Auth Required	Surgery of female genital		
		LEIOMYOMATA	·	system		
58562	HYSTEROSCOPY REMOVE FB	HYSTEROSCOPY REMOVAL IMPACTED	No Auth Required	Surgery of female genital		
		FOREIGN BODY	·	system		
58563	HYSTEROSCOPY ABLATION	HYSTEROSCOPY ENDOMETRIAL	No Auth Required	Surgery of female genital		
		ABLATION		system		
58565	HYSTEROSCOPY STERILIZATION	HYSTEROSCOPY BI TUBE OCCLUSION	No Auth Required	Surgery of female genital		
		W/PERM IMPLNTS		system		
58570	TLH UTERUS 250 G OR LESS	LAPAROSCOPY W TOTAL	No Auth Required	Surgery of female genital		
		HYSTERECTOMY UTERUS 250 GM/<		system		
58571	TLH W/T/O 250 G OR LESS	LAPS TOTAL HYSTERECT 250 GM/<	Authorization Required	Surgery of female genital	Network Validation	
30371	1211 147 17 0 250 0 011 2255	W/RMVL TUBE/OVARY	Addition Zation Required	system	recevore validation	
58572	TLH UTERUS OVER 250 G	LAPAROSCOPY TOTAL HYSTERECTOMY	No Auth Required	Surgery of female genital		
30372	TEN OTEROS OVER 250 C	UTERUS >250 GM	No Auth Required	system		
58573	TLH W/T/O UTERUS OVER 250 G	LAPAROSCOPY TOT HYSTERECTOMY	Authorization Required	Surgery of female genital	Network Validation	
36373	TELL W/ 1/O OTEROS OVER 250 G	>250 G W/TUBE/OVAR	Authorization Required	system	Network validation	
58575	LAPS TOT HYST RESJ MAL	LAPS TOT HYSTERECTOMY RESJ	No Auth Required	Surgery of female genital		
30373	LAIS TOT THIST RESI WIAE	MALIGNANCY W/OMNTC	No Auth Required	system		
58578	LAPARO PROC UTERUS	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Infertility Testing or	Full Clinical Review	
30370	Daymor noe orenos	UTERUS	Addition Zation Required	Treatment	r un chinicul neview	
58579	HYSTEROSCOPE PROCEDURE	UNLISTED HYSTEROSCOPY PROCEDURE	Authorization Required	Surgery of female genital	Full Clinical Review	
36373	III31EROSCOPE PROCEDORE	UTERUS	Authorization Required	system	ruii Ciiiiicai Neview	
58600	DIVISION OF FALLOPIAN TUBE	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR	No Auth Required	Surgery of female genital		
38000	DIVISION OF TALLOFIAN TOBL	UNI/BI	No Auth Required			
58605	DIVISION OF FALLOPIAN TUBE	LIG/TRNSXJ FLP TUBE ABDL/VAG	No Auth Required	Surgery of female genital		
30003	DIVISION OF FALLOFIAN TUBE	POSTPARTUM SPX	No Auth Nequireu	Surgery of female genital system		
58611	LIGATE OVIDUCT(S) ADD-ON	LIG/TRNSXJ FALOPIAN TUBE CESAREAN	No Auth Required	Surgery of female genital		
20011	LIGHT OVIDOCI(3) ADD-ON	DEL/ABDML SURG	Auth Required			
58615	OCCLUDE FALLOPIAN TUBE(S)	OCCLUSION FLP TUBE DEV	No Auth Required	Surgery of female genital		
20012	OCCLODE FALLOFIAN TOBE(3)	VAG/SUPRAPUBIC APPR	No Auth Nequileu	Surgery of female genital		
58660	LAPAROSCOPY LYSIS	LAPAROSCOPY W/LYSIS OF ADHESIONS	No Auth Required	system Infertility Testing or		
30000	LAFANOSCUPT LTSIS	LAFARUSCUPT W/LTSIS OF ADRESIONS	No Autii Requireu	Infertility Testing or		
58661	LAPAROSCOPY REMOVE ADNEXA	LAPAROSCOPY W/RMVL ADNEXAL	Authorization Boquired	Treatment Surgery of female genital	Notwork Validation	
20001	LAI ANOSCOF I NLIVIOVE ADINEXA	•	Authorization Required		Network Validation	
58662	LAPAROSCOPY EXCISE LESIONS	STRUCTURES  LAPS FULG/EXC OVARY	No Auth Required	system Infortility Tosting or		
30002	LAFANOSCOPT EXCISE LESIONS	VISCERA/PERITONEAL SURFACE	No Auth Required	Infertility Testing or		
50670	LAPAROSCOPY TUBAL CAUTERY	LAPAROSCOPY FULGURATION	No Auth Pocuired	Treatment Surgery of female genital		
58670	LAPANOSCUPI TUBAL CAUTERI	OVIDUCTS	No Auth Required	Surgery of female genital		
E0C74	I ADADOSCODY TUDAL DLOCY		No Auth Boguired	System		
58671	LAPAROSCOPY TUBAL BLOCK	LAPAROSCOPY W/PLMT OCCLUSION	No Auth Required	Surgery of female genital		
E0C73	I ADADOCCODY EINADDIODI ACTV	DEVICE OVIDUCTS	No Auth Boguired	system Infortility Tosting or		
58672	LAPAROSCOPY FIMBRIOPLASTY	LAPAROSCOPY FIMBRIOPLASTY	No Auth Required	Infertility Testing or		
<u> </u>			I	Treatment	L	

				T			T
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	F	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	F	Full Clinical Review	
58752	REVISE OVARIAN TUBE(S)	TUBOUTERINE IMPLANTATION	Authorization Required	Infertility Testing or Treatment	F	Full Clinical Review	
58760	FIMBRIOPLASTY	FIMBRIOPLASTY	Authorization Required	Infertility Testing or Treatment	F	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			

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58960	EXPLORATION OF ABDOMEN	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 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		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	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	and denivery		
59030	FETAL SCALP BLOOD SAMPLE	FETAL SCALP BLOOD SAMPLING	No Auth Required			
59050	FETAL MONITOR W/REPORT	FETAL MONITORING LABOR PHYS	No Auth Required	Surgery of maternity care		
		WRITTEN REPORT		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	No Auth Required	Surgery of maternity care
		ATTENDING		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 &	No Auth Required	Surgery of maternity care
59409	OBSTETRICAL CARE	POSTPARTUM  VAGINAL DELIVERY ONLY	No Auth Required	and delivery Surgery of maternity care
59410	OBSTETRICAL CARE	VAGINAL DELIVERY ONLY	No Auth Required	and delivery Surgery of maternity care
59412	ANTEPARTUM MANIPULATION	W/POSTPARTUM CARE  EXTERNAL CEPHALIC VERSION W/WO	No Auth Required	and delivery Surgery of maternity care
59414	DELIVER PLACENTA	TOCOLYSIS  DELIVERY PLACENTA SEPARATE	No Auth Required	and delivery Surgery of maternity care
59425	ANTEPARTUM CARE ONLY	PROCEDURE  ANTEPARTUM CARE ONLY 4-6 VISITS	No Auth Required	and delivery Surgery of maternity care
59426	ANTEPARTUM CARE ONLY	ANTEPARTUM CARE ONLY 7/> VISITS	No Auth Required	and delivery Surgery of maternity care
59430	CARE AFTER DELIVERY	POSTPARTUM CARE ONLY SEPARATE	No Auth Required	and delivery Surgery of maternity care
59510	CESAREAN DELIVERY	PROCEDURE  OB ANTEPARTUM CARE CESAREAN	No Auth Required	and delivery Surgery of maternity care
59514	CESAREAN DELIVERY ONLY	DLVR & POSTPARTUM CESAREAN DELIVERY ONLY	No Auth Required	and delivery 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

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59850	ABORTION	INDUCED ABORTION 1/> AMNIOTIC	No Auth Required	Surgery of maternity care			
		INJX W/D&C/EVACJ		and delivery			
59851	ABORTION	INDUCE ABORT 1/> AMNIOT NJXS DLVR	No Auth Required	Surgery of maternity care			
		FETUS D&C		and delivery			
59852	ABORTION	INDUCE ABORT 1/> AMNIOT NJXS DLVR	No Auth Required	Surgery of maternity care			
		FETUS HYSTOTM		and delivery			
59855	ABORTION	INDUCED ABORT 1/> VAG	No Auth Required	Surgery of maternity care			
		SUPPOSITORIES DLVR FETUS		and delivery			
59856	ABORTION	INDUCED ABORT 1/> VAG SUPP DLVR	No Auth Required	Surgery of maternity care			
		FETUS D&C &/EVAC		and delivery			
59857	ABORTION	INDUCED ABORT 1/> VAG SUPPOS DLVR	No Auth Required	Surgery of maternity care			
		FETUS HYSTOT		and delivery			
59866	ABORTION (MPR)	MULTIFETAL PREGNANCY REDUCTION	Authorization Required	Surgery of maternity care		Full Clinical Review	
				and delivery			
59870	EVACUATE MOLE OF UTERUS	UTERINE EVACUATION & CURETTAGE	No Auth Required	Surgery of maternity care			
		HYDATIDIFORM MOLE		and delivery			
59871	REMOVE CERCLAGE SUTURE	REMOVAL CERCLAGE SUTURE UNDER	No Auth Required	Surgery of maternity care			
		ANESTHESIA	·	and delivery			
59897	FETAL INVAS PX W/US	UNLISTED FETAL INVASIVE PX	Authorization Required	Surgery of maternity care		Full Clinical Review	
	·	W/ULTRASOUND		and delivery			
59898	LAPARO PROC OB CARE/DELIVER	UNLISTED LAPAROSCOPY PX	Authorization Required	Surgery of maternity care		Full Clinical Review	
		MATERNITY CARE&DELIVERY		and delivery			
59899	MATERNITY CARE PROCEDURE	UNLISTED PROCEDURE MATERNITY	Authorization Required	Surgery of maternity care		Full Clinical Review	
55055	I I I I I I I I I I I I I I I I I I I	CARE & DELIVERY	/ tatilonization negatica	and delivery		· un connect neview	
60000	DRAIN THYROID/TONGUE CYST	I&D THYROGLOSSAL DUCT CYST	No Auth Required	Surgery of endocrine			
00000	Divin Himolog Foldoz ersi	INFECTED	No Auth Required	system			
60100	BIOPSY OF THYROID	BIOPSY THYROID PERCUTANEOUS CORE	No Auth Required	Surgery of endocrine			
00100	BIOLOLOL HILLORD	NEEDLE	No Auth Required	system			
60200	REMOVE THYROID LESION	EXC CYST/ADENOMA	No Auth Required	Surgery of endocrine			
00200	NEWOVE TITIOD LESION	THYROID/TRANSECTION ISTHMUS	No Auth Required	system			
60210	PARTIAL THYROID EXCISION	PRTL THYROID LOBECTOMY UNI W/WO	No Auth Boguired	Surgery of endocrine			
00210	FARTIAL TITROID EXCISION	ISTHMUSECTOMY	No Auth Required	system			
60212	PARTIAL THYROID EXCISION	PRTL THYROID LOBEC UNI	No Auth Required				
00212	PARTIAL THIROID EXCISION	W/CONTRATLAT STOT LOBEC	No Auth Required	Surgery of endocrine			
60220	DARTIAL REMOVAL OF TUNDOID		No Auth Descript	system			
60220	PARTIAL REMOVAL OF THYROID	TOTAL THYROID LOBECTOMY UNI	No Auth Required	Surgery of endocrine			
50005	DARTIAL REMOVAL OF TUNDOID	W/WO ISTHMUSECTOMY		system			
60225	PARTIAL REMOVAL OF THYROID	TOTAL THYROID LOBEC UNI	No Auth Required	Surgery of endocrine			
500.40	25140141 25 711/2012	W/CONTRALAT STOT LOBEC		system			
60240	REMOVAL OF THYROID	THYROIDECTOMY TOTAL/COMPLETE	No Auth Required	Surgery of endocrine			
				system			
60252	REMOVAL OF THYROID	THYROIDECTOMY TOTAL/SUBTOTAL	No Auth Required	Surgery of endocrine			
		LMTD NECK DISSECT		system			
60254	EXTENSIVE THYROID SURGERY	THYROIDECTOMY TOTAL/SUBTOTAL	No Auth Required	Surgery of endocrine			
		RAD NECK DISSECT		system			
60260	REPEAT THYROID SURGERY	THYROIDECTOMY RMVL REMAINING	No Auth Required	Surgery of endocrine			
		TISS FLWG PRTL RMVL	ļ	system			
60270	REMOVAL OF THYROID	THYROIDECT W/SUBSTERNAL	No Auth Required	Surgery of endocrine			
		SPLIT/TRANSTHORACIC		system			
60271	REMOVAL OF THYROID	THYROIDECTOMY SUBSTERNAL	No Auth Required	Surgery of endocrine			
		CERVICAL APPROACH		system			
60280	REMOVE THYROID DUCT LESION	EXCISION THYROGLOSSAL DUCT	No Auth Required	Surgery of endocrine			
		CYST/SINUS		system			
60281	REMOVE THYROID DUCT LESION	EXCISION THYROGLOSSAL DUCT	No Auth Required	Surgery of endocrine	<del></del>	<u> </u>	
		CYST/SINUS RECURRENT	<u>l                                      </u>	system			
60300	ASPIR/INJ THYROID CYST	ASPIRATION AND/OR INJECTION	No Auth Required	Surgery of endocrine			
		THYROID CYST		system			
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60500	EXPLORE PARATHYROID GLANDS	PARATHYROIDECTOMY/EXPLORATION	No Auth Required	Surgery of endocrine			
		PARATHYROIDS		system			
60502	RE-EXPLORE PARATHYROIDS	PARATHYROIDECTOMY/EXPLOR	No Auth Required	Surgery of endocrine			
		PARATHYROIDS RE-EXPLOR		system			
60505	EXPLORE PARATHYROID GLANDS	PARATHYRDEC/EXPL PARATHYR	No Auth Required	Surgery of endocrine			
		MEDSTNL STERNAL/TTHRC		system			
60512	AUTOTRANSPLANT PARATHYROID	PARATHYROID	No Auth Required	Surgery of endocrine			
		AUTOTRANSPLANTATION ADD-ON		system			
60520	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT	No Auth Required	Surgery of endocrine			
		TRANSCERVICAL APPR SPX		system			
60521	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT W/O RAD	No Auth Required	Surgery of endocrine			
		MEDSTNL DSJ SPX		system			
60522	REMOVAL OF THYMUS GLAND	THYMECTOMY PRTL/TOT RAD MEDSTNL	No Auth Required	Surgery of endocrine			
		DSJ SPX		system			
60540	EXPLORE ADRENAL GLAND	ADRENALECTOMY W/EXPL W/WO BX	No Auth Required	Surgery of endocrine			
		ABDL/LMBR/DRSAL SPX		system			
60545	EXPLORE ADRENAL GLAND	ADRENALECTOMY EXPL W/EXC	No Auth Required	Surgery of endocrine			
		RETROPERTINEAL TUMOR		system			
60600	REMOVE CAROTID BODY LESION	EXC CAROTID BODY TUMOR W/O EXC	No Auth Required	Surgery of endocrine			
		CAROTID ARTERY		system			
60605	REMOVE CAROTID BODY LESION	EXC CAROTID BODY TUMOR W EXC	No Auth Required	Surgery of endocrine			
		CAROTID ARTERY		system			
60650	LAPAROSCOPY ADRENALECTOMY	LAPAROSCOPY ADRENALECTOMY	No Auth Required	Surgery of endocrine			
		PRTL/COMPL TABDL	·	system			
60659	LAPARO PROC ENDOCRINE	UNLISTED LAPAROSCOPY PROCEDURE	Authorization Required	Surgery of endocrine		Full Clinical Review	
		ENDOCRINE SYSTEM	·	system			
60699	ENDOCRINE SURGERY PROCEDURE	UNLISTED PROCEDURE ENDOCRINE	Authorization Required	Surgery of endocrine		Full Clinical Review	
		SYSTEM		system			
61000	REMOVE CRANIAL CAVITY FLUID	SUBDURAL TAP FONTANELLE/SUTUR	No Auth Required	Surgery of nervous			
		INFANT UNI/BI INIT	· ·	system			
61001	REMOVE CRANIAL CAVITY FLUID	SUBDURAL TAP FONTANELLE/SUTUR	No Auth Required	Surgery of nervous			
		INFANT UNI/BI SBSQ		system			
61020	REMOVE BRAIN CAVITY FLUID	VENTRICULAR PUNCTURE PREVIOUS	No Auth Required	Surgery of nervous			
		BURR HOLE W/O NJX		system			
61026	INJECTION INTO BRAIN CANAL	VENTRICULAR PUNCTURE PREVIOUS	No Auth Required	Surgery of nervous			
01020		BURR HOLE W/INJ	no man neganea	system			
61050	REMOVE BRAIN CANAL FLUID	CISTERNAL/LATERAL C1-C2 PUNCTURE	No Auth Required	Surgery of nervous			
01030	THE TE STUME OF MALE PEOPLE	W/O INJ SPX	no man neganea	system			
61055	INJECTION INTO BRAIN CANAL	CISTERNAL/LATERAL C1-C2 PUNCTURE	No Auth Required	Surgery of nervous			
01033		W/INJECTION	no man neganea	system			
61070	BRAIN CANAL SHUNT PROCEDURE	PUNCTURE SHUNT TUBE/RESERVOIR	No Auth Required	Surgery of nervous			
01070	BRAIN CANAL SHOW! I ROCEDORE	ASPIRATION/INJ PX	No Auth Required	system			
61105	TWIST DRILL HOLE	TWIST DRILL HOLE	No Auth Required	Surgery of nervous			
01103		SUBDURAL/VENTRICULAR PUNCTURE	Addi nequired	system			
61107	DRILL SKULL FOR IMPLANTATION	TWIST DRILL HOLE IMPLT VENTRICULAR	No Auth Required	+ '			
0110/	DATE SKOLL FOR INFLANTATION	CATH/DEVICE	No Auth Required	Surgery of nervous			
61108	DRILL SKULL FOR DRAINAGE	TWIST DRILL HOLE EVAC&/DRG	No Auth Required	Surgary of paryous		1	
01109	DRILL SKOLL FOR DRAINAGE	SUBDURAL HEMATOMA	ino Autii Requireu	Surgery of nervous			
61120	DUDD HOLE FOR DUNCTURE		No Auth Poguired	Surgery of popular			
01170	BURR HOLE FOR PUNCTURE	BURR HOLE VENTRICULAR PUNCTURE	No Auth Required	Surgery of nervous			
C114C	DIEDCE CATHEL COD BLODGA	DUDD HOLE/TREDUNE W/DV	No Auth Desuised	system			
61140	PIERCE SKULL FOR BIOPSY	BURR HOLE/TREPHINE W/BX	No Auth Required	Surgery of nervous			
C445C	DIEDCE CHILL FOR DRAINAGE	BRAIN/INTRACRNIAL LESION	No Acado Donocionad	system			
61150	PIERCE SKULL FOR DRAINAGE	BURR HOLE/TREPHINE W/DRG BRAIN	No Auth Required	Surgery of nervous			
	DISPOS GWILL SON DRIVING	ABSCESS/CYST		system			
61151	PIERCE SKULL FOR DRAINAGE	BURR HOLE/TREPHINE W/SBSQ	No Auth Required	Surgery of nervous			
1		TAPPING ICRA ABSC/CST		system	<u>[</u>	1	

C11E4	DIEDCE CKITTI & DEMONE CLOT	BURR HOLE W/EVAC&/DRG	No Auth Doguisod	Current of nemicus		
61154	PIERCE SKULL & REMOVE CLOT		No Auth Required	Surgery of nervous		
CAAEC	PIERCE SKULL FOR DRAINAGE	HEMATOMA XDRL/SDRL	No. Acade Describer d	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	No Auth Required	Surgery of nervous		
01210	TIENCE SKOLE IIVII LAIVI DEVICE	CATH/OTHER DEVICE	No Auth Required	system		
61215	INSERT BRAIN-FLUID DEVICE	INSJ SUBQ RSVR PUMP/INFUSION	No Auth Required	Surgery of nervous		
01213	INSERT BIOTING FEOID BEVICE	SYSTEM VENTRIC CATH	No Addi Neganea	system		
61250	PIERCE SKULL & EXPLORE	BURR HOLE/TREPHINE	No Auth Required	Surgery of nervous		
01250	THE SHOEL OF EACH	SUPRATENTORIAL W/O OTH SURG	Tro / tatil ricquirea	system		
61253	PIERCE SKULL & EXPLORE	BURR HOLE/TREPHINE	No Auth Required	Surgery of nervous		
		INFRATENTORIAL UNI/BI		system		
61304	OPEN SKULL FOR EXPLORATION	CRANIECTOMY/CRANIOTOMY EXPL	No Auth Required	Surgery of nervous		
		SUPRATENTORIAL		system		
61305	OPEN SKULL FOR EXPLORATION	CRANIECTOMY/CRANIOTOMY EXPL	No Auth Required	Surgery of nervous		
		INFRATENTORIAL		system		
61312	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA	No Auth Required	Surgery of nervous		
		SUPRATENTORIAL EXTRA/SUBDURAL		system		
61313	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA	No Auth Required	Surgery of nervous		
		SUPRATENTORIAL INTRACEREBRAL		system		
61314	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA	No Auth Required	Surgery of nervous		
		INFRATENTORIAL EXTRA/SUBDURAL		system		
61315	OPEN SKULL FOR DRAINAGE	CRANIECTOMY HMTMA	No Auth Required	Surgery of nervous		
		SUPRATENTORIAL INTRACEREBRAL		system		
61316	IMPLT CRAN BONE FLAP TO ABDO	INCISION & SUBCUTANEOUS PLMT	No Auth Required	Surgery of nervous		
		CRANIAL BONE GRAF		system		
61320	OPEN SKULL FOR DRAINAGE	CRANIECTOMY/CRANIOTMY DRG	No Auth Required	Surgery of nervous		
		ABSCESS SUPRATENTORIAL		system		
61321	OPEN SKULL FOR DRAINAGE	CRANIECTOMY/CRANIOTMY DRG	No Auth Required	Surgery of nervous		
		ABSCESS INFRATENTORIAL		system		
61322	DECOMPRESSIVE CRANIOTOMY	CRANIECT/CRANIOT W/WO	No Auth Required	Surgery of nervous		
		DURAPLASTY W/O LOBECTOMY		system		
61323	DECOMPRESSIVE LOBECTOMY	CRANIECT/CRANIOT W/WO	No Auth Required	Surgery of nervous		
		DURAPLASTY W/LOBECTOMY		system		
61330	DECOMPRESS EYE SOCKET	DECOMPRESSION ORBIT ONLY	No Auth Required	Surgery of nervous		
		TRANSCRANIAL APPROACH		system		
61333	EXPLORE ORBIT/REMOVE LESION		No Auth Required	Surgery of nervous		
		W/RMVL LESION		system		
61340	SUBTEMPORAL DECOMPRESSION	SUBTEMPORAL CRANIAL	No Auth Required	Surgery of nervous		
		DECOMPRESSION		system		
61343	INCISE SKULL (PRESS RELIEF)	CRNEC SUBOCCIPITAL CRV LAM	No Auth Required	Surgery of nervous		
		DCMPRN MEDULLA & CORD		system		
61345	RELIEVE CRANIAL PRESSURE	OTHER CRANIAL DECOMPRESSION	No Auth Required	Surgery of nervous		
		POSTERIOR FOSSA		system		
61450	INCISE SKULL FOR SURGERY	CRNEC STPL SCTJ	No Auth Required	Surgery of nervous		
L		COMPRESSION/DCMPRN GANGLION		system		
61458	INCISE SKULL FOR BRAIN WOUND	CRNEC SOPL EXPL/DCMPRN CRNL NRV	No Auth Required	Surgery of nervous		
	hioras swill son sur	00.4405.07.04.07.05.07.05.07.0		system		
61460	INCISE SKULL FOR SURGERY	CRANIECTOMY SUBOCCIPITAL SECTION	No Auth Required	Surgery of nervous		
64500	DEPARTMENT OF CHANGE PROPERTY.	1/> CRANIAL NR	No Acado Do 11 1	system		
61500	REMOVAL OF SKULL LESION	CRANIECTOMY W/EXCISION	No Auth Required	Surgery of nervous		
C1504	DEMOVE INTEGER CIVILL BONE	TUMOR/LESION SKULL	No Auth De miles d	system		
61501	REMOVE INFECTED SKULL BONE	CRANIECTOMY OSTEOMYELITIS	No Auth Required	Surgery of nervous		
C1510	DEMONAL OF BRAIN LEGICAL	CDANIEC TREDIUME BOME ELB BEATT	No Auth De miles d	system		
61510	REMOVAL OF BRAIN LESION	CRANIEC TREPHINE BONE FLP BRAIN	No Auth Required	Surgery of nervous		
	l .	TUMOR SUPRTENTOR		system		

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61512	REMOVE BRAIN LINING LESION	CRNEC TREPHINE BONE FLAP	No Auth Required	Surgery of nervous			
		MENINGIOMA SUPRATENTOR		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	No Auth Required	Surgery of nervous			
		CYST SUPRATENTOR		system			
61517	IMPLT BRAIN CHEMOTX ADD-ON	IMPLTJ BRAIN INTRACAVITARY	No Auth Required	Surgery of nervous			
		CHEMOTHERAPY AGENT		system			
61518	REMOVAL OF BRAIN LESION	CRNEC EXC BRAIN TUMOR	No Auth Required	Surgery of nervous			
		INFRATENTORIAL/POST FOSSA		system			
61519	REMOVE BRAIN LINING LESION	CRNEC EXC TUM INFRATENTOR/POST	No Auth Required	Surgery of nervous			
		FOSSA MENINGIOMA		system			
61520	REMOVAL OF BRAIN LESION	CRNEC TUM INFRATTL/POSTFOSSA	No Auth Required	Surgery of nervous			
		CRBLOPNT ANGLE TUM		system			
61521	REMOVAL OF BRAIN LESION	CRNEC TUM INFRATTL/PFOSSA MIDLINE	No Auth Required	Surgery of nervous			
		TUM BASE SKULL		system			
61522	REMOVAL OF BRAIN ABSCESS	CRNEC INFRATNTORIAL/POST FOSSA	No Auth Required	Surgery of nervous			
		EXC BRAIN ABSCESS		system			
61524	REMOVAL OF BRAIN LESION	CRNEC INFRATNTOR/POSTFOSSA	No Auth Required	Surgery of nervous			
		EXC/FENESTRATION CYST		system			
61526	REMOVAL OF BRAIN LESION	CRNEC TRANSTEMPOR EXC	No Auth Required	Surgery of nervous			
64500	25.40.44.05.22.44.450.04	CEREBELLOPONTINE ANGLE TUM		system			
61530	REMOVAL OF BRAIN LESION	CRNEC EXC CEREBELLOPNTIN ANGLE	No Auth Required	Surgery of nervous			
64524	IMADI ANT DOAIN ELECTRODES	TUM MID/POSTFOSSA	Authorization Dominal	system		Full Citated Devices	
61531	IMPLANT BRAIN ELECTRODES	SUBDURAL IMPLTJ ELECTRODES	Authorization Required	Surgery of nervous		Full Clinical Review	
61533	IMPLANT BRAIN ELECTRODES	SEIZURE MONITORING CRANIOT SUBDURAL IMPLT ELCTRD	Authorization Required	System		Full Clinical Boylow	
01533	INVIPLANT BRAIN ELECTRODES	SEIZURE MONITORING	Authorization Required	Surgery of nervous		Full Clinical Review	
61534	REMOVAL OF BRAIN LESION	CRANIOT EPILEPTOGENIC FOC W/O	No Auth Required	Surgery of poryous			
01334	REWOVAL OF BRAIN LESION	ELECTRCORTICOGRPHY	No Auth Required	Surgery of nervous			
61535	REMOVE BRAIN ELECTRODES	*	No Auth Required	system Surgery of nervous			
01333	REWOVE BRAIN ELECTRODES	W/O EXC TIS SPX	No Autii Required	system			
61536	REMOVAL OF BRAIN LESION	CRANIOT EPILEPTOGENIC FOCUS	No Auth Required	Surgery of nervous			
01330		W/ELECTROCORTCOGRPHY	- To rider rieganica	system			
61537	REMOVAL OF BRAIN TISSUE	CRANIOT TEMPORAL LOBE W/O	No Auth Required	Surgery of nervous			
		ELECTROCORTICOGRAPHY		system			
61538	REMOVAL OF BRAIN TISSUE	CRANIOT LOBEC TEMPORAL LOBE	No Auth Required	Surgery of nervous			
		W/ELECTROCORTCOGRPHY		system			
61539	REMOVAL OF BRAIN TISSUE	CRANIOT LOBECTOMY OTH/THN	No Auth Required	Surgery of nervous			
		TEMPORAL LOBE W/ECOG		system			
61540	REMOVAL OF BRAIN TISSUE	CRANIOT LOBECTOMY OTH/THN	No Auth Required	Surgery of nervous			
		TEMPORAL LOBE W/O ECOG		system			
61541	INCISION OF BRAIN TISSUE	CRANIOTOMY TRANSECTION CORPUS	No Auth Required	Surgery of nervous			
		CALLOSUM		system			
61543	REMOVAL OF BRAIN TISSUE	CRANIOTOMY PARTIAL/SUBTOTAL	No Auth Required	Surgery of nervous			
		HEMISPHERECTOMY		system			
61544	REMOVE & TREAT BRAIN LESION	CRANIOTOMY EXCISION/COAGULATION	No Auth Required	Surgery of nervous			
		CHOROID PLEXUS		system			
61545	EXCISION OF BRAIN TUMOR	CRANIOTOMY EXCISION	No Auth Required	Surgery of nervous			
		CRANIOPHARYNGIOMA		system			
61546	REMOVAL OF PITUITARY GLAND	CRANIOT HYPOPHYSEC/EXC PITUITARY	No Auth Required	Surgery of nervous			
		TUMOR ICRL APPR		system			1
61548	REMOVAL OF PITUITARY GLAND	HYPOPHYSEC/EXC PITUITARY TUM	No Auth Required	Surgery of nervous			
64550	DELEACE OF CHILL CEATES	TRANSNASAL/SEPTAL	No. Acade Doc. 1	system			<u> </u>
61550	RELEASE OF SKULL SEAMS	CRANIECTOMY CRANIOSYNOSTOSIS 1	No Auth Required	Surgery of nervous			
	1	CRANIAL SUTURE	1	system	I		

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61552	RELEASE OF SKULL SEAMS	CRANIECT CRANIOSYNOSTOSIS MULT	No Auth Required	Surgery of nervous		
		CRANIAL SUTURES		system		
61556	INCISE SKULL/SUTURES	CRANIEC CRANIOSYNOSTOSIS	No Auth Required	Surgery of nervous		
		FRONT/PARIET BONE FLAP		system		
61557	INCISE SKULL/SUTURES	CRANIECTOMY CRANIOSYNOSTOSIS	No Auth Required	Surgery of nervous		
		BIFRONTAL BONE FLAP		system		
61558	EXCISION OF SKULL/SUTURES	XTN CRANIECT MULTIPLE SUTURE	No Auth Required	Surgery of nervous		
		CRANIOSYNOSTOSIS		system		
61559	EXCISION OF SKULL/SUTURES	XTN CRNEC MLT SUTR	No Auth Required	Surgery of nervous		
		CRANIOSYNOSTOSIS W/BONE GRAFT		system		
61563	EXCISION OF SKULL TUMOR	EXC BENIGN TUM CRANIAL BONE W/O	No Auth Required	Surgery of nervous		
		OPTIC NRV DCMPRN		system		
61564	EXCISION OF SKULL TUMOR	EXC BENIGN TUM CRANIAL BONE	No Auth Required	Surgery of nervous		
		W/OPTIC NRV DCMPRN		system		
61566	REMOVAL OF BRAIN TISSUE	CRANIOTOMY SELECTIVE	No Auth Required	Surgery of nervous		
		AMYGDALOHIPPOCAMPECTOMY		system		
61567	INCISION OF BRAIN TISSUE	CRANIOTOMY MULTIPLE SUBPIAL	No Auth Required	Surgery of nervous		
		TRANSECTIONS W/ECOG		system		
61570	REMOVE FOREIGN BODY BRAIN	CRANIECTOMY/CRANIOTOMY EXC	No Auth Required	Surgery of nervous		
		FOREIGN BODY BRAIN		system		
61571	INCISE SKULL FOR BRAIN WOUND	CRANIECTOMY/CRANIOTOMY TX	No Auth Required	Surgery of nervous		
		PENETRATNG WOUND BRAIN		system		
61575	SKULL BASE/BRAINSTEM SURGERY	TRNSRAL SKULL BSE/BR STEM/CORD	No Auth Required	Surgery of nervous		
		BX/DCOMPR/EXC LES		system		
61576	SKULL BASE/BRAINSTEM SURGERY	TRNSRL SKUL BSE/BR STM/CORD	No Auth Required	Surgery of nervous		
		BX/DCMP/ SPLT TONGUE		system		
61580	CRANIOFACIAL APPROACH SKULL	CRANIOFACIAL ANT CRANIAL FOSSA	No Auth Required	Surgery of nervous		
		W/O ORBITAL EXNTJ		system		
61581	CRANIOFACIAL APPROACH SKULL	CRANIOFACIAL ANT CRANIAL FOSSA	No Auth Required	Surgery of nervous		
		W/ORBITAL EXNTJ		system		
61582	CRANIOFACIAL APPROACH SKULL	CRANFCL ANT CRANIAL FOSSA UNI/BI	No Auth Required	Surgery of nervous		
		CRANIOT/OSTEOT		system		
61583	CRANIOFACIAL APPROACH SKULL	CRANFCL ANT CRANIAL FOSSA	No Auth Required	Surgery of nervous		
		UNI/BIFRNTL ELEV LOBE		system		
61584	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRANIAL ANT CRANIAL FOSSA	No Auth Required	Surgery of nervous		
	·	W/O ORBIT EXNTJ	·	system		
61585	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRANIAL ANT CRANIAL FOSSA	No Auth Required	Surgery of nervous		
	·	W/ORBITAL EXNTJ	·	system		
61586	RESECT NASOPHARYNX SKULL	BICORONAL TRANSZYGMTC&/LEFORT I	No Auth Required	Surgery of nervous		
		W/O BONE GRFT	·	system		
61590	INFRATEMPORAL APPROACH/SKULL	INFRATEMPORAL MID CRANIAL FOSSA	No Auth Required	Surgery of nervous		
	,	W/WO DISARTICLTN	· ·	system		
61591	INFRATEMPORAL APPROACH/SKULL	INFRATEMPO MID CRANIAL FOSSA	No Auth Required	Surgery of nervous		
	,	W/WO DCOMPR&/MOBI	· ·	system		
61592	ORBITOCRANIAL APPROACH/SKULL	ORBITOCRNL APPR MID CRANIAL FOSSA	No Auth Required	Surgery of nervous		
	1.5	TEMPORAL LOBE		system		
61595	TRANSTEMPORAL APPROACH/SKULL	TRANSTEMP APPR POST CRAN FOSSA	No Auth Required	Surgery of nervous		
	1	DCOMPR SINUS/NRV		system		
61596	TRANSCOCHLEAR APPROACH/SKULL	TRANSCOCHLR POST CRNL FOSSA	No Auth Required	Surgery of nervous		
		W/WO MOBIL NRV/ART		system		
61597	TRANSCONDYLAR APPROACH/SKULL	TRNSCONDLR POST CRNL FOSSA	No Auth Required	Surgery of nervous		
	, , , , , , , , , , , , , , , , , , , ,	DCOMPR ART W/WO MOBIL		system		
61598	TRANSPETROSAL APPROACH/SKULL	TRANSPTRSAL POST CRNL FOSSA	No Auth Required	Surgery of nervous		
	3. 22	CLIVUS/FORAMN MAGNUM		system		
61600	RESECT/EXCISE CRANIAL LESION	RESCI/EXC LES BASE ANT CRANIAL	No Auth Required	Surgery of nervous		
		FOSSA EXTRADURAL		system		
	I	1. OSSIT EXTRIBOTION	I	Бузсені	L	

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61601	RESECT/EXCISE CRANIAL LESION	RESCI/EXC LES BASE ANT CRNL FOSSA	No Auth Required	Surgery of nervous			
C4.C0F	DECECT/EVOICE CDANIAL LECION	INDRL W/WO GRF	No Auth Descriped	system			
61605	RESECT/EXCISE CRANIAL LESION	RESCI/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	No Auth Required	Surgery of nervous			
		IDRL W/RPR		system			
61607	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES PARASELLAR SINUS	No Auth Required	Surgery of nervous			
01007	The See Ty Excelse City With the Elesion	CLIVUS/MSB XDRL	No Auth Required	system			
61608	RESECT/EXCISE CRANIAL LESION	RESCJ/EXC LES PARASELLAR SINUS	No Auth Required	Surgery of nervous			
01000	The second continue and the second	CLIVUS/MSB IDRL	no man neganica	system			
61611	TRANSECT ARTERY SINUS	TRNSXJ/LIG CAROTID ARTERY PETROUS	No Auth Required	Surgery of nervous			
01011	THUMSEET ANTEKT SINGS	CANAL W/O RPR	No Auth Required	system			
61613	REMOVE ANEURYSM SINUS	OBLTRJ CAROTID ARYSM ARTVEN	No Auth Required	Surgery of nervous			
01013	THE WE THE STATE OF THE STATE O	CAROTID FISTULA DSJ	No Auth Required	system			
61615	RESECT/EXCISE LESION SKULL	RESCJ/EXC LES BASE POST CRNL FOSSA	No Auth Required	Surgery of nervous			
01015	The second excise the second s	JUG FRMN XDRL	no man neganica	system			
61616	RESECT/EXCISE LESION SKULL	RESCJ/EXC LES BASE PCF FORAMEN VRT	No Auth Required	Surgery of nervous			
01010	NESCET/ EXCISE EESION SKOLE	BODIES IDRL	No Auth Required	system			
61618	REPAIR DURA	SECONDARY RPR DURA CSF LEAK FREE	No Auth Required	Surgery of nervous			
01010	INCEPTION BOTTON	TISSUE GRAFT	No Auth Required	system			
61619	REPAIR DURA	SEC RPR DURA CSF LEAK	No Auth Required	Surgery of nervous			
01019	REPAIR DORA	LOCAL/REGIONALIZED FLAP	No Auth Required	system			
61623	ENDOVASC TEMPORY VESSEL OCCL	EVASC TEMP BALLOON ARTL	No Auth Required	Surgery of nervous			
01023	ENDOVASC TEIVIPORT VESSEL OCCL	OCCLUSION HEAD/NECK	No Auth Required	system			
61624	TRANSCATH OCCLUSION CNS	TCAT PERMANENT	No Auth Required				
01024	TRANSCATTI OCCEOSION CNS		No Auth Required	Surgery of nervous			
C1C2C	TRANSCATH OCCLUSION NON-CNS	OCCLUSION/EMBOLIZATION PRQ CNS TCAT PERMANT	No Auth Dogwined	system			
61626	TRANSCATH OCCLUSION NON-CNS		No Auth Required	Surgery of nervous			
		OCCLUSION/EMBOLIZATION PRQ NON- CNS		system			
61620	INTRACRANIAL ANGIOPLASTY	BALLOON ANGIOPLASTY INTRACRANIAL	No Auth Boguired	Surgery of population			
61630	INTRACRANIAL ANGIOPLASTY	PERCUTANEOUS	No Auth Required	Surgery of nervous			
61635	INTRACRAN ANGIOPLSTY W/STENT	TCAT PLMT IV STENT ICRA W/BALO	No Auth Boguired	System Surgary of parvous			
01033	INTRACRAN ANGIOPESTY W/STEINT	ANGIOP IF PERMD	No Auth Required	Surgery of nervous			
61640	DILATE IC VASOSPASM INIT	BALLOON DILAT INTRACRANIAL	No Auth Boguired	System Surgary of parvous			
01040	DILATE IC VASOSPASIVI INTI		No Auth Required	Surgery of nervous			
C1C41	DILAT IC VSPSM EA VSL SM TER	VASOSPASM PRQ INITIAL	No Auth Dogwined	system			
61641	DILAT IC VSPSIVI EA VSL SIVI TER	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	No Auth Required	Surgery of nervous			
61642	DILAT IC VSPSM EA DIFF TER	PERQ BALO DILA IC VSPSM EA VSL DIFF	No Auth Required	system			
61642	DILAT IC VSPSIVI EA DIFF TER		No Auth Required	Surgery of nervous			
C1C4F	DEDO ADT MATUROMADECT 9 /NICC	VASC TER	No Auth Dogwined	system			
61645	PERQ ART M-THROMBECT &/NFS	PERQ ART TRLUML M-THROMBEC	No Auth Required	Surgery of nervous			
61650	EVASC DRING ADMIN DV ACNIT 1ST	&/NFS INTRACRANIAL	No Auth Required	System Surgary of parvous			
61650	EVASC PRLNG ADMN RX AGNT 1ST	EVASC INTRACRANIAL PROLNG ADMN	No Auth Required	Surgery of nervous			
C1CF1	EVACC DRIMC ADMAN BY ACMIT ADD	RX AGENT ART 1ST	No Auth Desuised	system			
61651	EVASC PRLNG ADMN RX AGNT ADD	EVASC INTRACRANIAL PROLNG ADMN	No Auth Required	Surgery of nervous			
61600	INTRACRANIAL VECCEL CURCERY	RX AGENT ART ADDL	No Auth Board	System Surgary of parvous			
61680	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
C1C02	INTRACRANIAL VECCEL CURCERY	SUPRATENTRL SMPL	No Auth Description	system			
61682	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
64604	INTERACEDANIAL VECCEL CLIDCEDY	SUPRATENTRL CMPL	No. Acade Described	system			
61684	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
C1C0C	INTRACRANIAL VECCEL CURCERY	INFRATENTRL SMPL	No Auth Description	system			
61686	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
64600	W.T O	INFRATENTRL CMPL		system			
61690	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
54505		DURAL SMPL		system		-	
61692	INTRACRANIAL VESSEL SURGERY	INTRACRANIAL ARVEN MALFRMJ	No Auth Required	Surgery of nervous			
		DURAL CMPL	L	system			

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61697	BRAIN ANEURYSM REPR COMPLX	COMPLX INTRACRANIAL ARYSM	No Auth Required	Surgery of nervous		
		CAROTID CIRCULATION		system		
61698	BRAIN ANEURYSM REPR COMPLX	CPLX INTRACRANIAL ARYSM	No Auth Required	Surgery of nervous		
		VERTEBROBASILAR CRCJ		system		
61700	BRAIN ANEURYSM REPR SIMPLE	SIMPLE INTRACRANIAL ARYSM CAROTID	No Auth Required	Surgery of nervous		
		CIRCULATION		system		
61702	INNER SKULL VESSEL SURGERY	SIMPLE INTRACRANIAL ARYSM	No Auth Required	Surgery of nervous		
		VERTEBROBASILAR CRCJ		system		
61703	CLAMP NECK ARTERY	ICRA CRV APPL OCCLUDING CLAMP CRV	No Auth Required	Surgery of nervous		
		CRTD ART		system		
61705	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ/CRTD-	No Auth Required	Surgery of nervous		
		OCCLUSION CRTD ART		system		
61708	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ/ICRA	No Auth Required	Surgery of nervous		
		ELECTROTHROMBOSIS		system		
61710	REVISE CIRCULATION TO HEAD	ARYSM VASC MALFRMJ IA	No Auth Required	Surgery of nervous		
		EMBOLIZATION		system		
61711	FUSION OF SKULL ARTERIES	ANAST ARTL EXTRACRANIAL-	No Auth Required	Surgery of nervous		
		INTRACRANIAL ARTERIES		system		
61720	INCISE SKULL/BRAIN SURGERY	CRTJ LES STRTCTC BURR GLOBUS	No Auth Required	Surgery of nervous		
		PALLIDUS/THALAMUS	·	system		
61735	INCISE SKULL/BRAIN SURGERY	CRTJ LES STRTCTC BURR SUBCORTICAL	No Auth Required	Surgery of nervous		
		STRUX OTH/THN	· ·	system		
61750	INCISE SKULL/BRAIN BIOPSY	STEREOTACTIC BX ASPIR/EXC BURR	No Auth Required	Surgery of nervous		
		INTRACRANIAL LES		system		
61751	BRAIN BIOPSY W/CT/MR GUIDE	STRTCTC BX ASPIR/EXC BURR ICRA	No Auth Required	Surgery of nervous		
		LESION W/CT&I/MR		system		
61760	IMPLANT BRAIN ELECTRODES	STRTCTC IMPLTJ ELTRD CEREBRUM	Authorization Required	Surgery of nervous	 Full Clinical Review	
01700	IN BUT BIOUNT ELECTRODES	SEIZURE MONITORING	Addition Zation Required	system	r un chineur neview	
61770	INCISE SKULL FOR TREATMENT	STRTCTC LOCLZJ INSJ CATH/PRB PLMT	No Auth Required	Surgery of nervous		
01//0	INCISE SKOLET OK TREKTIVIENT	RADJ SRC	No Auth Required	system		
61781	SCAN PROC CRANIAL INTRA	STRTCTC CPTR ASSTD PX CRANIAL	No Auth Required	Surgery of nervous		
01761	SCAN FROC CRAINIAL INTRA	INTRADURAL	No Auth Required	system		
61782	SCAN PROC CRANIAL EXTRA	STRTCTC CPTR ASSTD PX EXTRADURAL	No Auth Required	Surgery of nervous		
01762	SCAN FROC CRAINIAL EXTRA	CRANIAL	No Auth Required	system		
C1702	CCAN DDGC CDINAL		No Auth Dogwined			
61783	SCAN PROC SPINAL	STEREOTACTIC COMPUTER ASSISTED PX	No Auth Required	Surgery of nervous		
64700	TREAT TRICENDIAL NIEDVE	SPINAL COLON STREETS PRO	No Auth Described	system		
61790	TREAT TRIGEMINAL NERVE	CREATE LESION STRTCTC PRQ	No Auth Required	Surgery of nervous		
64704	TREAT TRICENSIAL TRACT	NEUROLYTIC GASSERIAN	No Auth Described	system		
61791	TREAT TRIGEMINAL TRACT		No Auth Required	Surgery of nervous		
		TRIGEMINAL TRC		system		
61796	SRS CRANIAL LESION SIMPLE	STEREOTACTIC RADIOSURGERY 1	No Auth Required	Surgery of nervous		
		SIMPLE CRANIAL LES		system		
61797	SRS CRAN LES SIMPLE ADDL	STRTCTC RADIOSURGERY EA ADDL	No Auth Required	Surgery of nervous		
		CRANIAL LES SIMPLE		system		
61798	SRS CRANIAL LESION COMPLEX	STEREOTACTIC RADIOSURGERY 1	No Auth Required	Surgery of nervous		
		COMPLEX CRANIAL LES	ļ	system		
61799	SRS CRAN LES COMPLEX ADDL	STRTCTC RADIOSURGERY EA ADDL	No Auth Required	Surgery of nervous		
		CRANIAL LES COMPLEX	ļ	system		
61800	APPLY SRS HEADFRAME ADD-ON	APPL STRTCTC HEADFRAME	No Auth Required	Surgery of nervous		
		STEREOTACTIC RADIOSURGERY		system		
61850	IMPLANT NEUROELECTRODES	TWIST/BURR HOLE IMPLTJ NSTIM	Authorization Required	Surgery of nervous	Full Clinical Review	
		ELTRD CORTICAL		system		
61860	IMPLANT NEUROELECTRODES	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE	Authorization Required	Surgery of nervous	 Full Clinical Review	
		CORTICAL		system	 	
61863	IMPLANT NEUROELECTRODE	STRTCTC IMPLTJ NSTIM ELTRD W/O	Authorization Required	Surgery of nervous	Full Clinical Review	

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61864	IMPLANT NEUROELECTRDE ADDL	STRTCTC IMPLTJ NSTIM ELTRD W/O	Authorization Required	Surgery of nervous	Full Clinical Review	
		RECORD EA ARRAY		system		
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	Authorization Required	Surgery of nervous	Full Clinical Review	
01000	INITEANT NEONOELECTROE ADDE	W/RECORD EA ARRAY	Authorization Required	system	Tull Cliffical Review	
61870	IMPLANT NEUROELECTRODES	CRNEC IMPLTJ NSTIM ELTRD	Authorization Required	Surgery of nervous	Full Clinical Review	
01070	IN BUT NEOROELECTRODES	CEREBELLAR CORTICAL	/ danonzadon nequirea	system	Tun chinedi Neview	
61880	REVISE/REMOVE NEUROELECTRODE	REVJ/RMVL INTRACRANIAL	Authorization Required	Surgery of nervous	Full Clinical Review	
01000	NEVISE/NEIVIOVE NEONOELECTRODE	NEUROSTIMULATOR ELTRDS	/ danonzadon neganea	system	Tun chinedi Neview	
61885	INSRT/REDO NEUROSTIM 1 ARRAY	INSJ/RPLCMT CRANIAL NEUROSTIM	Authorization Required	Surgery of nervous	Full Clinical Review	
01005	THOM THE BOTTON THE THE BOTTON TO THE BOTTON	PULSE GENERATOR	/ danonzadon neganea	system	Tun chinedi Neview	
61886	IMPLANT NEUROSTIM ARRAYS	INSJ/RPLCMT CRANIAL NEUROSTIM	Authorization Required	Surgery of nervous	Full Clinical Review	
01000	I WI B WY NESKOSTIWI / WWW.15	GENER 2/> ELTRDS	/ danonzadon nequirea	system	Tun chinedi Neview	
61888	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL NEUROSTIMULATOR PULSE	Authorization Required	Surgery of nervous	Full Clinical Review	
01000	THE VISE, NEME VE NESTION STEEL SET VEN	GENERATOR	/ tatilonization required	system	i dii diiiiddi Nevel	
62000	TREAT SKULL FRACTURE	ELEVATION DEPRESSED SKULL FX	No Auth Required	Surgery of nervous		
02000	THE AT SKOLE THAT CHOILE	SIMPLE EXTRADURAL	No Auth Required	system		
62005	TREAT SKULL FRACTURE	ELVTN DEPRS SKL FX	No Auth Required	Surgery of nervous		
02003	THE AT SKOLE THAT CHOILE	COMPOUND/COMMIND XDRL	No Auth Required	system		
62010	TREATMENT OF HEAD INJURY	ELVTN DEPRS SKL FX W/RPR	No Auth Required	Surgery of nervous		
02010	TREATMENT OF HEAD INJORT	DURA&/DBRDMT BRN	No Auth Required	system		
62100	REPAIR BRAIN FLUID LEAKAGE	CRX RPR DURAL/CSF LEAK	No Auth Required	Surgery of nervous		
02100	REFAIR BRAIN FEOID LEARAGE	RHINORRHEA/OTORRHEA	No Auth Required	system		
62115	REDUCTION OF SKULL DEFECT	RDCTJ CRANIOMEGALIC SKULL W/O	No Auth Required	Surgery of nervous		
02113	REDUCTION OF SKOLE DEFECT	GRAFT/CRANIOPLASTY	No Auth Required			
62117	REDUCTION OF SKULL DEFECT	RDCTJ CRANIOMEGALIC	No Auth Required	system Surgery of nervous		
02117	REDUCTION OF SKOLE DEFECT	CRANIO&RECNSTJ W/WO GRAFT	No Auth Required	system		
62120	REPAIR SKULL CAVITY LESION	RPR ENCEPHALOCELE SKULL VAULT	No Auth Required	Surgery of nervous		
02120	THE TAIN SHOLE GRAFFIT LESION	W/CRANIOPLASTY	No Auth Required	system		
62121	INCISE SKULL REPAIR	CRANIOTOMY FOR ENCEPHALOCELE	No Auth Required	Surgery of nervous		
02121	INCISE SKOLE KEI / III	REPAIR SKULL BASE	No Auth Required	system		
62140	REPAIR OF SKULL DEFECT	CRANIOPLASTY SKULL DEFECT 5 CM</td <td>No Auth Required</td> <td>Surgery of nervous</td> <td></td> <td></td>	No Auth Required	Surgery of nervous		
02140	NET YIN OF SKOLE BEFECT	DIAMETER	No Auth Required	system		
62141	REPAIR OF SKULL DEFECT	CRANIOPLASTY SKULL DEFECT >5 CM	No Auth Required	Surgery of nervous		
02141	NET YIN OF SKOLE BEFECT	DIAMETER	No Auth Required	system		
62142	REMOVE SKULL PLATE/FLAP	RMVL BONE FLAP/PROSTHETIC PLATE	No Auth Required	Surgery of nervous		
022.2		SKULL	- To Addi Neganea	system		
62143	REPLACE SKULL PLATE/FLAP	RPLCMT BONE FLAP/PROSTHETIC PLATE	No Auth Required	Surgery of nervous		
022.0	112.2.02.01.022.2.2.1.2,1.2.1.	SKULL	- To rider rieganica	system		
62145	REPAIR OF SKULL & BRAIN	CRANIOPLASTY SKULL DEFECT	No Auth Required	Surgery of nervous		
022.0	I SHOULD A SHOULD A SHOULD	REPARATIVE BRAIN SURG	- To Addi Neganea	system		
62146	REPAIR OF SKULL WITH GRAFT	CRANIOPLASTY W/AUTOGRAFT 5 CM</td <td>No Auth Required</td> <td>Surgery of nervous</td> <td></td> <td></td>	No Auth Required	Surgery of nervous		
022.0		DIAMETER		system		
62147	REPAIR OF SKULL WITH GRAFT	CRANIOPLASTY W/AUTOGRAFT > 5 CM	No Auth Required	Surgery of nervous		
02177	THE PARTY OF SHOEL WITH GIVE	DIAMETER		system		
62148	RETR BONE FLAP TO FIX SKULL	INCISE&RETRIEVAL SUBQ	No Auth Required	Surgery of nervous		
		CRANIOPLASTY BONE GRAFT		system		
62160	NEUROENDOSCOPY ADD-ON	NUNDSC ICRA PLMT/RPLCMT VENTR	No Auth Required	Surgery of nervous		
		CATH SHUNT SYS		system		
62161	DISSECT BRAIN W/SCOPE	NUNDSC ICRA DSJ ADS FENESTRATION	No Auth Required	Surgery of nervous		
32101	DISSECT BILATIV W/SCOTE	SEPTUM CSTS	140 Matil Required	system		
62162	REMOVE COLLOID CYST W/SCOPE	NUNDSC ICRA FENESTEXC CYST	No Auth Required	Surgery of nervous		
02102	The state of the s	W/VENTRIC CATH DRG	Addi nequired	system		
62163	ZNEUROENDOSCOPY W/FB REMOVAL	NEUROENDOSCOPY ICRA W/RETRIEVAL	No Auth Required	Surgery of nervous		
02103	Z. Z	FOREIGN BODY	Maar nequired	system		
	i .	. C.ILION DOD!	ı	3/300111		

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		
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		No Auth Required	Spine Care relating to			
		LUMBAR/SACRAL		neck and back			
				conditions, including:			
62284	INJECTION FOR MYELOGRAM	INJECTION PROCEDURE	No Auth Required	Spine Care relating to			
		MYELOGRAPHY/CT LUMBAR		neck and back			
				conditions, including:			
62287	PERCUTANEOUS DISKECTOMY	DCMPRN PERQ NUCLEUS PULPOSUS 1/>	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
		LEVELS LUMBAR		neck and back			
				conditions, including:			
62290	NJX PX DISCOGRAPHY LUMBAR	INJECTION PX DISCOGRAPHY EACH	No Auth Required	Spine Care relating to			
		LEVEL LUMBAR		neck and back			
				conditions, including:			
62291	NJX PX DISCOGRAPHY CRV/THRC	INJECTION PX DISCOGRPHY EA LVL	No Auth Required	Spine Care relating to			
	·	CERVICAL/THORACIC		neck and back			
		, , , , , , , , , , , , , , , , , , , ,		conditions, including:			
62292	INJECTION CHEMONUCLEOLYSIS LMBR	INJECTION PX CHEMONUCLEOLYSIS	No Auth Required	Spine Care relating to			
		1/MLT LUMBAR		neck and back			
		1/WET EONIBY		conditions, including:			
62294	INJECTION INTO SPINAL ARTERY	NJX ARTERIAL OCCLUSION ARVEN	No Auth Required	Spine Care relating to			
02234	INSECTION INTO SI INALANTENI	MALFRMJ SPINAL	No Auth Required	neck and back			
		IVIALI RIVIJ SFIIVAL		conditions, including:			
62302	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION	No Auth Boquired				
02302	INTELOGRAPHY LOWBAR INJECTION	RS&I CERVICAL	No Auth Required	Spine Care relating to neck and back			
		RS&I CERVICAL					
52222	1 4 VEV 0 0 0 4 0 1 V 1 V 1 4 0 4 0 1 V 1 5 0 T 1 0 V			conditions, including:			
62303	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION	No Auth Required	Spine Care relating to			
		RS&I THORACIC		neck and back			
				conditions, including:			
62304	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECT	No Auth Required	Spine Care relating to			
		RS&I LUMBOSACRAL		neck and back			
				conditions, including:			
62305	MYELOGRAPHY LUMBAR INJECTION	MYELOGRAPHY VIA LUMBAR INJECTION	No Auth Required	Spine Care relating to			
		RS&I 2+ REGIONS		neck and back			
				conditions, including:			
62320	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
		CRV/THRC W/O IMG GDN		neck and back			
				conditions, including:			
62321	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
		CRV/THRC W/IMG GDN		neck and back			
				conditions, including:			
62322	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
		LMBR/SAC W/O IMG GDN		neck and back			
				conditions, including:			
62323	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
		LMBR/SAC W/IMG GDN	·	neck and back			
				conditions, including:			
62324	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Fu	ull Clinical Review	
	, ,	CRV/THRC W/O IMG GDN	.,	neck and back			
		, , , , , , , , , , , , , , , , , , , ,		conditions, including:			
62325	NJX INTERLAMINAR CRV/THRC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	F.	ull Clinical Review	
02323	TOTAL TENE AVIII ON CITY/ TIME	CRV/THRC W/IMG GDN		neck and back		a Cillical Neview	
		City/ Hine w/Hvid dbiv		conditions, including:			
62326	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	E.	ull Clinical Review	
02320	INTERLAIVIIIVAN LIVIDR/ SAC		Authorization Required	neck and back	ļr.	un Cillical Neview	
		LMBR/SAC W/O IMG GDN					
			l	conditions, including:			

	I , , , , , , , , , , , , , , , , ,	I	I	Ta	I - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	
62327	NJX INTERLAMINAR LMBR/SAC	NJX DX/THER SBST INTRLMNR	Authorization Required	Spine Care relating to	Full Clinical Review	
		LMBR/SAC W/IMG GDN		neck and back		
				conditions, including:		
62328	DX LMBR SPI PNXR W/FLUOR/CT	DIAGNOSTIC LUMBAR SPINAL	No Auth Required			
		PUNCTURE W/FLUOR OR CT				
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	Authorization Required	Spine Care relating to	Full Clinical Review	
		PMP W/O LAM		neck and back		
		,		conditions, including:		
62351	IMPLANT SPINAL CANAL CATH	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH	Authorization Required	Spine Care relating to	Full Clinical Review	
		W/LAM	'	neck and back		
		,		conditions, including:		
62355	REMOVE SPINAL CANAL CATHETER	RMVL PREVIOUSLY IMPLTED	No Auth Required	Spine Care relating to		
		ITHCL/EDRL CATH		neck and back		
				conditions, including:		
62360	INSERT SPINE INFUSION DEVICE	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS	No Auth Required	Spine Care relating to		
		SUBQ RSVR		neck and back		
		5554.15711		conditions, including:		
62361	IMPLANT SPINE INFUSION PUMP	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	No Auth Required	Spine Care relating to		
02501		213/111 20111 13 11011 1 110112 1 01111	- To rider rieganica	neck and back		
				conditions, including:		
62362	IMPLANT SPINE INFUSION PUMP	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS	No Auth Required	Spine Care relating to		
02302	IN ENT STIVE IN OSIGN TOWN	PRGRBL PUMP	No riatir nequired	neck and back		
		T NONDET OWN		conditions, including:		
62365	REMOVE SPINE INFUSION DEVICE	RMVL SUBQ RSVR/PUMP	No Auth Required	Spine Care relating to		
02303	INCINIOVE SI INC IN OSIGN DEVICE	INTRATHECAL/EPIDURAL INFUS	No Auth Required	neck and back		
		INTRATTIECAL/ETIDORAL INTOS		conditions, including:		
62367	ANALYZE SPINE INFUS PUMP	ELECT ANLYS IMPLT ITHCL/EDRL PMP	No Auth Required	Spine Care relating to		
02307	ANALIZE SPINE IN 03 POWF	W/O REPRG/REFIL	No Auth Required	neck and back		
		W/O KEFRG/KEFIE		conditions, including:		
62368	ANALYZE SP INF PUMP W/REPROG	ELECT ANALYS IMPLT ITHCL/EDRL PUMP	No Auth Poquired	Spine Care relating to		
02300	ANALIZE SF INI FOIVIF W/KLFKOG	W/REPRGRMG	No Auth Required	neck and back		
		W/REPRORIVIG				
62369	ANAL SP INF PMP W/REPRG&FILL	ELECT ANLYS IMPLT ITHCL/EDRL PMP	No Auth Required	conditions, including: Spine Care relating to		
02309	ANAL SP INF PIVIP W/REPROOFILL	W/REPRG&REFIL	No Auth Required	neck and back		
		W/REPROWREFIL				
C2270	ANL SP INF PMP W/MDREPRG&FIL	ELEC ANLYS IMPLT ITHCL/EDRL PMP	No Auth Dogwined	conditions, including:		
62370	ANL SP INF PINIP W/INDREPRG&FIL		No Auth Required	Spine Care relating to		
		W/REPR PHYS/QHP		neck and back		
62200	NDCC DCMADDALA NITDCDC LLIMADAD	NDCC DCMADDM CDIMAL CODD 4	Authorization Descript	conditions, including:	Full Cliniant Basis	
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	NDSC DCMPRN SPINAL CORD 1	Authorization Required	Spine Care relating to	Full Clinical Review	
		W/LAMOT NTRSPC LUMBAR		neck and back		
62004	DENACYE COINE LANGINA 4 /2 CDV/	LANA WILLO FACETEC FORMANOT INCIDE A 12	Authorization Don't	conditions, including:	Full Clinia 12	
63001	REMOVE SPINE LAMINA 1/2 CRVL	LAM W/O FACETEC FORAMOT/DSKC 1/2	Authorization Required	Spine Care relating to	Full Clinical Review	
		VRT SEG CRV		neck and back		
52005	25.40.45.50.45.4.44.4.4.5.74.25			conditions, including:	5 11 011 1 1 5	
63003	REMOVE SPINE LAMINA 1/2 THRC	LAMINECTOMY W/O FFD 1/2 VERT SEG	Authorization Required	Spine Care relating to	Full Clinical Review	
		THORACIC		neck and back		
				conditions, including:	- 11 - 11 - 1	
63005	REMOVE SPINE LAMINA 1/2 LMBR	LAMINECTOMY W/O FFD 1/2 VERT SEG	Authorization Required	Spine Care relating to	Full Clinical Review	
		LUMBAR		neck and back		
				conditions, including:		
63011	REMOVE SPINE LAMINA 1/2 SCRL	LAMINECTOMY W/O FFD 1/2 VERT SEG	Authorization Required	Spine Care relating to	Full Clinical Review	
		SACRAL		neck and back		
				conditions, including:		

### AMERICAN WARRANA AND MANA AUTORISAN Register  ### AMERICAN WARRANA AND MANA AUTORISAN Register  ### AMERICAN WARRANA AUTORISAN REGIster  ### AMERICAN WARRANA AUTORISAN REGIster  ### AMERICAN WARRANA AUTORISAN WARRANA AUTORISAN REGIster  ### AMERICAN WARRANA AUTORISAN WARRANA WARRAN							
Control   Cont	63012	REMOVE LAMINA/FACETS LUMBAR	LAMINECTOMY W/RMVL ABNORMAL	Authorization Required	Spine Care relating to	Full Clinical Review	
MANIVES FINE LAMINA 2 LEVEL  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AM			FACETS LUMBAR		neck and back		
MANIVES FINE LAMINA 2 LEVEL  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AMERICAN WORD SPINE LAMINA 2 LINE  AMERICAN  AM					conditions, including:		
CRIVICAL   Process   Pro	63015	REMOVE SPINE LAMINA >2 CRVCL	LAMINECTOMY W/O FFD > 2 VERT SEG	Authorization Required		Full Clinical Review	
MAINOTOMY SINGLE CENVICAL  AMMORTOMY SINGLE CENV				'			
MAINOCTORMY SUPER LANNING 2 THREE ADMINISTRATE OR CONSTRUCTION OF TOTAL TOTAL TOTAL CONSTRUCTION OF TOTAL CONS							
FIGHACC	63016	REMOVE SPINE LAMINA >2 THRC	LAMINECTOMY W/O FED > 2 VERT SEG	Authorization Required		Full Clinical Review	
CONDITIONS PRINE LAMINA 2 LAMINS COMPT W/O PPD > 2 VERT SIGN Authorization Required Spenic correct relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mesk and back conditions, including: Authorization Required Spenic Cere relating to mes	03010	NEWOVE SI INC EAWINA >2 TIME	The state of the s	Authorization Required	-	Tuli Clinical Neview	
EBOOP SPINE LAMINA - 2 LMBR LUMBAR LUMBAR BY LUMBAR LUMBAR REPORT AND THE PROPERTY LAMINA - 2 LMBR SUBJECT OF THE CONTROL OF T			Moracic				
LUMBAR    LUMBAR   LANNOTOMY INCL W/DCAPRESN NEW   Authorization Required   Spine Cere relating to recommon, including   Full Clinical Review   Recommon   Full Clinical Review	62047	DEAGOVE COINE LANGING - 2 LANDS	LANGUECTONAVANIO FED. 2 VEDT CEC	Authorization Descript		Full Clinical Paulau	
Conditions, including   Full Clinical Review	63017	REIVIOVE SPINE LAIVIINA >2 LIVIBR		Authorization Required		Full Clinical Review	
MANINOTOMY NOL WINDOWS NEW ADDRESS NEW ADDRESS NEW AND ADDRE			LUMBAK				
ROUT A INTERFORM   Authorization Required   Some Care estating to neck and back conditions, including:   Some Care estating to neck and back conditions,							
AAMOTOMY INCL W/DCMPRSN NRV ROOT I NITSREC LIUMBR AAMOTOMY (DCMPRSN NRV EACH AUthorization Required conditions, including): Spine Care relating to meck and back conditions, including: Sp	63020	NECK SPINE DISK SURGERY	· · · · · · · · · · · · · · · · · · ·	Authorization Required	ı ·	Full Clinical Review	
EARMOYER PINE LAMINOT DIVENUE AND CONTROLLED MAND THAT FOR EXCESS REEXPL 1 Authorization Required NITROSC LUMBAR NOT NITROSC LUMBAR AUTHORIZATION Required NITROSC CONTROLLED MAND THAT FOR EXCESS REEXPL 1 Authorization Required NITROSC CENTROLL NITROSC LUMBAR NITROSC CENTROLL			ROOT 1 INTRSPC CERVC				
ROT I NITSPE LUMBR ADUT NYT SYNOLE DISK SURGERY ADD-ON ADMOTRY W/DCMPRSN NRY EACH ADUT NYT SYNOLE CERVICAL ADMOTRY W/DCMPRSN NRY EACH ADUT NYT SYNOLE CERVICAL ADMOTRY SINGLE CERVICAL LAMOT PRTI. FD EXC DISC REXPL 1 NTREPC CERVICAL Authorization Required Spine Care relating to neck and back conditions, including: Spine Care relating to neck and back conditions, inc							
SO355 SPINAL DISK SURGERY ADD-ON AMNOTITY W/DCMPRSN NEV EACH Authorization Required Spine Care relating to neck and back conditions, including:  SO364 AMINOTOMY SINGLE CERVICAL MIRESPECERIVEAL MESPEC CERVICAL MIRESPECERIVEAL MIRESPECERIVE	63030	LOW BACK DISK SURGERY	LAMNOTMY INCL W/DCMPRSN NRV	Authorization Required	Spine Care relating to	Full Clinical Review	
AMNOTOMY WINCLE CERVICAL  AMNOTOMY SINGLE LIMBAR  ATTRSPC LIMBAR  ATTRSPC LIMBAR  ATTRSPC LIMBAR  AND STRIP TO EXC DISC REEXPL 1  Authorization Required  Single Care relating to neck and back conditions, including:  Single Care relating to neck and back conditions, including:  Single Care relating to neck and back conditions, including:  Single Care relating to neck and back conditions, including:  AMNOTOMY ADDL LIMBAR  AMNOTOMY ADDL LIMBAR  AMNOTOMY SINGLE CERVICAL  AMNOTOMY ADDL LIMBAR  AMNOTOMY SINGLE CERVICAL  AMNOTOMY SINGLE CERVICAL  AMNOTOMY SINGLE CERVICAL  AMNOTOMY SINGLE CERVICAL  AMNOTOMY ADDL LIMBAR  AMNOTOMY SINGLE CERVICAL  AMNOTOMY ADDL LIMBAR  AMNOTOMY SINGLE CERVICAL  AMNOTOMY			ROOT 1 INTRSPC LUMBR		neck and back		
ADL CRYCL/LMBR  ADL CRYCL/LMBR  ADDL CRYCL/LMBR  ADDL CRYCL/LMBR  ALMOTOMY SINGLE CERVICAL  ALMOTOMY SINGLE CERVICAL  ALMOTOMY SINGLE CERVICAL  ALMOTOMY SINGLE LLMBAR  ALMOT PRIT. FFD EXC DISC REEXPL 1  NTSSPC CERVICAL  ANTOSPEC CERVICAL  ALMOTORY SINGLE LLMBAR  ALMOT PRIT. FFD EXC DISC REEXPL 1  NTSSPC CERVICAL  ALMOTOMY SINGLE LLMBAR  ALMOTOMY SINGLE LLMBAR  ALMOTOMY SINGLE LLMBAR  ALMOTOMY ADDL CERVICAL  ALMOTOMY ADDL LLMBAR  ALMOTOMY ALMOTOMY ADDL LLMBAR  ALMOTOMY ALMOTOMY ADDL LLMBAR  ALMOTOMY ADDL LLMBAR  ALM					conditions, including:		
AMMINOTOMY SINGLE CERVICAL   IAMOT PRITEFO EXC DISC REXPL 1   Authorization Required   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care relating to   reck and back   conditions, including:   Sinine Care re	63035	SPINAL DISK SURGERY ADD-ON	LAMNOTMY W/DCMPRSN NRV EACH	Authorization Required	Spine Care relating to	Full Clinical Review	
EAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE LUMBAR   LAMOT PRTL FFD EXC DISC REEXPL 1   Authorization Required   Single Care relating to neck and back conditions, including:   Single Care relating to neck and back condi			ADDL CRVCL/LMBR		neck and back		
EAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE CERVICAL   LAMINOTOMY SINGLE LUMBAR   LAMOT PRTL FFD EXC DISC REEXPL 1   Authorization Required   Single Care relating to neck and back conditions, including:   Single Care relating to neck and back condi			·		conditions, including:		
NTESPC LOUNDAMP   NAME   NAM	63040	LAMINOTOMY SINGLE CERVICAL	LAMOT PRTL FFD EXC DISC REEXPL 1	Authorization Required		Full Clinical Review	
G3042 AMINOTOMY SINGLE LUMBAR LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR SINGLE LUMBAR LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR SINGLE REVIEW 1 NTRSPC LUMBAR LAMOT WATER LEFD EXC DISC REEXPL 1 NTRSPC EA CRY SINGLE REVIEW 1 NTRSPC EA LMBR SINGLE REVIEW 2 NORTH CENTRAL SEGMENT							
AMINOTOMY SINGLE LUMBAR   LAMOT PRTLEFFD EXC DISC REEXPL 1   Authorization Required   Spine Care relating to neck and back   Conditions, including:   Full Clinical Review   neck and back   Conditions, including:   Full Clinical Review   Pull Clinical							
NTSPC LUMBAR   Authorization Required   Spine Care relating to neck and back conditions, including:   Spine Care relating	63042	LAMINOTOMY SINGLE LLIMBAR	LAMOT PRTLEED EXC DISC REEXPL 1	Authorization Required	1	Full Clinical Review	
Conditions, including:   Conditions   Cond	03042	B WING TOWN SINGLE EONIBAIN		rationzation required		Tan chinear neview	
AMINOTOMY ADDL CERVICAL NAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CMY NTRSPC EA CMY NTRSPC EA LMBR  ANTONIONY ADDL LUMBAR  LAMT W/PRTL FFD HRNAS REEXPL 1 NTRSPC EA LMBR  Authorization Required Software relating to neck and back conditions, including: Spine Care relating to neck and back conditions, inclu			INTROFE LOWIDAR				
NTRSPC EA CRV  conditions, including: conditi	C2042	LANGINGTONAY ADDI CERVICAL	LANGT DOTL FED EVE DISC DEEVEL 1	Authorization Descriped	, ,	Full Clinical Paviana	
Conditions, including:   Conditions, including:   Spine Care relating to neck and back conditions, including:   Full Clinical Review neck and back conditions, including:   Full Clinica	63043	LAMINOTOMY ADDL CERVICAL		Authorization Required	-	Full Clinical Review	
AMINOTOMY ADDL LUMBAR   LAMOT W/PRTL FD HRNA8 REEXPL 1   NTRSPC EA LMBR   NTRSPC EA LMBR   NTRSPC EA LMBR			NTRSPC EA CRV				
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Conditions, including:   Conditions   Cond	63044	LAMINOTOMY ADDL LUMBAR	*	Authorization Required		Full Clinical Review	
REMOVE SPINE LAMINA 1 CRVL  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC  SEGMENT LIMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LIMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LIMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LIMBAR  Authorization Required  Spine Care relating to neck and back conditions, including:  Spine Care relating to			NTRSPC EA LMBR				
SEGMENT CERVICAL   neck and back conditions, including:							
Conditions, including:   Conditions, including:   Spine Care relating to neck and back conditions, including:   Spine Care	63045	REMOVE SPINE LAMINA 1 CRVL		Authorization Required	-	Full Clinical Review	
REMOVE SPINE LAMINA 1 THRC  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC  SEGMENT THORACIC  SEGMENT THORACIC  SEGMENT THORACIC  SEGMENT HORACIC  SEGMENT LUMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR  SEGMENT LUMBAR  LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR  Authorization Required SEGMENT LUMBAR  SEGMENT LUMBAR  Authorization Required SEGMENT LUMBAR  SEGMENT LUMBAR  Authorization Required SEGMENT LUMBAR  Authorization Required SEGMENT LUMBAR  Authorization Required SEGMENT LUMBAR  SEGMENT LUMBAR  Authorization Required SEGMENT			SEGMENT CERVICAL		neck and back		
SEGMENT THORACIC  neck and back conditions, including: conditions, i					conditions, including:		
Conditions, including:   Conditions, including:   Spine Care relating to neck and back conditions, including:   Spine Care	63046	REMOVE SPINE LAMINA 1 THRC	LAM FACETECTOMY & FORAMOTOMY 1	Authorization Required	Spine Care relating to	Full Clinical Review	
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CORD 1 SEG LUMBAR neck and back						- 11 - 11 - 11	
	63056	DECOMPRESS SPINAL CORD LMBR		Authorization Required		Full Clinical Review	
conditions, including:			CORD 1 SEG LUMBAR				
					conditions, including:		

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63057	DECOMPRESS SPINE CORD ADD-ON	TRANSPEDICULAR DCMPRN 1 SEG EA	Authorization Required	Spine Care relating to	Full Clinical Review	
		THORACIC/LUMBAR		neck and back		
				conditions, including:		
63064	DECOMPRESS SPINAL CORD THRC	COSTOVERTEBRAL DCMPRN SPINAL	Authorization Required	Spine Care relating to	Full Clinical Review	
03004	DECOMMINESS ST MANE COND TIME		Authorization Required	neck and back	Tun chinear neview	
		CORD THORACIC 1 SEG				
				conditions, including:		
63066	DECOMPRESS SPINE CORD ADD-ON	COSTOVERTEBRAL DCMPRN SPINE	Authorization Required	Spine Care relating to	Full Clinical Review	
		CORD THORACIC EA SEG		neck and back		
				conditions, including:		
63075	NECK SPINE DISK SURGERY	DISCECTOMY ANT DCMPRN CORD	Authorization Required	Spine Care relating to	Full Clinical Review	
		CERVICAL 1 NTRSPC		neck and back		
		CERVICIE I IVIIISI C				
60076	NEON CONTRACTOR CERV	DISCOURTED BY A MEDICAL CORD		conditions, including:	5 11 01: : 15 :	
63076	NECK SPINE DISK SURGERY	DISCECTOMY ANT DCMPRN CORD	Authorization Required	Spine Care relating to	Full Clinical Review	
		CERVICAL EA NTRSPC		neck and back		
				conditions, including:		
63077	SPINE DISK SURGERY THORAX	DISCECTOMY ANT DCMPRN CORD	Authorization Required	Spine Care relating to	Full Clinical Review	
		THORACIC 1 NTRSPC	•	neck and back		
		THE WILLIAM STATE OF THE STATE		conditions, including:		
C2070	SPINE DISK SURGERY THORAX	DISCECTOMAY AND DOMARRA CORD	Ath.auisatian Danivad		Full Clinical Review	
63078	SPINE DISK SURGERY THURAX	DISCECTOMY ANT DCMPRN CORD	Authorization Required	Spine Care relating to	Full Clinical Review	
		THORACIC EA NTRSPC		neck and back		
				conditions, including:		
63081	REMOVE VERT BODY DCMPRN CRVL	VERTEBRAL CORPECTOMY ANT	No Auth Required	Spine Care relating to		
		DCMPRN CERVICAL 1 SEG	·	neck and back		
				conditions, including:		
C2002	REMOVE VERTEBRAL BODY ADD-ON	VEDTEDDAL CORDECTOMY DOMADDAL	No Auth Required			
63082	REIVIOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY DCMPRN	No Auth Required	Spine Care relating to		
		CERVICAL EA SEG		neck and back		
				conditions, including:		
63085	REMOVE VERT BODY DCMPRN THRC	VERTEBRAL CORPECTOMY DCMPRN	No Auth Required	Spine Care relating to		
		CORD THORACIC 1 SEG		neck and back		
				conditions, including:		
63086	REMOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY DCMPRN	No Auth Required	Spine Care relating to		
03000	REMOVE VERTEBRAE BODT ADD-ON		No Auth Required			
		CORD THORACIC EA SEG		neck and back		
				conditions, including:		
63087	REMOV VERTBR DCMPRN THRCLMBR	VCRPEC THORACOLMBR DCMPRN LWR	No Auth Required	Spine Care relating to		
		THRC/LMBR 1 SEG		neck and back		
				conditions, including:		
63088	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC THORACOLMBR DCMPRN LWR	No Auth Required	Spine Care relating to		
03000	NEWOVE VERTEBINE BODT NOD ON	THRC/LMBR EA SEG	140 / tatil Required	neck and back		
		TIRC/LIVIBR LA SEG				
				conditions, including:		
63090	REMOVE VERT BODY DCMPRN LMBR	VCRPEC TRANSPRTL/RPR DCMPRN	No Auth Required	Spine Care relating to		
		THRC LMBR/SAC 1 SEG		neck and back		
				conditions, including:		
63091	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC TRANSPRTL/RPR DCMPRN	No Auth Required	Spine Care relating to		
		THRC LMBR/SAC EA SEG		neck and back		
		TIME LIVIDING THE SEC				
62424	DEN AGNE VEDT DODY COMPANY TURO	VEDTER CORRECT LAT VET CALLET :	No Austo Do 1 1	conditions, including:		
63101	REMOVE VERT BODY DCMPRN THRC	VERTEB CORPECT LAT XTRCAVITARY	No Auth Required	Spine Care relating to		
		DCMPRN THRC 1 SEG		neck and back		
				conditions, including:		
63102	REMOVE VERT BODY DCMPRN LMBR	VERTEB CORPECT LAT XTRCAVITARY	No Auth Required	Spine Care relating to		
		DCMPRN LMBR 1 SEG		neck and back		
				conditions, including:		
C2402	DEMANUE VEDTERRAL BODY ADD ON	VCDDEC LAT VTDCAV/TABY/ DCA45551	No Auth Downing			
63103	REMOVE VERTEBRAL BODY ADD-ON	VCRPEC LAT XTRCAVITARY DCMPRN	No Auth Required	Spine Care relating to		
		THRC/LMBR EA SEG		neck and back		
				conditions, including:		
63170	INCISE SPINAL CORD TRACT(S)	LAM W/MYELOTOMY	No Auth Required	Spine Care relating to		
		CERVICAL/THORACIC/THORACOLUMBA	•	neck and back		
		R		conditions, including:		
	I	In In	1	contactions, including.		

	T	1			
63172	DRAINAGE OF SPINAL CYST	LAM W/DRG INTRMEDULLARY	No Auth Required	Spine Care relating to	
		CYST/SYRINX SUBARACHNOID		neck and back	
				conditions, including:	
63173	DRAINAGE OF SPINAL CYST	LAM W/DRG INTRMEDULRY	No Auth Required	Spine Care relating to	
		CYST/SYRINX PRTL/PLEURAL		neck and back	
				conditions, including:	
63180	REVISE SPINAL CORD LIGAMENTS	LAM&SCTJ DENTATE LIG W/WO DURAL	No Auth Required	Spine Care relating to	
		GRF CRV 1/2 SEG		neck and back	
		, , , , , , , , , , , , , , , , , , , ,		conditions, including:	
63182	REVISE SPINAL CORD LIGAMENTS	LAM&SCTJ DENTATE LIG W/WO DURAL	No Auth Required	Spine Care relating to	
03102	THE VISE STANKE COMB ETO/MILENTS	GRF CRV >2 SEG	No Auth Required	neck and back	
		GM CMV >2 SEG		conditions, including:	
C210F	INCISE SPINE NRV HALF SEGMNT	LANAINICCTORAY VAL/DI UZOTORAY 1/2	No Auth Doguinod		
63185	INCISE SPINE NRV HALF SEGIVINT	LAMINECTOMY W/RHIZOTOMY 1/2	No Auth Required	Spine Care relating to	
		SEGMENTS		neck and back	
				conditions, including:	
63190	INCISE SPINE NRV >2 SEGMNTS	LAMINECTOMY W/RHIZOTOMY > 2	No Auth Required	Spine Care relating to	
		SEGMENTS		neck and back	
				conditions, including:	
63191	INCISE SPINE ACCESSORY NERVE	LAMINECTOMY W/SECTION SPINAL	No Auth Required	Spine Care relating to	
		ACCESSORY NERVE		neck and back	
				conditions, including:	
63194	INCISE SPINE & CORD CERVICAL	LAM CORDOTOMY SCTJ 1	No Auth Required	Spine Care relating to	
		SPINOTHALMIC TRACT CERVICAL		neck and back	
				conditions, including:	
63195	INCISE SPINE & CORD THORACIC	LAM CORDOTOMY SCTJ 1	No Auth Required	Spine Care relating to	
		SPINOTHALMIC TRACT THORACIC	· ·	neck and back	
				conditions, including:	
63196	INCISE SPINE&CORD 2 TRX CRVL	LAM CORDOTOMY SCTJ BOTH	No Auth Required	Spine Care relating to	
03130	INCISE SI INEGGORD E TRA CRUE	SPINOTHALMIC TRACTS CRV	No Auth Required	neck and back	
		SI INOTHALIMIC MACIS CITY		conditions, including:	
63197	INCISE SPINE&CORD 2 TRX THRC	LAM CORDOTOMY SCTJ BOTH	No Auth Required	Spine Care relating to	
03197	INCISE SPINEACORD 2 TRX THRC		No Autii Kequireu	-	
		SPINOTHALMIC TRACT THRC		neck and back	
60400				conditions, including:	
63198	INCISE SPIN&CORD 2 STGS CRVL	LAM CORDOTOMY SCTJ BOTH TRACTS 2	No Auth Required	Spine Care relating to	
		STAGES CERVICAL		neck and back	
				conditions, including:	
63199	INCISE SPIN&CORD 2 STGS THRC	LAM CORDOTOMY SCTJ BOTH TRACTS 2	No Auth Required	Spine Care relating to	
		STAGES THORACIC		neck and back	
				conditions, including:	
63200	RELEASE SPINAL CORD LUMBAR	LAMINECTOMY RELEASE TETHERED	No Auth Required	Spine Care relating to	
		SPINAL CORD LUMBAR		neck and back	
				conditions, including:	
63250	REVISE SPINAL CORD VSLS CRVL	LAM EXC/OCCLUSION AVM SPINAL	No Auth Required	Spine Care relating to	
		CORD CERVICAL		neck and back	
				conditions, including:	
63251	REVISE SPINAL CORD VSLS THRC	LAM EXC/OCCLUSION AVM SPINAL	No Auth Required	Spine Care relating to	
		CORD THORACIC		neck and back	
				conditions, including:	
63252	REVISE SPINE CORD VSL THRLMB	LAM EXC/OCCLUSION AVM SPI CORD	No Auth Required	Spine Care relating to	
03232	THE VISE STATE COME VSE TIMEIVID	THORACOLUMBAR	110 Auth Required	neck and back	
		MONACOLOWIDAN			
COOCE	EVELCE INTERACTION LEGICAL COV	LANA EVO/EVAC ICELLES OTH/THE VISO	No Auth Downtond	conditions, including:	
63265	EXCISE INTRASPINL LESION CRV	LAM EXC/EVAC ISPI LES OTH/THN NEO	No Auth Required	Spine Care relating to	
		XDRL CERVICAL		neck and back	
	EVOICE INTERCRIMINATION OF THE PROPERTY OF THE	LANGEN OF CONTROL OF C		conditions, including:	
63266	EXCISE INTRSPINL LESION THRC	LAM EXC/EVAC ISPI LES OTH/THN NEO	No Auth Required	Spine Care relating to	
		XDRL THORACIC		neck and back	
				conditions, including:	

63267	EXCISE INTRSPINL LESION LMBR	LAM EXC/EVAC ISPI LESION OTH/THN	No Auth Required	Spine Care relating to		-
03207	EXCISE INTROPINE LESION LIVIBR	NEO XDRL LUMBAR	No Autii Kequireu	neck and back		
		INEO ADRE LOIVIBAR				
63268	EXCISE INTRSPINL LESION SCRL	LANA EVC/EVAC ICDI LEC OTIL/TUNI NEO	No Auth Desuised	conditions, including:	+	+
03208	EXCISE INTROPING LESION SCRE	LAM EXC/EVAC ISPI LES OTH/THN NEO	No Auth Required	Spine Care relating to		
		XDRL SACRAL		neck and back		
60070	EVOICE INTERCENT LEGICAL CRUIT			conditions, including:		
63270	EXCISE INTRSPINL LESION CRVL	LAM EXC ISPI LES OTH/THN NEO IDRL	No Auth Required	Spine Care relating to		
		CERVICAL		neck and back		
				conditions, including:		
63271	EXCISE INTRSPINL LESION THRC	LAM EXC ISPI LES OTH/THN NEO IDRL	No Auth Required	Spine Care relating to		
		THORACIC		neck and back		
				conditions, including:		
63272	EXCISE INTRSPINL LESION LMBR	LAM EXC ISPI LES OTH/THN NEO IDRL	No Auth Required	Spine Care relating to		
		LUMBAR		neck and back		
				conditions, including:		
63273	EXCISE INTRSPINL LESION SCRL	LAM EXC ISPI LES OTH/THN NEO IDRL	No Auth Required	Spine Care relating to		
		SACRAL		neck and back		
				conditions, including:		
63275	BX/EXC XDRL SPINE LESN CRVL	LAMINECTOMY BX/EXC ISPI NEO XDRL	No Auth Required	Spine Care relating to		
		CERVICAL		neck and back		
				conditions, including:		
63276	BX/EXC XDRL SPINE LESN THRC	LAMINECTOMY BX/EXC ISPI NEO XDRL	No Auth Required	Spine Care relating to		
	'	THORACIC	·	neck and back		
				conditions, including:		
63277	BX/EXC XDRL SPINE LESN LMBR	LAMINECTOMY BX/EXC ISPI NEO XDRL	No Auth Required	Spine Care relating to		
002//	אין באס אט אבט ווינב בבטויי בוווט א	LUMBAR	. vo / tatii i itequii ea	neck and back		
		20		conditions, including:		
63278	BX/EXC XDRL SPINE LESN SCRL	LAMINECTOMY BX/EXC ISPI NEO XDRL	No Auth Required	Spine Care relating to		
03276	BAY EAC ADRE SFINE LESIN SCRE	SACRAL	No Auth Required	neck and back		
		SACIAL		conditions, including:		
63280	BX/EXC IDRL SPINE LESN CRVL	LAM BX/EXC ISPI NEO IDRL XMED	No Auth Required	Spine Care relating to	<u> </u>	
03200	BA/EAC IDEL SPINE LESIN CRVL		No Autii kequireu	-		
		CERVICAL		neck and back		
50004	DV/5VO IDDI CDINE I SCH TUDO	1 4 4 8 V /5 V 6 V 6 V 6 V 6 V 6 V 6 V 6 V 6 V 6 V		conditions, including:		
63281	BX/EXC IDRL SPINE LESN THRC	LAM BX/EXC ISPI NEO IDRL XMED	No Auth Required	Spine Care relating to		
		THORACIC		neck and back		
				conditions, including:		
63282	BX/EXC IDRL SPINE LESN LMBR	LAM BX/EXC ISPI NEO IDRL XMED	No Auth Required	Spine Care relating to		
		LUMBAR		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	No Auth Required	Spine Care relating to		
		CERVICAL		neck and back		
				conditions, including:		
63286	BX/EXC IDRL IMED LESN THRC	LAM BX/EXC ISPI NEO IDRL IMED	No Auth Required	Spine Care relating to		
		THORACIC		neck and back		
				conditions, including:		
63287	BX/EXC IDRL IMED LESN THRLMB	LAM BX/EXC ISPI NEO IDRL IMED	No Auth Required	Spine Care relating to		
		THORACOLMBR		neck and back		
				conditions, including:		
63290	BX/EXC XDRL/IDRL LSN ANY LVL	LAM BX/EXC ISPI NEO XDRL-IDRL LES	No Auth Required	Spine Care relating to		
55250		ANY LVL		neck and back		
		7.11. 272		conditions, including:		
63295	REPAIR LAMINECTOMY DEFECT	OSTPL RCNSTJ DORSAL SPI ELMNTS	No Auth Required	Spine Care relating to		
03233	THE TAIN DAVINGEOTOWN DELECT	FLWG ISPI PX	140 Auth Required	neck and back		
		L LWG ISPI PA				
	1		1	conditions, including:		

	T	T	I	Ta			
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	No Auth Required	Spine Care relating to			
		TTHRC		neck and back			
				conditions, including:			
63302	REMOVE VERT XDRL BODY THRLMB	VCRPEC LES 1 SEG XDRL THRC	No Auth Required	Spine Care relating to			
		THORACOLMBR		neck and back			
				conditions, including:			
63303	REMOV VERT XDRL BDY LMBR/SAC	VCRPEC LES 1 SEG XDRL LMBR/SAC	No Auth Required	Spine Care relating to			
		TRANSPRTL/RPR		neck and back			
				conditions, including:			
63304	REMOVE VERT IDRL BODY CRVCL	VERTEBRAL CORPECTOMY EXC LES 1	No Auth Required	Spine Care relating to			
		SEG IDRL CERVICAL		neck and back			
				conditions, including:			
63305	REMOVE VERT IDRL BODY THRC	VERTEBRAL CORPECTOMY LES 1 SEG	No Auth Required	Spine Care relating to			
03303	REMOVE VERT IBREBOBT TIME	IDRL THRC TTHRC	140 Addi Required	neck and back			
		IDRETTING TITING		conditions, including:			
63306	REMOV VERT IDRL BDY THRCLMBR	VERTEBRL CORPECT LES 1 SEG IDRL	No Auth Required	· · · · · · · · · · · · · · · · · · ·			
03300	REIVIOV VERT IDRE BUT THRCLIVIBR		No Autii Kequireu	Spine Care relating to			
		THRC THORACOLMBR		neck and back			
				conditions, including:			
63307	REMOV VERT IDRL BDY LMBR/SAC	VCRPEC LES 1 SEG IDRL LMBR/SAC	No Auth Required	Spine Care relating to			
		TRANSPRTL/RPR		neck and back			
				conditions, including:			
63308	REMOVE VERTEBRAL BODY ADD-ON	VERTEBRAL CORPECTOMY EXC INDRL	No Auth Required	Spine Care relating to			
		LES EACH SEG		neck and back			
				conditions, including:			
63600	REMOVE SPINAL CORD LESION	CREATION LES SPINAL CORD	No Auth Required	Spine Care relating to			
		STEREOTACTIC METHOD PRQ		neck and back			
				conditions, including:			
63610	STIMULATION OF SPINAL CORD	STRTCTC STIMJ SPI CORD PRQ SPX	Authorization Required	Spine Care relating to	F	ull Clinical Review	
		N/FLWD OTH SURG		neck and back			
				conditions, including:			
63620	SRS SPINAL LESION	STEREOTACTIC RADIOSURGERY 1	Authorization Required	Spine Care relating to	Fi	ull Clinical Review	
		SPINAL LESION	,	neck and back			
				conditions, including:			
63621	SRS SPINAL LESION ADDL	STEREOTACTIC RADIOSURGERY EA	No Auth Required	Spine Care relating to			
		ADDL SPINAL LESION		neck and back			
		7.55 2 57 11.07 12 22 57 57 17		conditions, including:			
63650	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NSTIM ELECTRODE ARRAY	Authorization Required	Spine Care relating to	E	ull Clinical Review	
03030	IN LAW NEOROELECTRODES	EPIDURAL	Authorization Required	neck and back	''	an chincal neview	
		LIBORAL		conditions, including:			
63655	IMPLANT NEUROELECTRODES	LAM IMPLTJ NSTIM ELTRDS	Authorization Required	· · · · · · · · · · · · · · · · · · ·	E-	ull Clinical Review	
03033	IIIVII LAIVI INLUNULLICURUUES		Authorization Required	Spine Care relating to	F	an Cillical Neview	
		PLATE/PADDLE EDRL		neck and back			
C2CC4	DEMOVE COINE FLEDS SESS ASAV	DAM/I CRIMAL NICTIMA ELTER DECLASSAY	No Auth Dogudend	conditions, including:			
63661	REMOVE SPINE ELTRD PERQ ARAY	RMVL SPINAL NSTIM ELTRD PRQ ARRAY	INO Auth Kequirea	Spine Care relating to			
		INCL FLUOR		neck and back			
	DEL 401/E CDIVIE EL TRE -: :	24 11 4 52 11 4 15		conditions, including:		Holl I Is :	
63662	REMOVE SPINE ELTRD PLATE	RMVL SPINAL NSTIM ELTRD	Authorization Required	Spine Care relating to	F	ull Clinical Review	
		PLATE/PADDLE INCL FLUOR		neck and back			
				conditions, including:			
63663	REVISE SPINE ELTRD PERQ ARAY	REVJ INCL RPLCMT NSTIM ELTRD PRQ	Authorization Required	Spine Care relating to	F	ull Clinical Review	
		RA INCL FLUOR		neck and back			
				conditions, including:			
63664	REVISE SPINE ELTRD PLATE	REVJ INCL RPLCMT NSTIM ELTRD	Authorization Required	Spine Care relating to	F	ull Clinical Review	
		PLT/PDLE INCL FLUOR		neck and back			
			1	conditions, including:			

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63685	INSRT/REDO SPINE N GENERATOR	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE	Authorization Required	Spine Care relating to	Full Clinical Revie	w
		COUPLING		neck and back		
				conditions, including:		
63688	REVISE/REMOVE NEURORECEIVER	REVJ/RMVL IMPLANTED SPINAL	Authorization Required	Spine Care relating to	Full Clinical Revie	w
	,	NEUROSTIM GENERATOR		neck and back		
				conditions, including:		
63700	REPAIR OF SPINAL HERNIATION	REPAIR MENINGOCELE < 5 CM	No Auth Required	Spine Care relating to		
03700		DIAMETER	no mannequirea	neck and back		
		DI WIETER		conditions, including:		
63702	REPAIR OF SPINAL HERNIATION	REPAIR MENINGOCELE > 5 CM	No Auth Required	Spine Care relating to		
03702	REPAIR OF SPINAL HERNIATION	DIAMETER	No Auth Required	neck and back		
		DIAMETER				
62704	DEDAID OF CRIMAL LIEDMIATION	DEDAID MAYELOMAENING OCELE - E CMA	No. Austle Describer d	conditions, including:		
63704	REPAIR OF SPINAL HERNIATION	REPAIR MYELOMENINGOCELE < 5 CM	No Auth Required	Spine Care relating to		
		DIAMETER		neck and back		
				conditions, including:		
63706	REPAIR OF SPINAL HERNIATION	REPAIR MYELOMENINGOCELE > 5 CM	No Auth Required	Spine Care relating to		
		DIAMETER		neck and back		
				conditions, including:		
63707	REPAIR SPINAL FLUID LEAKAGE	RPR DURAL/CEREBROSPINAL FLUID	No Auth Required	Spine Care relating to		
		LEAK X REQ LAM		neck and back		
				conditions, including:		
63709	REPAIR SPINAL FLUID LEAKAGE	RPR DURAL/CSF	No Auth Required	Spine Care relating to		
		LEAK/PSEUDOMENINGOCELE W/LAM		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-	No Auth Required	Spine Care relating to		
		PLEURAL/OTH W/LAM		neck and back		
		1 22010 12/0111 11/21111		conditions, including:		
63741	INSTALL SPINAL SHUNT	CRTJ SHUNT LMBR SARACH-PRTL-	No Auth Required	Spine Care relating to		
007.12		PLEURAL PRQ X LAM	no mannequirea	neck and back		
		FLEORAL FRQ X LAW		conditions, including:		
63744	REVISION OF SPINAL SHUNT	RPLCMT IRRIGATION/REVJ	No Auth Required	Spine Care relating to		
03744	REVISION OF SPINAL SHOWI	LUMBOSARACH SHUNT	No Autii Required	neck and back		
		LUMBUSARACH SHUNT				
50746	DEA 401/41 OF CRIMAN CHIMIT	2.0.0.0.50.7725		conditions, including:		
63746	REMOVAL OF SPINAL SHUNT	RMVL ENTIRE LUMBOSARACH SHUNT	No Auth Required	Spine Care relating to		
		SYS W/O RPLCMT		neck and back		
				conditions, including:		
64400	NJX AA&/STRD TRIGEMINAL NRV	INJECTION AA&/STRD TRIGEMINAL	No Auth Required	Surgery of nervous		
		NERVE EACH BRANCH		system		
64405	NJX AA&/STRD GR OCPL NRV	INJECTION AA&/STRD GREATER	Authorization Required	Surgery of nervous	Full Clinical Revie	W
		OCCIPITAL NERVE		system		
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	No Auth Required	Surgery of nervous		
		PLEXUS		system		
64416	NJX AA&/STRD BRACH PLEX NFS	INJECTION AA&/STRD BRACHIAL	No Auth Required	Surgery of nervous		
		PLEXUS CONT NFS CATH		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	No Auth Required	Surgery of nervous		
		NERVE		system		
64420	NJX AA&/STRD NTRCOST NRV 1	INJECTION AA&/STRD INTERCOSTAL	No Auth Required	Surgery of nervous		
		NRV SINGLE LVL		system		
64421	NJX AA&/STRD NTRCOST NRV EA	INJECTION AA&/STRD INTERCOSTAL	No Auth Required	Surgery of nervous		
0-74	I I I I I I I I I I I I I I I I I I I	NRV EA ADDL LVL	/ wan nequired	system		
	1	INN LA ADDL LVL	1	зузсии		

64425	NUV AAR /CTDD II III NEDVEC	INTECTION AND ICTED HIGHIGINAL III	No Acade Described	C	1	
64425	NJX AA&/STRD II IH NERVES	INJECTION AA&/STRD ILIOINGUINAL IH	No Auth Required	Surgery of nervous system		
64430	NJX AA&/STRD PUDENDAL NERVE	INJECTION AA&/STRD PUDENDAL NERVE	No Auth Required	Surgery of nervous		
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	

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64492	INJ PARAVERT F JNT C/T 3 LEV	NJX DX/THER AGT PVRT FACET JT	Authorization Required	Spine Care relating to	Full Clinical Review	
		CRV/THRC 3+ LEVEL		neck and back		
				conditions, including:		
64493	INJ PARAVERT F JNT L/S 1 LEV	NJX DX/THER AGT PVRT FACET JT	Authorization Required	Spine Care relating to	Full Clinical Review	
		LMBR/SAC 1 LEVEL		neck and back		
		LIVIDITY SITE I LEVEL		conditions, including:		
C4404	INLEDADAVEDTE INTLÆCTIV	NIV DY/THED ACT DVDT FACET IT	Authorization Descriped		Full Clinical Paviano	
64494	INJ PARAVERT F JNT L/S 2 LEV	NJX DX/THER AGT PVRT FACET JT	Authorization Required	Spine Care relating to	Full Clinical Review	
		LMBR/SAC 2ND LEVEL		neck and back		
				conditions, including:		
64495	INJ PARAVERT F JNT L/S 3 LEV	NJX DX/THER AGT PVRT FACET JT	Authorization Required	Spine Care relating to	Full Clinical Review	
		LMBR/SAC 3+ LEVEL		neck and back		
				conditions, including:		
64505	N BLOCK SPENOPALATINE GANGL	INJECTION ANES AGENT	Authorization Required	Surgery of nervous	Full Clinical Review	
		SPHENOPALATINE GANGLION		system		
64510	N BLOCK STELLATE GANGLION	NJX ANES STELLATE GANGLION CRV	No Auth Required	Surgery of nervous		
		SYMPATHETIC		system		
64517	N BLOCK INJ HYPOGAS PLXS	INJECTION ANES SUPERIOR	No Auth Required	Surgery of nervous		
04317	N BEOCK INSTITT OGASTEAS	HYPOGASTRIC PLEXUS	No Addi Negalied			
C4F20	N. D. OCK I I IN AD A D /TI I OD A CIC		A value of a street Beautional	system	Full Clinian Deviana	
64520	N BLOCK LUMBAR/THORACIC	INJECTION ANES LMBR/THRC	Authorization Required	Surgery of nervous	Full Clinical Review	
		PARAVERTBRL SYMPATHETIC		system		
64530	N BLOCK INJ CELIAC PELUS	INJX ANES CELIAC PLEXUS W/WO	No Auth Required	Surgery of nervous		
		RADIOLOGIC MONITRNG		system		
64553	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD	Authorization Required	Surgery of nervous	Full Clinical Review	
		CRANIAL NERVE		system		
64555	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIMULATOR ELTRD	Authorization Required	Surgery of nervous	Full Clinical Review	
		PERIPHERAL NRV		system		
64561	IMPLANT NEUROELECTRODES	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL	Authorization Required	Surgery of nervous	Full Clinical Review	
		NRVE W/IMAGING		system		
64566	NEUROELTRD STIM POST TIBIAL	POST TIB NEUROSTIMULATION PRQ	Authorization Required	Surgery of nervous	Full Clinical Review	
0.500	NEONOZEMB OTMIT GOT TIBIALE	NEEDLE ELECTRODE	/ tathonization nequired	system	Tan emmed neview	
64568	INC FOR VAGUS N ELECT IMPL	INC IMPLTJ CRNL NRV NSTIM ELTRDS &	Authorization Required	Surgery of nervous	Full Clinical Review	
04300	INC FOR VAGOS IN ELECT IIVII E	PULSE GENER	/ action zacion required	system	Tull cliffical Review	
64569	REVISE/REPL VAGUS N ELTRD	REVISION/REPLMT NEUROSTIMLATOR	Authorization Descriped		Full Clinical Review	
04309	REVISE/REPL VAGOS IN ELTRO	· · · · · · · · · · · · · · · · · · ·	Authorization Required	Surgery of nervous	Full Cliffical Review	
		ELTRD CRANIAL NRV		system		
64570	REMOVE VAGUS N ELTRD	REMOVAL CRNL NRV NSTIM ELTRDS &	No Auth Required	Surgery of nervous		
		PULSE GENERATO		system		
64575	IMPLANT NEUROELECTRODES	INC IMPLTJ PERIPH NERVE	Authorization Required	Surgery of nervous	Full Clinical Review	
		NEUROSTIMULATOR ELTRD		system		
64580	IMPLANT NEUROELECTRODES	INC IMPLTJ NSTIM ELTRD	Authorization Required	Surgery of nervous	Full Clinical Review	
		NEUROMUSCULAR		system		
64581	IMPLANT NEUROELECTRODES	INC IMPLTJ NEUROSTIMULATOR ELTRD	Authorization Required	Surgery of nervous	Full Clinical Review	
		SACRAL NERVE		system		
64585	REVISE/REMOVE NEUROELECTRODE	REVJ/RMVL PERIPHERAL	No Auth Required	Surgery of nervous		
	,	NEUROSTIMULATOR ELECTRODE		system		
64590	INSRT/REDO PN/GASTR STIMUL	INSERTION/RPLCMT	Authorization Required	Surgery of nervous	Full Clinical Review	
07330	INSTRICTION IN GRAPH STIIVIOL	PERIPHERAL/GASTRIC NPGR	, tatilonzation nequired	system	I dii Ciiiical Neview	
CAFOF	DEVICE (DAMY DAY CACED CEINALII	·	Authorization Descript	,	Full Clinical Devices	
64595	REVISE/RMV PN/GASTR STIMUL	REVISION/RMVL PERIPHERAL/GASTRIC	Authorization Required	Surgery of nervous	Full Clinical Review	
		NPGR		system		
64600	INJECTION TREATMENT OF NERVE	DSTRJ TRIGEMINAL NRV SUPRAORB	No Auth Required	Surgery of nervous		
		INFRAORB BRANCH		system		
64605	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC TRIGEMINAL NRV	No Auth Required	Surgery of nervous		
		2/3 DIV BRANCH	<u> </u>	system		
64610	INJECTION TREATMENT OF NERVE	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV	No Auth Required	Surgery of nervous		
		RADIO MONITOR		system		
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64611	CHEMODENERV SALIV GLANDS	CHEMODENERV	No Auth Required	Surgery of nervous			
		PAROTID&SUBMANDIBL SALIVARY		system			
		GLNDS					
64612	DESTROY NERVE FACE MUSCLE	CHEMODNRVTJ MUSC MUSC	No Auth Required	Surgery of nervous			
		INNERVATED FACIAL NRV UNIL		system			
64615	CHEMODENERV MUSC MIGRAINE	CHEMODERVATE FACIAL/TRIGEM/CERV	Authorization Required	Surgery of nervous		Network Validation	
		MUSC MIGRAINE		system			
64616	CHEMODENERV MUSC NECK DYSTON	CHEMODENERVATION MUSCLE NECK	No Auth Required	Surgery of nervous			
		UNILAT FOR DYSTONIA		system			
64617	CHEMODENER MUSCLE LARYNX EMG	CHEMODENERVATION MUSCLE LARYNX	No Auth Required	Surgery of nervous			
		UNILAT W/EMG	· ·	system			
64620	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC AGENT	No Auth Required	Surgery of nervous			
		INTERCOSTAL NERVE		system			
64624	DSTRJ NULYT AGT GNCLR NRV	DESTRUCTION NEUROLYTIC AGT	No Auth Required	System			
04024	DSTIG NOETT AGT GIVEEK WILV	GENICULAR NERVE W/IMG	No Auth Required				
64625	RF ABLTJ NRV NRVTG SI JT	RADIOFREQUENCY ABLTJ NRV NRVTG SI	Authorization Required			Full Clinical Review	
04023	IN ABEIT WIN WIN TO SITT	JT W/IMG GDN	Authorization Required			Tall Cillical Neview	
64630	INVECTION TREATMENT OF MERVE	DSTRJ NEUROLYTIC AGENT PUDENDAL	No Auth Dogwined	Caaaaf aaaa			
04030	INJECTION TREATMENT OF NERVE		No Auth Required	Surgery of nervous			
		NERVE		system			
64632	N BLOCK INJ COMMON DIGIT	DSTRJ NEUROLYTIC PLANTAR COMMON	No Auth Required	Surgery of nervous			
		DIGITAL NERVE		system			
64633	DESTROY CERV/THOR FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT	Authorization Required	Surgery of nervous		Full Clinical Review	
		SNGL CRVCL/THORA		system			
64634	DESTROY C/TH FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT	Authorization Required	Surgery of nervous		Full Clinical Review	
		ADDL CRVCL/THORA		system			
64635	DESTROY LUMB/SAC FACET JNT	DSTR NROLYTC AGNT PARVERTEB FCT	Authorization Required	Surgery of nervous		Full Clinical Review	
		SNGL LMBR/SACRAL		system			
64636	DESTROY L/S FACET JNT ADDL	DSTR NROLYTC AGNT PARVERTEB FCT	Authorization Required	Surgery of nervous		Full Clinical Review	
		ADDL LMBR/SACRAL		system			
64640	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC AGENT OTHER	No Auth Required	Surgery of nervous			
		PERIPHERAL NERVE	·	system			
64642	CHEMODENERV 1 EXTREMITY 1-4	CHEMODENERVATION ONE EXTREMITY	No Auth Required	Surgery of nervous			
		1-4 MUSCLE	· ·	system			
64643	CHEMODENERV 1 EXTREM 1-4 EA	CHEMODENERVATION 1 EXTREMITY EA	No Auth Required	Surgery of nervous			
		ADDL 1-4 MUSCLE		system			
64644	CHEMODENERV 1 EXTREM 5/> MUS	CHEMODENERVATION 1 EXTREMITY 5	No Auth Required	Surgery of nervous			
0-10-1-1	CHEMODENERV I EXTREM 5/2 14103	OR MORE MUSCLES	No Auth Required	system			
64645	CHEMODENERV 1 EXTREM 5/> EA	CHEMODENERVATION 1 EXTREMITY EA	No Auth Poquired	Surgery of nervous			
04043	CHEWIODENERV I EXTREM 3/2 EA	ADDL 5/> MUSCLES	No Auth Required	system			
CACAC	CHEMODENERV TRUNK MUSC 1-5	CHEMODENERVATION OF TRUNK	No Auth Boguired	· ·			
64646	CHEWIODENERV TRUNK WIOSC 1-5		No Auth Required	Surgery of nervous			
64647	0.151400515017501750171	MUSCLE 1-5 MUSCLES		system			
64647	CHEMODENERV TRUNK MUSC 6/>	CHEMODENERVATION OF TRUNK 6 OR	No Auth Required	Surgery of nervous	1		
		MORE MUSCLES		system			
64650	CHEMODENERV ECCRINE GLANDS	CHEMODENERVATION ECCRINE	No Auth Required	Surgery of nervous	1		
		GLANDS BOTH AXILLAE		system			
64653	CHEMODENERV ECCRINE GLANDS	CHEMODENERVATION ECCRINE	No Auth Required	Surgery of nervous	1		
		GLANDS OTH AREA PER DAY		system			
64680	INJECTION TREATMENT OF NERVE	DSTRJ NEUROLYTIC W/WO RAD	No Auth Required	Surgery of nervous	1		
		MONITOR CELIAC PLEXUS		system			
64681	INJECTION TREATMENT OF NERVE	DSTRJ NULYT W/WORAD MNTR	No Auth Required	Surgery of nervous			
		SUPRIOR HYPOGSTR PLEXUS		system			
64702	REVISE FINGER/TOE NERVE	NEUROPLASTY DIGITAL 1/BOTH SAME	No Auth Required	Surgery of nervous			
	,	DIGIT		system			
64704	REVISE HAND/FOOT NERVE	NEUROPLASTY NERVE HAND/FOOT	No Auth Required	Surgery of nervous			
	,			system	1		
	I	1	I.	3,500111	I.	1	1

	I			1	T
64708	REVISE ARM/LEG NERVE	NEURP MAJOR PRPH NRV ARM/LEG	No Auth Required	Surgery of nervous	
		OPN OTH/THN SPEC		system	
64712	REVISION OF SCIATIC NERVE	NEURP MAJOR PRPH NRV OPN	No Auth Required	Surgery of nervous	
		ARM/LEG SCIATIC NRV		system	
64713	REVISION OF ARM NERVE(S)	NEURP MAJOR PRPH NRV OPN	No Auth Required	Surgery of nervous	
		ARM/LEG BRACH PLEXUS		system	
64714	REVISE LOW BACK NERVE(S)	NEURP MAJOR PRPH NRV OPN	No Auth Required	Surgery of nervous	
		ARM/LEG LMBR PLEXUS		system	
64716	REVISION OF CRANIAL NERVE	NEUROPLASTY &/TRANSPOSITION	No Auth Required	Surgery of nervous	
		CRANIAL NERVE		system	
64718	REVISE ULNAR NERVE AT ELBOW	NEUROPLASTY &/TRANSPOSITION	No Auth Required	Surgery of nervous	
		ULNAR NERVE ELBOW		system	
64719	REVISE ULNAR NERVE AT WRIST	NEUROPLASTY &/TRANSPOSITION	No Auth Required	Surgery of nervous	
		ULNAR NERVE WRIST	·	system	
64721	CARPAL TUNNEL SURGERY	NEUROPLASTY &/TRANSPOS MEDIAN	No Auth Required	Surgery of nervous	
		NRV CARPAL TUNNE	·	system	
64722	RELIEVE PRESSURE ON NERVE(S)	DECOMPRESSION UNSPECIFIED NERVE	No Auth Required	Surgery of nervous	
-	(1)			system	
64726	RELEASE FOOT/TOE NERVE	DECOMPRESSION PLANTAR DIGITAL	No Auth Required	Surgery of nervous	
		NERVE		system	
64727	INTERNAL NERVE REVISION	INTERNAL NEUROLYSIS REQ OPERATING	No Auth Required	Surgery of nervous	
04727	INTERIORE NERVE REVISION	MICROSCOPE	No Auth Required	system	
64732	INCISION OF BROW NERVE	TRANSECTION/AVULSION	No Auth Required		
04/32	INCISION OF BROW NERVE		No Autii Kequireu	Surgery of nervous	
C4724	INCICION OF CHEEK NEDVE	SUPRAORBITAL NERVE	No Auth Doguined	system	
64734	INCISION OF CHEEK NERVE	TRANSECTION/AVULSION	No Auth Required	Surgery of nervous	
		INFRAORBITAL NERVE		system	
64736	INCISION OF CHIN NERVE	TRANSECTION/AVULSION MENTAL	No Auth Required	Surgery of nervous	
		NERVE		system	
64738	INCISION OF JAW NERVE	TRANSECTION/AVULSION INF	No Auth Required	Surgery of nervous	
		ALVEOLAR NRV W/OSTEO		system	
64740	INCISION OF TONGUE NERVE	TRANSECTION/AVULSION LINGUAL	No Auth Required	Surgery of nervous	
		NERVE		system	
64742	INCISION OF FACIAL NERVE	TRANSECTION/AVULSION FACIAL NRV	No Auth Required	Surgery of nervous	
		DIFFERENT/CMPL		system	
64744	INCISE NERVE BACK OF HEAD	TRANSECTION/AVULSION GREATER	No Auth Required	Surgery of nervous	
		OCCIPITAL NERVE		system	
64746	INCISE DIAPHRAGM NERVE	TRANSECTION/AVULSION PHRENIC	No Auth Required	Surgery of nervous	
		NERVE		system	
64755	INCISION OF STOMACH NERVES	TRANSECTION/AVULSION VAGUS	No Auth Required	Surgery of nervous	
		NERVES		system	
64760	INCISION OF VAGUS NERVE	TRANSECTION/AVULSION VAGUS	No Auth Required	Surgery of nervous	
		NERVE ABDOMINAL		system	
64763	INCISE HIP/THIGH NERVE	TRNSXJ/AVLSN OBTURAT NRV XPELV	No Auth Required	Surgery of nervous	
		W/WO TENOTOMY		system	
64766	INCISE HIP/THIGH NERVE	TRNSXJ/AVLSN OBTURAT NRV INPELV	No Auth Required	Surgery of nervous	
04700	THOUSE I'M / I'M GIT WERVE	W/WO TENOTOMY	140 Addi Nequired	system	
64771	SEVER CRANIAL NERVE	TRANSECTION/AVULSION OTH CRANIAL	No Auth Required	Surgery of nervous	
07//1	SEVEN CHAININE IVENVE	NRV XDRL	Auth Required	system	
64772	INCISION OF SPINAL NERVE	TRANSECTION/AVULSION OTH SPINAL	No Auth Required		
04//2	INCIDION OF SPINAL NERVE		No Auth Required	Surgery of nervous	
C 4774	DEMOVE CKINI NEDVE 1 5010 N	NRV XDRL	No Auth Descriped	system	
64774	REMOVE SKIN NERVE LESION	EXC NEUROMA CUTAN NRV SURGLY	No Auth Required	Surgery of nervous	
	25, 40,45, 210,7, 1152,45, 150,01	IDENTIFIABLE		system	
64776	REMOVE DIGIT NERVE LESION	EXC NEUROMA DIGITAL NERVE 1 OR	No Auth Required	Surgery of nervous	
		BOTH SAME DIGIT		system	
64778	DIGIT NERVE SURGERY ADD-ON	EXCISION NEUROMA DIGITAL NRV EA	No Auth Required	Surgery of nervous	
		ADDL DIGIT		system	

		1		1	1	
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		

64050	Lucay Conserv	Tours of the second of the sec	I		
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</td <td>NERVE GRAFT HEAD/NECK <!-- 4 CM</td--><td>No Auth Required</td><td>Surgery of nervous system</td><td></td></td>	NERVE GRAFT HEAD/NECK 4 CM</td <td>No Auth Required</td> <td>Surgery of nervous system</td> <td></td>	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</td <td>NERVE GRAFT 1 STRAND HAND/FOOT <!--4 CM</td--><td>No Auth Required</td><td>Surgery of nervous system</td><td></td></td>	NERVE GRAFT 1 STRAND HAND/FOOT 4 CM</td <td>No Auth Required</td> <td>Surgery of nervous system</td> <td></td>	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</td <td>NERVE GRAFT MLT STRANDS HAND/FOOT <!--4 CM</td--><td>No Auth Required</td><td>Surgery of nervous system</td><td></td></td>	NERVE GRAFT MLT STRANDS HAND/FOOT 4 CM</td <td>No Auth Required</td> <td>Surgery of nervous system</td> <td></td>	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</td <td>NERVE GRAFT MLT STRANDS ARM/LEG <!--4 CM</td--><td>No Auth Required</td><td>Surgery of nervous system</td><td></td></td>	NERVE GRAFT MLT STRANDS ARM/LEG 4 CM</td <td>No Auth Required</td> <td>Surgery of nervous system</td> <td></td>	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	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	

C4000	NEDVOLIC CYCTEM CLIDCEDY	LINUISTED DROCEDURE NERVOUS	Authorization Described	Current of nemicus	Full Clinical	I Davieur
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	No Auth Required	Surgery of eye and ocular		
		IMPLANT		adnexa		
65093	REVISE EYE WITH IMPLANT	EVISCERATION OCULAR CONTENTS	No Auth Required	Surgery of eye and ocular		
65101	REMOVAL OF EYE	W/IMPLANT ENUCLEATION OF EYE W/O IMPLANT	No Auth Required	adnexa		
65101	REIVIOVAL OF EYE	ENOCLEATION OF EYE W/O IMPLANT	No Auth Required	Surgery of eye and ocular adnexa		
65103	REMOVE EYE/INSERT IMPLANT	ENUCLEATION EYE IMPLT MUSC X	No Auth Required	Surgery of eye and ocular		
		ATTACHED IMPLT		adnexa		
65105	REMOVE EYE/ATTACH IMPLANT	ENUCLEATION EYE IMPLT MUSC	No Auth Required	Surgery of eye and ocular		
		ATTACHED IMPLT	·	adnexa		
65110	REMOVAL OF EYE	EXENTERATION ORBIT REMVL ORBITAL	No Auth Required	Surgery of eye and ocular		
		CONTENTS ONLY		adnexa		
65112	REMOVE EYE/REVISE SOCKET	EXENTERATION ORBIT RMVL ORBIT	No Auth Required	Surgery of eye and ocular		
		CONTENTS & BONE		adnexa		
65114	REMOVE EYE/REVISE SOCKET	EXNTJ ORBIT RMVL ORB CNTS	No Auth Required	Surgery of eye and ocular		
CE42E	DELVICE OCULAR INARIANIT	W/MUSC/MYOQ FLAP	N. A. All D. A. de	adnexa		
65125	REVISE OCULAR IMPLANT	MODIFICAJ OC IMPLT W/PLMT/RPLCMT	No Auth Required	Surgery of eye and ocular		
65130	INSERT OCULAR IMPLANT	PEGS SPX INSJ OC IMPLT SEC AFTER EVSC SCLL	No Auth Required	adnexa Surgery of eye and ocular		
03130	INSERT OCOLAR IMPLANT	SHELL	No Autii Kequireu	adnexa		
65135	INSERT OCULAR IMPLANT	INSJ OC IMPLT AFTER ENCL MUSC X	No Auth Required	Surgery of eye and ocular		
05155		ATTACHED	ivo riacir rieganea	adnexa		
65140	ATTACH OCULAR IMPLANT	INSJ OC IMPLT AFTER ENCL MUSC	No Auth Required	Surgery of eye and ocular		
		ATTACHED		adnexa		
65150	REVISE OCULAR IMPLANT	REINSERTION OCULAR IMPLT W/WO	No Auth Required	Surgery of eye and ocular		
		CONJUNCTIVAL GRAFT		adnexa		
65155	REINSERT OCULAR IMPLANT	REINSERTION OCULAR IMPLT RNFCMT	No Auth Required	Surgery of eye and ocular		
		&/ ATTACH MUSCLE		adnexa		
65175	REMOVAL OF OCULAR IMPLANT	REMOVAL OCULAR IMPLANT	No Auth Required	Surgery of eye and ocular		
55005	75146V5 507516V 200V 5764 4 5V5	251460444 52 545 6644444657444		adnexa		
65205	REMOVE FOREIGN BODY FROM EYE	REMOVAL FB EYE CONJUNCTIVAL	No Auth Required			
65210	REMOVE FOREIGN BODY FROM EYE	SUPERFICIAL RMVL FB XTRNL EYE EMBED	No Auth Required			
65210	REMOVE FOREIGN BODY FROM EYE	SCJNCL/SCLERAL NONPERFOR	No Auth Required			
65220	REMOVE FOREIGN BODY FROM EYE	RMVL FB XTRNL EYE CORNEAL W/O SLIT	No Auth Required			
03220	NEW OF CHEIGH SOST THOM ETC	LAMP	ivo riacir rieganea			
65222	REMOVE FOREIGN BODY FROM EYE	RMVL FB XTRNL EYE CORNEAL W/SLIT	No Auth Required			
		LAMP				
65235	REMOVE FOREIGN BODY FROM EYE	RMVL FB INTRAOCULAR ANT CHAMBER	No Auth Required			
		EYE/LENS				
65260	REMOVE FOREIGN BODY FROM EYE	RMVL FB IO FROM POST SEG MAG XTRJ	No Auth Required			
		ANT/POST ROUTE				
65265	REMOVE FOREIGN BODY FROM EYE	RMVL FB IO FROM POST SEG	No Auth Required			
CE 2.70	DEDAID OF EVE WOLLD'S	NONMAGNETIC XTRJ	No Auth Decition	Company of our and a solu		
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	No Auth Required	Surgery of eye and ocular		
03212	The state of the s	HOSPITALIZATION	Maar nequireu	adnexa		
65273	REPAIR OF EYE WOUND	RPR LAC CJNC MOBLJ & REARGMT	No Auth Required	Surgery of eye and ocular		
332.3		W/HOSPIZATION		adnexa		
65275	REPAIR OF EYE WOUND	RPR LAC CORNEA NONPERFOR W/WO	No Auth Required	Surgery of eye and ocular		
		RMVL FOREIGN BODY		adnexa		
65280	REPAIR OF EYE WOUND	RPR LAC CORNEA&/SCLERA PERFOR X	No Auth Required	Surgery of eye and ocular		
		INVG UVEAL TIS		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	No Auth Required	Surgery of eye and ocular		
		CORNEA&/SCLERA		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		
03410	BIOF31 OF CORNEA	BIOFST CORNEA	No Auth Required	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	No Auth Poquired	Surgery of eye and ocular		
03430	CORNEAL SIVIEAR	&/CULTURE	No Autii Kequireu	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	No Auth Required	Surgery of eye and ocular		
03430	CORETTE/TREAT CORNEA	CHELATING AGENT	No Autii Kequirea	adnexa		
65450	TREATMENT OF CORNEAL LESION	DSTRJ LESION CRYOTHER	No Auth Required	Surgery of eye and ocular		
03430	THE WINDLEY OF CONNEX CESSION	PHOTO/THERMOCAUTZATION	No Auth Required	adnexa		
65600	REVISION OF CORNEA	MULTIPLE PUNCTURES ANTERIOR	No Auth Required	Surgery of eye and ocular		
		CORNEA	,-	adnexa		
65710	CORNEAL TRANSPLANT	KERATOPLASTY ANTERIOR LAMELLAR	No Auth Required	Surgery of eye and ocular adnexa		
65730	CORNEAL TRANSPLANT	KERATOPLASTY PENTRG EXCEPT	No Auth Required	Surgery of eye and ocular		
63730	CORNEAL TRAINSPLAINT	APHAKIA/PSEUDOPHAKIA	No Autii Kequirea	adnexa		
65750	CORNEAL TRANSPLANT	KERATOPLASTY PENETRAING APHAKIA	No Auth Required	Surgery of eye and ocular		
				adnexa		
65755	CORNEAL TRANSPLANT	KERATOPLASTY PENETRATING	No Auth Required	Surgery of eye and ocular		
		PSEUDOPHAKIA		adnexa		
65756	CORNEAL TRNSPL ENDOTHELIAL	KERATOPLASTY ENDOTHELIAL	No Auth Required	Surgery of eye and ocular adnexa		
65757	PREP CORNEAL ENDO ALLOGRAFT	BACKBENCH PREPJ CORNEAL	No Auth Required	Surgery of eye and ocular		
03.3.		ENDOTHELIAL ALLOGRAFT	- To Math Medanea	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	Authorization Required	Surgery of eye and ocular	Full Clinical Review	
		ASTIGMATISM	,	adnexa		
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	No Auth Required	Surgery of eye and ocular		
	COVER THE WAY AFT ARRANGE CHIEF	SURFACE W/O SUTURES		adnexa		<u> </u>
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	No Auth Required	Surgery of eye and ocular		
		AMNIOTIC MEMBRANE	,	adnexa		

LIMBOAN_ALLOCARTY   COLLEAR RECORDS   REACHES   COLLEAR REPRESANCE   C						
SOCIAL AM RECONST TRANSPART   LINCOLD AS SURPEY OF eye and coular advises and support of eye and support of eye and coular advises and support of eye and coular advises and support of eye and support of eye and coular advises and support of eye and support o	65781	OCULAR RECONST TRANSPLANT	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	No Auth Required	Surgery of eye and ocular adnexa	
UMBAL AUTOSCHAPT  65785 MPLTI NTISTEMAL CHOL RING SEG  1004 ANARAGE OF EYE  ADUCOUS SPK  ADUCOUS	65782	OCULAR RECONST TRANSPLANT		No Auth Required		
CORNAL RINGS CONCENTS ANT CHANM STYLE ASPIR ADUCCUS SYX ADUCCUS SY			LIMBAL AUTOGRAFT	·		
CORNALA, RINGS COMENTS ANT CHANNA BET ASPIR ADUCTUS SYR ADUCTUS SY						
GARDINGE OF FEE   PARACENTSS ANT CLAMB STYLE ASPIR   No. Auth Required   Surgery of eye and coular   admitted   Surgery of eye and coular   admitted   Surgery of eye and coular   admitted   Surgery of eye and coular   surger	65785	IMPLTJ NTRSTRML CRNL RNG SEG	IMPLANTATION INTRASTROMAL	No Auth Required	Surgery of eye and ocular	
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AQUECIUS PIYE PARACETISTS ANT CHAM SMANL VITEROUS W/JVO ARR NUX VITE	65800	DRAINAGE OF EYE	PARACENTSIS ANT CHAMB EYE ASPIR	No Auth Required	Surgery of eye and ocular	
SESSED RAINAGE OF PYE PARACER ANT TOMAN MANUS BLOOD W/W/NO RRIEGE/ARIA NT SAME MANUS BLOOD W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/			AQUEOUS SPX			
SESSED SHAINANGE OF PTE PARACEN ANT ITEMA MAY BLOOD W/WO IBRICE, AIR IN SAME SECURITY INDEX PERSONE GONOTOMY NO Auth Required SURgey of eye and ocular sidness SURGEY	65810	DRAINAGE OF EYE	PARACENTSIS ANT CHAM RMVL	No Auth Required	Surgery of eye and ocular	
MVMO BRIGGAPAR IN SORONITOMY NO AUTH Required Surgery of eye and ocular adhosa Surgery of eye and o			VITREOUS W/WO AIR INJX			
GENELYE INVERE PT PRESSURE   GONIOTOMY   No Auth Required   Surgery of eye and ocular adhewa   Adhew	65815	DRAINAGE OF EYE	PARACEN ANT CHAM RMVL BLOOD	No Auth Required	Surgery of eye and ocular	
SSSSO NICISION OF EYE TRABECULOPMATY AB EXTERNO NO Auth Required Surgery of eye and ocular adhexa and surface and			W/WO IRRIG&/AIR IN		adnexa	
TRABECULOPMAN AB EXTERNO   No Auth Required   Surgery of eye and ocular adnosal adno	65820	RELIEVE INNER EYE PRESSURE	GONIOTOMY	No Auth Required	Surgery of eye and ocular	
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Andread andrea	65850	INCISION OF EYE	TRABECULOTOMY AB EXTERNO	No Auth Required	Surgery of eye and ocular	
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SEGMENT LASER SPX.  SEVERING ADS ANT SEG INCAL TO SPX.  GONIOSYNECHIAE  SEVERING ADS ANT SEG INCAL SPX ANT  GONIOSYNECHIAE  SEVERING ADS ANT SEG INCAL SPX ANT  SYNECHIAE  SEVERING ADS ANT SEG INCAL SPX  POST SYNECHIAE  SEVERING ADS ANT SEG INCAL SPX  CORROVITERAL  GENEROTY EVER SEG INCAL SPX  CORROVITERAL  GENEROTY EVER SEG INCAL SPX  CORROVITERAL  SEVERING ADS ANT SEG INCAL SPX  CORROVITERAL  GENEROTY EVER SEG INCAL SPX  AND AUTH REquired  SURJEPY of eye and ocular  sed force  seg incal  seg					adnexa	
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POST SYNECHIAE   adnexa   adnexa   adnexa   adnexa			SYNECHIAE			
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CORREOVITEAL   Annual adnexa   Surgery of eye and ocular adnexa   Surgery of eye and			POST SYNECHIAE		adnexa	
REMOVE EYE LESION   RMVL EPITHELIAL DOWNGROWTH ANT   CHAMBER EYE   CHA	65880	INCISE INNER EYE ADHESIONS	SEVERING ADS ANT SEG INCAL SPX	No Auth Required	Surgery of eye and ocular	
CHAMBER EYE  65920 REMOVE IMPLANT OF EYE  RIMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE  65930 REMOVE BLOOD CLOT FROM EYE  RIMVL BLOOD CLOT ANTERIOR SEGMENT EYE  NO Auth Required Surgery of eye and ocular adnexa  AIR/LIQUID SPX  Adnexa  Adnexa  Adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO Auth Required Surgery of eye and ocular adnexa Adnexa  Adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO Auth Required Surgery of eye and ocular adnexa Adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO Auth Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO Auth Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO Auth Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH Required Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH REquired Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH REquired Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH REquired Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH REquired Surgery of eye and ocular adnexa  BLOOD CLOT ANTERIOR CHAMBER EYE NO AUTH REquired Surgery of eye and ocular adnexa SURGERY EYE AND CLOT ANTERIOR CHAMBER EYE SU			CORNEOVITREAL		adnexa	
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SEGMENT EYE   Adnexa   Adnexa			CHAMBER EYE		adnexa	
REMOVE BLOOD CLOT FROM EYE   RMVL BLOOD CLOT ANTERIOR   No Auth Required   Surgery of eye and ocular adnexa   SEGMENT EYE   No Auth Required   Surgery of eye and ocular adnexa   SEGMENT EYE   No Auth Required   Surgery of eye and ocular adnexa   Surgery of ey	65920	REMOVE IMPLANT OF EYE	RMVL IMPLANTED MATERIAL ANTERIO	No Auth Required	Surgery of eye and ocular	
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INJECTION TREATMENT OF EYE   INJX ANTERIOR CHAMBER EYE   AND Auth Required   Surgery of eye and ocular   adnexa   adne	65930	REMOVE BLOOD CLOT FROM EYE	RMVL BLOOD CLOT ANTERIOR	No Auth Required	Surgery of eye and ocular	
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INJECTION TREATMENT OF EYE   INJX ANTERIOR CHAMBER EYE   No Auth Required   Surgery of eye and ocular adnexa	66020	INJECTION TREATMENT OF EYE	INJX ANTERIOR CHAMBER EYE	No Auth Required	Surgery of eye and ocular	
MEDICATION SPX  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  M/IRIDECTOMY  FSTLJ SCLERA GLAUCOMA No Auth Required  Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa  MO Auth Required  Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa  GENERA SCLERECTOMY NO Auth Required  Surgery of eye and ocular adnexa			AIR/LIQUID SPX		adnexa	
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adnexa  66150 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA TREPHIN No Auth Required Surgery of eye and ocular adnexa  66155 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  66160 GLAUCOMA SURGERY FSTLJ SCLERA SCLERECTOMY No Auth Required Surgery of eye and ocular adnexa  66170 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  66170 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA NO Auth Required Surgery of eye and ocular adnexa  66171 INCISION OF EYE FSTLJ SCLERA GLAUCOMA NO Auth Required Surgery of eye and ocular adnexa  66172 INCISION OF EYE FSTLJ SCLERA GLC TRBEC AB EXTERNO NO Auth Required Surgery of eye and ocular adnexa  66174 TRANSLUM DIL EYE CANAL TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT Surgery of eye and ocular adnexa  66174 Surgery of eye and ocular adnexa  66175 Surgery of eye and ocular adnexa  66176 Surgery of eye and ocular adnexa  66177 Surgery of eye and ocular adnexa			MEDICATION SPX		adnexa	
66150 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY  66155 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA THERMIDEC Surgery of eye and ocular adnexa  66160 GLAUCOMA SURGERY FSTLI SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT  66170 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  66170 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  66170 INCISION OF EYE FSTLI SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  66171 TRANSLUM DIL EYE CANAL TRAUGUEOUS CANAL W/O DEVICE/STENT  No Auth Required Surgery of eye and ocular adnexa	66130	REMOVE EYE LESION	EXCISION LESION SCLERA	No Auth Required	Surgery of eye and ocular	
W/IRIDECTOMY adnexa  66155 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC  66160 GLAUCOMA SURGERY FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT  66170 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO FSTLJ SCLERA GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA No Auth Required Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa  66172 INCISION OF EYE FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING SCARRING FSTLJ SCLERA GLC TRBEC AB EXTERNO No Auth Required Surgery of eye and ocular adnexa						
66155 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA THERMOCAUT IRRIDEC  66160 GLAUCOMA SURGERY FSTLI SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT  66170 GLAUCOMA SURGERY FSTLI SCLERA GLAUCOMA TRABECULECT AB EXTERNO FSTLI SCLERA GLC TRBEC AB EXTERNO  66172 INCISION OF EYE FSTLI SCLERA GLC TRBEC AB EXTERNO SCARRING FSTLI SCLERA GLC TRBEC AB EXTERNO SCARRING FSTLI SCLERA GLC TRBEC ANAL TRANSLUM DIL EYE CANAL TRANSLUM DIL EYE CANAL TRANSLUM DIL EYE CANAL TRANSLUM DILAT AQUEOUS CANAL W/O DEVICE/STENT NO Auth Required Surgery of eye and ocular adnexa	66150	GLAUCOMA SURGERY		No Auth Required	Surgery of eye and ocular	
THERMOCAUT IRRIDEC  adnexa  66160 GLAUCOMA SURGERY  FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT  66170 GLAUCOMA SURGERY  FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO  66172 INCISION OF EYE  SCARRING  FSTLJ SCLERA GLOUS CANAL W/O No Auth Required Surgery of eye and ocular adnexa	<b></b> '					
66160 GLAUCOMA SURGERY FSTLI SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT SURgery of eye and ocular adnexa SCARRING SCARRING SCARRING SURGERY SURGERY ON Auth Required Surgery of eye and ocular adnexa SURGERY ON Auth Required Surgery of eye and ocular adnexa Surgery o	66155	GLAUCOMA SURGERY		No Auth Required		
PUNCH/SCISSORS IRIDECT adnexa  66170 GLAUCOMA SURGERY FSTLJ SCLERA GLAUCOMA NO Auth Required Surgery of eye and ocular adnexa  66172 INCISION OF EYE FSTLJ SCLERA GLC TRBEC AB EXTERNO 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	<u> </u>					
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TRABECULECT AB EXTERNO adnexa  66172 INCISION OF EYE FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING SCARRING SCARRING SCARRING SCARRING SUrgery of eye and ocular adnexa  66174 TRANSLUM DIL EYE CANAL TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT Surgery of eye and ocular adnexa	<u> </u>					
66172 INCISION OF EYE FSTLI SCLERA GLC TRBEC AB EXTERNO 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	66170	GLAUCOMA SURGERY		No Auth Required		
SCARRING adnexa  66174 TRANSLUM DIL EYE CANAL TRLUML DILAT AQUEOUS CANAL W/O No Auth Required Surgery of eye and ocular adnexa						
66174 TRANSLUM DIL EYE CANAL TRLUML DILAT AQUEOUS CANAL W/O No Auth Required Surgery of eye and ocular adnexa	66172	INCISION OF EYE		No Auth Required		
DEVICE/STENT adnexa						
	66174	TRANSLUM DIL EYE CANAL		No Auth Required		
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	66175	TRNSLUM DIL EYE CANAL W/STNT	TRLUML DILAT AQUEOUS CANAL	No Auth Required	Surgery of eye and ocular	
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66179 AQUEOUS SHUNT EYE W/O GRAFT AQUEOUS SHUNT EXTRAOCULAR No Auth Required Surgery of eye and ocular	66179	AQUEOUS SHUNT EYE W/O GRAFT		No Auth Required		
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ADJUSTONS SHIPM TOP WIFFORM   ADJUSTONS SHIPM TOP WIFFORM (COUNTY)   ADJUST SHIPM TOP WIFFORM (COUNT		T .			T T	
MONTH ANT DRAINAGE POWER   MISSES ADVICE   MISSES ADVICE CRESINOUS	66180	AQUEOUS SHUNT EYE W/GRAFT		No Auth Required		
EXTRACOR RESIDURD   Service   Serv	66400				<del></del>	
ROYSION OF AQUICUS SHINT   ROYS CAUDE CONTINUE CETTACOLLAR RESERVOR   No Auth Required   Surgery of type and coular   Surgery of t	66183	INSERT ANT DRAINAGE DEVICE		No Auth Required		
MINO GRAFT  REPARADOLOS SHANT EXTENDOLULAN  REPARADOLOS SHANT	66194	DEVISION OF ACTIECTIS SHITME		No Auth Poquirod		
REVISE ACQUECUS STATE FOR   REVISE ACQUECUS STATE FOR PROPERTY   No Auth Required   Surgery of eye and coular	00164	REVISION OF AQUEOUS SHOWI		No Autii Kequireu		
RESENDOR W/CRATT   SA PATH SQUART   SAFENDOR   SAFEND	66105	DEVISE ACTIECTIC SHITINT EVE		No Auth Poquirod		
REPAIR (SCHAF   FET ELSON)   REPAIR SCHAF SCHAFT   No. Auth Required   Surgery of eye and octabry   Schotter	00103	REVISE AQUEOUS SHOWLETE		No Auth Required		
MOVEMENT OF PETS   REVIEWED REPORT OF PETS   REVIEWED REPORT OF PETS   REVIEWED REPORT OF PETS   REVIEWED REPORT OF PETS   REVIEWED REVIEWED REVIEWED REPORT OF PETS   REVIEWED REVIE	66225	REPAIR/GRAFT EVE LESION		No Auth Required	<del>-i</del>	
DILLUM-UP SURSERY OF PETE   REVIVIEW OPATIVE WOUND ANTERION   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines   Sines   REDOTOMY TAIL INC PSY XCP   No Auth Required Sines	00223	THE TAIN GIVET ETE EESTON		No Auth Required		
SEMINOTION OF RIST   RISTOROMY TABLE NEW YEAR TRANSFISCON NO Auth Required Since   Seminor Street No. Auth Required S	66250	FOLLOW-UP SURGERY OF EYE	•	No Auth Required	<del>'</del>	
INCISION OF RIS   IRROTOMY \$78 INC SPY XCP   No. Auth Required already and a already already and already already already and already already already and already	00230	TOLLOW OF SONGENT OF ETE		No Auth Required		
TRANSPOON   BIDCORN TRIS   BIDCORN TRANSPOON   No Auth Required   Surgery of eye and ocular   Surgery of eye and	66500	INCISION OF IRIS		No Auth Required	<del>'</del>	
MCSIGN OF RIS   RIDDTOMY STAIN INC SYX TRANSFIXION No Auth Required sindows   Singery of eye and orular singery of eye eye orular eye eye orular orular singery of eye and orular singery eye						
September   Surgery of eye and coular adrives   Surgery of eye a	66505	INCISION OF IRIS		No Auth Required		
REMOVAL DE INIS REMOVAL OF INIS REMOVENED INITIONAL OLD INIS REMOVENED IN INITIONAL OLD INIS REMOVENED IN INITIONAL OLD INITIONAL						
Mo Auth Required   Surgery of eye and ocular   Surgery o	66600	REMOVE IRIS AND LESION	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	No Auth Required		
CYCLECTOMY   STOCK				·		
REMOVAL OF IRIS   RDEC CRISCLRL/CRIN, SCT J RPRI GLC   No Auth Required   Surgery of eye and ocular   adverse   ad	66605	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ	No Auth Required	Surgery of eye and ocular	
SPX			CYCLECTOMY			
REMOVAL OF IRIS  REPAIR IRIS & CILLARY BODY  SUTURE IRIS CILLARY BODY  RETRIEVAL SUTURE  REVISION DESTRUCTION  CILLARY BODY DESTRUCTION  NO Auth Required  Surgery of eye and ocular  adhexa   66625	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC	No Auth Required	Surgery of eye and ocular		
GECSPK   SPK   S			SPX		adnexa	
REMOVAL OF IRIS REMOVAL OF IRIS REMOVAL OF IRIS REPAIR IRIS & CILIARY BODY REPAIR IRIS CILIARY BODY REPAIR IRIS CILIARY BODY REPAIR IRIS CILIARY BODY REPAIR IRIS CILIARY BODY RETRIEVAL SUTURE RESPONSE OF A BEAR IRIS CILIARY BODY SPX RETRIEVAL SUTURE RESPONSE OF A BEAR IRIS CILIARY BODY SPX RETRIEVAL SUTURE RESPONSE OF REPAIR IRIS CILIARY BODY SPX RETRIEVAL SUTURE RESPONSE OF REASONS OF RESPONSE OF RESPONSE OF RESPONSE OF REASONS OF REASONS OF REASONS CERAL CILIARY BODY DESTRUCTION CILIARY B	66630	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR	No Auth Required	Surgery of eye and ocular	
SPX   Adnesa   Adne			GLC SPX		adnexa	
REPAIR IRIS & CILIARY BODY REPAIR IRIS CILIARY BODY REPAIR IRIS & CILIARY BODY RETRIEVAL SUTURE SUTURE IRIS CILIARY BODY SUTURE IRIS CILIARY BODY RETRIEVAL SUTURE GEORGE	66635	REMOVAL OF IRIS	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL	No Auth Required	Surgery of eye and ocular	
Action			SPX		adnexa	
SUTURE RIS CILIARY BODY   SUTURE RIS CILIARY BODY SPX RETRIEVAL SUTURE	66680	REPAIR IRIS & CILIARY BODY	REPAIR IRIS CILIARY BODY	No Auth Required	Surgery of eye and ocular	
BETRIEVAL SUTURE   adnexa   adnexa					adnexa	
DESTRUCTION CILIARY BODY   CILIARY BODY DESTRUCTION   DIATHERMY   CILIARY BODY DESTRUCTION   CYCLOPHOTOCOAG TRANSSCERAL   No Auth Required   Surgery of eye and ocular   adnexa   adn	66682	REPAIR IRIS & CILIARY BODY		No Auth Required	Surgery of eye and ocular	
DIATHERMY   DIATHERMY   Surgery of eye and ocular   Surg						
CILIARY TRANSSLERAL THERAPY   CILIARY BODY DSTRJ   No Auth Required   Surgery of eye and ocular   adnexa   adnexa   adnexa	66700	DESTRUCTION CILIARY BODY		No Auth Required		
CYCLOPHOTOCOAG TRANSSCERAL adnexa denexa adnexa can denexa surgery of eye and ocular adnexa a						
66720 DESTRUCTION CILIARY BODY CILIARY BODY DESTRUCTION CRYSTALINE LENS CRYSTALINE LENS CILIARY BODY CILIARY BODY DESTRUCTION CILIARY BODY CILIARY BODY DESTRUCTION CRYOTHERAPY CYCLODIALYSIS BIRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION BIRIDOPLASTY PHOTOCOAGULATION 1/2 SUrgery of eye and ocular adnexa Surgery of eye and ocular adnexa Surgery of eye and ocular adnexa CYCLODIALYSIS Surgery of eye and ocular adnexa	66710	CILIARY TRANSSLERAL THERAPY		No Auth Required		
CRYSTALLINE LENS   adnexa   Surgery of eye and ocular adnexa   Surgery of eye and oc						
DESTRUCTION CILIARY BODY   CILIARY BODY DESTRUCTION   CRYOTHERAPY   CILIARY BODY DESTRUCTION   CRYOTHERAPY   CILIARY BODY DESTRUCTION   CILIARY BODY	66711	ECP CILIARY BODY DESTRUCTION		No Auth Required		
CRYOTHERAPY   adnexa   adnex	66700	DESTRUCTION OF LABOUR DODY			<del>-i</del>	
66761 REVISION OF IRIS IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION SINCOMY/IRRIDECTOMY LASER SURG PER SESSION SIRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS SINCOMY PROVIDED	66720	DESTRUCTION CILIARY BODY		No Auth Required		
CYCLODIALYSIS  66761 REVISION OF IRIS  IRIDOTOMY/IRRIDECTOMY LASER SURG No Auth Required adnexa  66762 REVISION OF IRIS  IRIDOPLASTY PHOTOCOAGULATION 1/> 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 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	66740	DESTRUCTION CHARV BODY		No Auth Boquirod	<del>'</del>	
REVISION OF IRIS   IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION   No Auth Required adnexa   Surgery of eye and ocular a	00740	DESTRUCTION CILIARY BODY		No Autii Kequireu		
REMOVAL OF LENS LESION  REPOSITION INTRAOCULAR LENS  REPOSITION ING INC SEX REPOSITION ING IO LENS PROSTHESIS REQ INC SEX  REMOVAL OF LENS LESION  REMOVAL OF LENS LESION  REMOVAL OF LENS LESION  REPOSITION RESCONDARY MEMBRANOUS CTRC CORNEO-SCLL SCTJ  REMOVAL OF LENS MATERIAL  RMVL LENS MATERIAL ASPIR TQ 1/>  REMOVAL OF LENS MATERIAL  RMVL LENS MATERIAL ASPIR TQ 1/>  REMOVAL OF LENS MATERIAL  REMOVAL OF LE	66761	DEVISION OF IDIS		No Auth Poquirod	<del>'</del>	
REVISION OF IRIS   IRIDOPLASTY PHOTOCOAGULATION 1/> No Auth Required   Surgery of eye and ocular adnexa	00/01	REVISION OF IRIS		No Auth Required		
SESSIONS 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 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 adnexa  66830 REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ AO Auth Required Surgery of eye and ocular adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa  800 Surgery of eye and ocular adnexa  801 Surgery of eye and ocular adnexa  802 Surgery of eye and ocular adnexa  803 Surgery of eye and ocular adnexa  804 Surgery of eye and ocular adnexa  805 Surgery of eye and ocular adnexa  805 Surgery of eye and ocular adnexa  806 Surgery of eye and ocular adnexa  807 Surgery of eye and ocular adnexa  808 Surgery of eye and ocular adnexa  808 Surgery of eye and ocular adnexa  809 Surgery of eye and ocular adnexa	66762	REVISION OF IRIS		No Auth Required	<del>'</del>	
66820 INCISION SECONDARY CATARACT DISCISSION SECONDARY MEMBRANOUS 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 adnexa  66830 REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa	00/02	The state of this		/ wan nequired		
AFTER CATARACT LASER SURGERY   DISCISSION SECONDARY MEMBRANOUS   No Auth Required   Surgery of eye and ocular   adnexa	66770	REMOVAL OF INNER FYF LESION		No Auth Required	<del>'</del>	
66820 INCISION SECONDARY CATARACT DISCISSION SECONDARY MEMBRANOUS No Auth Required 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 Adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa	00770	THE THE OF HAVEN ETE LESION	55a croff Ecolore may clearly boot			
CATARACT adnexa adnexa and serior catalogues of eye and ocular adnexa and serior consistency and serior consistenc	66820	INCISION SECONDARY CATARACT	DISCISSION SECONDARY MEMBRANOUS	No Auth Required	<del>-i</del>	
AFTER CATARACT LASER SURGERY POST-CATARACT LASER SURGERY No Auth Required Surgery of eye and ocular adnexa  REPOSITION INTRAOCULAR LENS REPOSITIONING IO LENS PROSTHESIS REQ INC SPX REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ ROAuth Required Surgery of eye and ocular adnexa						
adnexa  66825 REPOSITION INTRAOCULAR LENS REPOSITIONING IO LENS PROSTHESIS REQ INC SPX  66830 REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa  Surgery of eye and ocular adnexa	66821	AFTER CATARACT LASER SURGERY		No Auth Required		
REPOSITION INTRAOCULAR LENS REPOSITIONING IO LENS PROSTHESIS REQ INC SPX REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ RMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular adnexa Surgery of eye and ocular adnexa						
REQ INC SPX adnexa  66830 REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC No Auth Required Surgery of eye and ocular adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular	66825	REPOSITION INTRAOCULAR LENS	REPOSITIONING IO LENS PROSTHESIS	No Auth Required		
66830 REMOVAL OF LENS LESION RMVL SEC MEMBRANOUS CTRC No Auth Required Surgery of eye and ocular adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular			REQ INC SPX			
CORNEO-SCLL SCTJ adnexa  66840 REMOVAL OF LENS MATERIAL RMVL LENS MATERIAL ASPIR TQ 1/> No Auth Required Surgery of eye and ocular	66830	REMOVAL OF LENS LESION		No Auth Required	<del>-i</del>	
			CORNEO-SCLL SCTJ	<u> </u>		
	66840	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL ASPIR TQ 1/>	No Auth Required	Surgery of eye and ocular	
STAGES adnexa			STAGES	<u> </u>	adnexa	

66850	REMOVAL OF LENS MATERIAL	RMVL LENS MATERIAL	No Auth Required	Surgery of eye and ocular		
66852	REMOVAL OF LENS MATERIAL	PHACOFRAGMENTATION ASPIR RMVL LENS MATERIAL PARS PLANA	No Auth Required	adnexa Surgery of eye and ocular		
		W/WO VITRECTOMY		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	No Auth Required	Surgery of eye and ocular		
		EXTRACAPSULAR		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	No Auth Required	Surgery of eye and ocular		
66006	EVCHANCE LENG DROCTHEGIC	W/CONCURRENT RMVL EXCHANGE INTRAOCULAR LENS	No Auth Required	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	Full Clinical Review	
67005	PARTIAL REMOVAL OF EYE FLUID	RMVL VITREOUS ANT APPR PARTIAL	No Auth Required	adnexa Surgery of eye and ocular		
		REMOVAL	No Natir Required	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	No Auth Required	Surgery of eye and ocular		
		SUBRETINAL/CHOROIDAL		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	No Auth Required	Surgery of eye and ocular		
67030	INCISE INNER EYE STRANDS	AGT SPX DISCISSION VITREOUS STRANS PARS	No Auth Required	adnexa Surgery of eye and ocular		
07000		PLANA APPROACH	rio riaen nequinea	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	No Auth Required	Surgery of eye and ocular		
67046	LACED TREATMENT OF RETINA	ENDOLASER PC	No. Analla Describeral	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	No Auth Required	Surgery of eye and ocular		
67043	VIT FOR MEMBRANE DISSECT	MEMB RETINA VITRECTOMY PARS PLANA REMOVE	No Auth Required	adnexa Surgery of eye and ocular		
07043	ALL LOW MICHAINE DISSECT	SUBRETINAL MEMBRANE	No Auth Required	adnexa		

67101	REPAIR DETACHED RETINA CRTX	RPR RETINAL DTCHMNT DRG	No Auth Required	Surgery of eye and ocular		
07101	NETAIN BETACHED NETHANCKIX	SUBRETINAL FLUID CRTX	No Auth Required	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	No Auth Required	Surgery of eye and ocular		
		EXTRAOCULAR MUSC	·	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 FIXI 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	

C7700	DDAINAGE OF EVELID ADCCECC	DI EDUA DOTOMAY DE MINIA CE A DECESS	No Auth Dogwined			
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<br CM		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	

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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 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</td <td>·</td> <td>Surgery of eye and ocular adnexa</td> <td></td> <td></td>	·	Surgery of eye and ocular adnexa		
68115	REMOVE EYELID LINING LESION	EXCISION LESION CONJUNCTIVA > 1 CM	,	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		

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68325	REVISE/GRAFT EYELID LINING	CONJUNCTIVOPLASTY W/BUCCAL MUC	No Auth Required	Surgery of eye and ocular			
coasc	DEVICE ICDAET EVELID LIMING	MEMB GRAFT	No Auth Desuised	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	No Auth Required	Surgery of eye and ocular			
		MUC MEMB GRAFT		adnexa			
68330	REVISE EYELID LINING	RPR SYMBLEPHARON	No Auth Required	Surgery of eye and ocular			
		CONJUNCTIVOPLASTY W/O GRAFT		adnexa			
68335	REVISE/GRAFT EYELID LINING	RPR SYMBLEPHARON FR GRF	No Auth Required	Surgery of eye and ocular			
		CJNC/BUCCAL MUC MEMB		adnexa			
68340	SEPARATE EYELID ADHESIONS	RPR & DIV SYMBLEPHARON W/WO	No Auth Required	Surgery of eye and ocular			
		CONFORM/CONTACT LE		adnexa			
68360	REVISE EYELID LINING	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	No Auth Required	Surgery of eye and ocular			
68362	REVISE EYELID LINING	CONJUNCTIVAL FLAP TOTAL	No Auth Required	adnexa Surgery of eye and ocular	+		
00302	REVISE ETELID LINING	CONJUNCTIVALITAF TOTAL	No Autii Required	adnexa			
68371	HARVEST EYE TISSUE ALOGRAFT	HARVESTING CONJUNCIVAL	No Auth Required	Surgery of eye and ocular			
00071		ALLOGRAPHY LIVING DONOR	- To Auth Negan ea	adnexa			
68399	EYELID LINING SURGERY	UNLISTED PROCEDURE CONJUNCTIVA	Authorization Required	Surgery of eye and ocular	F	ull Clinical Review	
				adnexa			
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	No Auth Required	Surgery of eye and ocular			
COFOE	DARTIAL REAGONAL TEAR CLAND	TUMOR TOTAL	N. A. Alb Danishand	adnexa			
68505	PARTIAL REMOVAL TEAR GLAND	EXCISION LACRIMAL GLAND XCPT	No Auth Required	Surgery of eye and ocular			
68510	BIOPSY OF TEAR GLAND	TUMOR PRTL BIOPSY LACRIMAL GLAND	No Auth Required	adnexa Surgery of eye and ocular	+		
00310	BIOF31 OF TEAR GLAND	BIOF 31 LACKIIVIAL GLAND	No Autii Required	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	No Auth Required	Surgery of eye and ocular			
		PASSAGES		adnexa			
68540	REMOVE TEAR GLAND LESION	EXC LACRIMAL GLAND TUMOR	No Auth Required	Surgery of eye and ocular			
		FRONTAL APPROACH		adnexa			
68550	REMOVE TEAR GLAND LESION	EXC LACRIMAL GLAND TUMOR	No Auth Required	Surgery of eye and ocular			
60700	DEDAID TEAD DUCTS	W/OSTEOTOMY	No Auth Boguired	adnexa	+		
68700	REPAIR TEAR DUCTS	PLASTIC REPAIR CANALICULI	No Auth Required	Surgery of eye and ocular			
68705	REVISE TEAR DUCT OPENING	CORRECTION EVERTED PUNCTUM	No Auth Required	Surgery of eye and ocular	+		
00/03	THE TEAR DOCT OFFINING	CAUTERY	No Auth Required	Surgery of eye and ocular adnexa			
68720	CREATE TEAR SAC DRAIN	DACRYOCSTORHINOSTOMY	No Auth Required	Surgery of eye and ocular			
30.20				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	No Auth Required	Surgery of eye and ocular			
		TUBE/STENT		adnexa			
68760	CLOSE TEAR DUCT OPENING	CLSR LACRIMAL PUNCTUM	No Auth Required	Surgery of eye and ocular			
		THERMOCAUT LIG/LASER		adnexa			
68761	CLOSE TEAR DUCT OPENING	CLSR LACRIMAL PUNCTUM PLUG EACH	No Auth Required	Surgery of eye and ocular			
				adnexa			

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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	duriesa		
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		
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		
69145	REMOVE EAR CANAL LESION(S)	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	No Auth Required	Surgery of auditory		
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	 	

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69320	REBUILD OUTER EAR CANAL	RCNSTJ XTRNL AUD CANAL	No Auth Required	Reconstructive		
69399	OUTER EAR SURGERY PROCEDURE	CONGENITAL ATRESIA 1 STG UNLISTED PROCEDURE EXTERNAL EAR	Authorization Required	Curgon, of auditory	Full Clinical Review	
09399	OUTER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE EXTERNAL EAR	Authorization Required	Surgery of auditory system	Full Clinical Review	
69420	INCISION OF EARDRUM	MYRINGOTOMY ASPIR&/EUSTACHIAN	No Auth Required	System		
		TUBE NFLTJ				
69421	INCISION OF EARDRUM	MYRINGOTOMY ASPIR&/EUSTACHIAN	No Auth Required	Surgery of auditory		
		TUBE NFLTJ ANES	i i	system		
				,		
69424	REMOVE VENTILATING TUBE	VENTILATING TUBE RMVL REQUIRING	No Auth Required	Surgery of auditory		
		GENERAL ANES		system		
69433	CREATE EARDRUM OPENING	TYMPANOSTOMY LOCAL/TOPICAL	No Auth Required	Surgery of auditory		
		ANESTHESIA		system		
69436	CREATE EARDRUM OPENING	TYMPANOSTOMY GENERAL	No Auth Required	Surgery of auditory		
60.110	EVELOPATION OF A MEDICE FAR	ANESTHESIA		system		
69440	EXPLORATION OF MIDDLE EAR	MIDDLE EAR EXPL THRU POSTAUR/EAR	No Auth Required	Surgery of auditory		
69450	EARDRUM REVISION	CANAL INC TYMPANOLYSIS TRANSCANAL	No Auth Required	system Surgary of auditory		
09430	EARDROW REVISION	T TIVIPANOLTSIS TRANSCANAL	No Autii Kequireu	Surgery of auditory system		
69501	MASTOIDECTOMY	TRANSMASTOID ANTROTOMY	No Auth Required	Surgery of auditory		
03301	IN STOID ECTOWN	THE WASHINGTON	No Auth Required	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	No Auth Required	Surgery of auditory		
		MASTOIDECTOMY		system		
69535	REMOVE PART OF TEMPORAL BONE	RESCJ TEMPORAL BONE EXTERNAL	No Auth Required	Surgery of auditory		
69540	REMOVE EAR LESION	APPROACH EXCISION AURAL POLYP	No Auth Required	system Surgery of auditory		
03340	REWOVE EAR LESION	EXCISION AGRAE POLIF	No Auth Required	system		
69550	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR	No Auth Required	Surgery of auditory		
		TRANSCANAL		system		
69552	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR	No Auth Required	Surgery of auditory		
		TRANSMASTOID	·	system		
69554	REMOVE EAR LESION	EXCISION AURAL GLOMUS TUMOR	No Auth Required	Surgery of auditory		
		EXTENDED		system		
69601	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG COMPL	No Auth Required	Surgery of auditory		
		MASTOIDECTOMY		system		
69602	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG MODF	No Auth Required	Surgery of auditory		
C0C02	MASTOID SUBSERV DEVISION	RAD MSTDC	No Auth Dogging	system		
69603	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	No Auth Required	Surgery of auditory		
69604	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY RSLTG	No Auth Required	system Surgery of auditory		
05004	INING TOTAL TREVISION	TYMPANOPLASTY	No Auth Required	system		
69605	MASTOID SURGERY REVISION	REVJ MASTOIDECTOMY	No Auth Required	Surgery of auditory		
		W/APICECTOMY		system		
69610	REPAIR OF EARDRUM	TYMPANIC MEMB RPR W/WO PREPJ	No Auth Required	Surgery of auditory		
		PERFOR PATCH	<u> </u>	system		
69620	REPAIR OF EARDRUM	MYRINGOPLASTY	No Auth Required	Surgery of auditory	 	
				system		
69631	REPAIR EARDRUM STRUCTURES	TYMPANOPLASTY W/O MASTOIDECT	No Auth Required	Surgery of auditory		
		W/O OSSICLE RECNSTJ		system		
69632	REBUILD EARDRUM STRUCTURES	TYMPNOPLSTY W/O MSTDC 1ST/REVJ	No Auth Required	Surgery of auditory		
	1	W/OSICLE RECNSTJ		system		

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69633	REBUILD EARDRUM STRUCTURES	TYMPANOPLASTY W/O MASTOIDEC	No Auth Required	Surgery of auditory		
		1ST/REVJ PROSTH TORP		system		
69635	REPAIR EARDRUM STRUCTURES	TYMPP ANTRT/MASTOID W/O	No Auth Required	Surgery of auditory		
		OSSICULAR CHAIN RECNSTJ		system		
69636	REBUILD EARDRUM STRUCTURES	TYMPP ANTRT/MASTOID W/OSSICULAR	No Auth Required	Surgery of auditory		
		CHAIN RECNSTJ		system		
69637	REBUILD EARDRUM STRUCTURES	TMPP ANTRT/MASTOIDOTOMY	No Auth Required	Surgery of auditory		
		PROSTHESIS TORP		system		
69641	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECTOMY W/O	No Auth Required	Surgery of auditory		
		OSSICULAR CHAIN RECNSTJ		system		
69642	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECTOMY W/OSSICULAR	No Auth Required	Surgery of auditory		
		CHAIN RECNSTJ		system		
69643	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECT NTC/RCNSTED	No Auth Required	Surgery of auditory		
		WALL W/O OCR		system		
69644	REVISE MIDDLE EAR & MASTOID	TMPP MASTOIDECT NTC/RCNSTED	No Auth Required	Surgery of auditory		
		CANAL WALL OCR		system		
69645	REVISE MIDDLE EAR & MASTOID	TYMPANOPLASTY MASTOIDECTOMY	No Auth Required	Surgery of auditory		
		RAD/COMPL W/O OCR		system		
69646	REVISE MIDDLE EAR & MASTOID	TYMPANOPLASTY MASTOIDECTOMY	No Auth Required	Surgery of auditory		
		RAD/COMPL W/OCR		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		
05000	THE VIOLENTIA DE LET THE BOTTLE	57	- To ridii Nequired	system		
69661	REVISE MIDDLE EAR BONE	STAPEDECTOMY/STAPEDOTOMY	No Auth Required	Surgery of auditory		
05001	NEVISE WILDBEE EARN BOILE	W/FOOTPLATE DRILL OUT	No Auth Required	system		
69662	REVISE MIDDLE EAR BONE	REVISION	No Auth Required	Surgery of auditory		
03002	REVISE WIIDDEE EAR BOINE	STAPEDECTOMY/STAPEDOTOMY	No Auth Required	system		
69666	REPAIR MIDDLE EAR STRUCTURES	REPAIR OVAL WINDOW FISTULA	No Auth Required	Surgery of auditory		
03000	REPAIR WIDDLE LAR STRUCTURES	REPAIR OVAL WINDOW HISTOLA	No Auth Required	system		
69667	REPAIR MIDDLE EAR STRUCTURES	REPAIR ROUND WINDOW FISTULA	No Auth Required	+ ·		
09007	REPAIR WIDDLE EAR STRUCTURES	REPAIR ROUND WINDOW FISTOLA	No Autii Required	Surgery of auditory system		
69670	REMOVE MASTOID AIR CELLS	MASTOID OBLITERATION SEPARATE	No Auth Dogwined	· '		
09070	REIVIOVE IVIASTOID AIR CELLS		No Auth Required	Surgery of auditory		
50575	254400544225554245505	PROCEDURE		system		
69676	REMOVE MIDDLE EAR NERVE	TYMPANIC NEURECTOMY	No Auth Required	Surgery of auditory		
				system		
69700	CLOSE MASTOID FISTULA	CLOSURE POSTAURICULAR FISTULA	No Auth Required	Surgery of auditory		
		MASTOID SPX		system		
69705	NPS SURG DILAT EUST TUBE UNI	SURG NASOPHARYNGOSCOPY DILAT	Authorization Required			
		EUSTACHIAN TUBE UNI			Full Clinical Review	
69706	NPS SURG DILAT EUST TUBE BI	SURG NASOPHARYNGOSCOPY DILAT	Authorization Required			
		EUSTACHIAN TUBE BI			Full Clinical Review	
69710	IMPLANT/REPLACE HEARING AID	IMPLTJ/RPLCMT EMGNT BONE CNDJ	Authorization Required	Surgery of auditory	Full Clinical Review	
		DEV TEMPORAL BONE		system		
69711	REMOVE/REPAIR HEARING AID	RMVL/RPR EMGNT BONE CNDJ DEV	Authorization Required	Surgery of auditory	Full Clinical Review	
		TEMPORAL BONE		system		
69714	IMPLANT TEMPLE BONE W/STIMUL	IMPLTJ OSSEOINTEGRATED TEMPORAL	Authorization Required	Surgery of auditory	Full Clinical Review	
		BONE W/MASTOID		system		
69715	TEMPLE BNE IMPLNT W/STIMULAT	IMPLJ OSSEOINTEGRATED TEMPORAL	Authorization Required	Surgery of auditory	 Full Clinical Review	
		BONE W/O MASTOID		system	 	
69717	TEMPLE BONE IMPLANT REVISION	RPLMCT OSSEOINTEGRATE IMPLNT	Authorization Required	Surgery of auditory	 Full Clinical Review	
		W/O MASTOIDECTOMY		system		
69718	REVISE TEMPLE BONE IMPLANT	RPLMCT OSSEOINTEGRATE IMPLNT	Authorization Required	Surgery of auditory	 Full Clinical Review	
		W/MASTOIDECTOMY		system		
				+ -		
69720	RELEASE FACIAL NERVE	DCMPRN FACIAL NRV INTRATEMPORAL	No Auth Required	Surgery of auditory		

	I	1		1		1	
69725	RELEASE FACIAL NERVE	DCMPRN NRV INTRATEMPORAL	No Auth Required	Surgery of auditory			
		MEDIAL GENICULATE		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	No Auth Required	Surgery of auditory			
		MEDIAL GENICULATE	·	system			
69799	MIDDLE EAR SURGERY PROCEDURE	UNLISTED PROCEDURE MIDDLE EAR	Authorization Required	Surgery of auditory		Full Clinical Review	
			·	system			
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	No Auth Required	Surgery of auditory			
		W/MASTOIDECTOMY		system			
69915	INCISE INNER EAR NERVE	VESTIBULAR NRV SECTION	No Auth Required	Surgery of auditory			
		TRANSLABYRINTHINE APPR		system			
69930	IMPLANT COCHLEAR DEVICE	COCHLEAR DEVICE IMPLANTATION	Authorization Required	Surgery of auditory		Full Clinical Review	
		W/WO MASTOIDECTOMY		system			
69949	INNER EAR SURGERY PROCEDURE	UNLISTED PROCEDURE INNER EAR	Authorization Required	Surgery of auditory		Full Clinical Review	
				system			
69950	INCISE INNER EAR NERVE	VESTIBULAR NRV SECTION	No Auth Required	Surgery of auditory			
		TRANSCRANIAL APPROACH		system			
69955	RELEASE FACIAL NERVE	TOTAL FACIAL NERVE DECOMPRESSION	No Auth Required	Surgery of auditory			
50050	2515465 111152 542 04141	&/REPAIR		system			<del> </del>
69960	RELEASE INNER EAR CANAL	DECOMPRESSION INTERNAL AUDITORY	No Auth Required	Surgery of auditory			
60070	DEN 40 VE ININIED EAD LEGION	CANAL TUMOR TEMPORAL PONE	No. Acade Described	system			
69970	REMOVE INNER EAR LESION	REMOVAL TUMOR TEMPORAL BONE	No Auth Required	Surgery of auditory			
69979	TEMPORAL BONE SURGERY	UNLISTED PROCEDURE TEMPORAL	Authorization Required	system Surgary of auditory		Full Clinical Review	
09979	TEMPORAL BOINE SURGERY	BONE MIDDLE FOSSA	Authorization Required	Surgery of auditory system		ruii Ciiiiicai Keview	
69990	MICROSURGERY ADD-ON	MICROSURG TQS REQ USE OPERATING	No Auth Required				
09990	IVIICKOSOKGENT ADD-ON	MICROSCOPE	No Autii 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					+
70013	CONTROL X IVII OF BIVIII	RS&I	No Auth Required				
70030	X-RAY EYE FOR FOREIGN BODY	RADIOLOGIC EXAMINATION EYE	No Auth Required				
, 0000		DETECT FOREIGN BODY					
70100	X-RAY EXAM OF JAW <4VIEWS	RADIOLOGIC EXAMINATION MANDIPLE	No Auth Required				
		PRTL <4 VIEWS					
70110	X-RAY EXAM OF JAW 4/> VIEWS	RADIOLOG EXAM MANDIBLE COMPL	No Auth Required				
	,	MINIMUM 4 VIEWS					
70120	X-RAY EXAM OF MASTOIDS	RADIOLOGIC EXAM MASTOIDS < 3	No Auth Required				
		VIEWS PER SIDE					
70130	X-RAY EXAM OF MASTOIDS		No Auth Required				
		VIEWS PR SIDE	1				
70134	X-RAY EXAM OF MIDDLE EAR	RADEX INTERNAL AUDITORY MEATI	No Auth Required				
		COMPLETE	1				
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	No Auth Required				
		MINIMUM 3 VIEWS					
70160	X-RAY EXAM OF NASAL BONES	RADEX NASAL BONES COMPLETE	No Auth Required		_	_	
		MINIMUM 3 VIEWS				1	

70470	V 2 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	D. 4 00 V 0 00 T 0 00 A 00 V V 4 00 V		T	ı		T
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	No Auth Required				
		VIEWS	·				
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	No Auth Required				
		TURCICA					
70250	X-RAY EXAM OF SKULL	RADIOLOGIC EXAMINATION SKULL 4/>	No Auth Required				
		VIEWS					
70260	X-RAY EXAM OF SKULL	RADIOLOGIC EXAM SKULL COMPLETE	No Auth Required				
		MINIMUM 4 VIEWS					
70300	X-RAY EXAM OF TEETH	RADIOLOGIC EXAMINATION TEETH 1	Authorization Required	Radiology		Full Clinical Review	
		VIEW					
70310	X-RAY EXAM OF TEETH	RADIOLOGIC EXAM TEETH PRTL EXAM <	Authorization Required	Radiology		Full Clinical Review	
		FULL MOUTH					
70320	FULL MOUTH X-RAY OF TEETH	RADIOLOGIC EXAM TEETH COMPLETE	Authorization Required	Radiology		Full Clinical Review	
		FULL MOUTH	,	-			
70328	X-RAY EXAM OF JAW JOINT	RADEX TEMPOROMANDBLE JT OPN &	No Auth Required				
		CLSD MOUTH UNILAT	·				
70330	X-RAY EXAM OF JAW JOINTS	RADEX TEMPOROMANDBLE JT OPN &	No Auth Required				
		CLSD MOUTH BILAT					
70332	X-RAY EXAM OF JAW JOINT	TEMPOROMANDBLE JT	No Auth Required				
		ARTHROGRAPHY RS&I					
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					
70370	THROAT X-RAY & FLUOROSCOPY	RADEX PHARYNX/LARX	No Auth Required				
70070		W/FLUOR&/MAGNIFICATION TQ	no man neganea				
70371	SPEECH EVALUATION COMPLEX	CPLX DYNAMIC PHARYNGEAL&SP EVAL	No Auth Required				
70071	STEEDINE TYNEST TION GOTTIN EEX	C/V REC	no man neganea				
70380	X-RAY EXAM OF SALIVARY GLAND	RADIOLOGIC EXAMINATION SALIVARY	No Auth Required				
70300	A TOTAL EXPLICATION OF SALETVARY GENERAL	GLAND CALCULUS	No riatii nequirea				
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	Authorization Required	Radiology - diagnostic		Full Clinical Review	
70.50		MATERIAL	/ tatilonization negatica	radiology		Tan Cinnear Neview	
70460	CT HEAD/BRAIN W/DYE	CT HEAD/BRAIN W/CONTRAST	Authorization Required	Radiology - diagnostic		Full Clinical Review	
70400	CT TIETO, DIGUIT WY DIE	MATERIAL	Addionization Required	radiology		Tan ennical neview	
70470	CT HEAD/BRAIN W/O & W/DYE	CT HEAD/BRAIN W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic		Full Clinical Review	
, 54, 6	S. I.S. ID/DIGINE W/O & W/DIE	MATERIAL		radiology		. a chinear neview	
70480	CT ORBIT/EAR/FOSSA W/O DYE	CT ORBIT SELLA/POST FOSSA/EAR W/O	Authorization Required	Radiology - diagnostic		Network Validation	
70400	CI GROTI/ERIYI GOOR W/O DIE	CONTRAST MATRL	, tatilonzation nequired	radiology		THE CONTRACTOR	
70481	CT ORBIT/EAR/FOSSA W/DYE	CT ORBIT SELLA/POST FOSSA/EAR	Authorization Required	Radiology - diagnostic		Full Clinical Review	
70401	CI ORDITY EARLY I OSSA WYD I'E	W/CONTRAST MATRL	, actionzation negatieu	radiology		Tan chinical neview	
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	CT ORBIT SELLA/POST FOSSA/EAR W/O	Authorization Required	Radiology - diagnostic		Full Clinical Review	
70402	CI ORDITY EARLY I OSSA W/OKW/DIE	& W/CONTR MATR	, actionzation negatieu	radiology		Tan chinical neview	
70486	CT MAXILLOFACIAL W/O DYE	CT MAXILLOFACIAL W/O CONTRAST	Authorization Required	Radiology - diagnostic		Full Clinical Review	
70400	CT WANTELOT ACIAL W/O DTE	MATERIAL	Authorization Required	radiology		i un Cililical Review	
70487	CT MAXILLOFACIAL W/DYE	CT MAXILLOFACIAL W/CONTRAST	Authorization Required	Radiology - diagnostic		Full Clinical Review	
/040/	CT WANTELOT ACIAL W/DTE	MATERIAL	Authorization Required			i un Cililical Review	
70488	CT MAXILLOFACIAL W/O & W/DYE	CT MAXILLOFACIAL W/O &	Authorization Possies 4	radiology diagnostic		Full Clinical Review	
70488	CI WANILLOFACIAL W/U & W/DTE	W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic		i un Cililical Keview	
<u> </u>	]	VV/CONTRAST IVIATERIAL	1	radiology	l		

70490	CT COFT TICCUE NIECK W/O DVE	CT SOFT TISSUE NECK W/O CONTRAST	Authorization Descriped	Dadialas, diagraphia	Full Clinical Paviana	
70490	CT SOFT TISSUE NECK W/O DYE	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			
,1120	A LANGER DITE OF DOINE 2/ V VV3	DEX STEMINON MINNION Z VIEWS	Addi nequired	1		

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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 Clin	nical Review	
71260	CT THORAX W/DYE	CT THORAX W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
71270	CT THORAX W/O & W/DYE	CT THORAX W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
71271	CT THORAX LUNG CANCER SCR C-	COMPUTED TOMOGRAPHY THORAX LW	Authorization Required	radiology	Full Clin	deal Bardana	
71275	CT ANGIOGRAPHY CHEST	DOSE LNG CA SCR C- CT ANGIOGRAPHY CHEST	Authorization Required	Radiology - diagnostic		nical Review nical Review	
		W/CONTRAST/NONCONTRAST	1	radiology			
71550	MRI CHEST W/O DYE	MRI CHEST W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
71551	MRI CHEST W/DYE	MRI CHEST W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
71552	MRI CHEST W/O & W/DYE	MRI CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
71555	MRI ANGIO CHEST W OR W/O DYE	MRA CHEST W/O & W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
72020	X-RAY EXAM OF SPINE 1 VIEW	RADEX SPINE 1 VIEW SPECIFY LEVEL	No Auth Required	radiology			
72020	X-RAY EXAM NECK SPINE 2-3 VW	RADEX SPINE 1 VIEW SPECIFF LEVEL	No Auth Required			+	
72040	X-RAY EXAM NECK SPINE 2-3 VW  X-RAY EXAM NECK SPINE 4/5VWS	RADEX SPINE CERVICAL 2 OR 3 VIEWS	No Auth Required				
72052	X-RAY EXAM NECK SPINE 6/>VWS	RADEX SPINE CERVICAL 6 OR MORE	No Auth Required				
72032	·	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	Full Clin	nical Review	
72126	CT NECK SPINE W/DYE	CT CERVICAL SPINE W/CONTRAST	Authorization Required	radiology Radiology - diagnostic	Euli Clin	nical Review	
,2120	OF NEGROS INC W/DTE	MATERIAL	·	radiology	Tuli Cilii	ileai Neview	
72127	CT NECK SPINE W/O & W/DYE	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
72128	CT CHEST SPINE W/O DYE	CT THORACIC SPINE W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
72129	CT CHEST SPINE W/DYE	CT THORACIC SPINE W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology	Full Clin	nical Review	
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72130	CT CHEST SPINE W/O & W/DYE	CT THORACIC SPINE W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTRAST MATERIAL		radiology		
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		MATERIAL		radiology		
72133	CT LUMBAR SPINE W/O & W/DYE	CT LUMBAR SPINE W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
70444	NADA NEGO CONTENIO DAG	MATERIAL		radiology	5 11 61: 1 15 1	
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
72142	IVIRI NECK SPINE W/DTE	W/CONTRAST MATRL	Authorization Required	radiology	ruii Ciiilicai Review	
72146	MRI CHEST SPINE W/O DYE	MRI SPINAL CANAL THORACIC W/O	Authorization Required	Radiology - diagnostic	Full Clinical Review	
	, ,	CONTRAST MATRL		radiology		
72147	MRI CHEST SPINE W/DYE	MRI SPINAL CANAL THORACIC	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTRAST MATRL		radiology		
72148	MRI LUMBAR SPINE W/O DYE	MRI SPINAL CANAL LUMBAR W/O	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		CONTRAST MATERIAL		radiology		
72149	MRI LUMBAR SPINE W/DYE	MRI SPINAL CANAL LUMBAR	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTRAST MATERIAL		radiology		
72156	MRI NECK SPINE W/O & W/DYE	MRI SPINAL CANAL CERVICAL W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTR MATRL		radiology		
72157	MRI CHEST SPINE W/O & W/DYE	MRI SPINAL CANAL THORACIC W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTR MATRL		radiology		
72158	MRI LUMBAR SPINE W/O & W/DYE	MRI SPINAL CANAL LUMBAR W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTR MATRL		radiology		
72159	MR ANGIO SPINE W/O&W/DYE	MRA SPINAL CANAL W/WO CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		MATERIAL		radiology		
72170	X-RAY EXAM OF PELVIS	RADIOLOGIC EXAMINATION PELVIS 1/2	No Auth Required			
72400	V DAVEVANA OF DELVIC	VIEWS	N. A. All D. a. Jane			
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
72131	CI ANGIOGRAFITI EEV W/OGW/DTE	W/CONTRAST/NONCONTRAST	Authorization Required	radiology	i dii ciiiicai Neview	
72192	CT PELVIS W/O DYE	CT PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic	Full Clinical Review	
				radiology		
72193	CT PELVIS W/DYE	CT PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic	Full Clinical Review	
				radiology		
72194	CT PELVIS W/O & W/DYE	CT PELVIS W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		MATERIAL		radiology		
72195	MRI PELVIS W/O DYE	MRI PELVIS W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic	Full Clinical Review	
				radiology		
72196	MRI PELVIS W/DYE	MRI PELVIS W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic	Full Clinical Review	
				radiology		
72197	MRI PELVIS W/O & W/DYE	MRI PELVIS W/O & W/CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		MATERIAL		radiology		
72198	MR ANGIO PELVIS W/O & W/DYE	MRA PELVIS W/WO CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
72200	V DAVEVAM CLIQINITC	MATERIAL	No Auth Decider	radiology		
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	No Auth Required	+	+	
/2202	N-INGT EVWINI 313011413 3/2 AAA3	3/MORE VIEWS	No Auth Nequileu			
72220	X-RAY EXAM SACRUM TAILBONE	RADEX SACRUM & COCCYX MINIMUM 2	No Auth Required		+	
, , , , , , ,	A LOCAL ENGIN SACROTAL PARENTE	VIEWS	Nati nequireu			
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	<del> </del>	+	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EES STORE I ESTATE DOS ACTUAL INSIGN				

72270	MYELOGPHY 2/> SPINE REGIONS	MYELOGRAPY 2/MORE REGIONS RS&I	No Auth Required			1
72275	EPIDUROGRAPHY	EPIDUROGRAPY RS&I	No Auth Required			
72275	DISCOGRAPHY CERV/THOR SPINE	DISKOGRAPY CERVICAL/THORACIC RS&I	·			
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	No Auth Required			
		MINIMUM 2 VIEWS				
73040	CONTRAST X-RAY OF SHOULDER	RADEX SHOULDER ARTHROGRAPHY	No Auth Required			
73040	CONTROL X IVII OF SHOOLDER	RS&I	No Auth Required			
73050	X-RAY EXAM OF SHOULDERS	RADEX A-C JOINTS BI W/WO WEIGHTED	No Auth Required			
73030	X 10 (1 EX 10) OF SHOOLDERS	DISTRCJ	No Auth Required			
73060	X-RAY EXAM OF HUMERUS	RADEX HUMERUS MINIMUM 2 VIEWS	No Auth Required			
73070	X-RAY EXAM OF FLBOW	RADEX FIGWEROS WINNINGW 2 VIEWS	No Auth Required			
73070	X-RAY EXAM OF ELBOW	RADEX ELBOW 2 VIEWS  RADEX ELBOW COMPLETE MINIMUM 3	·			
73060	A-RAT EXAMINOF ELBOW	VIEWS	No Auth Required			
72005	CONTRAST X-RAY OF ELBOW	RADEX ELBOW ARTHROGRAPHY RS&I	No Auth Required			
73085		1				
73090	X-RAY EXAM OF FOREARM	RADEX FOREARM 2 VIEWS	No Auth Required			
73092	X-RAY EXAM OF ARM INFANT	RADEX UPPER EXTREMITY INFANT	No Auth Required			
		MINIMUM 2 VIEWS				
73100	X-RAY EXAM OF WRIST	RADEX WRIST 2 VIEWS	No Auth Required			
73110	X-RAY EXAM OF WRIST	RADEX WRIST COMPLETE MINIMUM 3	No Auth Required			
		VIEWS				
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
73201	CI OFFER EXTREMITT W/DIE	MATERIAL	Authorization Required	radiology	ruii Ciiiiicai Keview	
73202	CT UPPR EXTREMITY W/O&W/DYE	CT UPPER EXTREMITY W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
/3202	CT OPPR EXTREMITY W/O&W/DYE	•	Authorization Required		ruii Ciinicai Review	
72200	CT ANCIO LIDD EVEDA MAZOR MIZOVE	W/CONTRAST MATERIAL	Authorization Descriped	radiology	Full Clinical Davieur	
73206	CT ANGIO UPR EXTRM W/O&W/DYE	CT ANGIOGRAPHY UPPER EXTREMITY	Authorization Required	Radiology - diagnostic	Full Clinical Review	
70040	AND LIBRER EVERSA MENUAL OR DVS			radiology	5 11 01: 1 15 1	
73218	MRI UPPER EXTREMITY W/O DYE	MRI UPPER EXTREMITY OTH THAN JT	Authorization Required	Radiology - diagnostic	Full Clinical Review	
72240	AADLLIDDED EVEDENALTY AV /DVE	W/O CONTR MATRL	Aughter des Alexander de	radiology	Full Citataal Basiass	
73219	MRI UPPER EXTREMITY W/DYE	MRI UPPER EXTREMITY OTH THAN JT	Authorization Required	Radiology - diagnostic	Full Clinical Review	
70000	AND LINES EXTERNATION IN CONTRACT	W/CONTR MATRL		radiology	5 11 01: 1 15 1	
73220	MRI UPPR EXTREMITY W/O&W/DYE	MRI UPPER EXTREM OTHER THAN JT	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/O & W/CONTRAS		radiology	_ ,, _,, , , _ ,	
73221	MRI JOINT UPR EXTREM W/O DYE	MRI ANY JT UPPER EXTREMITY W/O	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		CONTRAST MATRL		radiology		
73222	MRI JOINT UPR EXTREM W/DYE	MRI ANY JT UPPER EXTREMITY	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTRAST MATRL		radiology		
73223	MRI JOINT UPR EXTR W/O&W/DYE	MRI ANY JT UPPER EXTREMITY W/O &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/CONTR MATRL	ļ	radiology	ļ	
73225	MR ANGIO UPR EXTR W/O&W/DYE	MRA UPPER EXTREMITY W/WO	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		CONTRAST MATERIAL	ļ	radiology		
73501	X-RAY EXAM HIP UNI 1 VIEW	RADEX HIP UNILATERAL WITH PELVIS 1	No Auth Required		1	
		VIEW				
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	RADEX HIP UNILATERAL WITH PELVIS 2-	No Auth Required		 	
		3 VIEWS			 	
73503	X-RAY EXAM HIP UNI 4/> VIEWS	RADEX HIP UNILATERAL WITH PELVIS	No Auth Required		 	
		MINIMUM 4 VIEWS				

V DAV EVAM HIDS DI 2 VIEWS	DADES HIDS BILATEDAL WITH BELVIS 3	No Auth Poquired				
A-RAT EXAMINITES BI 2 VIEWS		No Auth Required				
X-RAY EXAM HIPS BI 3-4 VIEWS	RADEX HIPS BILATERAL WITH PELVIS 3-4	No Auth Required				
X-RAY EXAM HIPS BI 5/> VIEWS	RADEX HIPS BILATERAL WITH PELVIS	No Auth Required				
CONTRAST X-RAY OF HIP		No Auth Required				
	VIEW					
X-RAY EXAM OF FEMUR 2/>	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	No Auth Required				
X-RAY EXAM OF KNEE 1 OR 2	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	No Auth Required				
X-RAY EXAM OF KNEE 3	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	No Auth Required				
X-RAY EXAM KNEE 4 OR MORE	RADIOLOGIC EXAM KNEE COMPLETE	No Auth Required				
X-RAY EXAM OF KNEES	RADIOLOGIC EXAM BOTH KNEES	No Auth Required				
CONTRAST X-RAY OF KNEE JOINT	RADIOLOGIC EXAM KNEE	No Auth Required				
X-RAY EXAM OF LOWER LEG	RADIOLOGIC EXAMINATION TIBIA &	No Auth Required				
X-RAY EXAM OF LEG INFANT	RADEX LOWER EXTREMITY INFANT	No Auth Required				
X-RAY EXAM OF ANKLE	RADIOLOGIC EXAMINATION ANKLE 2	No Auth Required				
X-RAY EXAM OF ANKLE	RADEX ANKLE COMPLETE MINIMUM 3	No Auth Required				
CONTRAST X-RAY OF ANKLE		No Auth Required				
X-RAY EXAM OF FOOT	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	No Auth Required				
X-RAY EXAM OF FOOT	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	No Auth Required				
X-RAY EXAM OF HEEL	RADEX CALCANEUS MINIMUM 2 VIEWS	No Auth Required				
X-RAY EXAM OF TOE(S)	RADEX TOE MINIMUM 2 VIEWS	No Auth Required				
CT LOWER EXTREMITY W/O DYE	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
CT LOWER EXTREMITY W/DYE	CT LOWER EXTREMITY W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
CT LWR EXTREMITY W/O&W/DYE	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
CT ANGIO LWR EXTR W/O&W/DYE	CT ANGIOGRAPHY LOWER EXTREMITY	Authorization Required	Radiology - diagnostic		Full Clinical Review	
MRI LOWER EXTREMITY W/O DYE	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
MRI LOWER EXTREMITY W/DYE	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	Authorization Required	Radiology - diagnostic		Full Clinical Review	
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	
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	
MRI JOINT OF LWR EXTR W/DYE	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
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	
	X-RAY EXAM HIPS BI 5/> VIEWS  CONTRAST X-RAY OF HIP X-RAY EXAM OF FEMUR 1  X-RAY EXAM OF FEMUR 2/> X-RAY EXAM OF KNEE 1 OR 2  X-RAY EXAM OF KNEE 3  X-RAY EXAM OF KNEE 3  X-RAY EXAM OF KNEE 5  CONTRAST X-RAY OF KNEE JOINT  X-RAY EXAM OF LOWER LEG  X-RAY EXAM OF LOWER LEG  X-RAY EXAM OF ANKLE  X-RAY EXAM OF ANKLE  X-RAY EXAM OF ANKLE  X-RAY EXAM OF FOOT  X-RAY EXAM OF FOOT  X-RAY EXAM OF HEEL  X-RAY EXAM OF HEEL  X-RAY EXAM OF TOE(S)  CT LOWER EXTREMITY W/O DYE  CT LOWER EXTREMITY W/O&W/DYE  MRI LOWER EXTREMITY W/O DYE  MRI JOINT OF LWR EXTRE W/O DYE  MRI JOINT OF LWR EXTRE W/O DYE  MRI JOINT OF LWR EXTRE W/DYE	VIEWS  X-RAY EXAM HIPS BI 3-4 VIEWS  RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS  X-RAY EXAM HIPS BI 5/> VIEWS  RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS  CONTRAST X-RAY OF HIP  RADEX HIP ARTHROGRAPHY RS&I  X-RAY EXAM OF FEMUR 1  X-RAY EXAM OF FEMUR 1  X-RAY EXAM OF FEMUR 2/> RADIOLOGIC EXAMINATION FEMUR 1  VIEW  X-RAY EXAM OF KNEE 1 OR 2  RADIOLOGIC EXAMINATION KNEE 1/2  VIEWS  X-RAY EXAM OF KNEE 3  RADIOLOGIC EXAMINATION KNEE 1/2  VIEWS  X-RAY EXAM OF KNEE 4 OR MORE  ARDIOLOGIC EXAMINATION KNEE 3  VIEWS  X-RAY EXAM OF KNEE 3  RADIOLOGIC EXAM KNEE COMPLETE  4/MORE VIEWS  X-RAY EXAM OF KNEES  RADIOLOGIC EXAM BOTH KNEES  STANDING ANTEROPOST  CONTRAST X-RAY OF KNEE JOINT  RADIOLOGIC EXAM KNEE  ARTHROGRAPHY RS&I  X-RAY EXAM OF LOWER LEG  RADIOLOGIC EXAMINATION TIBIA &  FIBULA 2 VIEWS  X-RAY EXAM OF LOWER LEG  RADIOLOGIC EXAMINATION ANKLE  X-RAY EXAM OF LOWER LEG  RADIOLOGIC EXAMINATION TIBIA &  FIBULA 2 VIEWS  X-RAY EXAM OF ANKLE  RADEX LOWER EXTREMITY INFANT  MINIMUM 2 VIEWS  X-RAY EXAM OF ANKLE  RADEX ANKLE ARTHROGRAPHY RS&I  X-RAY EXAM OF FOOT  RADIOLOGIC EXAMINATION FOOT 2  VIEWS  X-RAY EXAM OF FOOT  RADIOLOGIC EXAMINATION FIBIA &  VIEWS  X-RAY EXAM OF FOOT  RADEX ANKLE ARTHROGRAPHY RS&I  RADEX LOWER EXTREMITY W/O DYE  CT LOWER EXTREMITY W/O DYE  CT LOWER EXTREMITY W/O DYE  CT LOWER EXTREMITY W/O ONTRAST  MATERIAL  CT LOWER EXTREMITY W/O DYE  CT LOWER EXTREMITY W/O EXTREMITY W/O CONTRAST  MATERIAL  CT LOWER EXTREMITY W/O BYE  CT LOWER EXTREMITY W/O EXTREMITY W/O CONTRAST  MATERIAL  CT LOWER EXTREMITY W/O BYE  MRI LOWER EXTREM OTH/THN JT W/O  CONTRAST MATRL  MRI JOINT OF LWR EXTRE W/O BW  MRI ANY JT LOWER EXTREM W/O  CONTRAST MATERL  MRI JOINT LWR EXTRE W/O BW  MRI ANY JT LOWER EXTREM W/O  CONTRAST MATERL  MRI JOINT LUR EXTREM W/O BYE  MRI LOWER EXTREM W/O  MRI ANY JT LOWER EXTREM W/O  CONTRAST MATERL  MRI JOINT LUR EXTREM W/O  AND JUE BY JUE BY JUE  AND JUE BY JUE	X-RAY EXAM HIPS BI 3-4 VIEWS RADEX HIPS BILATERAL WITH PELVIS 3-4 NO Auth Required VIEWS RADEX HIPS BILATERAL WITH PELVIS 3-4 NO Auth Required VIEWS RADEX HIPS BILATERAL WITH PELVIS 3-4 NO Auth Required VIEWS RADEX HIPS BILATERAL WITH PELVIS 3-4 NO Auth Required MINIMUM S VIEWS CONTRAST X-RAY OF HIP RADEX HIP ARTHROGRAPHY RS&I X-RAY EXAM OF FEMUR 1 RADIOLOGIC EXAMINATION FEMUR 1 NO Auth Required VIEWS X-RAY EXAM OF FEMUR 2/> RADIOLOGIC EXAMINATION FEMUR 1 NO Auth Required VIEWS X-RAY EXAM OF KNEE 1 OR 2 RADIOLOGIC EXAMINATION KNEE 1/2 NO Auth Required VIEWS X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAMINATION KNEE 3 NO Auth Required VIEWS X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAMINATION KNEE 3 NO Auth Required VIEWS X-RAY EXAM OF KNEE 5 RADIOLOGIC EXAM BOTH KNEES THANDING AMTEROPOST CONTRAST X-RAY OF KNEE JOINT RADIOLOGIC EXAM MREE COMPLETE AMORE VIEWS X-RAY EXAM OF KNEE JOINT RADIOLOGIC EXAM KNEE NO Auth Required STANDING AMTEROPOST CONTRAST X-RAY OF KNEE JOINT RADIOLOGIC EXAMINATION TIBLA BEILLA Y VIEWS X-RAY EXAM OF LOWER LEG RADIOLOGIC EXAMINATION TIBLA BEILLA Y VIEWS X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Auth Required VIEWS X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 NO Authorization Required VIEWS X-RAY EXA	NEWS  ARAY EXAM HIPS BI 3-4 VEWS  RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS  X-RAY EXAM HIPS BI 5-5 VIEWS  RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS  X-RAY EXAM OF HIP  RADEX HIPS BILATERAL WITH PELVIS 3-4 MINIMUM S VIEWS  RADIOLOGIC EXAMINATION FEMUR 1 RADIOLOGIC EXAMINATION FEMUR 1 RADIOLOGIC EXAMINATION FEMUR 1 NO Auth Required  X-RAY EXAM OF FEMUR 2/> RADIOLOGIC EXAMINATION FEMUR 1 NO Auth Required  X-RAY EXAM OF KNEE 1 OR 2 RADIOLOGIC EXAMINATION NEE 1/2 VIEWS  X-RAY EXAM OF KNEE 1 OR 2 RADIOLOGIC EXAMINATION NEE 1/2 VIEWS  X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAMINATION NEE 1/2 VIEWS  X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAMINATION NEE 1/2 VIEWS  X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAMINATION NEE 1/2 VIEWS  X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS  X-RAY EXAM OF KNEE 3 RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS  X-RAY EXAM OF KNEE 4 OR MORE RADIOLOGIC EXAM SOTH KNEES RADIOLOGIC EXAM BOTH KNEES  RADIOLOGIC EXAM SOTH KNEE  RADIOLOGIC EXAM MATE AND AND AND AND AND REQUIRED  X-RAY EXAM OF LOWER LEG RADIOLOGIC EXAM MATE AND AND AND REQUIRED  X-RAY EXAM OF LOWER LEG RADIOLOGIC EXAMINATION TIBLA & NO AUTH Required  X-RAY EXAM OF LOWER LEG RADIOLOGIC EXAMINATION TIBLA & NO AUTH Required  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF FOOT RADIOLOGIC EXAMINATION ANKLE 2 VIEWS  X-RAY EXAM OF ANKLE R	VIEWS RAPE KEMAN HIPS 8I 34 VIEWS RAPE KINDER HIPS BILATERAL WITH PELVIS 3-4 VIEWS RAPE KEMAN HIPS 8I 5/2 VIEWS RAPE KINDER HIPS BILATERAL WITH PELVIS 3-4 VIEWS RAPE KEMAN HIPS 8I 5/2 VIEWS RAPE KEMAN OF FEMUR 1 RAPE KINDER RAPE KEMAN OF FEMUR 1 RAPE KEMAN OF FEMUR 2/2 RAPE KEMAN OF REMEL OR 2 RAPE KEMAN OF REMEL OR 3 RAPE KEMAN OF ROME 3 RAPE KEMAN OF RO	NEWS  **RANY EXAM HIPS BL 3-4 NEWS  **RANY EXAM HIPS BL 3-5 NEWS  **RANY EXAM FOR FEMILE 3-1 NAME HIPS BL 3-5 NEWS  **RANY EXAM FOR FEMILE 3-1 NAME HIPS BL 3-5 NEWS  **RANY EXAM FOR FEMILE 3-1 NAME HIPS BL 3-5 NEWS  **RANY EXAM FOR FEMILE 3-1 NAME HIPS BL 3-5 NEWS  **RANY EXAM FOR HIPS BL 3-5 NEWS

73725	MR ANG LWR EXT W OR W/O DYE	MRA LOWER EXTREMITY W/WO	Authorization Required	Radiology - diagnostic	Full Clinical Review	
74040	V 24 V 5 V 4 4 4 2 2 2 4 4 4 7 5 V 4 4 7 7 7 V 4	CONTRAST MATERIAL		radiology		
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	

74000	er cou ou o co a puny py uy/py/s			la na na na	I	5 H 01: 1 B 1:	
74262	CT COLONOGRAPHY DX W/DYE	CT COLONOGRPHY DX IMAGE	Authorization Required	Radiology - diagnostic		Full Clinical Review	
74263	CT COLONOGRAPHY SCREENING	POSTPROCESS W/CONTRAST CT COLONOGRAPHY SCREENING IMAGE	Authorization Required	radiology Radiology - diagnostic		Full Clinical Review	
74203	CT COLONOGRAPHY SCREENING	POSTPROCESSING	Authorization Required	radiology		ruii Ciiiiicai Keview	
74270	X-RAY XM COLON 1CNTRST STD	RADIOLOGIC EXAM COLON SINGLE	No Auth Required	radiology			
		CONTRAST STUDY					
74280	X-RAY XM COLON 2CNTRST STD	RADIOLOGIC EXAM COLON DOUBLE	No Auth Required				
		CONTRAST STUDY	·				
74283	THER NMA RDCTJ INTUS/OBSTRCJ	THERAPEUTIC ENEMA RDCTJ	No Auth Required				
		INTUSSUSCEPTION/OBSTRCJ					
74290	CONTRAST X-RAY GALLBLADDER	CHOLECYSTOGRAPHY ORAL CONTRST	No Auth Required				
74300	X-RAY BILE DUCTS/PANCREAS	CHOLANGIOGRAPHY&/PANCREATOGRA	No Auth Required				
		PHY NTRAOP RS&I					
74301	X-RAYS AT SURGERY ADD-ON	CHOLANGIO&/PANCREATOGRAPHY	No Auth Required				
74000	V 2 4 4 2 4 5 4 5 4 5 4 5 4 5 6 6 6 2 7 4	ADDL SET INTRAOP RS					
74328	X-RAY BILE DUCT ENDOSCOPY	ENDOSCOPIC CATHJ BILIARY DUCTAL	No Auth Required				
74329	X-RAY FOR PANCREAS ENDOSCOPY	SYSTEM RS&I ENDOSCOPIC CATHJ PANCREATIC	No Auth Required				
74329	A-RAT FOR PAINCREAS ENDOSCOPT	DUCTAL SYS RS&I	No Auth Required				
74330	X-RAY BILE/PANC ENDOSCOPY	CMBN NDSC CATHJ BILIARY&PNCRTC	No Auth Required				
74330	A TOTAL BIELLY TYTHE ENDOSCOTT	DUCTAL SYS RS&I	140 Matil Required				
74340	X-RAY GUIDE FOR GI TUBE	INTRO LONG GI TUBE W/MULT FLUORO	No Auth Required				
		& IMAGES RS&I	,				
74355	X-RAY GUIDE INTESTINAL TUBE	PERCUTANEOUS PLACEMENT	No Auth Required				
		ENTEROCLYSIS TUBE RS&I					
74360	X-RAY GUIDE GI DILATION	INTRALUMINAL DILATION	No Auth Required				
		STRICTURES&/OBSTRCJS RS&I					
74363	X-RAY BILE DUCT DILATION	PRQ TRANSHEPATC DILAT BILIARY DUCT	No Auth Required				
		STRICTRE RS&I					
74400	CONTRST X-RAY URINARY TRACT	UROGRAPHY IV W/WO KUB W/WO	No Auth Required				
74410	CONTRST X-RAY URINARY TRACT	TOMOGRAPHY UROGRAPHY INFUSION DRIP &/BOLUS	No Auth Required				
74410	CONTRST X-RAT ORINART TRACT	TECHNIQUE	No Auth Required				
74415	CONTRST X-RAY URINARY TRACT	UROGRAPY INFUSION DRIP &/BOLUS	No Auth Required				
,		TECHQ W/WO TOMO					
74420	CONTRST X-RAY URINARY TRACT	X-RAY URINARY TRACT EXAM WITH	No Auth Required				
		CONTRAST MATERIAL	·				
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	No Auth Required				
		VESICULOGRAPY/EPIDIDYMOGRAPY					
74445	V DAVEVANA OF BEAUC	RS&I	N A Al. D				
74445 74450	X-RAY EXAM OF PENIS X-RAY URETHRA/BLADDER	CORPORA CAVERNOSOGRAPY RS&I URETHROCYSTOGRAPHY RETROGRADE	No Auth Required No Auth Required				
74430	A-NAT ORETTINA/ BLADDER	RS&I	No Auth Nequileu				
74455	X-RAY URETHRA/BLADDER	URETHROCYSTOGRAPHY VOIDING RS&I	No Auth Required				
, . 433	J. C.	THE THE COLOR OF T					
74470	X-RAY EXAM OF KIDNEY LESION	RADEX RENAL CYST STUDY	No Auth Required				
		TRANSLUMBAR RS&I					
74485	DILATION URTR/URT RS&I	DILATION URETERS/URETHRA RS&I	No Auth Required				
74710	X-RAY MEASUREMENT OF PELVIS	PELVIMETRY W/WOPLACENTAL	No Auth Required				
		LOCALIZATION					
74712	MRI FETAL SNGL/1ST GESTATION	FETAL MRI W/PLACNTL MATRNL PLVC	Authorization Required	Radiology - diagnostic		Full Clinical Review	
		IMG SING/1ST GES		radiology			
74713	MRI FETAL EA ADDL GESTATION	FETAL MRI W/PLACNTL MATRNL PLVC	Authorization Required	Radiology - diagnostic		Full Clinical Review	
<u> </u>	1	IMG EA ADDL GES		radiology	1		

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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 &	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		FUNCTION W/O CONTRAST		radiology		
75559	CARDIAC MRI W/STRESS IMG	CARDIAC MRI W/O CONTRAST	Authorization Required	Radiology - diagnostic	Full Clinical Review	
75564	0.000.00.000.000.000.000.000.000.000.0	W/STRESS IMAGING		radiology	5 H OI: 1 D .	
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		W/STRESS		radiology		
75565	CARD MRI VELOC FLOW MAPPING	CARDIAC MRI FOR VELOCITY FLOW	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		MAPPING		radiology		
75571	CT HRT W/O DYE W/CA TEST	CT HEART NO CONTRAST QUANT EVAL	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		CORONRY CALCIUM		radiology		
75572	CT HRT W/3D IMAGE	CT HEART CONTRAST EVAL CARDIAC	Authorization Required	Radiology - diagnostic	Full Clinical Review	
		STRUCTURE&MORPH		radiology		
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	Authorization Required	Radiology - diagnostic	Full Clinical Review	
75571		CONTRST 3D POST	/ tathonization negatica	radiology	r an enmour neven	
75600	CONTRAST EXAM THORACIC AORTA	AORTOGRAPHY THORACIC W/O	No Auth Required	3,		
		SERIALOGRAPHY RS&I	·			
75605	CONTRAST EXAM THORACIC AORTA	AORTOGRAPHY THORACIC	No Auth Required			
		SERIALOGRAPHY RS&I				
75625	CONTRAST EXAM ABDOMINL AORTA	AORTOGRAPHY ABDOMINAL	No Auth Required			
		SERIALOGRAPHY RS&I				
75630	X-RAY AORTA LEG ARTERIES	AORTOGRAPHY ABDL BI ILIOFEM LOW	No Auth Required			
		EXTREM CATH RS&I				
75635	CT ANGIO ABDOMINAL ARTERIES	CTA ABDL AORTA&BI ILIOFEM	Authorization Required	Radiology	Full Clinical Review	
		W/CONTRAST&POSTP				
75705	ARTERY X-RAYS SPINE	ANGIOGRAPHY SPINAL SELECTIVE RS&I	No Auth Required			
75710	ADTERV V DAVE ADMAILEC	ANGIOGRAPHY EXTREMITY UNILATERAL	No Auth Desuised			
75710	ARTERY X-RAYS ARM/LEG	RS&I	No Auth Required			
75716	ARTERY X-RAYS ARMS/LEGS	ANGIOGRAPHY EXTREMITY BILATERAL	No Auth Required			
73710	ARTERT A-RATS ARIVIS/LLGS	RS&I	No Auti Required			
75726	ARTERY X-RAYS ABDOMEN	ANGIOGRAPHY VISCERAL	No Auth Required			
		SLCTV/SUPRASLCTV RS&I				
75731	ARTERY X-RAYS ADRENAL GLAND	ANGIOGRAPHY ADRENAL UNILATERAL	No Auth Required			
		SLCTV RS&I	•			
75733	ARTERY X-RAYS ADRENALS	ANGIOGRAPHY ADRENAL BILATERAL	No Auth Required			
		SLCTV RS&I				
75736	ARTERY X-RAYS PELVIS	ANGIOGRAPHY PELVIC	No Auth Required			
		SLCTV/SUPRASLCTV RS&I				
75741	ARTERY X-RAYS LUNG	ANGIOGRAPHY PULMONARY	No Auth Required			
		UNILATERAL SLCTV RS&I				
75743	ARTERY X-RAYS LUNGS	ANGIOGRAPHY PULMONARY BILATERAL	No Auth Required			
	1	SLCTV RS&I				
75746	ARTERY X-RAYS LUNG	ANGRPH PULMONARY NONSLCTV	No Auth Required			
75750	ADTERV V DAVE CHEST	CATH/VEN NJX RS&I	No Auth Boswins			
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	No Auth Required			
		BASIC XM RS&I				
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uired	No Auth Required	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	LYMPH VESSEL X-RAY ARM/LEG	75801
uired	No Auth Required	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	LYMPH VESSEL X-RAY ARMS/LEGS	75803
uired	No Auth Required	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	LYMPH VESSEL X-RAY TRUNK	75805
uired	No Auth Required	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	LYMPH VESSEL X-RAY TRUNK	75807
uired	No Auth Required	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	NONVASCULAR SHUNT X-RAY	75809
uired	No Auth Required	SPLENOPORTOGRAPY RS&I	VEIN X-RAY SPLEEN/LIVER	75810
	No Auth Required	VENOGRAPHY EXTREMITY UNILATERAL	VEIN X-RAY ARM/LEG	75820
nited.	No Auth Dogwined	RS&I	WEIN V DAY ADMC/LECC	75022
uired	No Auth Required	VENOGRAPHY EXTREMITY BILATERAL RS&I	VEIN X-RAY ARMS/LEGS	75822
uired	No Auth Required	VENOGRAPHY CAVAL INFERIOR	VEIN X-RAY TRUNK	75825
		SERIALOGRAPHY RS&I		
uired	No Auth Required	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	VEIN X-RAY CHEST	75827
uired	No Auth Required	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	VEIN X-RAY KIDNEY	75831
uired	No Auth Required	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	VEIN X-RAY KIDNEYS	75833
uired	No Auth Required	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	VEIN X-RAY ADRENAL GLAND	75840
uired	No Auth Required	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	VEIN X-RAY ADRENAL GLANDS	75842
uired	No Auth Required	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	VEIN X-RAY NECK	75860
uired	No Auth Required	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	VEIN X-RAY SKULL	75870
uired uired	No Auth Required	VENOGRAPHY EPIDURAL RS&I	VEIN X-RAY SKULL EPIDURAL	75872
uired uired	No Auth Required	VENOGRAPHY ORBITAL RS&I	VEIN X-RAY EYE SOCKET	75880
uired	No Auth Required	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	VEIN X-RAY LIVER W/HEMODYNAM	75885
uired	No Auth Required	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	VEIN X-RAY LIVER W/O HEMODYN	75887
uired	No Auth Required	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	VEIN X-RAY LIVER W/HEMODYNAM	75889
uired	No Auth Required	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	VEIN X-RAY LIVER	75891
uired	No Auth Required	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	VENOUS SAMPLING BY CATHETER	75893
uired	No Auth Required	TRANSCATHETER EMBOLIZATION ANY METH RS&I	X-RAYS TRANSCATH THERAPY	75894
	No Auth Required	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	FOLLOW-UP ANGIOGRAPHY	75898
uired	No Auth Required	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	REMOVE CVA DEVICE OBSTRUCT	75901
uired	No Auth Required	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	REMOVE CVA LUMEN OBSTRUCT	75902
uired	No Auth Required	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	XRAY ENDOVASC THOR AO REPR	75956
uired	No Auth Required	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	XRAY ENDOVASC THOR AO REPR	75957
uired	No Auth Required	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	XRAY PLACE PROX EXT THOR AO	75958
uired uired uired uired uired	No Auth Required  No Auth Required  No Auth Required  No Auth Required	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS  MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I  MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I  EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I  EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I  PLMT PROX XTN PRSTH EVASC DESC	REMOVE CVA DEVICE OBSTRUCT  REMOVE CVA LUMEN OBSTRUCT  XRAY ENDOVASC THOR AO REPR  XRAY ENDOVASC THOR AO REPR	75901 75902 75956 75957

THORAY ADDRESS    TRANSCRIPT RESS    No. Auth Required		1		1	1	I	I	I
TABLES   T	75959	XRAY PLACE DIST EXT THOR AO	PLMT DSTL XTN PRSTH EVASC DESC	No Auth Required				
	75970	VASCULAR RIODSV		No Auth Required				
CONTRAST REAL   ADDICIDICAL SUBJECT PRODUCTS   ADDICIDATE STATE   ADDICIDATE STATE STATE STATE   ADDICIDATE STATE STATE STATE   ADDICIDATE STATE STATE STATE STATE   ADDICIDATE STATE S								
ASSCSTS DRIANAGE UNDER KARY   MADIOLOGICAL COLUMNATE PRIC OPEN   No Auch Required	73304	ARAT CONTROL CATTLETER CHANGE	•	No Auth Required				
MyPMIN CAIR #86]   FLUOROSCOPY = 1 RB PRYS/GIPP   FLUOROSCOPY PT D1 HOUR   PRYSICAND   RECORD   PRYSICAND   RECORD   PRYSICAND   RECORD	75080	ARSCESS DRAINAGE LINDER Y-RAV		No Auth Required				
	73303	ABSCESS BRAINAGE ONDER A-RAT		No Auth Required				
PRINTSCRANGER TO RECTUM	76000	FILIOROSCOPY <1 HR DHVS/OHD	•	No Auth Required				
	70000	TEGOROSCOTT STRIKTTITS/QTII		No riatir nequired				
ROOT 1 WEW CHLD RAPPA ASSCESS/PSTULA/SINUS TRACT ROS8 RAP EXAM OF PSTULA RAPPA ASSCESS/PSTULA/SINUS TRACT ROS8 RAPY EXAM SURGICAL SPECIMEN ROBOLOGICAL EXAMINATION ROBOL	76010	Y-RAY NOSE TO RECTUM	<u> </u>	No Auth Required				
Application   Residence   Re	70010	X-NAT NOSE TO RECTOM		No Auth Required				
RS&	76080	X-RAY FXAM OF FISTULA		No Auth Required				
ARADICAL SPECIMEN   RADICAL SPECIMEN   SUBJICAL SPECIMEN   SUBJI								
SURGICAL SPECIMEN	76098	X-RAY EXAM SURGICAL SPECIMEN		No Auth Required				
ARADEX PAND OF BODY SECTION   RADEX PAND SODY SECTION OTH/FINN No Auth Required   W/WINGORAPY   RADEX CRYL MOTION BDY SCI   No Auth Required   W/WINGORAPY   RADEX CRYL MOTION BDY SCI   OTH/FINN LORGARY IN   NO Auth Required   W/WINGORAPY   RADEX CRYL MOTION BDY SCI   OTH/FINN LORGARY IN   NO Auth Required   W/WINGORAPY   W/WINGORAPY W/WINGO								
MyJINGGRAPY   No. Auth Required	76100	X-RAY EXAM OF BODY SECTION		No Auth Required				
ARDED CITY MATERIAL								
COMPIEX BODY SECTION X.RAYS   COMPIEX BODY SECTION X.RAYS   RADEX CETX MOTION BOY SCT   OTH/TIN URGGINARY BI   No Auth Required   COMPIEX BODY SECTION X.RAYS   COMPANDED X.RAYS   COMPANDED X.RAYS   COMPANDED X.RAYS   COMPANDED X.RAYS   COMPANDED X.RAYS ADD-ON   COMPANDED X.RA	76101	COMPLEX BODY SECTION X-RAY	•	No Auth Required				
Total   Commerce and process   Radek CPX MOTION BDY SCTJ   Only Auth Required   Commerce and C								
OTH_FITN URGGRAPY BI   OTH_FITN URGGRAPY MORADIOR DRAPY   No Auth Required	76102	COMPLEX BODY SECTION X-RAYS		No Auth Required				
Total   Cinear Control   Cinear Contro								
Total	76120	CINE/VIDEO X-RAYS		No Auth Required				
ROUTINE EXAMINATION   CONSLIT X-RAY XM MADE ELSEWHERE   No Auth Required   WITTH REPRI   WITTH REPRIN   WITTH REP		,	The state of the s					
ROUTINE EXAMINATION CONSULTATION CONSULTATION CONSULT 3-ANY XM MADE ELSEWHERE No Auth Required WATTH REPRT  MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT ARDIATION EXPOS W/RPRT ARDIATION EXPOS W/RPRT 30 RENDER W/INTER PSOTPROCES 30 RENDER W/INTER PSOTPROCES 30 RENDER W/INTER PSOTPROCES 30 RENDER W/INTER PSOTPROCES 30 RENDER W/INTER PROSTPROCES 30 RENDER W/INTER PROSTPROCE DIFF WORK STATION Authorization Required Radiology Authorization Required R	76125	CINE/VIDEO X-RAYS ADD-ON	CINERADIOGRAPY/VIDRADIOGRAPY	No Auth Required				
Total				·				
MRTTM REPRT 76145 MED PHYSIC DOS EVAL RAD EXPS RADIATION EXPOS W/RPRT ROBUST RADIATION EXPOS W/RPRT RADIATION EXPO	76140	X-RAY CONSULTATION		No Auth Required				
76145   MED PHYSIC DOS EVAL RAD EXPS   RADIATION EXPOS W/RPRT								
RADIJATION EXPOS WIRNERT   RADIDATION EXPOS WIRNERT   RESPOSTROCES   3D RENDERING WIJINTERP & POSTROCESS SUPERVISION   Authorization Required   Radiology   Network Validation		1455 BUNGIO BOO 51441 BAB 51456	MEDICAL PHYSICS DOSE EVAL	No Auth Required				
POSTPROCESS SUPERVISION  76377 3D RENDER W/INTRP POSTPROCES  3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION  Authorization Required Radiology  Authorization Required Radiology  76380 (AT SCAN FOLLOW-UP STUDY  CT LIMITED/LOCALIZED FOLLOW UP STUDY  Authorization Required Radiology diagnostic radiology  Full Clinical Review Radiology diagnostic radiology  Full Clinical Review Radi	76145	MED PHYSIC DOS EVAL RAD EXPS	RADIATION EXPOS W/RPRT	·				
POSTPROCESS SUPERVISION  76377 3D RENDER W/INTRP POSTPROCES  3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION  CT LIMITED/LOCALIZED FOLLOW UP STUDY  CT MINITED/LOCALIZED FOLLOW UP STUDY  Authorization Required Radiology diagnostic radiology  Full Clinical Review radiology  Full Clinical Review radiology  76390 MR SPECTROSCOPY  MRI SPECTROSCOPY  MRI SPECTROSCOPY  MRI SPECTROSCOPY  MRI SPECTROSCOPY  MRI SPECTROSCOPY  MRI SPECTROSCOPY  Authorization Required Radiology diagnostic radiology  Full Clinical Review  Radiology  Full Clinical Review  Radiology  Full Clinical Review  Authorization Required Radiology  Full Clinical Review  Authorization Required Radiology  Full Clinical Review  Authorization Required Radiology  Full Clinical Review  Radiology  Full Clinical Review  Authorization Required Radiology  Full Clinical Review  Full Clinical Review  Authorization Required Radiology  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Radiology  Full Clinical Review  Full Clinical Review  Radiology  Full Clinical Review  Radiology  Full Clinical Review  Full Clinical Review  Radiology  Full Clinical Review	76376	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP &	Authorization Required	Radiology		Network Validation	
DIFF WORK STATION  76380 CAT SCAN FOLLOW-UP STUDY  76390 MR SPECTROSCOPY  MRI SPECTROSCOPY  MAGNETIC RESONANCE ELASTOGRAPHY  ELASTOGRAPHY  MAGNETIC RESONANCE ELASTOGRAPHY  ELASTOGRAPHY  TO 4996  FLUOROSCOPIC PROCEDURE  UNLISTED FLUOROSCOPIC PROCEDURE  UNLISTED COMPUTED TOMOGRAPHY PROCEDURE  MRI PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE PROCEDURE PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE			POSTPROCESS SUPERVISION					
76390 CAT SCAN FOLLOW-UP STUDY CT LIMITED/LOCALIZED FOLLOW UP STUDY Authorization Required radiology Radiology - diagnostic radiology Full Clinical Review Radiology - diagnostic radiology Radiology - diagnostic radiology Full Clinical Review Radiology - diagnostic radiology Radiology - diagnostic radiology Full Clinical Review Radiology - diagnostic radiology	76377	3D RENDER W/INTRP POSTPROCES	3D RENDERING W/INTERP&POSTPROC	Authorization Required	Radiology		Network Validation	
STUDY   Radiology   Full Clinical Review   Radiology   Radiology   Radiology   Radiology   Full Clinical Review   Radiology   Full Clinical Review   Radiology   Radiology   Radiology   Radiology   Radiology   Radiology   Radiology   Full Clinical Review   Radiology   Radiology   Radiology   Radiology   Radiology   Radiology   Radiology   Full Clinical Review   Radiology   Radiolog			DIFF WORK STATION					
STUDY   Radiology   Full Clinical Review   Radiology   Full Clinical Review   Radiology   Review   Radiology   Radiology   Radiology   Full Clinical Review   Radiology   Radiology   Radiology   Radiology   Radiology   Review   Radiology   Radio								
Total	76380	CAT SCAN FOLLOW-UP STUDY	CT LIMITED/LOCALIZED FOLLOW UP	Authorization Required	Radiology - diagnostic		Full Clinical Review	
T6391 MR ELASTOGRAPHY  MAGNETIC RESONANCE ELASTOGRAPHY  MAGNETIC RESONANCE ELASTOGRAPHY  T6496 FLUOROSCOPIC PROCEDURE  UNLISTED FLUOROSCOPIC PROCEDURE  UNLISTED FLUOROSCOPIC PROCEDURE  UNLISTED COMPUTED TOMOGRAPHY PROCEDURE  T6498 MRI PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC Authorization Required Radiology - diagnostic radiology Full Clinical Review radiology Full Clinical Review Radiology - diagnostic radiology Full Clinical Review Radiology - diagnostic radiology Full Clinical Review Radiology - diagnostic radiology Full Clinical Review PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC Authorization Required PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC Authorization Required PROCEDURE  T6590 ECHO EXAM OF HEAD  ECHOENCEPHALOGRAPHY REAL TIME IMAGING  T6510 OPHTH US B & QUANT A  OPH US DX 8-SCAN&QUAN A-SCAN SM PT ENCTR  OPHTHALMIC ULTRASOUND DX QUAN A No Auth Required SCAN ONLY			STUDY		radiology			
MR ELASTOGRAPHY   MAGNETIC RESONANCE   Authorization Required   Radiology   Full Clinical Review	76390	MR SPECTROSCOPY	MRI SPECTROSCOPY	Authorization Required	Radiology - diagnostic		Full Clinical Review	
ELASTOGRAPHY  76496 FLUOROSCOPIC PROCEDURE  UNLISTED FLUOROSCOPIC PROCEDURE  UNLISTED COMPUTED TOMOGRAPHY PROCEDURE  Authorization Required Radiology Full Clinical Review  76497 CT PROCEDURE  UNLISTED COMPUTED TOMOGRAPHY PROCEDURE  PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE  UNLISTED MAGNETIC RESONANCE PROCEDURE  TOMOGRAPHIC PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE  UNLISTED MAGNOSTIC RADIOGRAPHIC PROCEDURE  UNLISTED MAGNOSTIC RADIOGRAPHIC PROCEDURE  No Authorization Required  Radiology Radiology  Full Clinical Review  Full Clinical Review  Pull C					radiology			
Total Procedure  Total Clinical Review  Total Clinical Review  Total Procedure  Total Clinical Review  Total Procedure  Total Clinical Review  Total Procedure	76391	MR ELASTOGRAPHY	MAGNETIC RESONANCE	Authorization Required	Radiology		Full Clinical Review	
76497 CT PROCEDURE UNLISTED COMPUTED TOMOGRAPHY PROCEDURE UNLISTED MAGNETIC RESONANCE PROCEDURE UNLISTED MAGNETIC RESONANCE PROCEDURE UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE PROCEDURE UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE PROCEDURE PROCEDURE UNLISTED DIAGNOSTIC REQUIRED PROCEDURE PRO			ELASTOGRAPHY					
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PROCEDURE Tadiology  76498 MRI PROCEDURE UNLISTED MAGNETIC RESONANCE PROCEDURE  Tadiology  RADIOGRAPHIC PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE  UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE  PROCEDURE  Total Procedure  ECHO EXAM OF HEAD  ECHOENCEPHALOGRAPHY REAL TIME IMAGING  TOFIT US B & QUANT A  OPHTH US B & QUANT A  OPHTH US DOPTH US DOPTHALMIC ULTRASOUND DX QUAN A SCAN SM NO Auth Required  PROCEDURE  No Auth Required  PT ENCTR  OPHTH US QUANT A ONLY  OPHTHALMIC ULTRASOUND DX QUAN A SCAN SM NO Auth Required  SCAN ONLY								
Total   MRI PROCEDURE   UNLISTED MAGNETIC RESONANCE   Authorization Required   Radiology - diagnostic   radiology   Full Clinical Review   radiology   Radiology - diagnostic   radiology   Full Clinical Review   Full Clinical Review   Radiology   Full Clinical Review   Full	76497	CT PROCEDURE		Authorization Required	Radiology - diagnostic		Full Clinical Review	
PROCEDURE radiology  76499 RADIOGRAPHIC PROCEDURE UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE  FOSTOR ECHO EXAM OF HEAD ECHOENCEPHALOGRAPHY REAL TIME IMAGING  76500 OPHTH US B & QUANT A OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A SCAN SM SCAN ONLY  PROCEDURE  No Auth Required SCAN ONLY  PROCEDURE  No Auth Required No Auth Required No Auth Required								
76499 RADIOGRAPHIC PROCEDURE UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE Authorization Required Radiology Full Clinical Review  76506 ECHO EXAM OF HEAD ECHOENCEPHALOGRAPHY REAL TIME INAGING  76510 OPHTH US B & QUANT A OPHTH US DIAGNOSTIC RADIOGRAPHY REAL TIME IN OA Auth Required INAGING  76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A SCAN SM No Auth Required SCAN ONLY	76498	MRI PROCEDURE		Authorization Required			Full Clinical Review	
PROCEDURE  76506 ECHO EXAM OF HEAD ECHOENCEPHALOGRAPHY REAL TIME NO Auth Required IMAGING  76510 OPHTH US B & QUANT A OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR  76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A SCAN SM NO Auth Required SCAN ONLY								
76506 ECHO EXAM OF HEAD ECHOENCEPHALOGRAPHY REAL TIME IMAGING  76510 OPHTH US B & QUANT A OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR  76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A SCAN WO Auth Required SCAN ONLY	76499	RADIOGRAPHIC PROCEDURE		Authorization Required	Radiology		Full Clinical Review	
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76510 OPHTH US B & QUANT A OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR  76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A No Auth Required SCAN ONLY	76506	ECHO EXAM OF HEAD		No Auth Required				
PT ENCTR  76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A No Auth Required SCAN ONLY								
76511 OPHTH US QUANT A ONLY OPHTHALMIC ULTRASOUND DX QUAN A SCAN ONLY No Auth Required SCAN ONLY	76510	OPHTH US B & QUANT A		No Auth Required				
SCAN ONLY								
	76511	OPHTH US QUANT A ONLY		No Auth Required				
	76512	OPHTH US B W/NON-QUANT A		No Auth Required				
W/WO A-SCAN			W/WO A-SCAN					

76513	ECHO EXAM OF EYE WATER BATH	OPH US DX ANT SGM US IMMERSION B-	No Auth Required		
76514	ECHO EXAM OF EYE THICKNESS	SCAN/HR BIOM OPHTHALMIC US DX CORNEAL	No Auth Required		
76516	ECHO EXAM OF EYE	PACHYMETRY UNI/BI OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	No Auth Required		
76519	ECHO EXAM OF EYE		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	DCMTN TRANSVAG	No Auth Required		
76818	FETAL BIOPHYS PROFILE W/NST	FETAL BIOPHYSICAL PROFILE NON- STRESS TESTING	No Auth Required		

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MARRIAGE ARTERY ECHO	6819 FE	FETAL BIOPHYS PROFIL W/O NST		No Auth Required			
MODIE CRESSBARA ATTEMENT CHO   OPPER 9 VISION/MINEST PETAL MIDDIE   No. Auth Required	6820 UI	JMBILICAL ARTERY ECHO	DOPPLER VELOCIMETRY FETAL	No Auth Required			
Section   Sect	6821 M	MIDDLE CEREBRAL ARTERY ECHO	DOPPLER VELOCIMETRY FETAL MIDDLE	No Auth Required			
MODE REPORT STOT   Mode Name   Mode Report Store   Mode	6825 EC	ECHO EXAM OF FETAL HEART	ECHO FETAL CARDIOVASC W/WO M-	No Auth Required			
DSSPAY COMMETE	6826 EC	ECHO EXAM OF FETAL HEART		No Auth Required			
FUNERPEAT   No. Auth Required	6827 EC	ECHO EXAM OF FETAL HEART		No Auth Required			
SALINE INFUS SONOHYSTEROSAPHY   No Auth Required	6828 EC	ECHO EXAM OF FETAL HEART		No Auth Required			
MyCOLOR DOPPLIR   WYCOLOR DO	6830 TF	FRANSVAGINAL US NON-OB	US TRANSVAGINAL	No Auth Required			
MAGE COMPLITE   SPEXIM PEUNC LIMITED   US PELVIC NORSTETRIC IMAGE   DCMTN LIMITED/F/U   DCMTN LIMITED/F/	6831 EC	ECHO EXAM UTERUS		No Auth Required			
DOLTH LIMITED/F/U  SERVIN US SEAM SCROTUM  US SCROTUM & US SCROTUM & OS AUTH Required  SERVIN SEAM SCROTUM & US SCROTUM & OS AUTH REQUIRED  FRANSECTAL  US TRANSECTAL  US TRANSECTAL  US TRANSECTAL  NO AUTH Required  PLANING SPX PL	6856 US	JS EXAM PELVIC COMPLETE		No Auth Required			
JUSTAMASSECTAL   USTRAMSSECTAL   USTRAMSECTAL   No Auth Required	6857 US	JS EXAM PELVIC LIMITED		No Auth Required			
SCHOGRAP TRANS R PROS STUDY   US TRANSFCT PRISTRE VOLBRACHYTX   No Auth Required   PLANINGS SPX	6870 US	JS EXAM SCROTUM	US SCROTUM & CONTENTS	No Auth Required			
PENNING SPX  US COMPLICINT R-T W/IMG  US COMPLICINT R-T W/IMG  DOCUMENTATION  US COMPLICINT R-T W/IMG  DOCUMENTATION  US LINTD JIT/NONVASC XTR STRUX  US INFT HIPS R-T IMG DYNAMIC RQ PHYS/GHP MANI  JISTRE R-T W/IMG  JISTRE	6872 US	JS TRANSRECTAL	US TRANSRECTAL	No Auth Required			
OOCUMENTATION   OOCUMENTATIO	6873 EC	ECHOGRAP TRANS R PROS STUDY		No Auth Required			
STRUN, R-TW/IMG	6881 U	JS COMPL JOINT R-T W/IMG	-	No Auth Required			
PHYS/QIP MANJ  76886 US EXAM INFANT HIPS STATIC  US INFT HIPS R-T IMG LMTD STATIC  PHYS/QIP MANJ  76936 ECHO GUIDE FOR HEART BIOPSY  US ENDOMYOCARDIAL BIOPSY RS&I  NO Auth Required  PSEUDOARYSM/ARVEN FSTL  76937 US GUIDE VASCULAR ACCESS  US VASC ACCESS SITS VSL PATENCY NDL  ENTRY  76940 US GUIDE TISSUE ABLATION  US RUMRT PARENCHYMAL TISSUE  ABLATION  US GUIDE FOR TRANSFUSION  US INTRAUTERINE FTL  TFUJ/CORDOCNTS IMG S&I  S&I  ECHO GUIDE FOR BIOPSY  SWIDE FOR BIOPSY  US GUIDANCE NEEDLE PLACEMENT IMG  S&I  SAMPLING IMG S&I  SAMPLING IMG S&I  SAMPLING IMG S&I  SAMPLING IMG S&I  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  SAMPLING IMG S&I  NO Auth Required  NO Auth Required  SAMPLING IMG S&I  NO AUth Required  SAMPLING IMG SAMPLING IMG SAMPLING IMG S&I  NO AUth Required  SAMPLING IMG	6882 U	JS LMTD JT/NONVASC XTR STRUX	•	No Auth Required			
PHYS/QHP MANJ   No. Auth Required   PSEUDOARYSM/ARVEN FSTL   No. Auth Required   PSEUDOARYS	6885 US	JS EXAM INFANT HIPS DYNAMIC	PHYS/QHP MANJ	No Auth Required			
FCHO GUIDE FOR ARTERY REPAIR  US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL NO Auth Required  DIS VASC ACCESS SITS VSL PATENCY NDL ENTRY  TO 940  US GUIDE TISSUE ABLATION  US GUIDE TISSUE ABLATION  US MINTR PARRNCHYMAL TISSUE ABLATION  US INTRAUTERINE FTL THU/CORDOCNTS IMG S&I  TO 941  ECHO GUIDE FOR BIOPSY  US GUIDANCE NEEDLE PLACEMENT IMG S&I  TO 942  ECHO GUIDE FOR BIOPSY  US GUIDANCE APPIRATION  US GUIDANCE APPIRATION OVA IMG SAMPLING IMG S&I  TO 944  ECHO GUIDE FOR AMNIOCENTESIS  US GUIDANCE APPIRATION OVA IMG S&I  TO 945  ECHO GUIDE FOR AMNIOCENTESIS  US GUIDANCE APPIRATION OVA IMG S&I  TO 946  ECHO GUIDE OVA ASPIRATION  US GUIDANCE APPIRATION OVA IMG S&I  TO 947  US GUIDANCE APPIRATION  US GUIDANCE APPIRATION  US GUIDANCE APPIRATION  US GUIDANCE APPIRATION  US GUIDANCE INTERSTITIAL RO Auth Required  RADIOELMENT APPLICATION  NO Auth Required  TO 947  NO Auth Required  RADIOELMENT APPLICATION  NO Auth Required  GI ENDOSCOPIC ULTRASOUND  GI ENDOSCOPIC ULTRASOUND  GI ENDOSCOPIC ULTRASOUND  ON Auth Required  NO Auth Required			PHYS/QHP MANJ	·			
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SOURCE   S	6936 EC	ECHO GUIDE FOR ARTERY REPAIR		No Auth Required			
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JOSE PARENCHYMA  ULTRASCOUND ELASTOGRAPHY   Authorization Required   Radiology   Full Clinical Review		rization Required		US TRGT DYN MBUBB EA ADDL	76979
176982   USE 1ST TARGET LESION	JND ELASTOGRAPHY Authorization Required Radiology Full Clinical Review	rization Required	ULTRASOUND ELASTOGRAPHY	USE PARENCHYMA	76981
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Total   Continue   C	NIC GUIDANCE No Auth Required	th Required	ULTRASONIC GUIDANCE	US GUIDE INTRAOP	76998
FILOROGUIDE FOR VEIN DEVICE   FULGO CENTRAL VENOUS ACCESS DEV   No Auth Required   PLACEMENT		rization Required		ECHO EXAMINATION PROCEDURE	76000
PLACEMENT   PLUGROSCOPIC GUIDANCE NEEDLE   No Auth Required   PLUGROSCOPIC GUIDANCE STREOTATIC   No Auth Required   PLUGROSCOPIC GUIDANCE STREOTATIC   Authorization Required   PLUGROSCOPIC GUIDANCE STREOTATIC   Authorization Required   Radiology   PLUGROSCOPIC GUIDANCE STREOTATIC   Authorization Required   Radiology   PLUGROSCOPIC GUIDANCE STREOTATIC   Authorization Required   Radiology   PLUGROSCOPIC GUIDANCE REPORT   PLUGROSCOPIC G	1 57				
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PLACEMENT ADD ON		th Dearringd		NEEDLE LOCALIZATION BY VDAY	77002
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SPINE/PARASPIRAL DX/THER ADDON   Radiology   Full Clinical Review		th Dearringd		FILLIODOCLUDE FOR CRIME INJECT	77002
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OCAUZATION   OCA		dination Described	·	CT SCAN FOR LOCALIZATION	77011
T7012   CT SCAN FOR NEEDLE BIOPSY   CT GUIDANCE MEDIC PLACEMENT   Authorization Required   Radiology   Radiology   Full Clinical Review   Authorization Required   Radiology   Full Clinical Review   Radiology   Full Clinical	, , , , , , , , , , , , , , , , , , , ,	rization Required		CT SCAN FOR LOCALIZATION	//011
TO GUIDE FOR TISSUE ABLATION  CT GUIDANCE &MONITORING VISC TISS ABLATION  CT GUIDANCE RADIATION THERAPY CUIDANCE RADIATION THERAPY FLOS PLACEMENT  TO 21  NRI GUIDANCE NDL PLMT RS&I  MRI GUIDANCE POR PARENCHYMAL RS&I  TO 22  MRI GUIDANCE NDL PLMT RS&I  MRI GUIDANCE POR PARENCHYMAL RS&I  MAUTORITARIA  Authorization Required Radiology  Full Clinical Review RSAI  GRAICHOR RSAI  RADIOlogy  Full Clinical Review RSAI  Full Clinical		rization Required		CT SCAN FOR NEEDLE BLOPSY	77012
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FLDS PLACEMENT   Authorization Required   Radiology   Full Clinical Review   Radiology   Full Clinical Review		nzation Required		CT GOIDE FOR TISSUE ABEATION	77013
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RS&I  77022 MRI GDN PARNCHYMA TISS ABLTI  MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION  77046 MRI BREAST C- UNILATERAL  MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL  MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL  MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL  77047 MRI BREAST C- BILATERAL  MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL  MRI BREAST WITHOUT CONTRAST MY/CAD UNILATERAL  MRI BREAST WITHOUT CONTRAST MATERIAL BREAST TOMOSYNTHESIS UNI DIGITAL BREAST TOMOSYNTHESIS BI DIGITAL BREAST TOMO					
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77065 DX MAMMO INCL CAD UNI DIAGNOSTIC MAMMOGRAPHY No Auth Required COMPUTER-AIDED DETCJ UNI	TIC MAMMOGRAPHY No Auth Required	th Required	DIAGNOSTIC MAMMOGRAPHY	DX MAMMO INCL CAD UNI	77065
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77067 SCR MAMMO BI INCL CAD SCREENING MAMMOGRAPHY BI 2-VIEW No Auth Required	G MAMMOGRAPHY BI 2-VIEW No Auth Required	th Required	SCREENING MAMMOGRAPHY BI 2-VIEW	SCR MAMMO BI INCL CAD	77067
BREAST INC CAD				V DAY OTDESS VIEW	770-:
77071 X-RAY STRESS VIEW MANUAL APPL STRESS PFRMD No Auth Required PHYS/QHP JOINT FILMS	JOINT FILMS		PHYS/QHP JOINT FILMS		
		th Required	BONE AGE STUDIES	X-RAYS FOR BONE AGE	77072

77073	X-RAYS BONE LENGTH STUDIES	BONE LENGTH STUDIES	No Auth Required			
77074	X-RAYS BONE SURVEY LIMITED	RADIOLOGIC EXAMINATION OSSEOUS	No Auth Required			
		SURVEY LIMITED				
77075	X-RAYS BONE SURVEY COMPLETE	RADIOLOGIC EXAMINATION OSSEOUS	No Auth Required			
,,,,,	A 10110 DOTTE SOUTH LETE	SURVEY COMPL	no man neganica			
77076	X-RAYS BONE SURVEY INFANT	RADIOLOGIC EXAMINATION OSSEOUS	No Auth Required			
77070	X-NATS BONE SORVET INTANT	SURVEY INFANT	No Auth Required			
77077	JOINT SURVEY SINGLE VIEW	JOINT SURVEY SINGLE VIEW 2 OR MORE	No Auth Poquired			
77077	JOHN JORVET SHINGLE VIEW	JOINTS	No Auth Required			
77078	CT BONE DENSITY AXIAL	CT BONE MINERL DENSITY STUDY 1/>	Authorization Required	Radiology	Full Clinical Review	
77078	CI BONE DENSITY AXIAL	SITS AXIAL SKE	Authorization Required	Radiology	Full Cliffical Review	
77080	DXA BONE DENSITY AXIAL	DXA BONE DENSITY STUDY 1/> SITES	No Auth Required			
77080	DXA BOINE DENSITY AXIAL	· · · · · · · · · · · · · · · · · · ·	No Auth Required			
77001	DXA BONE DENSITY/PERIPHERAL	DXA BONE DENSITY STUDY 1/>SITES	No Auth Dogwined			
77081	DXA BONE DENSITY/PERIPHERAL		No Auth Required			
77004		APPENDICLR SKEL		- II I	5 11 01: 1 10 1	
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	No Auth Required			
		SKELETON				
77086	FRACTURE ASSESSMENT VIA DXA	VERTEBRAL FRACTURE ASSESSMENT	No Auth Required			
		VIA DXA		<u> </u>		
77261	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX	Authorization Required	Radiation Therapy,	Full Clinical Review	
		PLANNING SIMPLE		including gamma knife		
77262	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX	Authorization Required	Radiation Therapy,	Full Clinical Review	
		PLANNING INTERMEDIATE		including gamma knife		
77263	RADIATION THERAPY PLANNING	THERAPEUTIC RADIOLOGY TX	Authorization Required	Radiation Therapy,	Full Clinical Review	
		PLANNING COMPLEX		including gamma knife		
77280	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD	Authorization Required	Radiation Therapy,	Network Validation	
		SETTING SIMPLE		including gamma knife		
77285	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD	Authorization Required	Radiation Therapy,	Full Clinical Review	
		SETTING INTERMED		including gamma knife		
77290	SET RADIATION THERAPY FIELD	THER RAD SIMULAJ-AIDED FIELD	Authorization Required	Radiation Therapy,	Network Validation	
		SETTING COMPLEX		including gamma knife		
77293	RESPIRATOR MOTION MGMT SIMUL	RESPIRATORY MOTION MANAGEMENT	Authorization Required	Radiation Therapy,	Network Validation	
		SIMULATION		including gamma knife		
77295	3-D RADIOTHERAPY PLAN	3-D RADIOTHERAPY PLAN DOSE-	Authorization Required	Radiation Therapy,	Network Validation	
		VOLUME HISTOGRAMS		including gamma knife		
77299	RADIATION THERAPY PLANNING	UNLIS PX THER RADIOL CLINICAL TX	Authorization Required	Radiation Therapy,	Full Clinical Review	
		PLANNING		including gamma knife		
77300	RADIATION THERAPY DOSE PLAN	BASIC RADIATION DOSIMETRY	Authorization Required	Radiation Therapy,	Network Validation	
		CALCULATION		including gamma knife		
77301	RADIOTHERAPY DOSE PLAN IMRT	NTSTY MODUL RADTHX PLN DOSE-VOL	Authorization Required	Radiation Therapy,	Network Validation	
		HISTOS	·	including gamma knife		
77306	TELETHX ISODOSE PLAN SIMPLE	TELETHX ISODOSE PLN SMPL	Authorization Required	Radiation Therapy,	Full Clinical Review	
		W/DOSIMETRY CALCULATION	,	including gamma knife		
77307	TELETHX ISODOSE PLAN CPLX	TELETHX ISODOSE PLN CPLX W/BASIC	Authorization Required	Radiation Therapy,	Full Clinical Review	
		DOSIMETRY		including gamma knife		
77316	BRACHYTX ISODOSE PLAN SIMPLE	BRACHYTX ISODOSE PLN SMPL	Authorization Required	Radiation Therapy,	Full Clinical Review	
		W/DOSIMETRY CAL		including gamma knife		
77317	BRACHYTX ISODOSE INTERMED	BRACHYTX ISODOSE PLN INTERMED	Authorization Required	Radiation Therapy,	Full Clinical Review	
		W/DOSIMETRY CAL		including gamma knife		
77318	BRACHYTX ISODOSE COMPLEX	BRACHYTX ISODOSE PLN CPLX	Authorization Required	Radiation Therapy,	Full Clinical Review	
		W/DOSIMETRY CAL		including gamma knife		
77321	SPECIAL TELETX PORT PLAN	SPEC TELETHX PORT PLN PARTS	Authorization Required	Radiation Therapy,	Network Validation	
		HEMIBDY TOT BDY		including gamma knife	Treation Tandution	
77331	SPECIAL RADIATION DOSIMETRY	SPEC DOSIM ONLY PRESCRIBED	No Auth Required	Radiation Therapy,	+	
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	l .	INLATING FITTS	1	meruumg gamilla Killie		

SIMPLE  77333 RADIATION TREATMENT AID(S)  TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE  77334 RADIATION TREATMENT AID(S)  TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE  77336 RADIATION TREATMENT AID(S)  TX DEVICES DESIGN & CONSTRUCTION Authorization Required Radiation Therapy, including gamma knife  77336 RADIATION PHYSICS CONSULT  CONTINUING MEDICAL PHYSICS  CONTINUING MEDICAL PHYSICS  CONSULT PR WK  CONSULT PR WK  PER IMRT DESIGN & CONSTRUCTION Authorization Required Radiation Therapy, including gamma knife  77370 RADIATION PHYSICS CONSULT  SPEC MEDICAL RADJ PHYSICS CONSULT  Authorization Required Radiation Therapy, including gamma knife  RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT  77372 SRS LINEAR BASED  RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR  STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, including gamma knife Radiation Therapy, includ	ork Validation  ork Validation  ork Validation  ork Validation  linical Review  linical Review
77333 RADIATION TREATMENT AID(S)  TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE  TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE  TX DEVICES DESIGN & CONSTRUCTION Authorization Required Radiation Therapy, including gamma knife  RADIATION PHYSICS CONSULT  COMPLEX  CONTINUING MEDICAL PHYSICS CONSLTJ PR WK  CONSLTJ PR WK  DESIGN MLC DEVICE FOR IMRT  MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN  T7330 RADIATION PHYSICS CONSULT  SPEC MEDICAL RADJ PHYSICS CONSLTJ  RADIATION PHYSICS CONSULT  SPEC MEDICAL RADJ PHYSICS CONSLTJ  SRS MULTISOURCE  RADIATION DELIVERY STEREOTACTIC CANNAL COBALT  T7372 SRS LINEAR BASED  RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR  T7373 SBRT DELIVERY  STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, including gamma knife Rad	ork Validation  ork Validation  linical Review
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77334 RADIATION TREATMENT AID(S)  TX DEVICES DESIGN & CONSTRUCTION Authorization Required COMPLEX  77336 RADIATION PHYSICS CONSULT  CONTINUING MEDICAL PHYSICS Authorization Required CONSULT PR WK  77338 DESIGN MLC DEVICE FOR IMRT  MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN  PER IMRT PLAN  77370 RADIATION PHYSICS CONSULT  SPEC MEDICAL RADJ PHYSICS CONSLTJ  SRS MULTISOURCE  RADIATION DELIVERY STEREOTACTIC CORAILAL COBALT  77372 SRS LINEAR BASED  RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, Networks STEREOTACTIC BODY RADIATION Authorization Required	ork Validation  ork Validation  linical Review
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77338 DESIGN MLC DEVICE FOR IMRT MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN  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  77372 SRS LINEAR BASED RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR  77373 SBRT DELIVERY STEREOTACTIC STEREOTACTIC CRANIAL LINEAR  77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, including gamma knife  77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, Networks	linical Review
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77370 RADIATION PHYSICS CONSULT  SPEC MEDICAL RADJ PHYSICS CONSLTJ No Auth Required Radiation Therapy, including gamma knife  RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT  77372 SRS LINEAR BASED RADIATION DELIVERY STEREOTACTIC RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife Radiation Therapy, including gamma knife Radiation Therapy, including gamma knife RADIATION Authorization Required Radiation Therapy, Netwo	
Including gamma knife     77371   SRS MULTISOURCE   RADIATION DELIVERY STEREOTACTIC   Authorization Required   Radiation Therapy, including gamma knife     77372   SRS LINEAR BASED   RADIATION DELIVERY STEREOTACTIC   Authorization Required   Radiation Therapy, including gamma knife     77373   SBRT DELIVERY   STEREOTACTIC BODY RADIATION   Authorization Required   Radiation Therapy,   Network (Not the property of the property	
CRANIAL COBALT including gamma knife  77372 SRS LINEAR BASED RADIATION DELIVERY STEREOTACTIC Authorization Required Radiation Therapy, including gamma knife  77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, Netwo	
CRANIAL COBALT including gamma knife  77372 SRS LINEAR BASED RADIATION DELIVERY STEREOTACTIC Authorization Required Including gamma knife CRANIAL LINEAR CRANIAL LINEAR Authorization Required Including gamma knife  77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, Networks	inical Review
CRANIAL LINEAR including gamma knife  77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, Netwo	'inical Review
77373 SBRT DELIVERY STEREOTACTIC BODY RADIATION Authorization Required Radiation Therapy, Netwo	
	ork Validation
DELIVERY including gamma knife	
77385 NTSTY MODUL RAD TX DLVR SMPL INTENSITY MODULATED RADIATION TX Authorization Required Radiation Therapy, Full Cli	linical Review
DLVR SIMPLE including gamma knife	
77386 NTSTY MODUL RAD TX DLVR CPLX INTENSITY MODULATED RADIATION TX Authorization Required Radiation Therapy, Netwo	ork Validation
DLVR COMPLEX including gamma knife	
77387 GUIDANCE FOR RADJ TX DLVR GUIDANCE FOR LOCLZJ TARGET VOL Authorization Required Radiation Therapy, Netwo	ork Validation
FOR RADJ TX DLVR including gamma knife	
77399 EXTERNAL RADIATION DOSIMETRY UNLIS MEDICAL RADJ DOSIM TX DEV Authorization Required Radiation Therapy, Full Cli	linical Review
SPEC SVCS including gamma knife	
	linical Review
SUPERFICIAL&/ORTHO VOLTA including gamma knife	
	linical Review
MEV+ SIMPLE including gamma knife	
	linical Review
INTERMEDIATE including gamma knife	
	ork Validation
MEV => COMPLEX including gamma knife	
77417 RADIOLOGY PORT IMAGES(S) THERAPEUTIC RADIOLOGY PORT No Auth Required Radiation Therapy,	
IMAGES(S) including gamma knife	
	linical Review
1/> ISOCENTER including gamma knife  77424 IO RAD TX DELIVERY BY X-RAY INTRAOP RADIAJ TX DELIVER XRAY Authorization Required Radiation Therapy, Full Cli	linical Review
	inical Review
	linical Review
ELECTRONS SNGL TX SESS including gamma knife	illical Review
	ork Validation
MANAGEMENT 5 TREATMENTS Including gamma knife	7/A Vallage (7/1
	linical Review
FRACTIONS ONLY including gamma knife	initial neview
	linical Review
MANAGEMENT CRANIAL LESION including gamma knife	
	ork Validation
MANAGEMENT including gamma knife	
	linical Review
TREATMENT MANAGEMENT including gamma knife	
	ork Validation
including gamma knife	
	linical Review
RADIOLOGY TX MGMT including gamma knife	

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77520	PROTON TRMT SIMPLE W/O COMP	PROTON TX DELIVERY SIMPLE W/O	Authorization Required	Radiation Therapy,	Full Clinical Review	
77500	DD 0704 7D4 47 CH 4D1 5 11/1004 4D	COMPENSATION		including gamma knife	5 11 612 2 1 5 2	
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,	Full Clinical Review	
77323	THOUGHT THUS INTERNALED INTE	THOUGHT IN BEET EIN INTERNIES INTE	/ tatilonization required	including gamma knife	r an emiliar neview	
77525	PROTON TREATMENT COMPLEX	PROTON TX DELIVERY COMPLEX	Authorization Required	Radiation Therapy,	Full Clinical Review	
77323	THO TON THE STIMENT COMMEEX	THOTON TA BELIVENT CONTI EEX	/ tatilonzation required	including gamma knife	Tuli cililical Neview	
77600	HYPERTHERMIA TREATMENT	HYPERTHERMIA EXTERNAL GENERATED	No Auth Required	meraama gamma mme		
77000	THE EXTREMENT TREATMENT	SUPERFICIAL	No Auth Required			
77605	HYPERTHERMIA TREATMENT	HYPERTHERMIA EXTERNAL GENERATED	No Auth Required			
		DEEP	·			
77610	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTERSTITIAL PROBE	No Auth Required			
		5/< APPLICATORS				
77615	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTERSTIAL PROBE 5/>	No Auth Required			
		APPLICATORS				
77620	HYPERTHERMIA TREATMENT	HYPERTHERMIA INTRACAVITARY	No Auth Required			
		PROBES				
77750	INFUSE RADIOACTIVE MATERIALS	NFS/INSTLJ RADIOELMNT SLN 3 MO	Authorization Required	Radiation Therapy,	Full Clinical Review	
		FOLLOW-UP CARE		including gamma knife		
77761	APPLY INTRCAV RADIAT SIMPLE	INTRACAVITARY RADIATION SOURCE	Authorization Required	Radiation Therapy,	Full Clinical Review	
		APPLIC SIMPLE		including gamma knife		
77762	APPLY INTRCAV RADIAT INTERM	INTRACAVITARY RADIATION SOURCE	Authorization Required	Radiation Therapy,	Full Clinical Review	
		APPLIC INTERMED		including gamma knife		
77763	APPLY INTRCAV RADIAT COMPL	INTRACAVITARY RADIATION SOURCE	Authorization Required	Radiation Therapy,	Full Clinical Review	
		APPLIC COMPLEX		including gamma knife		
77767	HDR RDNCL SKN SURF BRACHYTX	HDR RDNCL SKN SURF BRACHYTX LES	Authorization Required	Radiation Therapy,	Full Clinical Review	
		2CM/1 CHAN</td <td></td> <td>including gamma knife</td> <td></td> <td></td>		including gamma knife		
77768	HDR RDNCL SKN SURF BRACHYTX	HDR RDNCL SK SRF BRCHYTX LES	Authorization Required	Radiation Therapy,	Full Clinical Review	
		>2CM&2CHAN/MLT LES		including gamma knife		
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV	Authorization Required	Radiation Therapy,	Full Clinical Review	
		BRACHYTX 1 CHANNEL		including gamma knife		
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV	No Auth Required	Radiation Therapy,		
		BRACHYTX 2-12 CHANNEL		including gamma knife		
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	HDR RDNCL NTRSTL/INTRCAV	Authorization Required	Radiation Therapy,	Full Clinical Review	
		BRACHYTX >12 CHANNELS		including gamma knife		
77778	APPLY INTERSTIT RADIAT COMPL	INTERSTITIAL RADIATION SOURCE	Authorization Required	Radiation Therapy,	Full Clinical Review	
		APPLIC COMPLEX		including gamma knife		
77789	APPLY SURF LDR RADIONUCLIDE	SURFACE APPLIC LOW DOSE RATE	Authorization Required	Radiation Therapy,	Full Clinical Review	
		RADIONUCLIDE SOURCE		including gamma knife		
77790	RADIATION HANDLING	SUPERVISION HANDLING LOADING	Authorization Required	Radiation Therapy,	Full Clinical Review	
		RADIATION SOURCE		including gamma knife	- 11 - 11 - 11	
77799	RADIUM/RADIOISOTOPE THERAPY	UNLISTED PROCEDURE CLINICAL	Authorization Required	Radiation Therapy,	Full Clinical Review	
705:-	TING OID 110TA VE 1 15 : 5: -5 : -5 : -5	BRACHYTHERAPY		including gamma knife		
78012	THYROID UPTAKE MEASUREMENT	THYROID UPTAKE SINGLE/MULTIPLE	No Auth Required	Radiology - nuclear		
70010	TUVDOID IN A CINIC W/D: COD 5: CW	QUANT MEASUREMENT	No. Acade Doc. 1	medicine		
78013	THYROID IMAGING W/BLOOD FLOW	THYROID IMAGING WITH VASCULAR	No Auth Required	Radiology - nuclear		
78014	THYROID IMAGING W/BLOOD FLOW	FLOW	No Auth Dogwiged	medicine Radiology pusicar		
/8014	THIROID INIAGING W/BLOOD FLOW	THYROID UPTAKE W/BLOOD FLOW	No Auth Required	Radiology - nuclear		
70015	THYPOID MET IMACINIC	SNGLE/MULT QUAN MEAS	No Auth Required	medicine Radiology pusicar		
78015	THYROID MET IMAGING	THYROID CARCINOMA METASTASES IMG LMTD AREA	No Auth Required	Radiology - nuclear medicine		
78016	THYROID MET IMAGING/STUDIES	THYROID CARCINOMA METASTASES	No Auth Required	Radiology - nuclear	<del>                                     </del>	
10010	TITINOID WET IMMONING/STUDIES	IMG ADDL STUDY	ino Autii Required	medicine		
78018	THYROID MET IMAGING BODY	THYROID CARCINOMA METASTASES	No Auth Required	Radiology - nuclear		
10010	TITAGID WILL INVAGING BODT	IMG WHOLE BODY	No Auth Nequileu	medicine		
		וואוס אעורוב פרוחג	1	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		

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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	ı	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	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	F	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	F	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		F	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		F	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	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		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		Radiology - nuclear medicine	Full Clinical Review	
78469	HEART INFARCT IMAGE (3D)  GATED HEART PLANAR SINGLE	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Authorization Required	Radiology - nuclear medicine	Full Clinical Review	
78472		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 78483	HEART FIRST PASS SINGLE HEART FIRST PASS MULTIPLE	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT CARD BL POOL PLNR MLT STDY WAL	Authorization Required	Radiology - nuclear medicine	Full Clinical Review Full Clinical Review	
78491	MYOCRD IMG PET 1STD RST/STRS	MOTN EJECT FRACT  MYOCRD IMG PET PRFUJ SINGLE STUDY	Authorization Required  Authorization Required	Radiology - nuclear medicine Radiology - nuclear	Full Clinical Review	
78491	MYOCRD IMG PET MLT RST&STRS	REST/STRESS MYOCRD IMG PET PRFUJ MULTIPLE	Authorization Required	medicine Radiology - nuclear	Full Clinical Review	
78494	HEART IMAGE SPECT	STUDY REST&STRESS  CARD BL POOL GATED SPECT REST WAL	Authorization Required	medicine Radiology - nuclear	Full Clinical Review	
78496	HEART FIRST PASS ADD-ON	MOTN EJCT FRCT  CARD BL POOL GATED 1 STDY REST RT	Authorization Required	medicine Radiology - nuclear	Full Clinical Review	
78499	CARDIOVASCULAR NUCLEAR EXAM	VENT EJCT FRCT UNLISTED CARDIOVASCULAR PX DX	Authorization Required	medicine Radiology - nuclear	Full Clinical Review	
78579	LUNG VENTILATION IMAGING	NUCLEAR MEDICINE PULMONARY VENTILATION IMAGING	No Auth Required	medicine Radiology - nuclear		
78580	LUNG PERFUSION IMAGING	PULMONARY PERFUSION IMAGING	No Auth Required	medicine Radiology - nuclear		
78582	LUNG VENTILAT&PERFUS IMAGING	PARTICULATE PULMONARY VENTILATION &	No Auth Required	medicine Radiology - nuclear		
78597	LUNG PERFUSION DIFFERENTIAL	PERFUSION IMAGING  QUANT DIFFERENTIAL PULM	No Auth Required	medicine Radiology - nuclear		
78598	LUNG PERF&VENTILAT DIFERENTL	PERFUSION W/WO IMAGING QUANT DIFF PULM PRFUSION &	No Auth Required	medicine Radiology - nuclear		
		VENTLAJ W/WO IMAGIN	4	medicine		

NOLCEAR MEDICINE  RANI IMAGES 4 VIEWS  RRAIN IMAGES MINIMAGES 4 VIEWS  RRAIN IMAGES MINIMAGES MINI	 Full Clinical Review	Radiology - nuclear	Authorization Required	UNLISTED RESPIRATORY PX DX	RESPIRATORY NUCLEAR EXAM	78599
R8601 BRAIN IMAGE W/FLOW - 4 VIEWS   BRAIN IMAGING - 4 STATIC VIEWS   No Auth Required   Radiology-nuclear   medicine		medicine				
MYASCULAR FLOW  READ IN MAGE 4- VIEWS  BRAIN IMAGING MINIOUM 4 STATIC VIEWS  READ IN MAGING MINIOUM A STATIC VIEWS  WYASCULAR FLOW  READ IN MAGING MINIOUM A STATIC VIEWS  WYASCULAR FLOW  READ IN MAGING MINIOUM A STATIC VIEWS  READ IN MAGING MINIOUM A STATIC VIEWS  READ IN MAGING MINIOUM A STATIC VIEWS  READ IN MAGING MINIOUM A VIEWS  READ IN MAGING MINIOUM A STATIC VIEWS  READ IN MAGING MINIOUM A VIEW MINIOUM MINIOUM A VIEW MINIOUM MINIO			No Auth Required	BRAIN IMAGING <4 STATIC VIEWS	BRAIN IMAGE < 4 VIEWS	78600
TREGOR   SARAI IMAGE W/FLOW 4 + VIEWS   SARAI MAGRING MIN 4 STATIC VIEWS   No Auth Required   Radiology - nuclear   medicine   med			No Auth Required		BRAIN IMAGE W/FLOW < 4 VIEWS	78601
TRESCO   BRAIN IMAGE W/FLOW 4 + VIEWS   SRAIN IMAGING MIN 4 STATE VIEWS   WASCULAR FLOW   MASCULAR FLOW   MEDICINE   Me			No Auth Required		BRAIN IMAGE 4+ VIEWS	78605
Real Maching (PET)   BRAIN IMAGING PET METABOLIC   Authorization Required   Radiology - nuclear   full Clinical Review   revolution   full Clinical Review   f		Radiology - nuclear	No Auth Required	BRAIN IMAGING MIN 4 STATIC VIEWS	BRAIN IMAGE W/FLOW 4 + VIEWS	78606
BRAIN IMAGING (PET)   BRAIN IMAGING PET PERFUSION   EVALUATION   BRAIN IMAGING PET PERFUSION   EVALUATION   BRAIN IMAGING PET PERFUSION   EVALUATION   BRAIN IMAGING PET PERFUSION   BRAIN IMAGING ONLY   BRAIN IMAGING VASCULAR FLOW ONLY   No Auth Required   Radiology - nuclear medicine   Radiology - nuclear   Ra	Full Clinical Review	Radiology - nuclear	Authorization Required	BRAIN IMAGING PET METABOLIC	BRAIN IMAGING (PET)	78608
BRAIN FLOW IMAGING ONLY   BRAIN IMAGING VASCULAR FLOW ONLY No Auth Required   Radiology - nuclear   medicine   Radiology - nuclear   Radiology - nuclear   medicine   Radiology - nuclear	Full Clinical Review	Radiology - nuclear	Authorization Required	BRAIN IMAGING PET PERFUSION	BRAIN IMAGING (PET)	78609
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY		Radiology - nuclear	No Auth Required		BRAIN FLOW IMAGING ONLY	78610
MATL CISTERNOGRAPHY			No Auth Boguired	CEDEDDOCDINAL FILLID FLOW W/O	CEDEDDOCDINAL FILLID COAN	79630
Region   R			No Auth Required		CEREBROSPINAL FEUID SCAIN	70030
MATL VENTRICLGRAPHY			No Auth Required		CSF VENTRICULOGRAPHY	78635
MATL SHUNT EVALTJ   Medicine			·	MATL VENTRICLGRAPHY		
Radiology - nuclear medicine		Radiology - nuclear	No Auth Required	CEREBROSPINAL FLUID FLOW W/O	CSF SHUNT EVALUATION	78645
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RADIOPHARMACEUTICAL   DACRYOCYSTOGRAPHY   No Auth Required   Radiology - nuclear   medicine			No Auth Required		CSF LEAKAGE IMAGING	78650
DACRYOCYSTOGRAPHY			No Auth Desuised	1	AUTOLEAN EVANA OF TEAN FLOW	70.00
NERVOUS SYSTEM NUCLEAR EXAM   UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE			No Autii Requireu		NOCLEAR EXAM OF TEAR FLOW	70000
NUCLEAR MEDICINE  NUCLEAR MEDICINE  No Auth Required Radiology - nuclear medicine  Radiology - nuclear medicine  No Auth Required Radiology - nuclear medicine	 Full Clinical Review		Authorization Required		NERVOUS SYSTEM NUCLEAR EXAM	78699
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KIDNEY IMAGING WITH FLOW   KIDNEY IMAGING MORPHOOGY   W/ASCULAR FLOW   Mo Auth Required   Radiology - nuclear   medicine   medicine   medicine			No Auth Required	KIDNEY IMAGING MORPHOLOGY	KIDNEY IMAGING MORPHOL	78700
W/VASCULAR FLOW   Medicine   Me		medicine				
FLOW 1 W/O RX  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine  REDWITING MORPHOLOGY VASCULAR NO Auth Required Radiology - nuclear medicine			No Auth Required		KIDNEY IMAGING WITH FLOW	78701
FLOW 1 W/RX medicine  78709 K FLOW/FUNCT IMAGE MULTIPLE KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE RIDNEY IMG MORPHOLOGY VASCULAR No Auth Required medicine  78725 KIDNEY FUNCTION STUDY RIDNEY FUNCI STUDY NON-IMG RADIOISOTOPIC STUDY MON-IMG RADIOISOTOPIC STUDY 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 MO Auth Required Redicine  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR No Auth Required Radiology - nuclear medicine  RADIOISOTOPIC STUDY No Auth Required Redicine medicine  RADIOISOTOPIC STUDY No Auth Required Redicine medicine  RADIOISOTOPIC STUDY No Auth Required Radiology - nuclear medicine  RADIOISOTOPIC STUDY NO Auth Required Radiology - nuclear medicine			No Auth Required		K FLOW/FUNCT IMAGE W/O DRUG	78707
78709 K FLOW/FUNCT IMAGE MULTIPLE KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE RIDNEY IMG MORPHOLOGY VASCULAR No Auth Required Radiology - nuclear medicine RADIOISOTOPIC STUDY NON-IMG RADIOISOTOPIC STUDY NO Auth Required Radiology - nuclear medicine RADIOISOTOPIC STUDY No Auth Required Radiology - nuclear medicine RADIOISOTOPIC STUDY No Auth Required Radiology - nuclear medicine RADIOISOTOPIC STUDY No Auth Required Medicine RADIOISOTOPIC STUDY NO Auth Required STUDY NO Auth Required RADIOISOTOPIC STUDY NO Auth REQUIRED STUDY			No Auth Required	1	K FLOW/FUNCT IMAGE W/DRUG	78708
FLOW MULTIPLE medicine  78725 KIDNEY FUNCTION STUDY KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY NON-IMG RADIOISOTOPIC STUDY NO Auth Required medicine  78730 URINARY BLADDER RETENTION URINARY BLADDER RESIDUAL STUDY NO Auth Required Radiology - nuclear medicine medicine  78740 URETERAL REFLUX STUDY URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM TESTICULAR IMAGING WITH VASCULAR NO Auth Required Radiology - nuclear medicine  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR NO Auth Required Radiology - nuclear		medicine		FLOW 1 W/RX		
RADIOISOTOPIC STUDY 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 Required Radiology - nuclear medicine  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR No Auth Required Radiology - nuclear			No Auth Required		K FLOW/FUNCT IMAGE MULTIPLE	78709
78730 URINARY BLADDER RETENTION URINARY BLADDER RESIDUAL STUDY No Auth Required Radiology - nuclear medicine  78740 URETERAL REFLUX STUDY URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR No Auth Required Radiology - nuclear medicine		Radiology - nuclear	No Auth Required	KIDNEY FUNCJ STUDY NON-IMG	KIDNEY FUNCTION STUDY	78725
medicine  78740 URETERAL REFLUX STUDY URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM No Auth Required medicine  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR No Auth Required Radiology - nuclear						
CYSTOGRAM medicine  78761 TESTICULAR IMAGING W/FLOW TESTICULAR IMAGING WITH VASCULAR No Auth Required Radiology - nuclear			No Auth Required	URINARY BLADDER RESIDUAL STUDY	URINARY BLADDER RETENTION	78730
		-,	No Auth Required		URETERAL REFLUX STUDY	78740
I I I I I I I I I I I I I I I I I I I		Radiology - nuclear medicine	No Auth Required	TESTICULAR IMAGING WITH VASCULAR FLOW	TESTICULAR IMAGING W/FLOW	78761
78799 GENITOURINARY NUCLEAR EXAM UNUSTED GENITOURINARY PX DX Authorization Required Radiology - nuclear medicine Full Clinical Review	Full Clinical Review	Radiology - nuclear	Authorization Required	UNLISTED GENITOURINARY PX DX	GENITOURINARY NUCLEAR EXAM	78799
78800 RP LOCLZJ TUM 1 AREA 1 D IMG RP LOCLZJ TUM PLNR 1 AREA SINGLE No Auth Required Radiology - nuclear			No Auth Required		RP LOCLZJ TUM 1 AREA 1 D IMG	78800
DAY IMAGING medicine						
78801 RP LOCLZJ TUM 2+AREA 1+D IMG RP LOCLZJ TUM PLNR 2+AREA 1+D No Auth Required Radiology - nuclear medicine		 	No Auth Required		RP LOCLZJ TUM 2+AREA 1+D IMG	78801
78802 RP LOCLZJ TUM WHBDY 1 D IMG RP LOCLZJ TUM PLNR WHOLE BODY No Auth Required Radiology - nuclear			No Auth Required	,	RP LOCLZJ TUM WHBDY 1 D IMG	78802
SINGLE DAY IMAGING medicine						
78803 RP LOCLZJ TUM SPECT 1 AREA RP LOCLZJ TUM SPECT 1 AREA SINGLE No Auth Required Radiology - nuclear		Radiology - nuclear medicine	No Auth Required	RP LOCLZJ TUM SPECT 1 AREA SINGLE DAY IMAGING	RP LOCLZJ TUM SPECT 1 AREA	78803

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	i		
79101	NUCLEAR RX IV ADMIN	RP THERAPY INTRAVENOUS	No Auth Required			
79200	NUCLEAR RX INTRACAV ADMIN	ADMINISTRATION  RP THERAPY INRACAVITARY	No Auth Required			
79300	NUCLR RX INTERSTIT COLLOID	ADMINISTRATION  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	1		
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			<u> </u>
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			
80074	HEPATIC FUNCTION PANEL	HEPATIC FUNCTION PANEL	No Auth Required			
80070	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	<u> </u>
80150	ASSAY OF AMIKACIN	DRUG SCREEN QUANTITATIVE	No Auth Required		. a chinear neview	
50150	, see	AMIKACIN	no nati nequired			

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 TOTAL  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 DRUG ASSAY CARBAMAZEPINE -10,11-	No Auth Required			
80161	ASY CARBAMAZEPIN 10,11-EPXID	EPOXIDE	No Auth Required			
00163	ACCAY OF DICOVIAL TOTAL		No Auth Descrined			
80162	ASSAY OF DIGOXIN TOTAL	DRUG SCREEN QUANTITATIVE DIGOXIN	No Auth Required			
00163	ACCAY OF DICOVINI FREE	TOTAL	No Auth Doguised			
80163	ASSAY OF DIGOXIN FREE	DRUG SCREEN QUANTITATIVE DIGOXIN	No Auth Required			
80164	ASSAY DIPROPYLACETIC ACD TOT	DRUG ASSAY VALPROIC	No Auth Descrined			
80164	ASSAY DIPROPYLACETIC ACD TOT		No Auth Required			
80165	DIPROPYLACETIC ACID FREE	DIPROPYLACETIC ACID TOTAL	No Auth Required			
00103	DIPROPILACETIC ACID FREE	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	No Autii Requireu			
90167	DRUG ASSAY FELBAMATE	DRUG ASSAY FELBAMATE	No Auth Boquired			
80167 80168	ASSAY OF ETHOSUXIMIDE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00100	ASSAT OF ETHOSOXIIVIIDE	ETHOSUXIMIDE	No Auth Required			
00100	DDITC ACCAN ENEDOTINATIC		No Auth Desuined			
80169 80170	DRUG ASSAY EVEROLIMUS ASSAY OF GENTAMICIN	DRUG ASSAY EVEROLIMUS DRUG SCREEN QUANTITATIVE	No Auth Required			
80170	ASSAY OF GENTAMICIN		No Auth Required			
80171	DRUG SCREEN QUANT GABAPENTIN	GENTAMICIN DRUG SCREEN QUANTITATIVE	No Auth Required			
80171	DRUG SCREEN QUANT GABAPENTIN		No Auth Required			
00173	ACCAY OF HALODEDIDOL	GABAPENTIN	No Auth Doguised			
80173	ASSAY OF HALOPERIDOL	DRUG SCREEN QUANTITATIVE	No Auth Required			
00175	DRUG SCREEN QUAN LAMOTRIGINE	HALOPRIDOL	No Auth Descrined			
80175	DRUG SCREEN QUAN LAWOTRIGINE	DRUG SCREEN QUANTITATIVE	No Auth Required			
80176	ACCAY OF LIDOCAINE	LAMOTRIGINE	No Auth Descrined			
80176	ASSAY OF LIDOCAINE	DRUG SCREEN QUANTITATIVE	No Auth Required			
80177	DRUG SCRN QUAN LEVETIRACETAM	DRUG SCREEN QUANTITATIVE	No Auth Boquired			
801//	DROG SCRIN QUAIN LEVETIRACETAIVI	LEVETIRACETAM	No Auth Required			
80178	ASSAY OF LITHIUM	DRUG SCREEN QUANTITATIVE LITHIUM	No Auth Poquired			
00170	ASSAT OF LITHION	DROG SCREEN QUANTITATIVE ETHION	No Autii Kequireu			
80179	DRUG ASSAY SALICYLATE	DRUG ASSAY SALICYLATE	No Auth Required			
80179	DRUG SCRN QUAN MYCOPHENOLATE	DRUG SCREEN QUANTITATIVE	No Auth Required			
80180	DROG SCRIV QUAIN INTEOFFICINOLATE	MYCOPHENOLATE	No Auth Required			
80181	DRUG ASSAY FLECAINIDE	DRUG ASSAY FLECAINIDE	No Auth Required			
80183	DRUG SCRN QUANT OXCARBAZEPIN	DRUG SCREEN QUANTITATIVE	No Auth Required			
00103	DRUG SCRIN QUAINT OXCARBAZEPIIN	OXCARBAZEPINE	No Autii Kequireu			
80184	ASSAY OF PHENOBARBITAL	DRUG SCREEN QUANTITATIVE	No Auth Required			
00104	NOOM OF THENODARDITAL	PHENOBARBITAL	Auth Required			
80185	ASSAY OF PHENYTOIN TOTAL	DRUG SCREEN QUANTITATIVE	No Auth Required			
00103	NOOM OF THE WITTON TOTAL	PHENYTOIN TOTAL	Auth Required			
80186	ASSAY OF PHENYTOIN FREE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00100	NOOM OF THE WITCHN FREE	PHENYTOIN FREE	Auth Required			
80187	DRUG ASSAY POSACONAZOLE	DRUG ASSAY POSACONAZOLE	Authorization Required		Full Clinical Review	
80188	ASSAY OF PRIMIDONE	DRUG SCREEN QUANTITATIVE	No Auth Required		r an Chinca Neview	
55100	. 33.11 OF FRINIDORE	PRIMIDONE	Addi nequired			
80189	DRUG ASSAY ITRACONAZOLE	DRUG ASSAY ITRACONAZOLE	No Auth Required			
80190	ASSAY OF PROCAINAMIDE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00130	NOOM OF THOCHWAINIDE	PROCAINAMIDE	Auth Required			
80192	ASSAY OF PROCAINAMIDE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00132	7.33/11 OF FROCAINAIVIIDE	PROCAINAMIDE METABOLITE	140 Matil Required			
80193	DRUG ASSAY LEFLUNOMIDE	DRUG ASSAY LEFLUNOMIDE	No Auth Required			
80193	ASSAY OF QUINIDINE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00134	7.55/11 OF QUINIDINE	QUINIDINE	Auth Required			
	<u>l</u>	QUINIDINE	1		l .	

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80195	ASSAY OF SIROLIMUS	DRUG SCREEN QUANTITATIVE	No Auth Required			
80197	ASSAY OF TACROLIMUS	SIROLIMUS DRUG SCREEN QUANTITATIVE	No Auth Boquired			
80197	ASSAY OF TACROLIMOS	TACROLIMUS	No Auth Required			
80198	ASSAY OF THEOPHYLLINE	DRUG SCREEN QUANTITATIVE	No Auth Required			
		THEOPHYLLINE				
80199	DRUG SCREEN QUANT TIAGABINE	DRUG SCREEN QUANTITATIVE	No Auth Required			
		TIAGABINE				
80200	ASSAY OF TOBRAMYCIN	DRUG SCREEN QUANTITATIVE	No Auth Required			
		TOBRAMYCIN				
80201	ASSAY OF TOPIRAMATE	DRUG SCREEN QUANTITATIVE	No Auth Required			
20202	100.11 05.11.1100.11101.	TOPIRAMATE				
80202	ASSAY OF VANCOMYCIN	DRUG SCREEN QUANTITATIVE VANCOMYCIN	No Auth Required			
80203	DRUG SCREEN QUANT ZONISAMIDE	DRUG SCREEN QUANTITATIVE	No Auth Required			
00203	DROG SCREEN QUART ZONISANIDE	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	No Auth Required			
		SPECIFIED				
80305	DRUG TEST PRSMV DIR OPT OBS	DRUG TEST PRSMV READ DIRECT	No Auth Required			
20225	2210 7557 2251 11 11 15 15 15 15	OPTICAL OBS PR DATE				
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	No Auth Required			
00307	DROG TEST FRSIWV CHEW AIVETER	ANALYZERS PR DATE	No Auth Required			
80320	DRUG SCREEN QUANTALCOHOLS	DRUG SCREEN QUANTITATIVE	No Auth Required			
		ALCOHOLS				
80321	ALCOHOLS BIOMARKERS 1OR 2	DRUG SCREEN QUANT ALCOHOLS	No Auth Required			
		BIOMARKERS 1 OR 2				
80322	ALCOHOLS BIOMARKERS 3/MORE	DRUG SCREEN QUANT ALCOHOLS	No Auth Required			
		BIOMARKERS 3 OR MORE				
80323	ALKALOIDS NOS	ALKALOIDS NOT OTHERWISE SPECIFIED	No Auth Required			
00224	DDUC CORESI ANADUSTANAINES 4 /2	DRUG COREEN OLIANT ANADUSTANAINES	No. Acade Described			
80324	DRUG SCREEN AMPHETAMINES 1/2	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	No Auth Required			
80325	AMPHETAMINES 3OR 4	DRUG SCREEN QUANT AMPHETAMINES	No Auth Required			
00323	AIVII TIETAIVIINES SOIL 4	3 OR 4	No Auth Required			
80326	AMPHETAMINES 5 OR MORE	DRUG SCREEN QUANT AMPHETAMINES	No Auth Required			
		5 OR MORE				
80327	ANABOLIC STEROID 1 OR 2	DRUG SCREEN QUANT ANABOLIC	No Auth Required			
		STEROID 1 OR 2		 		
80328	ANABOLIC STEROID 3 OR MORE	DRUG SCREEN QUANT ANABOLIC	No Auth Required			
		STEROID 3 OR MORE				
80329	ANALGESICS NON-OPIOID 1 OR 2	DRUG SCREEN ANALGESICS NON-	No Auth Required			
205	Land order was agreed a	OPIOID 1 OR 2				
80330	ANALGESICS NON-OPIOID 3-5	DRUG SCREEN ANALGESICS NON-	No Auth Required			
80331	ANALGESICS NON-OPIOID 6/MORE	OPIOID 3-5 DRUG SCREEN ANALGESICS NON-	No Auth Required			
00331	NIVALUES INCIN-OFICID B/ INIONE	OPIOID 6 OR MORE	No Auth Required			
80332	ANTIDEPRESSANTS CLASS 1 OR 2	ANTIDEPRESSANTS SEROTONERGIC	No Auth Required			
55552		CLASS 1 OR 2				
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MITCHINESSANTS CLASS & MATTER PRESSANTS SERVICE CHIEF   MATTER						
ARTICLAMPSSANTS CLASS (MADRIE   CLASS OF MADRIE   CLASS OF MADRI	80333	ANTIDEPRESSANTS CLASS 3-5		No Auth Required		
ANTIPOPRISSANT RECYCLE (17   ANTIPOPRISSANT RECYCLE OTHER   CYCLAGE SIGN 2   CYCLAGE SIGN 3   CYCLAGE SIGN	80334	ANTIDEPRESSANTS CLASS 6/MORE	ANTIDEPRESSANTS SEROTONERGIC	No Auth Required		
ANTIDEPRESSANT PROCULC 3-5   CYCLONAS 6/MORE   CYCLONAS 3-5   CYCLONAS 3-5   CYCLONAS 3-5   CYCLONAS 6/MORE   CYCLONAS	80335	ANTIDEPRESSANT TRICYCLIC 1/2	ANTIDEPRESSANTS TRICYCLIC OTHER	No Auth Required		
ANTIDEPRESSANT NOT SPECIFIED   ANTIDEPRESSANTS NOT CHTERWISE   SPECIFIED	80336	ANTIDEPRESSANT TRICYCLIC 3-5	ANTIDEPRESSANTS TRICYCLIC OTHER	No Auth Required		
30.339	80337	TRICYCLIC & CYCLICALS 6/MORE		No Auth Required		
SPECIFIC 1-3  ANTIPELEPTICS NOS 4-6  ANTIPELEPTICS NOS T/MORE  BRANCODIAZEMENS S/MORE  BRA	80338	ANTIDEPRESSANT NOT SPECIFIED		No Auth Required		
SPECIFIED 4-6	80339	ANTIEPILEPTICS NOS 1-3		No Auth Required		
SPECIFIED / JAMOS  ANTIPSYCHOTICS NOS 1-3  ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3  ANTIPSYCHOTICS NOS 4-6  ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3  ANTIPSYCHOTICS NOS 7/MORE ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-6  ANTIPSYCHOTICS NOS 7/MORE ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-6  BO3444 ANTIPSYCHOTICS NOS 7/MORE ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE ANTIPSYCHOTICS NOS 7/MORE ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE ANTIPSYCHOTICS NOT SPECIFIED 1-8  BO3455 BRUZODIAZEPINES 13 OR MORE DRUG SCREENING BERIZODIAZEPINES 1  12  BRUZODIAZEPINES 13 OR MORE DRUG SCREENING BERIZODIAZEPINES 1  12  BRUZODIAZEPINES 13 OR MORE DRUG SCREENING BUPRENORPHINE DRUG SCREENING CANNABINOIDS NO Auth Required ANTURAL ANTURAL BRUG SCREENING BUPRENORPHINE DRUG SCREENING CANNABINOIDS ANTIPET L-3  BRUG SCREENING BUPRENORPHINE DRUG SCREENING CANNABINOIDS AND AUTH Required  DRUG SCREENING BURRENORPHINE DRUG SCREENING CANNABINOIDS AND AUTH Required  DRUG SCREENING COLAINE DRUG SCREENING CANNABINOIDS DRUG SCREENING CANNAB	80340	ANTIEPILEPTICS NOS 4-6		No Auth Required		
SPECIFIED 1.3  ANTIPSYCHOTICS NOS 4-6  ANTIPSYCHOTICS NOS 4-6  ANTIPSYCHOTICS NOS 7/MORE  BRIZZODIAZERIAS 10 RAMORE  BRIZZODIAZERIAS 13 OR MORE  DRUG SCREENING BENZODIAZERINES 1- NO Auth Required  ANTIPSYCHOTIC NOS 7/MORE  BRIZZODIAZERIAS 13 OR MORE  DRUG SCREENING BENZODIAZERINES NO AUTH Required  ANTIPSYCHOTIC NOS 7/MORE  BRIZZODIAZERIAS 13 OR MORE  DRUG SCREENING ENTROPHINE 1- NO AUTH Required  NO AUTH Required  ANTIPSYCHOTIC NOS 7/MORE  BRIZZODIAZERIAS 13 OR MORE  BRIZZODIAZERIAS 13 OR MORE  DRUG SCREENING CANNABINOIDS  NATURAL  NO AUTH Required  ANTIPSYCHOTIC NOS 7/MORE  DRUG SCREENING CANNABINOIDS  NATURAL  BRIZZODIA NATURA	80341	ANTIEPILEPTICS NOS 7/MORE		No Auth Required		
SPECIFIED 4-6  SPECIFIED 4-6  SATIPSYCHOTICS NOS 7/MORE SPECIFIED 7/MORE S	80342	ANTIPSYCHOTICS NOS 1-3		No Auth Required		
SPECIFIED T/MORE  80345 RING SCREENING BARBITURATES NO Auth Required  80346 BENZODIAZEPINES1:12 ORUG SCREENING BENZODIAZEPINES 1: No Auth Required  80347 BENZODIAZEPINES 13 OR MORE  80347 BENZODIAZEPINES 13 OR MORE  80348 DRUG SCREENING BURRENORPHINE  80349 DRUG SCREENING BURRENORPHINE  80349 CANNABINOIDS NATURAL  80350 CANNABINOIDS SYNTHETIC 1: 3  80351 CANNABINOIDS SYNTHETIC 1: 3  80351 CANNABINOIDS SYNTHETIC 1: 4  80352 CANNABINOIDS SYNTHETIC 4: 6  80352 CANNABINOIDS SYNTHETIC 7/MORE  80353 DRUG SCREENING CANNABINOIDS  80354 DRUG SCREENING COANNE OR SYNTHETIC 7/MORE  80355 GRAPENTIN NON-BLOOD  80364 DRUG SCREENING COANNE OR SYNTHETIC 7/MORE  80355 GRAPENTIN NON-BLOOD  80365 ORUG SCREENING COANNE OR SYNTHETIC 7/MORE  80365 ORUG SCREENING COANNE OR SYNTHETIC 7/MORE  80365 ORUG SCREENING COANNE OR SYNTHETIC 7/MORE  80365 DRUG SCREENING COANNE OR SYNTHETIC 7/MORE  80365 ORUG SCREENING COANNE OR SYNTHETIC 7/MORE  80366 ORUG SCREENING FORTAW'I  8036 ORUG SCREENING FORTAW'I  8036 ORUG SCREENING FORTAW'I  8036 ORUG SCREENING FORTAW'I  8037 KETAMINE AND NORKETAMINE  8037 ORUG SCREENING METHADONE  8038 ORUG SCREENING METHADONE  8038 ORUG SCREENING METHADONE  8038 ORUG SCREENING METHADONE  8038 ORUG SCREENING METHADONE  8039 METHYLEREDIOXYAMPHETAMINE  8039 ORUG SCREENING METHADONE  8030 ORUG SCREE	80343	ANTIPSYCHOTICS NOS 4-6		No Auth Required		
BENZODIAZEPINESI-12   DRUG SCREENING BENZODIAZEPINES 1. No Auth Required	80344	ANTIPSYCHOTICS NOS 7/MORE		No Auth Required		
12 80347 BENZODIAZEPINES 13 OR MORE 14 ORUG SCREENING BUPRENORPHINE 15 ORUG SCREENING BUPRENORPHINE 16 ORUG SCREENING CANNABINOIDS NATURAL 16 ORUG SCREENING CANNABINOIDS NATURAL 17 OR AUTH Required 18 ORUG SCREENING CANNABINOIDS SYNTHETIC 1-3 18 ORUG SCREENING CANNABINOIDS SYNTHETIC 1-4 18 ORUG SCREENING CANNABINOIDS SYNTHETIC 2-6 19 ORUG SCREENING CANNABINOIDS SYNTHETIC 2-6 19 ORUG SCREENING CANNABINOIDS SYNTHETIC 2-6 19 ORUG SCREENING CANNABINOIDS SYNTHETIC 2-7/MORE 19 ORUG SCREENING COCIAINE 19 ORUG SCREENING GRAEPHTIN NON- 10 ORUG SCREENING GRAEPHTIN METHADOUTE 10 ORUG SCREENING METHADONE 10 ORUG SCREENING ME	80345	DRUG SCREENING BARBITURATES	DRUG SCREENING BARBITURATES	No Auth Required		
13 OR MORE  80348 DRUG SCREENING BUPRENORPHINE  80349 CANNABINOIDS NATURAL  80350 CANNABINOIDS SYNTHETIC 1-3  80350 CANNABINOIDS SYNTHETIC 1-3  80351 CANNABINOIDS SYNTHETIC 4-6  80352 CANNABINOIDS SYNTHETIC 4-6  80352 CANNABINOID SYNTHETIC 4-6  80353 DRUG SCREENING CANNABINOIDS  80354 DRUG SCREENING CANNABINOIDS  80355 DRUG SCREENING CANNABINOIDS  80355 DRUG SCREENING CANNABINOIDS  80356 DRUG SCREENING COCAINE  80357 KETAMINE AND NOR-BLOOD  80356 DRUG SCREENING GABAPENTIN NON-  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING ENTHAVEL  80359 DRUG SCREENING FENDAMYL  80350 DRUG SCREENING COCAINE  80351 DRUG SCREENING COCAINE  80352 DRUG SCREENING COCAINE  80353 DRUG SCREENING COCAINE  80354 DRUG SCREENING COCAINE  80355 GABAPENTIN NON-BLOOD  80356 DRUG SCREENING GABAPENTIN NON-  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING METHADONE  80359 DRUG SCREENING METHADONE  80359 DRUG SCREENING METHADONE  80359 DRUG SCREENING METHADONE  80360 DRUG SCREENING METHADONE  80360 DRUG SCREENING METHADONE  80361 OPIATES 1 OR MORE  80362 OPIOIDS & OPIATE ANALOGS 1/2  80363 OPIOIDS & OPIATE ANALOGS 1/2  80363 OPIOIDS & OPIATE ANALOGS 3/4  80364 DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80365 OPIOIDS & OPIATE ANALOGS 3/4  80365 OPIOIDS & OPIATE ANALOGS 3/4  80366 OPIOIDS & OPIATE ANALOGS 3/4  80366 OPIOIDS & OPIATE ANALOGS 3/4  80366 OPIOIDS & OPIATE ANALOGS 3/4  80367 OPIOIDS & OPIATE ANALOGS 3/4  80368 OPIOIDS & OPIATE ANALOGS 3/4  80369 OPICIOS & OPIATE ANALOGS 3/4  80369 OPICIOS & OPIATE ANALOGS 3/4  80360 OPIC	80346	BENZODIAZEPINES1-12		No Auth Required		
B0349 CANNABINOIDS NATURAL DERUG SCREENING CANNABINOIDS NO Auth Required SYNTHETIC 1-3 DRUG SCREENING CANNABINOIDS NO Auth Required SYNTHETIC 4-6 DRUG SCREENING CANNABINOIDS NO Auth Required SYNTHETIC 7/MORE DRUG SCREENING COCAINE DRUG SCREENING COCAINE NO Auth Required DRUG SCREENING SCRE	80347	BENZODIAZEPINES 13 OR MORE		No Auth Required		
NATURAL   NO AUTHORITIC 1-3   DRUG SCREENING CANNABINOIDS   No Auth Required   SYNTHETIC 1-3   SYNTHETIC 1-3   SYNTHETIC 1-5   DRUG SCREENING CANNABINOIDS   No Auth Required   SYNTHETIC 4-6   DRUG SCREENING CANNABINOIDS   No Auth Required   SYNTHETIC 7/MORE   DRUG SCREENING CANNABINOIDS   SYNTHETIC 7/MORE   DRUG SCREENING CANNABINOIDS   SYNTHETIC 7/MORE   SYNTHETIC 7/MORE   SYNTHETIC 7/MORE   SYNTHETIC 7/MORE   DRUG SCREENING COCAINE   No Auth Required   SYNTHETIC 7/MORE   SANTHETIC 7/MORE 7/MORE 7/M	80348	DRUG SCREENING BUPRENORPHINE	DRUG SCREENING BUPRENORPHINE	No Auth Required		
SYNTHETIC 1-3  80351 CANNABINOIDS SYNTHETIC 4-6  80352 CANNABINOID SYNTHETIC 7/MORE  80353 DRUG SCREENING COCAINE  80354 DRUG SCREENING COCAINE  80355 DRUG SCREENING COCAINE  80354 DRUG SCREENING COCAINE  80355 DRUG SCREENING COCAINE  80356 DRUG SCREENING COCAINE  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING ENTANYL  80359 DRUG SCREENING COCAINE  80350 DRUG SCREENING COCAINE  80351 DRUG SCREENING COCAINE  80356 HEROIN METABOLITE  80357 KETAMINE AND NORKETAMINE  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING METHADONE  80359 METHYLENEDIOXYAMPHETAMINES  80359 METHYLENEDIOXYAMPHETAMINES  80350 DRUG SCREENING METHADONE  80351 DRUG SCREENING METHADONE  80352 DRUG SCREENING METHADONE  80353 DRUG SCREENING METHADONE  80354 DRUG SCREENING METHADONE  80355 DRUG SCREENING METHADONE  80356 DRUG SCREENING METHADONE  80357 DRUG SCREENING METHADONE  80358 DRUG SCREENING METHADONE  80359 DRUG SCREENING METHADONE  80359 DRUG SCREENING METHADONE  80360 DRUG SCREENING METHADONE  80360 DRUG SCREENING METHADONE  80360 DRUG SCREENING METHADONE  80361 DRUG SCREENING OPIATES 1 OR MORE  80362 DRUG SCREENING OPIATES 1 OR MORE  80363 OPIOIDS & OPIATE ANALOGS 3/4  80363 DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80363 OPIOIDS & OPIATE ANALOGS 3/4  80363 DRUG SCREENING OPIOIDS AND OPIATE NO AUTH Required  80364 DRUG SCREENING OPIOIDS AND OPIATE NO AUTH REquired  80365 OPIOIDS & OPIATE ANALOGS 3/4  80366 DRUG SCREENING OPIOIDS AND OPIATE NO AUTH REquired	80349	CANNABINOIDS NATURAL		No Auth Required		
SYNTHETIC 4-6  80352 CANNABINOID SYNTHETIC 7/MORE  BRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE  80353 DRUG SCREENING COCAINE  80354 DRUG SCREENING FENTANYL  80355 GABAPENTIN NON-BLOOD  80355 GABAPENTIN NON-BLOOD  80356 HEROIN METABOLITE  80357 KETAMINE AND NORKETAMINE  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING SCREENING KETAMINE AND NO AUTH Required  80359 METHYLENEDIOXYAMPHETAMINES  80359 METHYLENEDIOXYAMPHETAMINES  80360 METHYLPHENIDATE  80361 OPIATES 1 OR MORE  80362 OPIOIDS & OPIATE ANALOGS 1/2  80363 OPIOIDS & OPIATE ANALOGS 3/4  80363 OPIOIDS & OPIATE ANALOGS 3/4  80365 ORUG SCREENING OPIATE NO AUTH REquired	80350	CANNABINOIDS SYNTHETIC 1-3		No Auth Required		
SYNTHETIC 7/MORE  80353 DRUG SCREENING COCAINE  80354 DRUG SCREENING FENTANYL  80355 DRUG SCREENING FENTANYL  80355 GABAPENTIN NON-BLOOD  80356 DRUG SCREENING FENTANYL  80356 DRUG SCREENING FENTANYL  80357 KETAMINE AND NORKETAMINE  80357 KETAMINE AND NORKETAMINE  80358 DRUG SCREENING METHADONE  80359 METHYLENEDIOXYAMPHETAMINES  80359 METHYLENEDIOXYAMPHETAMINES  80350 METHYLENEDIOXYAMPHETAMINES  80360 METHYLPHENIDATE  80361 OPIATES 1 OR MORE  80362 OPIOIDS & OPIATE ANALOGS 1/2  80363 OPIOIDS & OPIATE ANALOGS 3/4   BOUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80360 OPIOIDS & OPIATE ANALOGS 3/4   BOUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80363 OPIOIDS & OPIATE ANALOGS 3/4   BOUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80364 OPIOIDS & OPIATE ANALOGS 3/4   BOUG SCREENING OPIOIDS AND OPIATE NO Auth Required  80365 OPIOIDS & OPIATE ANALOGS 3/4   BOUG SCREENING OPIOIDS AND OPIATE NO Auth Required	80351	CANNABINOIDS SYNTHETIC 4-6		No Auth Required		
B0354   DRUG SCREENING FENTANYL   DRUG SCREENING FENTANYL   No Auth Required	80352	CANNABINOID SYNTHETIC 7/MORE		No Auth Required		
80355 GABAPENTIN NON-BLOOD DRUG SCREENING GABAPENTIN NON-BLOOD DRUG SCREENING HEROIN METABOLITE No Auth Required  80356 HEROIN METABOLITE DRUG SCREENING HEROIN METABOLITE No Auth Required  80357 KETAMINE AND NORKETAMINE DRUG SCREENING KETAMINE AND NO Auth Required NORKETAMINE DRUG SCREENING METHADONE NO Auth Required  80358 DRUG SCREENING METHADONE DRUG SCREENING METHADONE No Auth Required  80359 METHYLENEDIOXYAMPHETAMINES DRUG SCREENING METHADONE 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  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required	80353	DRUG SCREENING COCAINE	DRUG SCREENING COCAINE	No Auth Required		
BLOOD  BUG SCREENING HEROIN METABOLITE  DRUG SCREENING KETAMINE AND NORKETAMINE  BOSSS   KETAMINE AND NORKETAMINE   DRUG SCREENING KETAMINE AND NO Auth Required   NORKETAMINE   NORKETAMINES   NORKETA	80354	DRUG SCREENING FENTANYL	DRUG SCREENING FENTANYL	No Auth Required		
80357 KETAMINE AND NORKETAMINE DRUG SCREENING KETAMINE AND NO Auth Required NORKETAMINE DRUG SCREENING METHADONE DRUG SCREENING METHADONE NO Auth Required NO A			BLOOD			
NORKETAMINE  BO358 DRUG SCREENING METHADONE  BO359 METHYLENEDIOXYAMPHETAMINES  DRUG SCREENING  METHYLENEDIOXYAMPHETAMINES  DRUG SCREENING  METHYLENEDIOXYAMPHETAMINES  NO Auth Required  METHYLENEDIOXYAMPHETAMINES  NO Auth Required  DRUG SCREENING METHYLPHENIDATE  DRUG SCREENING METHYLPHENIDATE  DRUG SCREENING OPIATES 1 OR MORE  DRUG SCREENING OPIATES 1 OR MORE  NO Auth Required  ANALOGS 1 OR 2  DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required  ANALOGS 1 OR 2  DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required  ANALOGS 1 OR 2  DRUG SCREENING OPIOIDS AND OPIATE NO Auth Required  ANALOGS 1 OR 2	80356			No Auth Required		
80369 METHYLENEDIOXYAMPHETAMINES DRUG SCREENING METHYLENEDIOXYAMPHETAMINES  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 No Auth Required  ANALOGS 1 OR 2  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required	80357	KETAMINE AND NORKETAMINE		No Auth Required		
METHYLENEDIOXYAMPHETAMINES  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 No Auth Required  ANALOGS 1 OR 2  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required	80358	DRUG SCREENING METHADONE	DRUG SCREENING METHADONE	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  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required ANALOGS 1 OR 2	80359	METHYLENEDIOXYAMPHETAMINES		No Auth Required		
80362 OPIOIDS & OPIATE ANALOGS 1/2 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required ANALOGS 1 OR 2  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required	80360	METHYLPHENIDATE	DRUG SCREENING METHYLPHENIDATE	No Auth Required		
ANALOGS 1 OR 2  80363 OPIOIDS & OPIATE ANALOGS 3/4 DRUG SCREENING OPIOIDS AND OPIATE No Auth Required	80361	OPIATES 1 OR MORE	DRUG SCREENING OPIATES 1 OR MORE	No Auth Required		
	80362	OPIOIDS & OPIATE ANALOGS 1/2		No Auth Required		
	80363	OPIOIDS & OPIATE ANALOGS 3/4		No Auth Required		

80364	OPIOID &OPIATE ANALOG 5/MORE	DRUG SCREENING OPIOIDS & OPIATE	No Auth Required				
		ANALOGS 5/MORE					
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	No Auth Required				
		HYPNOTICS					
80369	SKELETAL MUSCLE RELAXANT 1/2	DRUG SCREENING SKELETAL MUSCLE	No Auth Required				
		RELAXANTS 1 OR 2					
80370	SKEL MUSC RELAXANT 3 OR MORE	DRUG SCREENING SKEL MUSCLE	No Auth Required				
		RELAXANTS 3 OR MORE	·				
80371	STIMULANTS SYNTHETIC	DRUG SCREENING STIMULANTS	No Auth Required				
		SYNTHETIC					
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	No Auth Required				
00374	STEREOISOWER ARAETSIS	ANALYSIS 1 DRUG CLASS	No Auth Required				
80375	DRUG/SUBSTANCE NOS 1-3		No Auth Dogwingd				
80375	DRUG/SUBSTANCE NOS 1-3	DRUG/SUBSTANCE DEFINITIVE	No Auth Required				
00276	DDLIG/GUDGTANICE NOS 4 C	QUAL/QUANT NOS 1-3	No Auth Described				
80376	DRUG/SUBSTANCE NOS 4-6	DRUG/SUBSTANCE DEFINITIVE	No Auth Required				
		QUAL/QUANT NOS 4-6					
80377	DRUG/SUBSTANCE NOS 7/MORE	DRUG/SUBSTANCE DEFINITIVE	No Auth Required				
		QUAL/QUANT NOS 7/MORE					
80400	ACTH STIMULATION PANEL	ACTH STIMULATION PANEL ADRENAL	No Auth Required				
		INSUFFICIENCY					
80402	ACTH STIMULATION PANEL	ACTH STIMULATION PANEL 21	No Auth Required				
		HYDROXYLASE DEFICIENCY					
80406	ACTH STIMULATION PANEL	ACTH STIMJ PANEL 3 BETA-	No Auth Required				
		HYDROXYDEHYD DEFNCY					
80408	ALDOSTERONE SUPPRESSION EVAL	ALDOSTERONE SUPPRESSION	No Auth Required				
		EVALUATION PANEL					
80410	CALCITONIN STIMUL PANEL	CALCITONIN STIMULATION PANEL	No Auth Required				
80412	CRH STIMULATION PANEL	CORTICOTROPIC RELEASING HORM	No Auth Required				
		STIMJ PANEL	·				
80414	TESTOSTERONE RESPONSE	CHORNC GONAD STIMJ PANEL	No Auth Required				
		TSTOSTERONE RESPONSE					
80415	ESTRADIOL RESPONSE PANEL	CHORNC GONAD STIMJ PANEL	No Auth Required				
001125		ESTRADIOL RESPONSE	no man neganea				
80416	RENIN STIMULATION PANEL	RENAL VEIN RENIN STIMULATION	No Auth Required				
00410	THE STATE OF THE PARTY OF THE P	PANEL					
80417	RENIN STIMULATION PANEL	PERIPHERAL VEIN RENIN STIMULATION	No Auth Required				
0041/	INCININ STINIULATION PAINEL	PANEL	No Autii Requireu				
00410	DITLUTADV EVALUATION DANIEL		No Auth Boguired				
80418	PITUITARY EVALUATION PANEL	COMBINED RAPID ANT PITUITARY	No Auth Required				
		EVALUATION PANEL	L				
80420	DEXAMETHASONE PANEL	DEXMETHASONE SUPPRESSION PANEL	No Auth Required				
		48 HR	ļ				
80422	GLUCAGON TOLERANCE PANEL	GLUCOSE TOLERANCE PANEL	No Auth Required				
		INSULINOMA					
80424	GLUCAGON TOLERANCE PANEL	GLUCOSE TOLERANCE PANEL	No Auth Required				
		PHEOCHROMOCYTOMA					
80426	GONADOTROPIN HORMONE PANEL	GONADOTROPIN RELEASING HORMONE	No Auth Required				
		STIMJ PANEL					
80428	GROWTH HORMONE PANEL	GROWTH HORMONE STIMULATION	No Auth Required				
		PANEL					
80430	GROWTH HORMONE PANEL	GROWTH HORMONE SUPRJ PANEL	No Auth Required				
		GLUCOSE ADMN	1				
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80432	INSULIN SUPPRESSION PANEL	INSULIN-INDUCED C-PEPTIDE	No Auth Required				
		SUPRESSION PANEL					
80434	INSULIN TOLERANCE PANEL	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	No Auth Required				
80435	INSULIN TOLERANCE PANEL	INSULIN TOLERANCE PANEL GROWTH	No Auth Required				
		HORM DEFNCY	·				
80436	METYRAPONE PANEL	METYRAPONE PANEL	No Auth Required				
80438	TRH STIMULATION PANEL	THYROTROPIN RELEASING HORMONE	No Auth Required				
		STMLJ PANEL 1 HR	·				
80439	TRH STIMULATION PANEL	THYROTROPIN RELEASING HORMONE	No Auth Required				
		STMLJ PANEL 2 HR					
80500	LAB PATHOLOGY CONSULTATION	CLINICAL PATHOLOGY CONSULTATION	No Auth Required				
		LIMITED					
80502	LAB PATHOLOGY CONSULTATION	CLINICAL PATHOLOGY CONSULTATION	No Auth Required				
		COMPREHENSIVE					
81000	URINALYSIS NONAUTO W/SCOPE	URINLS DIP STICK/TABLET REAGNT NON-	No Auth Required				
		AUTO MICRSCPY					
81001	URINALYSIS AUTO W/SCOPE	URNLS DIP STICK/TABLET REAGENT	No Auth Required				
		AUTO MICROSCOPY					
81002	URINALYSIS NONAUTO W/O SCOPE	URNLS DIP STICK/TABLET RGNT NON-	No Auth Required				
		AUTO W/O MICRSCP					
81003	URINALYSIS AUTO W/O SCOPE	URNLS DIP STICK/TABLET RGNT AUTO	No Auth Required				
		W/O MICROSCOPY					
81005	URINALYSIS	URINALYSIS QUAL/SEMIQUANT EXCEPT	No Auth Required				
		IMMUNOASSAYS					
81007	URINE SCREEN FOR BACTERIA	URINALYSIS BACTERIURIA SCR XCPT	No Auth Required				
		CULTURE/DIPSTICK					
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	No Auth Required				
01000	OTHER DESIGNATION OF THE PROPERTY OF THE PROPE	COLLECTION EACH					
81099	URINALYSIS TEST PROCEDURE	UNLISTED URINALYSIS PROCEDURE	Authorization Required	Pathology and Lab		Full Clinical Review	
81105	HPA-1 GENOTYPING	HPA-1 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81106	HPA-2 GENOTYPING	HPA-2 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81107	HPA-3 GENOTYPING	HPA-3 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81108	HPA-4 GENOTYPING	HPA-4 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT	·	counseling			
81109	HPA-5 GENOTYPING	HPA-5 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81110	HPA-6 GENOTYPING	HPA-6 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81111	HPA-9 GENOTYPING	HPA-9 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81112	HPA-15 GENOTYPING	HPA-15 GENOTYPING GENE ANALYSIS	Authorization Required	Genetic testing and		Full Clinical Review	
		COMMON VARIANT		counseling			
81120	IDH1 COMMON VARIANTS	IDH1 COMMON VARIANTS	Authorization Required	Genetic testing and		Full Clinical Review	
				counseling			
81121	IDH2 COMMON VARIANTS	IDH2 COMMON VARIANTS	Authorization Required	Genetic testing and		Full Clinical Review	
				counseling			
81161	DMD DUP/DELET ANALYSIS	DMD DUPLICATION/DELETION	Authorization Required	Genetic testing and		Full Clinical Review	
		ANALYSIS		counseling			

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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	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS	•	counseling		
81201	APC GENE FULL SEQUENCE	APC GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81202	APC GENE KNOWN FAM VARIANTS	APC GENE ANALYSIS KNOWN FAMILIAL	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81203	APC GENE DUP/DELET VARIANTS	APC GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
	,	DUPLICATION/DELETION VARIANTS		counseling		
81204	AR GENE CHARAC ALLELES	AR GENE ANALYSIS CHARACTERIZATION	Authorization Required	Genetic testing and	Full Clinical Review	
		OF ALLELES		counseling		
81205	BCKDHB GENE	BCKDHB GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
01203	SCHOOL SELVE	VARIANTS	/ tatilonization negatica	counseling	i aii eiiiieai neview	
81206	BCR/ABL1 GENE MAJOR BP	BCR/ABL1 MAJOR BREAKPNT	Authorization Required	Genetic testing and	Full Clinical Review	
01200	BENYIBET GENE WINGON BI	QUALITATIVE/QUANTITATIVE	/ actionization required	counseling	Tun chinear neview	
81207	BCR/ABL1 GENE MINOR BP	BCR/ABL1 MINOR BREAKPNT	Authorization Required	Genetic testing and	Full Clinical Review	
81207	BCRYABLI GLINE IVIINOR BF	QUALITATIVE/QUANTITATIVE	Authorization Required	counseling	i uli clilicai keview	
81208	BCR/ABL1 GENE OTHER BP	BCR/ABL1 OTHER BREAKPNT	Authorization Required	Genetic testing and	Full Clinical Review	
01200	BCK/ABLI GENE OTHER BP	1	Authorization Required	- I	Full Cliffical Review	
01200	BLM GENE	QUALITATIVE/QUANTITATIVE BLM GENE ANALYSIS 2281DEL6INS7	Authorization Descriped	counseling	Full Clinical Review	
81209	BLIVI GEINE		Authorization Required	Genetic testing and	Full Clinical Review	
04040	2245 05115	VARIANT		counseling	5 11 01: : 15 :	
81210	BRAF GENE	BRAF GENE ANALYSIS V600 VARIANT(S)	Authorization Required	Genetic testing and	Full Clinical Review	
				counseling		
81212	BRCA1&2 185&5385&6174 VRNT	BRCA1 BRCA 2 GEN ALYS 185DELAG	Authorization Required	Genetic testing and	Full Clinical Review	
		5385INSC 6174DELT		counseling		
81215	BRCA1 GENE KNOWN FAMIL VRNT	BRCA1 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANT		counseling		
81216	BRCA2 GENE FULL SEQ ALYS	BRCA2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYSIS		counseling		
81217	BRCA2 GENE KNOWN FAMIL VRNT	BRCA2 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANT		counseling		
81218	CEBPA GENE FULL SEQUENCE	CEBPA GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81219	CALR GENE COM VARIANTS	CALR GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS IN EXON 9		counseling		
81220	CFTR GENE COM VARIANTS	CFTR GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81221	CFTR GENE KNOWN FAM VARIANTS	CFTR GENE ANALYSIS KNOWN FAMILIAL	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81222	CFTR GENE DUP/DELET VARIANTS	CFTR GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		DUPLICATION/DELETION VARIANTS		counseling		
81223	CFTR GENE FULL SEQUENCE	CFTR GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81224	CFTR GENE INTRON POLY T	CFTR GENE ANALYSIS INTRON 8 POLY-T	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYSIS		counseling		
81225	CYP2C19 GENE COM VARIANTS	CYP2C19 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
81226	CYP2D6 GENE COM VARIANTS	CYP2D6 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81227	CYP2C9 GENE COM VARIANTS	CYP2C9 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
01227	S. 255 GEIVE COM VAMARITO	VARIANTS		counseling	i dii ciiiildi Neview	
81228	CYTOGEN MICRARRAY COPY NMBR	CYTOGENOM CONST MICROARRAY	Authorization Required	Genetic testing and	Full Clinical Review	
01220	CITOGLIN IVIICNARRAT COPT INIVIDA	COPY NUMBER VARIANTS	Authorization Required	counseling	i un cimical Keview	
81229	CYTOGEN M ARRAY COPY NO&SNP	CYTOGENOM CONST MICROARRAY	Authorization Required	Genetic testing and	Full Clinical Review	
01223	CITOGLIN IN ARRAT COPT NOQSINP		Authorization Required	-	i un chinical Keview	
		COPY NUMBER&SNP VAR	J.	counseling		

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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	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81232	DPYD GENE COMMON VARIANTS	DYPD GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81233	BTK GENE COMMON VARIANTS	BTK GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
81234	DMPK GENE DETC ABNOR ALLELE	VARIANTS  DMPK GENE ANALYSIS EVAL DETECT	Authorization Required	counseling	Full Clinical Review	
81234	DIMPR GENE DETC ABNOR ALLELE	ABNORMAL ALLELES	Authorization Required	Genetic testing and counseling	Full Clinical Review	
81235	EGFR GENE COM VARIANTS	EGFR GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
01200	2011 02112 0011 171111111111	VARIANTS	/ tationzation nequired	counseling	l all clinical herical	
81236	EZH2 GENE FULL GENE SEQUENCE	EZH2 GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81237	EZH2 GENE COMMON VARIANTS	EZH2 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81238	F9 FULL GENE SEQUENCE	F9 FULL GENE SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
04000	DA 401/ OF 1/5 CUADA C A 1/5 / 50	DARK CENE ANALYSIS		counseling	5 11 01: 1 10 :	
81239	DMPK GENE CHARAC ALLELES	DMPK GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
81240	F2 GENE	CHARACTERIZATION OF ALLELES F2 GENE ANALYSIS 20210G >A VARIANT	Authorization Poquired	counseling Genetic testing and	Full Clinical Review	
01240	F2 GEINE	FZ GENE ANALTSIS 20210G >A VANIANT	Authorization Required	counseling	Full Cliffical Review	
81241	F5 GENE	F5 COAGULATION FACTOR V ANAL	Authorization Required	Genetic testing and	Full Clinical Review	
012.12		LEIDEN VARIANT	/ tationzation nequired	counseling	l all clinical herical	
81242	FANCC GENE	FANCC GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANT		counseling		
81243	FMR1 GENE DETECTION	FMR1 ANALYSIS EVAL TO DETECT	Authorization Required	Genetic testing and	Full Clinical Review	
		ABNORMAL ALLELES		counseling		
81244	FMR1 GENE CHARAC ALLELES	FMR1 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		CHARACTERIZATION OF ALLELES		counseling		
81245	FLT3 GENE	FLT3 GENE ANALYSIS INTERNAL	Authorization Required	Genetic testing and	Full Clinical Review	
81246	FLT3 GENE ANALYSIS	TANDEM DUP VARIANTS  FLT3 GENE ANLYS TYROSINE KINASE	Authorization Required	counseling Genetic testing and	Full Clinical Review	
01240	TETS GENE ANALTSIS	DOMAIN VARIANTS	Authorization Required	counseling	ruii ciiilicai keview	
81247	G6PD GENE ALYS CMN VARIANT	G6PD GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
012.7	Sol & GENEVIERS GIVIN VALUE IN	VARIANTS	/ tationzation nequired	counseling	l all clinical neview	
81248	G6PD KNOWN FAMILIAL VARIANT	G6PD GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANTS		counseling		
81249	G6PD FULL GENE SEQUENCE	G6PD GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81250	G6PC GENE	G6PC GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling	- 11-211-11-11-11-11-11-11-11-11-11-11-11-	
81251	GBA GENE	GBA GLUCOSIDASE/BETA/ACID ANAL	Authorization Required	Genetic testing and	Full Clinical Review	
81252	GJB2 GENE FULL SEQUENCE	COMM VARIANTS  GJB2 GENE ANALYSIS FULL GENE	Authorization Required	counseling Constitution and	Full Clinical Review	
01232	GJBZ GLINL FULL SEQUENCE	SEQUENCE	Authorization Required	Genetic testing and counseling	Full Cliffical Review	
81253	GJB2 GENE KNOWN FAM VARIANTS	GJB2 GENE ANALYSIS KNOWN FAMILIAL	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS	, see a see	counseling		
81254	GJB6 GENE COM VARIANTS	GJB6 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81255	HEXA GENE	HEXA GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81256	HFE GENE	HFE HEMOCHROMATOSIS GENE ANAL	Authorization Required	Genetic testing and	Full Clinical Review	
04055	LUDAN (UDAN OFFICE	COMMON VARIANTS		counseling	5 11 011 1 1 2 1	
81257	HBA1/HBA2 GENE	HBA1/HBA2 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
	J	DELETIONS/VARIANT	J.	counseling		

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

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81290	MCOLN1 GENE	MCOLN1 MUCOLIPIN1 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		COMMON VARIANTS		counseling		
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	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYSIS		counseling		
81293	MLH1 GENE KNOWN VARIANTS	MLH1 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANTS		counseling		
81294	MLH1 GENE DUP/DELETE VARIANT	MLH1 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		DUPLICATION/DELETION VARIANTS		counseling		
81295	MSH2 GENE FULL SEQ	MSH2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYSIS		counseling		
81296	MSH2 GENE KNOWN VARIANTS	MSH2 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANTS		counseling		
81297	MSH2 GENE DUP/DELETE VARIANT	MSH2 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		DUPLICATION/DELETION VARIANTS		counseling		
81298	MSH6 GENE FULL SEQ	MSH6 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYSIS		counseling		
81299	MSH6 GENE KNOWN VARIANTS	MSH6 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANTS		counseling		
81300	MSH6 GENE DUP/DELETE VARIANT	MSH6 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		DUPLICATION/DELETION VARIA		counseling		
81301	MICROSATELLITE INSTABILITY	MICROSATELLITE INSTAB ANAL	Authorization Required	Genetic testing and	Full Clinical Review	
		MISMATCH REPAIR DEF		counseling		
81302	MECP2 GENE FULL SEQ	MECP2 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
				counseling		
81303	MECP2 GENE KNOWN VARIANT	MECP2 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
		FAMILIAL VARIANT		counseling		
81304	MECP2 GENE DUP/DELET VARIANT	MECP2 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review	
		DUPLICATION/DELETION VARIANT		counseling		
81305	MYD88 GENE P.LEU265PRO VRNT	MYD88 GENE ANALYSIS P.LEU265	Authorization Required	Genetic testing and	Full Clinical Review	
		(L265P) VARIANT		counseling		
81306	NUDT15 GENE COMMON VARIANTS	NUDT15 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
		VARIANTS		counseling		
81307	PALB2 GENE FULL GENE SEQ	PALB2 GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQUENCE		counseling		
81308	PALB2 GENE KNOWN FAMIL VRNT	PALB2 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review	
04000	DUVA OF NE TO OT OF O ALVO	FAMILIAL VARIANT		counseling	5 11 612 2 1 5 2	
81309	PIK3CA GENE TRGT SEQ ALYS	PIK3CA GENE ANALYSIS TARGETED	Authorization Required	Genetic testing and	Full Clinical Review	
04040	N8144 05N5	SEQUENCE ANALYSIS		counseling	5 11 612 2 1 5 2	
81310	NPM1 GENE	NPM1 NUCLEOPHOSMIN GENE ANAL	Authorization Required	Genetic testing and	Full Clinical Review	
04244	NDAC CENE VARIANTS EVON 202	EXON 12 VARIANTS	Authorization Dominos	counseling	Full Clinian Davis	
81311	NRAS GENE VARIANTS EXON 2&3	NRAS GENE ANALYSIS VARIANTS IN	Authorization Required	Pathology and Lab	Full Clinical Review	
04242	DARDNIA CENE DETC ADNIOD ALLEI	EXON 2&3	Authorization Descript	Countin to the count	Full Clinian Davison	
81312	PABPN1 GENE DETC ABNOR ALLEL	PABPN1 GENE ANALYSIS EVAL DETC	Authorization Required	Genetic testing and	Full Clinical Review	
01212	DCA2/VLV2 ANTICEN	ABNORMAL ALLELES	Authorization Descript	counseling	Full Clinical Deview	
81313	PCA3/KLK3 ANTIGEN	PCA3/KLK3 PROSTATE SPECIFIC	Authorization Required	Genetic testing and	Full Clinical Review	
01214	DDCEDA CENE	ANTIGEN RATIO	Authorization Decuired	Counseling Pathology and Lab	Full Clinical Paula	
81314	PDGFRA GENE	PDGFRA GENE ANALYS TARGETED	Authorization Required	Pathology and Lab	Full Clinical Review	
01315	DMI /DADALDHA COM DDE AVDOINTE	SEQUENCE ANALYS	Authorization Bassis -	Constitute to the cond	Full Clinical Davis	
81315	PML/RARALPHA COM BREAKPOINTS	PML/RARALPHA COMMON	Authorization Required	Genetic testing and	Full Clinical Review	
81316	DMI /DADAI DHA 1 DDEAKDOINT	BREAKPOINTS QUAL/QUANT	Authorization Boards	Counseling Constitute testing and	Full Clinical Review	
01310	PML/RARALPHA 1 BREAKPOINT	PML/RARALPHA SINGLE BREAKPOINT	Authorization Required	Genetic testing and	Full Clinical Review	
81317	DMC2 CENE FULL SEC ANALYSIS	QUAL/QUAN PMS2 GENE ANALYSIS FULL SEQUENCE	Authorization Boards	Counseling and	Full Clinical Basiless	
8131/	PMS2 GENE FULL SEQ ANALYSIS	PIVI32 GEINE AINALTSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review	
			1	counseling		

81318 P	PMS2 KNOWN FAMILIAL VARIANTS	PMS2 GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review
81319 P	PNISZ KNOWN FAMILIAL VARIANTS	FAMILIAL VARIANTS	Authorization Required	counseling	Full Cliffical Review
81319 P	PMS2 GENE DUP/DELET VARIANTS	PMS2 GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review
01010	MOD GENE DOLLAGE TO MINIMUM	DUPLICATION/DELETION VARIANTS	riadionization ricquired	counseling	Tall chillest resteri
81320 P	PLCG2 GENE COMMON VARIANTS	PLCG2 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
		VARIANTS	,	counseling	
81321 P	PTEN GENE FULL SEQUENCE	PTEN GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review
		ANALYSIS		counseling	
81322 P	PTEN GENE KNOWN FAM VARIANT	PTEN GENE ANALYSIS KNOWN	Authorization Required	Genetic testing and	Full Clinical Review
		FAMILIAL VARIANT		counseling	
81323 P	PTEN GENE DUP/DELET VARIANT	PTEN GENE ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review
		DUPLICATION/DELETION VARIANT		counseling	
81324 P	PMP22 GENE DUP/DELET	PMP22 GENE ANAL	Authorization Required	Genetic testing and	Full Clinical Review
04225 0	DAADAA CENE EUU CEOUENCE	DUPLICATION/DELETION ANALYSIS	Australia Bandard	counseling	Full Citates Devices
81325 P	PMP22 GENE FULL SEQUENCE	PMP22 GENE ANALYSIS FULL SEQUENCE	Authorization Required	Genetic testing and	Full Clinical Review
81326 P	PMP22 GENE KNOWN FAM VARIANT	ANALYSIS PMP22 GENE ANALYSIS KNOWN	Authorization Required	counseling	Full Clinical Review
81326 P	PNIP22 GENE KNOWN FAIVI VARIANT	FAMILIAL VARIANT	Authorization Required	Genetic testing and counseling	Full Clinical Review
81327 S	SEPT9 GEN PRMTR MTHYLTN ALYS	SEPT9 GENE PROMOTER METHYLATION	Authorization Required	Genetic testing and	Full Clinical Review
01327	SEL 13 GEN TRIVITATION ALIS	ANALYSIS	Authorization Required	counseling	i dii ciinicai Neview
81328 S	SLCO1B1 GENE COM VARIANTS	SLCO1B1 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
01320 3	SECOIDI GENE COM VAMANTS	VARIANTS	Authorization Required	counseling	i dii ciinicai Neview
81329 S	SMN1 GENE DOS/DELETION ALYS	SMN1 GENE ANALYSIS DOSAGE/DELET	Authorization Required	Genetic testing and	Full Clinical Review
01025	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ALYS W/SMN2 ALYS	riaciionizacioni ricquii cu	counseling	Tall childen Nevich
81330 S	SMPD1 GENE COMMON VARIANTS	SMPD1 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
		VARIANTS		counseling	
81331 S	SNRPN/UBE3A GENE	SNRPN/UBE3A METHYLATION ANALYSIS	Authorization Required	Genetic testing and	Full Clinical Review
	•	,	,	counseling	
81332 S	SERPINA1 GENE	SERPINA1 GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
		VARIANTS		counseling	
81333 T	TGFBI GENE COMMON VARIANTS	TGFBI GENE ANALYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
		VARIANTS		counseling	
81334 R	RUNX1 GENE TARGETED SEQ ALYS	RUNX1 GENE ANALYSIS TARGETED	Authorization Required	Genetic testing and	Full Clinical Review
		SEQUENCE ANALYSIS		counseling	
81335 T	TPMT GENE COM VARIANTS	TPMT GENE ANALAYSIS COMMON	Authorization Required	Genetic testing and	Full Clinical Review
		VARIANTS		counseling	
81336 S	SMN1 GENE FULL GENE SEQUENCE	SMN1 GENE ANALYSIS FULL GENE	Authorization Required	Genetic testing and	Full Clinical Review
81337 S	SMN1 GEN NOWN FAMIL SEQ VRNT	SEQUENCE SMN1 GENE ANALYSIS KNOWN	Authorization Required	counseling	Full Clinical Review
81337 3	SWINT GEN NOWN FAIVIIL SEQ VRNT		Authorization Required	Genetic testing and	Full Clinical Review
		FAMILIAL SEQ VARIANTS MPL GENE ANALYSIS COMMON	Authorization Required	counseling	
81338 N	MPL GENE COMMON VARIANTS	VARIANTS	Authorization Required		Full Clinical Review
+		MPL GENE ANALYSIS SEQUENCE	Authorization Required		T SILL SILL REVIEW
81339 N	MPL GENE SEQ ALYS EXON 10	ANALYSIS EXON 10	, actionzación nequireu		Full Clinical Review
81340 T	TRB@ GENE REARRANGE AMPLIFY	TRB@ REARRANGEMENT ANAL	Authorization Required	Genetic testing and	Full Clinical Review
	C :	AMPLIFICATION METHOD		counseling	
81341 T	TRB@ GENE REARRANGE DIRPROBE		Authorization Required	Genetic testing and	Full Clinical Review
		PROBE METHODOLOGY		counseling	
81342 T	TRG GENE REARRANGEMENT ANAL	TRG@ GENE REARRANGEMENT	Authorization Required	Genetic testing and	Full Clinical Review
		ANALYSIS		counseling	
81343 P	PPP2R2B GEN DETC ABNOR ALLEL	PPP2R2B GENE ANALYSIS EVAL DETC	Authorization Required	Genetic testing and	Full Clinical Review
		ABNORMAL ALLELES		counseling	
81344 T	TBP GENE DETC ABNOR ALLELES	TBP GENE ANALYSIS EVAL DETECT	Authorization Required	Genetic testing and	Full Clinical Review
		1	l	ananlina	1
		ABNORMAL ALLELES		counseling	
	TERT GENE TARGETED SEQ ALYS	ABNORMAL ALLELES 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	counseling	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	ONE LOCUS EA	·	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	

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81400	MOPATH PROCEDURE LEVEL 1	MOLECULAR PATHOLOGY PROCEDURE	Authorization Required	Genetic testing and counseling	Full Clinical Review	
81401	MOPATH 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		Authorization Required	Genetic testing and counseling	Full Clinical Review	
81404	MOPATH 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	

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81435	HEREDITARY COLON CA DSORDRS	HEREDITARY COLON CA DSRDRS GEN	Authorization Required	Genetic testing and	Full Clinical Review	
04.426	LIEDEDITARY COLON CA DCORDEC	SEQ ANALYS 10 GEN	Authorization Dominos	counseling	Full Clinian Parisma	
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	Authorization Required	Genetic testing and	Full Clinical Review	
01437	THEREBIN NONONDERN TOWN BORDN	GEN SEQ ANAL 6 GEN	/ tatilonzation required	counseling	I dil cililical Review	
81438	HEREDTRY NURONDCRN TUM DSRDR	HEREDTRY NURONDCRN TUM DSRDRS	Authorization Required	Genetic testing and	Full Clinical Review	
01430	TIEREBIRT WORDINGERIN TOWN BORDIN	DUP/DEL ANALYSIS	Authorization Required	counseling	i dii ciiiicai keview	
81439	HRDTRY CARDMYPY GENE PANEL	HEREDITARY CARDIOMYOPATHY GEN	Authorization Required	Genetic testing and	Full Clinical Review	
01433	THE THE CHEWATT GENETATIVE	SEQ ANALYS 5 GEN	/ tatriorization required	counseling	Tan emiliar neview	
81440	MITOCHONDRIAL GENE	NUCLEAR MITOCHONDRIAL 100 GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		GENOMIC SEQ		counseling		
81442	NOONAN SPECTRUM DISORDERS	NOONAN SPECTRUM DISORDERS GEN	Authorization Required	Genetic testing and	Full Clinical Review	
		SEQ ANALYS 12 GEN		counseling		
81443	GENETIC TSTG SEVERE INH COND	GENETIC TESTING FOR SEVERE	Authorization Required	Genetic testing and	Full Clinical Review	
		INHERITED CONDITIONS		counseling		
81445	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOLID ORGAN	Authorization Required	Genetic testing and	Full Clinical Review	
		NEOPLASM 5-50 GENE		counseling		
81448	HRDTRY PERPH NEURPHY PANEL	HEREDITARY PERIPHERAL NEUROPATHY	Authorization Required	Genetic testing and	Full Clinical Review	
		GEN SEQ PNL		counseling		
81450	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS HEMATOLYMPHOID	Authorization Required	Genetic testing and	Full Clinical Review	
		NEO 5-50 GENE		counseling		
81455	TARGETED GENOMIC SEQ ANALYS	GEN SEQ ANALYS SOL	Authorization Required	Genetic testing and	Full Clinical Review	
01.00	THIS ET SETTENMENT OF THE PROPERTY OF THE PROP	ORG/HEMTOLMPHOID NEO 51/> GEN	/ tatilonization negatica	counseling	l all climear nevieu	
81460	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME	Authorization Required	Genetic testing and	Full Clinical Review	
02.00	WHOLE WIT OCHOUSING DENOME	WHOLE WHO CONSTRUCTE CENTRAL	/ tatilonization negatica	counseling	l all climear nevieu	
81465	WHOLE MITOCHONDRIAL GENOME	WHOLE MITOCHONDRIAL GENOME	Authorization Required	Genetic testing and	Full Clinical Review	
02.00	WHOLE WHI GOLDON E GENOME	ANALYSIS PANEL	/ tatilonization nequired	counseling	l all climear nevieu	
81470	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT	Authorization Required	Genetic testing and	Full Clinical Review	
		GENOMIC SEQ ANALYS		counseling		
81471	X-LINKED INTELLECTUAL DBLT	X-LINKED INTELLECTUAL DBLT DUP/DEL	Authorization Required	Genetic testing and	Full Clinical Review	
-		GENE ANALYS		counseling		
81479	UNLISTED MOLECULAR PATHOLOGY	UNLISTED MOLECULAR PATHOLOGY	Authorization Required	Genetic testing and	Full Clinical Review	
		PROCEDURE		counseling		
81490	AUTOIMMUNE RHEUMATOID ARTHR	AUTOIMMUNE RHEUMATOID ARTHRTS	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALYS 12 BIOMRKRS		counseling		
81493	COR ARTERY DISEASE MRNA	COR ART DISEASE MRNA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		EXPRESSION 23 GENES		counseling		
81500	ONCO (OVAR) TWO PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
	, ,	TWO PROTEINS		counseling		
81503	ONCO (OVAR) FIVE PROTEINS	ONCO (OVARIAN) BIOCHEMICAL ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
	,	FIVE PROTEINS		counseling		
81504	ONCOLOGY TISSUE OF ORIGIN	ONCOLOGY TISSUE OF ORIGIN SIMILAR	Authorization Required	Genetic testing and	Full Clinical Review	
		SCOR ALGORITHM		counseling		
81506	ENDO ASSAY SEVEN ANAL	ENDOCRINOLOGY BIOCHEMICAL ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
		SEVEN ANAL		counseling		
81507	FETAL ANEUPLOIDY TRISOM RISK	FETAL ANEUPLOIDY 21 18 13 SEQ	Authorization Required	Genetic testing and	Full Clinical Review	
		ANALY TRISOM RISK		counseling		
81508	FTL CGEN ABNOR TWO PROTEINS	FETAL CONGENITAL ABNOR ASSAY TWO	Authorization Required	Genetic testing and	Full Clinical Review	
		PROTEINS		counseling		
81509	FTL CGEN ABNOR 3 PROTEINS	FETAL CONGENITAL ABNOR ASSAY 3	Authorization Required	Genetic testing and	Full Clinical Review	
		PROTEINS		counseling		
81510	FTL CGEN ABNOR THREE ANAL	FETAL CONGENITAL ABNOR ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
		THREE ANAL		counseling		
81511	FTL CGEN ABNOR FOUR ANAL	FETAL CONGENITAL ABNOR ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
		FOUR ANAL		counseling		
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04540	Int. 00511 101100 511/5 11111	Teeras conceniras annon accas en e		Io	5 11 611 1 1 5 1	
81512	FTL CGEN ABNOR FIVE ANAL	FETAL CONGENITAL ABNOR ASSAY FIVE	Authorization Required	Genetic testing and counseling	Full Clinical Review	
		NFCT DS BACTERAL VAGINOSIS RNA	Authorization Required	Counselling		
81513	NFCT DS BV RNA VAG FLU ALG	VAGINAL-FLUID ALG	Authorization Required		Full Clinical Review	
		NFCT DS BCT VAGINOSIS&VAGINITIS	Authorization Required			
81514	NFCT DS BV&VAGINITIS DNA ALG	DNA VAG FLU ALG			Full Clinical Review	
81518	ONC BRST MRNA 11 GENES	ONCOLOGY BREAST MRNA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		EXPRESSION 11 GENES		counseling		
81519	ONCOLOGY BREAST MRNA	ONCOLOGY BREAST MRNA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		EXPRESSION 21 GENES		counseling		
81520	ONC BREAST MRNA 58 GENES	ONC BREAST MRNA GENE XPRSN PRFL	Authorization Required	Genetic testing and	Full Clinical Review	
		HYBRD 58 GENES		counseling		
81521	ONC BREAST MRNA 70 GENES	ONC BREAST MRNA MICRORA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
04500	010 005 105 14011 10 051150	XPRSN PRFL 70 GENES		counseling	5 11 011 1 1 5 1	
81522	ONC BREAST MRNA 12 GENES	ONCOLOGY BREAST MRNA GENE XPRSN	Authorization Required	Genetic testing and	Full Clinical Review	
04535	ONICOLOGY COLONIA ADNIA	PRFL 12 GENES	A. the extention Described	counseling	Full Olivinal Paulau	
81525	ONCOLOGY COLON MRNA	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Authorization Required	Genetic testing and	Full Clinical Review	
81528	ONCOLOGY COLORECTAL SCR	ONCOLOGY COLORECTAL SCREENING	No Auth Required	counseling Genetic testing and		
01320	ONCOLOGI COLORECTAL 3CK	QUAN 10 DNA MARKRS	No Auth Required	counseling		
		ONC CUTAN MLNMA MRNA GENE XPRS	Authorization Required	Counselling		
81529	ONC CUTAN MLNMA MRNA 31 GENE	PRFL 31 GENES ALG	Authorization Required		Full Clinical Review	
81535	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL	Authorization Required	Genetic testing and	Full Clinical Review	
		CLTR&CHEMO RESP 1ST		counseling		
81536	ONCOLOGY GYNECOLOGIC	ONCOLOGY GYNE LIVE TUM CELL	Authorization Required	Genetic testing and	Full Clinical Review	
		CLTR&CHEMO RESP ADD		counseling		
81538	ONCOLOGY LUNG	ONCOLOGY LUNG MS 8-PROTEIN	Authorization Required	Genetic testing and	Full Clinical Review	
		SIGNATURE		counseling		
81539	ONCOLOGY PROSTATE PROB SCORE	ONCOLOGY PROSTATE BIOCHEMICAL	Authorization Required	Genetic testing and	Full Clinical Review	
		ASSAY 4 PROTEINS		counseling		
81540	ONCOLOGY TUM UNKNOWN ORIGIN	ONCOLOGY TUM UNKNOWN ORIGIN	Authorization Required	Genetic testing and	Full Clinical Review	
		MRNA 92 GENES		counseling		
81541	ONC PROSTATE MRNA 46 GENES	ONC PRST8 MRNA GENE XPRSN PRFL RT	Authorization Required	Genetic testing and	Full Clinical Review	
		PCR 46 GENES		counseling		
81542	ONC PROSTATE MRNA 22 CNT GEN	ONC PRST8 MRNA MICRORA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
81545	ONCOLOGY THYROID	XPRSN PRFL 22 GENES ONCOLOGY THYROID GENE EXPRESSION	Authorization Required	counseling Genetic testing and	Full Clinical Review	
01343	ONCOLOGI IHIKOID	142 GENES	Authorization Required	counseling	Full Cliffical Review	
		ONC THYR MRNA 10,196 GENES FINE	Authorization Required	Counseling		
81546	ONC THYR MRNA 10,196 GEN ALG	NDL ASPIRATE ALG	/ danonzation required		Full Clinical Review	
81551	ONC PROSTATE 3 GENES	ONC PRST8 PRMTR METHYLATION PRFL	Authorization Required	Genetic testing and	Full Clinical Review	
		R-T PCR 3 GENES		counseling		
81552	ONC UVEAL MLNMA MRNA 15 GENE	ONC UVEAL MLNMA MRNA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		XPRSN PRFL 15 GENES		counseling		
01554	PULM DS IPF MRNA 190 GEN ALG	PULM DS IPF MRNA 190 GENE	Authorization Required			
81554	LOTINI DO ILL INIVINA TAO DEIN UTO	TRANSBRONCHIAL BX ALG			Full Clinical Review	
81595	CARDIOLOGY HRT TRNSPL MRNA	CARDIOLOGY HRT TRNSPL MRNA GENE	Authorization Required	Genetic testing and	Full Clinical Review	
		EXPRESS 20 GENES		counseling		
81596	NFCT DS CHRNC HCV 6 ASSAYS	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY	Authorization Required	Genetic testing and	Full Clinical Review	
		SRM ALG LVR		counseling	- 11-211-11-11-11-11-11-11-11-11-11-11-11-	
81599	UNLISTED MAAA	UNLISTED MULTIANALYTE ASSAY	Authorization Required	Pathology and Lab	Full Clinical Review	
02000	TEGT FOR ACETOME WETOMES	ALGORITHMIC ANALYSIS	No. Anath Demoise d		+	
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			
02013	MOET TECHOLINESTERASE ASSAT	PRODUCT OF ACELITICATION OF THE PRODUCT OF ACELITICATION OF ACELITICATION OF THE PRODUCT OF THE	110 Auti Nequileu	L		

82016	ACYLCARNITINES QUAL	ACYLCARNITINES QUALITATIVE EACH	No Auth Required				
		SPECIMEN					
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		1		
82150	ASSAY OF AMYLASE	ASSAY OF AMYLASE	No Auth Required		1		
82154	ANDROSTANEDIOL GLUCURONIDE	ANDROSTANEDIOL GLUCURONIDE	No Auth Required		1		
82157	ASSAY OF ANDROSTENEDIONE	ANDROSTENEDIONE	No Auth Required		1		
82160	ASSAY OF ANDROSTERONE	ANDROSTERONE	No Auth Required		1		
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	. ac. slogy and Eas		. a chinear neview	
82173	ASSAY OF ASCORBIC ACID	ASSAY OF ASCORBIC ACID BLOOD	No Auth Required				
82190	ATOMIC ABSORPTION	ATOMIC ABSRPJ SPECTROSCOPY EA	No Auth Required				
02130	A TOTALIC ADSORT HOM	ANALYTE	No Auth Nequileu				
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 TOTAL  BILE ACIDS CHOLYLGLYCINE	No Auth Required		<del> </del>		
02240	BILL ACIDS CHOLILULICINE	BILL ACIDS CHOLILULICINE	INO Autil Required	1	I	l	1

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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	No Auth Required			
		QUAL FECES 1 DETER				
82271	OCCULT BLOOD OTHER SOURCES	BLOOD OCCULT PEROXIDASE ACTV	No Auth Required			
		QUAL OTHER SOURCES				
82272	OCCULT BLD FECES 1-3 TESTS	BLOOD OCCULT PEROXIDASE ACTV	No Auth Required			
		QUAL FECES 1-3 SPEC				
82274	ASSAY TEST FOR BLOOD FECAL	BLOOD OCCULT FECAL HGB DETER IA	No Auth Required			
		QUAL FECES 1-3				
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	No Auth Required			
		PERFORMED				
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			
	CALCIUM INFUSION TEST	CALCIUM AFTER CALCIUM INFUSION	No Auth Required			
		TEST	,			
82340	ASSAY OF CALCIUM IN URINE	CALCIUM URINE QUANTITATIVE TIMED	No Auth Required			
		SPECIMEN	,			
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	No Auth Required			
		TRANSFERRIN				
82374	ASSAY BLOOD CARBON DIOXIDE	CARBON DIOXIDE BICARBONATE	No Auth Required			
82375	ASSAY CARBOXYHB QUANT	CARBOXYHEMOGLOBIN QUANTITATIVE				
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	No Auth Required			
		SPECIMEN				
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				
02-441	TEST FOR CHEOROTT PROCARBONS	CHEOMINATED ITTOROCARDONS SCREEN	Auth Required			
82465	ASSAY BLD/SERUM CHOLESTEROL	CHOLESTEROL SERUM/WHOLE BLOOD	No Auth Required			
02403	7.55/11 DED/DENOISI CHOLESTEROL	TOTAL	Auth Nequileu			
82480	ASSAY SERUM CHOLINESTERASE	CHOLINESTERASE SERUM	No Auth Required			
82482	ASSAY RBC CHOLINESTERASE	CHOLINESTERASE SERVIVI  CHOLINESTERASE RBC	No Auth Required			
	ASSAY CHONDROITIN SULFATE					
82485	IASSAT CHUNDRUTTIN SULFATE	CHONDROITIN B SULFATE QUANTITATIVE	No Auth Required			
82495	ASSAY OF CHROMIUM	ASSAY OF CHROMIUM	No Auth Required			
82507	ASSAY OF CHROMIOM ASSAY OF CITRATE					
82507	ASSAT OF CITRATE	ASSAY OF CITRATE	No Auth Required			

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ASSAY OF CORTOCOTRON	82523	COLLAGEN CROSSLINKS	COLLAGEN CROSS LINKS ANY METHOD	No Auth Required		
DATE   DATE OF PARTIES   DAT	82525	ASSAY OF COPPER	ASSAY OF COPPER	No Auth Required		
Introductions   Control Cont	82528	ASSAY OF CORTICOSTERONE	CORTICOSTERONE	No Auth Required		
Introductions   Control Cont	82530					
ASSAY OF CYCHOLDE						
202-22  CCC CREMONTOCOGRAPH COLLYCULAN   COLL-GRIMAN KONDRUGA MAJYTE NIS   No. Auth Required						
DIALYQUAN EASPEC   DIALYQUAN CONTROL   DIALY						
ASSAY OF CRITCHING   CREATING RINASE EDUCATIVE SINASE TOTAL IN No Auth Required		4, 4,				
ASSAY OF CRY N BLOOD	82550	ASSAY OF CK (CPK)		No Auth Required		
\$2533   GEATINE MS FRACTION   GEATINE KINASE MS FRACTION ONLY   No Auth Required				·		
DREATINE ISOFORMS				·		
SSSAY OF CREATINNE   CREATIN						
SSSAY OF CREATININE   CREATININE   CREATINE SOURCE   No. Auth Required	82554	CREATINE ISOFORMS	CREATINE KINASE ISOFORMS	No Auth Required		
ASSAY OF UNINE CERTATINE   CREATININE   CREATININE CLARANCE   No. Auth Required	82565					
SESTION   CREATININE CLEARANCE TEST   CREATININE CLEARANCE   No Auth Required	82570	ASSAY OF URINE CREATININE	CREATININE OTHER SOURCE	·		
ASSAY OF CRYOTERINGENING   ASSAY OF CRYOTERINGENING   ASSAY OF CRYOTERINGENING   CRYOTERINGENING   ASSAY OF CRYOTERINGENINGENIN				·		
ASSAY OF CRYGOLOBULIN						
QUANTITATIVE   No Auth Required			CRYOGLOBULIN QUALITATIVE/SEMI-			
ASSAY OF CYANIDE						
R28207   VITAMIN B-12   CYANCODALAMIN VITARIAN B-12   No Auth Required	82600	ASSAY OF CYANIDE		No Auth Required		
Bacor   Standing Capacity   Changocobal Amin Vite 1-2 Unsat   No Auth Required						
82615 TIST TO ULINE CYSTINES  CISTINERIA COMPRESS CISTINERIA MONOCSTINE URINE  82627 DEHYDROEPIANDROSTERONE  82627 DEHYDROEPIANDROSTERONE  82632 DESONYCORTICOSTERONE  82633 DESONYCORTICOSTERONE  82633 DESONYCORTICOSTERONE  82634 DESONYCORTICOSTERONE  82635 DESONYCORTICOSTERONE  82636 DESONYCORTICOSTERONE  82636 DESONYCORTICOSTERONE  82637 DEMONOCATION DE	82608	B-12 BINDING CAPACITY	CYANOCOBALAMIN VIT B-12 UNSAT	No Auth Required		
82615 TIST TO ULINE CYSTINES  CISTINERIA COMPRESS CISTINERIA MONOCSTINE URINE  82627 DEHYDROEPIANDROSTERONE  82627 DEHYDROEPIANDROSTERONE  82632 DESONYCORTICOSTERONE  82633 DESONYCORTICOSTERONE  82633 DESONYCORTICOSTERONE  82634 DESONYCORTICOSTERONE  82635 DESONYCORTICOSTERONE  82636 DESONYCORTICOSTERONE  82636 DESONYCORTICOSTERONE  82637 DEMONOCATION DE				'		
Recommendation   Reco	82610	CYSTATIN C	Ť	No Auth Required		
BEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE   DESOXYCORTICOSTERONE   DESOXYCORTICOSTERONE   No Auth Required			CSTINE&HOMOCSTINE URINE			
BEFORM   DEHYDROEPIANDROSTERONE   DEHYDROEPIANDROSTERONE SULFATE   No Auth Required			QUALITATIVE			
B2633 DESOXYCORTICOSTERONE DESOXYCORTICOSTERONE 11- No Auth Required    82634 DEOXYCORTISOL DEOXYCORTISOL 11- No Auth Required    82634 DEOXYCORTISOL DEOXYCORTISOL 11- No Auth Required    82634 DEOXYCORTISOL DEOXYCORTISOL 11- No Auth Required    82634 DEOXYCORTISOL NUMBER ASSAY OF DIBUCAINE NUMBER NO AUTH REquired    82632 VIT D 1 25-DIHYDROXY DIHYDROXY INCLUDES FRACTIONS NO AUTH Required    82652 VIT D 1 25-DIHYDROXY NICLUDES FRACTIONS NO AUTH Required    82656 PANCREATIC ELASTASE FECAL ELASTASE PANCREATIC FECAL NO AUTH Required    82657 ENZYME CELL ACTIVITY NICLUDES FRACTIONS NO AUTH Required    82658 ENZYME CELL ACTIVITY NICLUDES FRACTIONS NO AUTH Required    82659 ENZYME CELL ACTIVITY AND AUTH AUTHOR OF CONTROL O	82626	DEHYDROEPIANDROSTERONE	DEHYDROEPIANDROSTERONE	No Auth Required		
B2634   DECXYCORTISOL   DECXYCORTISOL 11- NO Auth Required				·		
B2634   DECXYCORTISOL   DECXYCORTISOL 11- NO Auth Required						
82638 ASAY OF DIBUCAINE NUMBER   ASSAY OF DIBUCAINE NUMBER   No Auth Required	82633	DESOXYCORTICOSTERONE	DESOXYCORTICOSTERONE 11-	No Auth Required		
82638 ASAY OF DIBUCAINE NUMBER   ASSAY OF DIBUCAINE NUMBER   No Auth Required	82634	DEOXYCORTISOL	DEOXYCORTISOL 11-	No Auth Required		
82652 VIT D 1 25-DIHYDROXY  1 25 DIHYDROXY INCLUDES FRACTIONS  82656 PANCREATIC ELASTASE FECAL  ELASTASE PANCREATIC FECAL  QUAL/SEMI-QUAN  82657 ENZYME CELL ACTIVITY  NZYM ACTIV BLD CELLS/TISS  NO Auth Required  82658 INZYME CELL ACTIVITY RA  82658 INZYME CELL ACTIVITY RA  82659 INZYME CELL ACTIVITY RA  82650 INZYME CELL ACTIVITY RA  82650 INZYME CELL ACTIVITY RA  82651 ELECTROPHORETIC TEST  82661 ELECTROPHORETIC TEST  82662 ELECTROPHORETIC TEST  82663 ASSAY OF ERYTHROPOIETIN  82664 ASSAY OF ESTRADIOL  82666 ASSAY OF ESTRADIOL  82666 ASSAY OF ESTRADIOL  82667 ASSAY OF ESTRADIOL  82668 ASSAY OF ESTRADIOL  82670 ASSAY OF ESTRADIOL  82671 ASSAY OF ESTROGENS  82680 ASSAY OF ESTROGENS  82680 ASSAY OF ESTROGEN  82680 ASSAY OF ESTROGEN  82681 ASSAY OF ESTROGEN  82681 ASSAY OF ESTROGEN  82681 ASSAY OF ESTROGEN  82682 ASSAY OF ESTROGEN  82683 ASSAY OF ESTROGEN  82684 OF ESTROGENS  82686 ASSAY OF ESTROGEN  82686 ASSAY OF ESTROGEN  826870 ASSAY OF ESTROGEN  826880 ASSAY OF ESTROGEN  826890 ASSAY OF ESTROGEN  826891 ASSAY OF ESTRODIOL  82681 ASSAY OF ESTRODIOL  82682 ASSAY OF ESTROGEN  82683 ASSAY OF ESTROGEN  82684 ASSAY OF ESTROGEN  82685 ASSAY OF ESTROGEN  82686 ASSAY OF ESTROGEN  82686 ASSAY OF ESTROGEN  826870 ASSAY OF ESTROGEN  826880 ASSAY OF ESTROGEN  826890 ASSAY OF ESTROGEN	82638	ASSAY OF DIBUCAINE NUMBER	ASSAY OF DIBUCAINE NUMBER			
IF PERFORMED	82642	DIHYDROTESTOSTERONE	DIHYDROTESTOSTERONE (DHT)	No Auth Required		
82656 PANCREATIC ELASTASE FECAL ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN 82657 ENZYME CELL ACTIVITY NOT NOT BLO CELLS/TISS NO AUTH Required 82658 ENZYME CELL ACTIVITY RA NZYM ACTV BLOOD CELLS/TISS RADACT NO AUTH Required 82658 ENZYME CELL ACTIVITY RA NZYM ACTV BLOOD CELLS/TISS RADACT NO AUTH Required 82664 ELECTROPHORETIC TEST ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED 82665 ASSAY OF ERYTHROPOIETIN ASSAY OF ESTRADIOL NO AUTH Required 826670 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 82673 ASSAY OF ESTROGEN ASSAY OF ESTROGEN NO AUTH Required 82674 ASSAY OF ESTROGEN ASSAY OF ESTROME NO AUTH Required 82675 ASSAY OF ESTRONE ASSAY OF ESTROME 82676 ASSAY OF ESTRONE 82677 ASSAY OF ESTRONE 82677 ASSAY OF ESTRONE 82678 ASSAY OF ESTRONE 82679 ASSAY OF ESTRONE 82670 ASSAY OF ESTROME 82670 ASSAY OF ESTROME 82670 ASSAY OF ESTRONE 82670 ASSAY OF ESTROME 82671 ASSAY OF ESTROME 82672 ASSAY OF ESTROME 82673 ASSAY OF ESTROME 82674 ASSAY OF ESTROME 82675 ASSAY OF ESTROME 82676 ASSAY OF ESTROME 82677 ASSAY OF ESTROME 82677 ASSAY OF ESTROME 82678 ASSAY OF ESTROME 82679 ASSAY OF ESTROME 82679 ASSAY OF ESTROME 82670 ASSAY OF ESTROME 82670 ASSAY OF ESTROME 82671 ASSAY OF ESTROME 82671 ASSAY OF ESTROME 82671 ASSAY OF ESTROME 82672 ASSAY OF ESTROME 82673 ASSAY OF ESTROME 82674 ASSAY OF ESTROME 82675 ASSAY OF ESTROME 82676 ASSAY OF ESTROME 82677 ASSAY OF ESTROME 82677 ASSAY OF ESTROME 82678 ASSAY OF ESTROME 82679 ASSAY OF ESTROME 82679 ASSAY OF ESTROME 82670 ASSAY OF ESTROME 82671 ASSAY OF ESTROME 8	82652	VIT D 1 25-DIHYDROXY	1 25 DIHYDROXY INCLUDES FRACTIONS	No Auth Required		
QUAL/SEMI-QUAN  82657 ENZYME CELL ACTIVITY  NZYM ACTIV BLD CELLS/TISS NO Auth Required  NONRADACT SUBSTRATE EA  NO Auth Required  SUBSTRATE EA  82658 ENZYME CELL ACTIVITY RA  NZYM ACTV BLOOD CELLS/TISS RADACT NO Auth Required  SUBSTRATE EA  82664 ELECTROPHORETIC TEST ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED  82668 ASSAY OF ERYTHROPOIETIN ASSAY OF ESTRADIOL ASSAY OF ESTRADIOL ASSAY OF ESTRADIOL NO Auth Required  82671 ASSAY OF ESTRADIOL ASSAY OF ESTRADIOL NO Auth Required  82672 ASSAY OF ESTROGENS ASSAY OF ESTROGENS FRACTIONATED NO Auth Required  82673 ASSAY OF ESTROGEN ASSAY OF ESTROGENS TOTAL NO Auth Required  82674 ASSAY OF ESTROGEN ASSAY OF ESTROGENS TOTAL NO Auth Required  82675 ASSAY OF ESTRONE ASSAY OF ESTRODE ASS			IF PERFORMED	,		
82657 ENZYME CELL ACTIVITY NZYM ACTIV BLD CELLS/TISS NO Auth Required  82658 ENZYME CELL ACTIVITY RA NZYM ACTV BLOOD CELLS/TISS RADACT NO Auth Required  82664 ELECTROPHORETIC TEST ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED  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  82673 ASSAY OF ESTROGEN ASSAY OF ESTROGENS TOTAL NO Auth Required  82674 ASSAY OF ESTROGEN ASSAY OF ESTROGEN TOTAL NO Auth Required  82675 ASSAY OF ESTRONE ASSAY OF ESTRONE NO Auth Required  82676 ASSAY OF ESTRONE ASSAY OF ESTRONE NO Auth Required  82681 ASSAY DIR MEAS FR ESTRADIOL ESTRADIOL ESTRADIOL NO Auth Required  82681 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82693 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82695 FATS/LIPIOS FECES QUAL FAT/LIPIOS FECES QUALITATIVE NO Auth Required	82656	PANCREATIC ELASTASE FECAL	ELASTASE PANCREATIC FECAL	No Auth Required		
NONRADACT SUBSTRATE EA  82658 ENZYME CELL ACTIVITY RA  NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA  82664 ELECTROPHORETIC TEST  ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED  82668 ASSAY OF ERYTHROPOIETIN  ASSAY OF ESTRADIOL  ASSAY OF ESTROGENS  ASSAY OF ESTROGENS FRACTIONATED  No Auth Required  82672 ASSAY OF ESTROGEN  ASSAY OF ESTROGEN SASAY OF ESTROGENS TOTAL  No Auth Required  82673 ASSAY OF ESTROGE  ASSAY OF ESTRODE  ASSAY OF ESTRADIOL  ASSAY OF ESTRODE  ASSAY OF ESTRADIOL  ASSAY OF ESTRADIOL  BY ASSAY OF ESTRADIOL  BY ASSAY OF ESTRADIOL  ASSAY OF ESTRADIOL  ASSAY OF ESTRADIOL  BY ASSAY OF ESTRADIOL  ASSAY OF ESTRADIOL  BY ASSAY OF ESTRA			QUAL/SEMI-QUAN			
NONRADACT SUBSTRATE EA  82658 ENZYME CELL ACTIVITY RA  NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA  82664 ELECTROPHORETIC TEST  ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED  82668 ASSAY OF ERYTHROPOIETIN  ASSAY OF ESTRADIOL  ASSAY OF ESTROGENS  ASSAY OF ESTROGENS  ASSAY OF ESTROGENS FRACTIONATED  No Auth Required  82672 ASSAY OF ESTROGEN  ASSAY OF ESTROGEN SASAY OF ESTROGENS TOTAL  No Auth Required  82673 ASSAY OF ESTROGE  ASSAY OF ESTROOL  AS	82657	ENZYME CELL ACTIVITY	NZYM ACTIV BLD CELLS/TISS	No Auth Required		
SUBSTRATE EA  82664 ELECTROPHORETIC TEST ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED  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  82672 ASSAY OF ESTROGEN  82674 ASSAY OF ESTROGEN ASSAY OF ESTROGENS TOTAL NO Auth Required  82677 ASSAY OF ESTRIOL ASSAY OF ESTRIOL No Auth Required  82679 ASSAY OF ESTRONE  82681 ASSAY OF ESTRONE  ASSAY OF INTERCEMENT FREE ESTRADIOL  82681 ASSAY OF ESTROLL ASSAY OF ESTROLL NO Auth Required  82693 ASSAY OF ESTROLL ASSAY OF ESTROLL NO Auth Required  82694 ASSAY OF ESTROLL ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL  82696 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHOCHOLANOLONE ASSAY OF ETHOCHOLANOLONE NO Auth Required  82705 FATS/LIPIDS FECES QUAL FAT/LIPIDS FECES QUALITATIVE NO Auth Required			NONRADACT SUBSTRATE EA			
82664 ELECTROPHORETIC TEST ELSEWHERE SPECIFIED  82668 ASSAY OF ERYTHROPOIETIN ASSAY OF ESTROPIETIN 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  82673 ASSAY OF ESTROGEN ASSAY OF ESTROOPEN TOTAL NO Auth Required  82679 ASSAY OF ESTROIL ASSAY OF ESTROIL NO Auth Required  82679 ASSAY OF ESTROIL ASSAY OF ESTRONE NO Auth Required  82681 ASSAY DIR MEAS FR ESTRADIOL ESTRADIOL ASSAY OF ESTROIL NO Auth Required  82693 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHOCHOLANOLONE ASSAY OF ETHOCHOLANOLONE NO Auth Required  82705 FATS/LIPIDS FECES QUAL FAT/LIPIDS FECES QUALITATIVE NO Auth Required	82658	ENZYME CELL ACTIVITY RA	NZYM ACTV BLOOD CELLS/TISS RADACT	No Auth Required		
ELSEWHERE SPECIFIED  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  82673 ASSAY OF ESTROGEN ASSAY OF ESTROGENS TOTAL NO Auth Required  82674 ASSAY OF ESTROGEN ASSAY OF ESTRODE NO Auth Required  82675 ASSAY OF ESTRONE ASSAY OF ESTRONE NO Auth Required  82676 ASSAY OF ESTRONE ASSAY OF ESTRONE NO Auth Required  82681 ASSAY DIR MEAS FR ESTRADIOL ESTRADIOL ESTRADIOL  82693 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHOCHOLANOLONE ASSAY OF ETHOCHOLANOLONE NO Auth Required  82705 FATS/LIPIDS FECES QUAL FAT/LIPIDS FECES QUALITATIVE NO Auth Required			SUBSTRATE EA			
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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  82673 ASSAY OF ESTRIOL ASSAY OF ESTRIOL NO Auth Required  82679 ASSAY OF ESTRONE ASSAY OF ESTRONE NO Auth Required  82681 ASSAY OF ESTRADIOL ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL  82693 ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL NO Auth Required  82696 ASSAY OF ETHOCHOLANOLONE ASSAY OF ETHOCHOLANOLONE NO Auth Required  82705 FATS/LIPIDS FECES QUAL FAT/LIPIDS FECES QUALITATIVE NO Auth Required			ELSEWHERE SPECIFIED		 	
ASSAY OF ESTROGENS ASSAY OF ESTROGENS ASSAY OF ESTROGEN ASSAY OF ESTROGEN ASSAY OF ESTROGEN ASSAY OF ESTROGEN ASSAY OF ESTROL ASSAY OF ESTRIOL ASSAY OF ESTRIOL ASSAY OF ESTRIOL ASSAY OF ESTRONE ASSAY OF ESTRONE ASSAY OF ESTRONE ASSAY OF ESTRONE ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL ASSAY OF ESTROL ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHYLENE GLYCOL ASSAY OF ETHOCHOLANOLONE ASSAY OF ETHOCHOL	82668	ASSAY OF ERYTHROPOIETIN	ASSAY OF ERYTHROPOIETIN	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 ESTRADIOL ESTRADIOL  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	82670	ASSAY OF ESTRADIOL	ASSAY OF ESTRADIOL	No Auth Required		
S2677   ASSAY OF ESTRIOL   ASSAY OF ESTRIOL   No Auth Required   No Auth Required	82671	ASSAY OF ESTROGENS	ASSAY OF ESTROGENS FRACTIONATED	No Auth Required	 	 
S2677   ASSAY OF ESTRIOL   ASSAY OF ESTRIOL   No Auth Required   No Auth Required						
82679   ASSAY OF ESTRONE   ASSAY OF ESTRONE   No Auth Required	82672	ASSAY OF ESTROGEN	ASSAY OF ESTROGENS TOTAL	No Auth Required		
ASSAY OF DIRECT MEASUREMENT FREE No Auth Required ESTRADIOL  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	82677	ASSAY OF ESTRIOL	ASSAY OF ESTRIOL	No Auth Required		
ASSAY DIR MEAS FR ESTRADIOL   ESTRADIOL   ESTRADIOL   ESTRADIOL   ESTRADIOL   ESTRADIOL   SASSAY OF ETHYLENE GLYCOL   No Auth Required   SASSAY OF ETIOCHOLANOLONE   ASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   ASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   FATS/LIPIDS FECES QUAL   FAT/LIPIDS FECES QUALITATIVE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLANOLONE   No Auth Required   SASSAY OF ETIOCHOLANOLONE   SASSAY OF ETIOCHOLAN	82679	ASSAY OF ESTRONE				
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	92691	ASSAY DID MEAS ED ESTRADIOI	ASSAY OF DIRECT MEASUREMENT FREE	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	02001	ASSAT DIN WEAS FRESTRADIOL	ESTRADIOL			
82705 FATS/LIPIDS FECES QUAL FAT/LIPIDS FECES QUALITATIVE No Auth Required						
82710 FATS/LIPIDS FECES QUANT FAT/LIPIDS FECES QUANTITATIVE 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		

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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	No Auth Required				
		SECRETIONS SEMI-QUAN					
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	No Auth Required				
		TRANSFERASE QUAN					
82776	GALACTOSE TRANSFERASE TEST	GALACTOSE-1-PHOSPHATE URIDYL	No Auth Required				
		TRANSFERASE SCREEN					
82777	GALECTIN-3	GALECTIN-3	No Auth Required				
	ASSAY IGA/IGD/IGG/IGM EACH	ASSAY OF GAMMAGLOBULIN IGA IGD	No Auth Required				
02701	7.5571. 16.1,16.571.6671.6111 E.1.611	IGG IGM EACH	no man neganea				
82785	ASSAY OF IGE	ASSAY OF GAMMAGLOBULIN IGE	No Auth Required				
82787	IGG 1 2 3 OR 4 EACH	GAMMAGLOBULIN IMMUNOGLOBULIN					
82787	100 1 2 3 OK 4 LACI1	SUBCLASSES	No Autii Required				
82800	BLOOD PH	GASES BLOOD PH ONLY	No Auth Required				
82803	BLOOD GASES ANY COMBINATION	BLOOD GASES ANY COMBINATION PH	No Auth Required				
02003	BLOOD GASES ANY COMBINATION		No Autii Kequireu				
02005	DLOOD CASES M/O2 SATURATION	PCO2 PO2 CO2 HCO3	No Acade Document				
82805	BLOOD GASES W/O2 SATURATION	GASES BLOOD PH DIRECT MEAS XCPT	No Auth Required				
00010	DI 000 01050 00 017 01111	PULSE OXIMITRY					
82810	BLOOD GASES O2 SAT ONLY	GASES BLOOD O2 SATURATION ONLY	No Auth Required				
		DIRECT MEAS					
82820	HEMOGLOBIN-OXYGEN AFFINITY	HGB-O2 AFFINITY PO2 50%	No Auth Required				
		SATURATION OXYGEN					
82930	GASTRIC ANALY W/PH EA SPEC	GASTRIC ACID ANALYIS W/PH EACH	No Auth Required				
		SPECIMEN					
82938	GASTRIN TEST	GASTRIN AFTER SECRETIN	No Auth Required				
		STIMULATION					
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	No Auth Required				
		BLOOD					
82946	GLUCAGON TOLERANCE TEST	GLUCOSE TOLERANCE TEST	No Auth Required				
82947	ASSAY GLUCOSE BLOOD QUANT	GLUCOSE QUANTITATIVE BLOOD XCPT	No Auth Required				
		REAGENT STRIP	<u> </u>				
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	No Auth Required				
		SPECIMENS					
82952	GTT-ADDED SAMPLES	GLUCOSE TOLERANCE EA ADDL BEYOND	No Auth Required				
		3 SPECIMENS					
82955	ASSAY OF G6PD ENZYME	GLUC-6-PHOSPHATE DEHYDROGENASE	No Auth Required				
52333		QUANTITATIVE					
82960	TEST FOR G6PD ENZYME		No Auth Required				
02300	TEST TON GOT D ENVETTIVE	SCREEN	Auth Nequileu				
82962	GLUCOSE BLOOD TEST		No Auth Required				
02902	GLUCUSE BLUUD TEST	GLUC BLD GLUC MNTR DEV CLEARED	No Auth Required				
92062	ACCAY OF CITICOCIDACE	FDA SPEC HOME USE	No Auth Boquired				
82963	ASSAY OF GLUCOSIDASE	ASSAY OF CLUTAMATE	No Auth Required				
82965	ASSAY OF GDH ENZYME	ASSAY OF GLUTAMATE	No Auth Required				
		DEHYDROGENASE		1		l	

	T	T	T		1	
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	No Auth Required			
83003	ASSAY GROWTH HORMONE (HGH)	HORMONE ASSAY OF GROWTH HORMONE HUMAN	No Auth Required			
83006	GROWTH STIMULATION GENE 2	GROWTH STIMULATION EXPRESSED	No Auth Required			
		GENE 2	,			
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	No Auth Required	 		
		5-HIAA				

ASSAY OF PROGESTERON 2.7-0   ASSAY OF PROGESTERON 2.7-1   No. Auth Required				•				
	83498	ASSAY OF PROGESTERONE 17-D	ASSAY OF HYDROXYPROGESTERONE 17- D	No Auth Required				
MAJUNGASSAY INDIVIDUAL   No. Auth Required	83500	ASSAY FREE HYDROXYPROLINE	ASSAY OF HYDROXYPROLINE FREE	No Auth Required				
SASSAY OF RISCUENTED STORY OF ROMAN CASAS OF RISCUENT OF ROMAN STORY OF ROMAN CASAS OF RISCUENT OF ROM	83505	ASSAY TOTAL HYDROXYPROLINE	ASSAY OF HYDROXYPROLINE TOTAL	No Auth Required				
B3318   MMUNOASSAY DIPSTICK   DIAL/SEMIQUIA SINGIS FTP	83516	IMMUNOASSAY NONANTIBODY	IMMUNOASSAY ANALYTE	No Auth Required				
S3319 IN A NONANTIBODY MINUNOASSAY AMALYTE GUANT RADIOMINUNOASSAY MINUNOASSAY AMALYTE GUANT RADIOMINUNOASSAY MINUNOASSAY QUANT NOS NONAB MINUNOASSAY AMALYTE GUANTITATIVE NOS  S3520 INSANO FINSULIN ASSAY OF INSULIN FREE  S3521 ASSAY OF INSULIN ASSAY OF INSULIN FREE  S3522 ASSAY OF INSULIN ASSAY OF INSULIN FREE  NO AURB Required  S3522 ASSAY OF INSULIN ASSAY OF INSULIN FREE  NO AURB Required  S3523 ASSAY OF INSULIN ASSAY OF INSULIN FREE  NO AURB Required  S3524 ASSAY OF INSULIN ASSAY OF INSULIN FREE  NO AURB Required  NO AURB Required  S3526 ASSAY OF INSULIN FREE  NO AURB Required  S3526 ASSAY OF INSULIN FREE  NO AURB Required  NO AURB			QUAL/SEMIQUAL MULTIPLE STEP					
BASHON   MANUNOASSAY QUANT NOS NONAB   MANUNOASSAY ANALYTE   MANUNOASSAY QUANT NOS NONAB   MANUNOASSAY QUANT NOS	83518	IMMUNOASSAY DIPSTICK	IMMUNOASSAY ANALYTE	No Auth Required				
RADIOMAUNOASSAY QUANT NOS NONAB MAUNOASSAY QUANT TOS NONAB MAUNOASSAY QUANT TATUR NOS  38322 ASSAY OF INSULIN ASSAY OF INSULIN ASSAY OF INSULIN TOTAL NO AUTH Required ASSAY OF INSULIN ASSAY OF INSULIN TOTAL			QUAL/SEMIQUAL SINGLE STEP					
BASSID   MANUHOASSAY QUANT NOS NONAB   MANUHOASSAY ANALYTE   No Auth Required	83519	RIA NONANTIBODY	IMMUNOASSAY ANALYTE QUANT	No Auth Required				
SASAY OF INSULIN ASSAY OF INSULIN TOTAL NO Auth Required  \$3.5325 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5326 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5327 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5326 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5326 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5326 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5327 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5326 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5327 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5328 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5328 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5329 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5329 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5329 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5320 ASSAY OF INSULIN FREE  \$3.5320 ASSAY OF INSULIN FREE  \$3.5320 ASSAY OF INSULIN ASSAY OF INSULIN FREE  \$3.5320 ASSAY OF INSULIN FR			RADIOIMMUNOASSAY					
ASSAY OF INSULIN   ASSAY OF INSULIN   ASSAY OF INSULIN FREE   No Auth Required	83520	IMMUNOASSAY QUANT NOS NONAB		No Auth Required				
ASSAY OF INSULIN   ASSAY OF INSULIN PREE   No Auth Required								
ASSAY OF INTRINSIC FACTOR   ASSAY OF INTRINSIC FACTOR   No Auth Required								
ASSAY OF IRON ASSAY OF IRON ASSAY OF IRON ASSAY OF IRON ASSAY OF RETORN ENDING CAPACITY No Auth Required ASSAY OF RETORN STEROIDS ASSAY OF RETORN								
RON BINDING TEST   RON BINDING CARACITY   No Auth Required								
ASSAY OF IDE NEXTME   SOCITING DEHYDROGENASE   No Auth Required								
ASSAY OF KETOGENIC STEROIDS  ASSAY OF KETOGENIC STEROIDS  ASSAY OF KETOGENIC STEROIDS  ASSAY OF KETOSTEROIDS  ASSAY OF LEAD  AND AUTHORITICAL REVIEW								
FRACTIONATION  ASSAY OF KETOSTEROIDS  ASSAY OF KETOSTEROIDS 17-TOTAL  No Auth Required  ASSAY OF LACTATE CDI (DIPLENZYME  BASISIS LACTATE (DI) (LDIPLENZYME  LACTATE DEHYDROGENASE LDH  NO Auth Required  ASSAY OF LACTATE (DI) (LDIPLENZYME  LACTATE DEHYDROGENASE LDH  NO Auth Required  ASSAY OF LACTATE (DI) (LDIPLENZYME)  LACTATE DEHYDROGENASE  SORDYMASE SEPROLUAN  BASISIS LACTOFERRIN FECAL (QUAL)  LACTOFERRIN FECAL QUALITATIVE  NO Auth Required  NO Auth Required  NO Auth Required  SORDYMASE SEPROLUAN  BASISIS LACTOFERRIN FECAL (QUALI)  LACTOFERRIN FECAL QUALITATIVE  NO Auth Required  NO Auth Required  SORDYMASE SEPROLUAN  BASISIS LACTOFERRIN FECAL QUALITATIVE  NO Auth Required  NO Auth Requ		1		· · · · · · · · · · · · · · · · · · ·		<b></b>	<del> </del>	
ASSAY OF KETOSTEROIDS   ASSAY OF KETOSTEROIDS 17- TOTAL   No Auth Required	83582	ASSAY OF KETOGENIC STEROIDS		No Auth Required				
RASTON FRACTIONATION KETOSTEROIDS KETOSTEROIDS 17-FRACTIONATION NO Auth Required  83605 ASSAY OF LACTIC ACID ASSAY OF LACTIC (LD) (LDH) ENZYME LACTATE DEHYDROGENASE LDH NO Auth Required  83615 LACTOFERRIN FECAL (QUAL) LACTOFERRIN FECAL QUALI) LACTOFERRIN FECAL QUALI) LACTOFERRIN FECAL QUALITITATIVE NO Auth Required  83631 LACTOFERRIN FECAL (QUALI) LACTOFERRIN FECAL QUALITATIVE NO Auth Required  83632 PLACENTAL LACTOGEN LACTOGER HPL HUMAN CHORIONIC SOMATOMAMMOITROPIN  83633 TEST URINE FOR LACTOSE LACTOSE URINE QUALITATIVE NO Auth Required  83634 TEST URINE FOR LACTOSE LACTOSE URINE QUALITATIVE NO Auth Required  83661 LYS RATIO FETAL LUNG FETAL LUNG MATURITY LECITHIN NO Auth Required  83661 LYS RATIO FETAL LUNG FETAL LUNG MATURITY FOAM SPHINGOMYELIN RATIO  83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY TURE CECKEN BOOD POLARIZE FETAL LUNG FETAL LUNG MATURITY TURE CECKEN BOOD POLARIZE FETAL LUNG FETAL LUNG MATURITY LORESCENCE NO Auth Required  83660 ASSAY OF LAP ENZYME LEUCINE AMINOPEPTIDASE LAP NO AUTH Required  83661 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR NO AUTH Required  83660 ASSAY OF LIPSES ASSAY OF LIPS							<u> </u>	
ASSAY OF LACTIC ACID   ASSAY OF LACTATE   No Auth Required						<del>                                     </del>	<u> </u>	
B3615   LACTATE (LD) (LDH) ENZYME   LACTATE DEHYDROGENASE LDH   No Auth Required				•		<del>                                     </del>	<u> </u>	
B3625   ASSAY OF LDH ENZYMES   LACTATE DEHYDROGENASE   NO Auth Required						<del>                                     </del>	<u> </u>	
ISOENZYMES SEP&QUAN   SASAY OF LEAP EVALUATION   LACTOFERRIN FECAL QUALITATIVE   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SASAY OF LEAD   No Auth Required   SASAY OF LEAD   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SASAY OF LEAD   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SASAY OF LEAD   No Auth Required   SOMATOMAMMOTROPIN   No Auth Required   SASAY OF LEAD   No Auth Required   SASAY OF LEAD   NO Auth Required   SHINGOMYELIN RATIO   SHINGOMYELIN RATIO   SHINGOMYELIN RATIO   SHINGOMYELIN RATIO   SHINGOMYELIN RATIO   SHINGOMYELIN RATIO   STABILITY FETAL LUNG   FETAL LUNG MATURITY FOAM   STABILITY FETAL LUNG   STABILITY FETAL LUNG   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FETAL LUNG   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FOAM   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FOAM   STABILITY FETAL LUNG MATURITY FOAM   STABILITY FOA						<del>                                     </del>	<u> </u>	
83631 LACTOFERRIN FECAL (QUALT)  83631 LACTOFERRIN FECAL (QUANT)  83632 PLACENTAL LACTOGEN  83632 PLACENTAL LACTOGEN  83633 PLACENTAL LACTOGEN  83633 TEST URINE FOR LACTOSE  83634 LACTOSE URINE QUALITATIVE  83635 ASSAY OF LEAD  83636 ASSAY OF LEAD  83636 L/S RATIO FETAL LUNG  83636 FETAL LUNG  83636 FILUROR POLARIZE FETAL LUNG  83636 FILUROR POLARIZE FETAL LUNG  8364 LAMELLAR BDY FETAL LUNG  8365 FETAL LUNG MATURITY FLORESCENCE  83663 POLARIZATION  83664 LAMELLAR BDY FETAL LUNG  8564 LAMELLAR BDY FETAL LUNG  8665 FETAL LUNG MATURITY HURELSCENCE  8766 POLARIZATION  8766 ASSAY OF LAP ENIZYME  8767 ASSAY OF LAP ENIZYME  8768 LUCIOR POLARIZATION  8768 ASSAY OF LAP ENIZYME  8769 ASSAY OF LIPOPROTEIN(A)  8769 ASSAY OF LIPOPROTEIN(A)  8760 LIPOPROTEIN BLOD  8760 LIPOPROTEIN BLOD  8760 LIPOPROTEIN BLODO  LOCK BROUND  8760 LIPOPROTEIN BLOOD BLOCK BROUND  8760 LATTATIVE NO AUTHORISM NO AUTHORISM BROUND  8760 LATTA	83625	ASSAY OF LDH ENZYMES		No Auth Required				
B3631   LACTOFERRIN FECAL (QUANT)   LACTOFERRIN FECAL QUANTITATIVE   No Auth Required						<del>                                     </del>	<u> </u>	
B3632   PLACENTAL LACTOGEN   LACTOGEN   LACTOGEN   LACTOGEN   No Auth Required							<del> </del>	
SOMATOMAMMOTROPIN  83633 TEST URINE FOR LACTOSE LACTOSE URINE QUALITATIVE NO Auth Required  83651 ASSAY OF LEAD ASSAY OF LEAD NO Auth Required  83661 L/S RATIO FETAL LUNG FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO  83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY  83670 ASSAY OF LAP ENZYME LEUCINE AMINOPEPTIDASE LAP NO Auth Required  83690 ASSAY OF LIPASE ASSAY OF LIPASE ASSAY OF LIPOPROTEIN ASSOCIATED AUTHORITY PLOPROTEIN PLAZ LIPOPROTEIN ASSOCIATED PHOSPHOLIPASE AZ LIPOPROTEIN PLAZ LIPOPROTEIN BLOOD LIPOPROTEIN BLOOD LIPOPROTEIN BLOOD LIPOPROTEIN BLOH IN FRACTION LIPOPROTEIN BLOH				· · · · · · · · · · · · · · · · · · ·			<del> </del>	
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 83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY TEST 83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION 83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY BODY DENSITY 83670 ASSAY OF LAP ENZYME LEUCINE AMINOPEPTIDASE LAP No Auth Required 83690 ASSAY OF LIPASE ASSAY OF LIPASE No Auth Required 83693 ASSAY OF LIPASE ASSAY OF	83632	PLACENTAL LACTOGEN		No Auth Required				
83655 ASSAY OF LEAD No Auth Required SPHINGOMYELIN RATIO  83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM SPHINGOMYELIN RATIO  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY  83670 ASSAY OF LAP ENZYME LIEUCINE AMINOPEPTIDASE LAP BODY DENSITY NO Auth Required SASAY OF LIPASE NO AUTH REquired SASAY OF LIPOPROTEIN(A) LIPOPROTEIN (A) LIPOPROTEIN PLA2 LIPOPROTEIN PLA2 LIPOPROTEIN PLA2 LIPOPROTEIN BLD HE RECTROPHORETIC LIPOPROTEIN BLD HE REACTION LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOD HIGH Authorization Required Pathology and Lab Full Clinical Review Full Clinical Review Full Clinical Review Full Clinical Review Pathology and Lab Full Clinical Review Full Clinical Review Full Clinical Review Full Clinical Review Pathology and Lab Full Clinical Review	02622	TECT LIDING FOR LACTOCE		No. Acade Described				
83661 L/S RATIO FETAL LUNG FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO  83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY FETAL LUNG MATURITY FOAM STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR 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 LIPASE ASSAY OF LIPASE NO AUTH REquired  83696 ASSAY OF LIPOPROTEIN(A) LIPOPROTEIN (A) NO AUTH REquired  83698 ASSAY LIPOPROTEIN PLA2 LIPOPROTEIN (A) NO AUTH REquired  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD AUTHORIZATION REQUIRED PAthology and Lab  Full Clinical Review  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab  Full Clinical Review							<del> </del>	
SPHINGOMYELIN RATIO  83662 FOAM STABILITY FETAL LUNG FETAL LUNG MATURITY FOAM STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY  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 OF LIPOPROTEIN PLA2 LIPOPROTEIN-ASSOCIATED Authorization Required  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review				•			<del> </del>	
STABILITY TEST  83663 FLUORO POLARIZE FETAL LUNG FETAL LUNG MATURITY FLUORESCENCE POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR NO Auth Required  83670 ASSAY OF LAP ENZYME LEUCINE AMINOPEPTIDASE LAP NO Auth Required  83690 ASSAY OF LIPASE ASSAY OF LIPASE NO Auth Required  83691 ASSAY OF LIPOPROTEIN(A) LIPOPROTEIN (A) NO Auth Required  83692 ASSAY OF LIPOPROTEIN PLA2 LIPOPROTEIN (A) NO Auth Required  83698 ASSAY LIPOPROTEIN PLA2 LIPOPROTEIN ASSOCIATED Authorization Required Pathology and Lab  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN ELOOD Authorization Required Pathology and Lab  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab  Full Clinical Review  Full Clinical Review			SPHINGOMYELIN RATIO	·				
R3663   FLUORO POLARIZE FETAL LUNG   FETAL LUNG MATURITY FLUORESCENCE   No Auth Required   POLARIZATION	83662	FOAM STABILITY FETAL LUNG		No Auth Required				
POLARIZATION  83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY  83670 ASSAY OF LAP ENZYME LEUCINE AMINOPEPTIDASE LAP No Auth Required  83690 ASSAY OF LIPASE ASSAY OF LIPASE ASSAY OF LIPOPROTEIN(A) LIPOPROTEIN (A) LIPOPROTEIN (A) No Auth Required  83698 ASSAY OF LIPOPROTEIN PLA2 LIPOPROTEIN PLA2 LIPOPROTEIN BLOOD PHOSPHOLIPASE A2  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLO HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review Full Clinical Review Full Clinical Review Full Clinical Review								
83664 LAMELLAR BDY FETAL LUNG FETAL LUNG MATURITY LAMELLAR BODY DENSITY  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 OF LIPOPROTEIN PLA2 LIPOPROTEIN ASSOCIATED Authorization Required Pathology and Lab  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD Authorization Required ELECTROPHORETIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab  Full Clinical Review  Full Clinical Review	83663	FLUORO POLARIZE FETAL LUNG		No Auth Required				
BODY DENSITY  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 Authorization Required Pathology and Lab  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD Authorization Required Pathology and Lab  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab  Full Clinical Review  Full Clinical Review  Full Clinical Review	83664	LAMELLAR BDY FETAL LUNG		No Auth Required			1	
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 Authorization Required Pathology and Lab 83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD Authorization Required Pathology and Lab 83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab 83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab 83701 Full Clinical Review 83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab 83701 Full Clinical Review				·				
83695 ASSAY OF LIPOPROTEIN(A) LIPOPROTEIN (A) No Auth Required  83698 ASSAY LIPOPROTEIN PLA2 LIPOPROTEIN-ASSOCIATED Authorization Required Pathology and Lab Full Clinical Review  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review	83670	ASSAY OF LAP ENZYME	LEUCINE AMINOPEPTIDASE LAP	No Auth Required				
83698 ASSAY LIPOPROTEIN PLA2 LIPOPROTEIN-ASSOCIATED Authorization Required Pathology and Lab Full Clinical Review  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review	83690	ASSAY OF LIPASE	ASSAY OF LIPASE	No Auth Required				
83698 ASSAY LIPOPROTEIN PLA2 LIPOPROTEIN-ASSOCIATED Authorization Required Pathology and Lab Full Clinical Review  83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review	83695	ASSAY OF LIPOPROTEIN(A)	LIPOPROTEIN (A)	No Auth Required				
83700 LIPOPRO BLD ELECTROPHORETIC LIPOPROTEIN BLOOD Authorization Required Pathology and Lab Full Clinical Review  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review	83698			Authorization Required	Pathology and Lab		Full Clinical Review	
ELECTROPHORECTIC SEP&QUAN  83701 LIPOPROTEIN BLD HR FRACTION LIPOPROTEIN BLOOD HIGH Authorization Required Pathology and Lab Full Clinical Review	83700	LIPOPRO BLD ELECTROPHORETIC		Authorization Required	Pathology and Lah	<del>                                     </del>	Full Clinical Review	
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	83701	LIPOPROTEIN BLD HR FRACTION		Authorization Required	Pathology and Lah	<del>                                     </del>	Full Clinical Review	<u> </u>
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83704 LIPOPROTEIN BLD QUAN PART LIPOPROTEIN BLOOD QUAN NUMBERS Authorization Required Pathology and Lab Full Clinical Review	83704	LIPOPROTEIN BLD OUAN PART		Authorization Required	Pathology and Lab	<del> </del>	Full Clinical Review	
& SUBCLASSES	33.04						Similar Nevicw	
83718 ASSAY OF LIPOPROTEIN LIPOPROTEIN DIR MEAS HIGH DENSITY No Auth Required	83718	ASSAY OF LIPOPROTEIN		No Auth Required			†	
CHOLESTEROL								
83719 ASSAY OF BLOOD LIPOPROTEIN LIPOPROTEIN DIRECT MEASUREMENT No Auth Required	83719	ASSAY OF BLOOD LIPOPROTEIN		No Auth Required			1	
			VLDL CHOLESTEROL	1		1		
	83721	ASSAY OF BLOOD LIPOPROTEIN	LIPOPROTEIN DIRECT MEASUREMENT	No Auth Required				
83721 ASSAY OF BLOOD LIPOPROTEIN LIPOPROTEIN DIRECT MEASUREMENT No Auth Required	03721	7.007.11 01 02000 211 01 110 12111						

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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	No Auth Required			
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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	No Auth Required			
		OSMOLARITY				
83864	MUCOPOLYSACCHARIDES	MUCOPOLYSACCHARIDES ACID	No Auth Required			
0500.		QUANTITATIVE	no man neganea			
83872	ASSAY SYNOVIAL FLUID MUCIN	MUCIN SYNOVIAL FLUID ROPES TEST	No Auth Required			
	ASSAY OF CSF PROTEIN	MYELIN BASIC PROTEIN	No Auth Required			
00075	7.557.17 67 651 7.116 7.2.117	CEREBROSPINAL FLUID	no man neganea			
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	No Auth Required			
03003	ASSAT NET TIELOWIETKY NOT SI EC	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		No Auth Required			
03310	ORGANIC ACIDS TOTAL QUAINT	EACH SPECIMEN	No Auth Required			
83919	ORGANIC ACIDS QUAL EACH	ORGANIC ACIDS QUALITATIVE EACH	No Auth Required			
03313	ONGAINE ACIDS QUAL LACTI	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	Full Clinical Review	
83930	ONCOFROTEIN TIER-2/NEO	ONCOPROTEIN TIER-2/ NEO	Authorization Required	counseling	ruii Ciiiiicai Keview	
83951	ONCOPROTEIN DCP	ONCOPROTEIN DES-GAMMA-CARBOXY-	No Auth Required	Couriseiing		
03331	ONCO NOTEIN DEI	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	No Auth Required	1		
03300	105/11/11/2021/12012/1003	SPECIFIED	140 Addi Nequileu			
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	. acrosopy and Lab	. a chinear review	
83993	ASSAY FOR CALPROTECTIN FECAL	ASSAY OF PHENOTECIDINE  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	No Auth Required	1		
04033	7.55/11 ST THEINTERETORIES	QUALITATIVE	140 Addi Nequileu			
84060	ASSAY ACID PHOSPHATASE	ASSAY OF PHOSPHATASE ACID TOTAL	No Auth Required			
84066	ASSAY PROSTATE PHOSPHATASE	ASSAY OF PHOSPHATASE ACID	No Auth Required			
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84075	ASSAY ALKALINE PHOSPHATASE	ASSAY OF PHOSPHATASE ALKALINE	No Auth Required			
84078	ASSAY ALKALINE PHOSPHATASE	ASSAY OF PHOSPHATASE ALKALINE	No Auth Required			
5-076	, SO, T. ALIVERTE PROST HATASE	HEAT STABLE	/ wan nequired	1		
84080	ASSAY ALKALINE PHOSPHATASES	ASSAY OF PHOSPHATASE ALKALINE	No Auth Required	1		
0-1000	ALIALINE I HOSI HATASES	ISOENZYMES	Auth Nequileu	1		
84081	ASSAY PHOSPHATIDYLGLYCEROL	PHOSPHATIDYLGLYCEROL	No Auth Required			
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84145 PROCALCITONIN (PCT) PROCALCITONIN (PCT) No Auth Required	
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84152 ASSAY OF PSA COMPLEXED ASSAY OF PROSTATE SPECIFIC ANTIGEN No Auth Required	
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84153 ASSAY OF PSA TOTAL ASSAY OF PROSTATE SPECIFIC ANTIGEN No Auth Required	
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84154 ASSAY OF PSA FREE ASSAY OF PROSTATE SPECIFIC ANTIGEN No Auth Required	
FREE  PATES ASSAY OF PROTEIN SERIIM  PROTEIN VCDT REPRACTOMETRY  No Auth Promited	
84155 ASSAY OF PROTEIN SERUM PROTEIN XCPT REFRACTOMETRY No Auth Required	
SERUM PLASMA/WHL BLD  84156 ASSAY OF PROTEIN URINE PROTEIN TOTAL XCPT REFRACTOMETRY No Auth Required	
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84157 ASSAY OF PROTEIN OTHER PROTEIN TOTAL XCPT REFRACTOMETRY No Auth Required	
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84160 ASSAY OF PROTEIN ANY SOURCE PROTEIN TOTAL REFRACTOMETRY ANY No Auth Required	
SRC	
84163 PAPPA SERUM PREGNANCY-ASSOCIATED PLASMA No Auth Required	_
PROTEIN-A	
84165 PROTEIN E-PHORESIS SERUM PROTEIN ELECTROPHORETIC No Auth Required	
FRACTJ&QUANTJ SERUM	
84166 PROTEIN E-PHORESIS/URINE/CSF PROTEIN ELECTROP FXJ&QUAN OTH No Auth Required	
FLUS CONCENTRATI	
84181 WESTERN BLOT TEST PROTEIN WESTRN BLOT I&R No Auth Required	
BLOOD/OTHER FLUID	
84182 PROTEIN WESTERN BLOT TEST PROTEIN WESTRN BLOT BLOOD/OTH No Auth Required	
FLU IMMUNOLOGICAL	
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	

84220 ASSA 84228 ASSA 84233 ASSA 84234 ASSA 84235 ASSA	SAY OF PYRUVATE SAY OF PYRUVATE KINASE SAY OF QUININE SAY OF ESTROGEN SAY OF PROGESTERONE SAY OF ENDOCRINE HORMONE	ASSAY OF PYRUVATE ASSAY OF PYRUVATE KINASE ASSAY OF QUININE ASSAY OF RECEPTOR ASSAY ESTROGEN ASSAY OF RECEPTOR ASSAY PROGESTERONE	No Auth Required No Auth Required No Auth Required No Auth Required		
84228 ASSA 84233 ASSA 84234 ASSA 84235 ASSA	SAY OF QUININE SAY OF ESTROGEN SAY OF PROGESTERONE	ASSAY OF QUININE ASSAY OF RECEPTOR ASSAY ESTROGEN ASSAY OF RECEPTOR ASSAY	No Auth Required		
84233 ASSA 84234 ASSA 84235 ASSA	SAY OF ESTROGEN SAY OF PROGESTERONE	ASSAY OF RECEPTOR ASSAY ESTROGEN ASSAY OF RECEPTOR ASSAY	· ·		
84234 ASSA 84235 ASSA	SAY OF PROGESTERONE	ASSAY OF RECEPTOR ASSAY	No Auth Required		
84235 ASSA					
	SAY OF ENDOCRINE HORMONE	IT NOUES I ENOINE	No Auth Required		
84238 ASSA		RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	No Auth Required		
0.1250	SAY NONENDOCRINE RECEPTOR	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	No Auth Required		
84244 ASSA	SAY OF RENIN	ASSAY OF RENIN	No Auth Required		
	SAY OF VITAMIN B-2	ASSAY OF RIBOFLAVIN-VITAMIN B-2	No Auth Required		
	SAY OF SELENIUM	ASSAY OF SELENIUM	No Auth Required		
	SAY OF SEROTONIN	ASSAY OF SEROTONIN	No Auth Required		
	SAY OF SEX HORMONE GLOBUL	ASSAY OF SEX HORMONE BINDING	No Auth Required		
04270 17337	SAT OF SEX HORIWONE GLOBOL	GLOBULIN	No Auth Required		
84275 ASSA	SAY OF SIALIC ACID	ASSAY OF SIALIC ACID	No Auth Required		
84285 ASSA	SAY OF SILICA	ASSAY OF SILICA	No Auth Required	 	 
84295 ASSA	SAY OF SERUM SODIUM	SODIUM SERUM PLASMA OR WHOLE BLOOD	No Auth Required		
84300 ASSA	SAY OF URINE SODIUM	ASSAY OF URINE SODIUM	No Auth Required		
84302 ASSA	SAY OF SWEAT SODIUM	ASSAY OF SODIUM OTHER SOURCE	No Auth Required		
	SAY OF SOMATOMEDIN	ASSAY OF SOMATOMEDIN	No Auth Required		
84307 ASSA	SAY OF SOMATOSTATIN	ASSAY OF SOMATOSTATIN	No Auth Required		
84311 SPEC	ECTROPHOTOMETRY	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	No Auth Required		
84315 BOD	DY FLUID SPECIFIC GRAVITY	SPECIFIC GRAVITY EXCEPT URINE	No Auth Required		
	ROMATOGRAM ASSAY SUGARS	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	No Auth Required		
84376 SUG	GARS SINGLE QUAL	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	No Auth Required		
84377 SUG.	GARS MULTIPLE QUAL	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	No Auth Required		
84378 SUG	GARS SINGLE QUANT	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	No Auth Required		
84379 SUG	GARS MULTIPLE QUANT	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	No Auth Required		
84392 ASSA	SAY OF URINE SULFATE	ASSAY OF SULFATE URINE	No Auth Required		
	SAY OF FREE TESTOSTERONE	ASSAY OF SULFATE ORINE ASSAY OF TESTOSTERONE FREE	No Auth Required		
	SAY OF TOTAL TESTOSTERONE	ASSAY OF TESTOSTERONE TOTAL	No Auth Required		
	STOSTERONE BIOAVAILABLE	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	No Auth Required		
84425 ASSA	SAY OF VITAMIN B-1	ASSAY OF THIAMINE-VITAMIN B-1	No Auth Required		
	SAY OF THIOCYANATE	ASSAY OF THIAMINE-VITAMIN B-1 ASSAY OF THIOCYANATE	No Auth Required		
	ROMBOXANE URINE	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	No Auth Required		
84432 ASSA	SAY OF THYROGLOBULIN	ASSAY OF THYROGLOBULIN	No Auth Required		
	SAY OF THTROGLOBULIN SAY OF TOTAL THYROXINE	ASSAY OF THYROGLOBOLIN  ASSAY OF THYROXINE TOTAL	No Auth Required		
	SAY OF NEONATAL THYROXINE	ASSAY OF THYROXINE TOTAL  ASSAY OF THYROXINE REQUIRING	No Auth Required		
04437 A33F	SALOT REGINALAL HITTOMINE	ELUTION	140 / Guir Nequireu	 	
84439 ASSA	SAY OF FREE THYROXINE	ASSAY OF FREE THYROXINE	No Auth Required		
84442 ASSA	SAY OF THYROID ACTIVITY	ASSAY OF THYROXINE BINDING GLOBULIN	No Auth Required	 	 
84443 ASSA	SAY THYROID STIM HORMONE	ASSAY OF THYROID STIMULATING HORMONE TSH	No Auth Required		

		1			
84445	ASSAY OF TSI GLOBULIN	THYROID STIMULATING IMMUNE GLOBULINS TSI	No Auth Required		
84446	ASSAY OF VITAMIN E	ASSAY OF TOCOPHEROL ALPHA	No Auth Required		
84440	ASSAT OF VITAIVIIIV E	VITAMIN E	No Auti Required		
84449	ASSAY OF TRANSCORTIN	ASSAY OF TRANSCORTIN CORTISOL	No Auth Required		
		BINDING GLOBULIN			
84450	TRANSFERASE (AST) (SGOT)	TRANSFERASE ASPARTATE AMINO AST	No Auth Required		
04460	ALANUNE ANAINO (ALT) (CORT)	SGOT	No. Acade Donoctored		
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	No Auth Required		
01.75	restrict miners (15 cm 1.)	HORMONE BINDING RATIO	Tro / tatir riequirea		
84480	ASSAY TRIIODOTHYRONINE (T3)	ASSAY OF TRIIODOTHYRONINE T3	No Auth Required		
	, ,	TOTAL TT3			
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	No Auth Required		
0.15.4.0	ACCAN OF THE COURT	COLLECTION			
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	No Auth Required		
04323	OKEA WITHOGEN SEWII-QUANT	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	No Auth Required		
		QUANTITATIVE			
84578	TEST URINE UROBILINOGEN	ASSAY OF UROBILINOGEN URINE	No Auth Required		
		QUALITATIVE			
84580	ASSAY OF URINE UROBILINOGEN	UROBILINOGEN URINE QUANTITATIVE	No Auth Required		
		TIMED SPECIMEN			
84583	ASSAY OF URINE UROBILINOGEN	ASSAY OF UROBILINOGEN URINE	No Auth Required		
		SEMIQUANTITATIVE			
84585	ASSAY OF URINE VMA	ASSAY OF VANILLYLMANDELIC ACID	No Auth Required		
04500	ACCAY OF VID	URINE ASSAY OF VASCACTIVE INTESTINAL	No Auth Doguisard		
84586	ASSAY OF VIP	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	No Auth Required		
84588	ASSAY OF VASOPRESSIN	ASSAY OF VASOPRESSIN ANTI-DIURETIC	No Auth Required		
04388	ASSAT OF VASOPNESSIN	HORMONE	ino Autii Requirea		
84590	ASSAY OF VITAMIN A	ASSAY OF VITAMIN A	No Auth Required		
84591	ASSAY OF NOS VITAMIN	ASSAY OF VITAMIN NOT OTHERWISE	No Auth Required		
5.551		SPECIFIED			
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	No Auth Required		
		&/URINE	<u> </u>		
84630	ASSAY OF ZINC	ASSAY OF ZINC	No Auth Required	 	 
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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	No Auth Boquired			
64703	CHORIONIC GONADOT KOPIN ASSAT		No Auth Required			
04704	LICC EDEE DETACHAIN TEST	QUALITATIVE	No Auth Doguined			
84704	HCG FREE BETACHAIN TEST	GONADOTROPIN CHORIONIC HCG FREE	No Auth Required			
0.4000	0.4.4.4.7.0.4.7.0.7.	BETA CHAIN				
84830	OVULATION TESTS	OVULATION TEST VISUAL COLOR	No Auth Required			
		COMPARISON HLH				
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	No Auth Required			
		DIFFERENTIAL WBC COUNT				
85007	BL SMEAR W/DIFF WBC COUNT	BLOOD COUNT SMEAR MCRSCP W/MNL	No Auth Required			
		DIFRNTL WBC COUNT				
85008	BL SMEAR W/O DIFF WBC COUNT		No Auth Required			
		DIFRNTL WBC COUNT				
85009	MANUAL DIFF WBC COUNT B-COAT		No Auth Required			
		COUNT BUFFY COAT				
85013	SPUN MICROHEMATOCRIT	BLOOD COUNT SPUN	No Auth Required			
		MICROHEMATOCRIT				
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	No Auth Required			
		DIFRNTL WBC				
85027	COMPLETE CBC AUTOMATED	BLOOD COUNT COMPLETE AUTOMATED	No Auth Required			
85032	MANUAL CELL COUNT EACH	BLOOD COUNT MANUAL CELL COUNT	No Auth Required			
		EACH				
85041	AUTOMATED RBC COUNT	BLOOD COUNT RED BLOOD CELL	No Auth Required			
		AUTOMATED				
85044	MANUAL RETICULOCYTE COUNT	BLOOD COUNT RETICULOCYTE	No Auth Required			
		AUTOMATED	,			
85045	AUTOMATED RETICULOCYTE COUNT	BLOOD COUNT RETICULOCYTE	No Auth Required			
		AUTOMATED	,			
85046	RETICYTE/HGB CONCENTRATE	BLOOD COUNT RETICULOCYTES AUTO	No Auth Required			
	,	1/> CELL MEAS				
85048	AUTOMATED LEUKOCYTE COUNT	BLOOD COUNT LEUKOCYTE WBC	No Auth Required			
		AUTOMATED				
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	No Auth Required			
		PHYS W/WRIT REPORT				
85097	BONE MARROW INTERPRETATION	BONE MARROW SMEAR	No Auth Required			
03037	DONE WANTER RETATION	INTERPRETATION	140 Addi Nequileu			
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	No Auth Required			
031/3	DEGOD CLOT LISIS THAT	DILUTION	No Auth Required			
05210	CLOT EVCTOB II BBOTHBOVA CDEC	CLOTTING FACTOR II PROTHROMBIN	No Auth Poguired			
85210	CLOT FACTOR II PROTHROM SPEC		No Auth Required			
05330	DLOOC CLOT EACTOR VITEST	SPECIFIC	No Auth Boowing		-	
85220	BLOOC CLOT FACTOR V TEST	CLOTTING FACTOR V	No Auth Required			
05222	CLOT EACTOR VIII PROCESSII (TOTILI	ACG/PROACCELERIN LABILE FACTOR	No Australia Dania di			
85230	CLOT FACTOR VII PROCONVERTIN	CLOTTING FACTOR VII PROCONVERTIN	No Auth Required			
05242	CLOT FACTOR VIII ALIC 4 CT4 CT	STABLE FACTOR	N. A. Al D			
85240	CLOT FACTOR VIII AHG 1 STAGE	CLOTTING FACTOR VIII AHG 1 STAGE	No Auth Required			

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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 XIT HAGEMAN	No Auth Required				
85290	CLOT FACTOR XIII FIBRIN STAB	CLOTTING FACTOR XII FIBRIN	No Auth Required				
		STABILIZING					
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 Poquired				
	FIBRINOGEN ACTIVITY FIBRINOGEN ANTIGEN	FIBRINOGEN ACTIVITY FIBRINOGEN ANTIGEN	No Auth Required No Auth Required				
0,303	I DIMITOGEN ANTIGEN	I IDMINOGEN ANTIGEN	110 Autil Required	l	L	I	

	T					,
85390	FIBRINOLYSINS SCREEN I&R	FIBRINOLYSINS/COAGULOPATHY	No Auth Required			
		SCREEN INTERP&REPOR				
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	No Auth Required			
		PLSMNG ACTIVATOR				
85420	FIBRINOLYTIC PLASMINOGEN	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS				
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	No Auth Required			
05475	LIEMOLVCINI A CID	HEMRRG ROSETTE	No Auth Dogwined			
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	No Auth Required			
85613	RUSSELL VIPER VENOM DILUTED	UNDILUTED  RUSSELL VIPER VENOM TIME DILUTED	No Auth Required	1	<del> </del>	
85635	REPTILASE TEST	REPTILASE TEST	No Auth Required		<del> </del>	
85651	RBC SED RATE NONAUTOMATED	SEDIMENTATION RATE RBC NON-	No Auth Required		<del> </del>	
		AUTOMATED				
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		 	
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85730	THROMBOPLASTIN TIME PARTIAL	THROMBOPLASTIN TIME PARTIAL	No Auth Required				
		PLASMA/WHOLE BLOOD					
85732	THROMBOPLASTIN TIME PARTIAL	THROMBOPLASTIN TIME PRTL SUBSTIT	No Auth Required				
		PLASMA FRCTJ EA					
85810	BLOOD VISCOSITY EXAMINATION	VISCOSITY	No Auth Required				
85999	HEMATOLOGY PROCEDURE	UNLISTED HEMATOLOGY &	Authorization Required	Pathology and Lab		Full Clinical Review	
		COAGULATION PROCEDURE					
86000	AGGLUTININS FEBRILE ANTIGEN	AGGLUTININS FEBRILE EACH ANTIGEN	No Auth Required				
86001	ALLERGEN SPECIFIC IGG	ALLERGEN SPECIFIC IGG	No Auth Required				
		QUAN/SEMIQUAN EA ALLERGEN					
86003	ALLG SPEC IGE CRUDE XTRC EA	ALLERGEN SPEC IGE CRUDE ALLERGEN	No Auth Required				
		EXTRACT EACH					
86005	ALLG SPEC IGE MULTIALLG SCR	ALLERGEN SPEC IGE QUAL	No Auth Required				
		MULTIALLERGEN SCREEN					
86008	ALLG SPEC IGE RECOMB EA	ALLERGEN SPEC IGE	No Auth Required				
		RECOMBINANT/PURIFIED COMPNT EA					
86021	WBC ANTIBODY IDENTIFICATION	ANTIBODY IDENTIFICATION LEUKOCYTE	No Auth Required				
		ANTIBODIES					
86022	PLATELET ANTIBODIES	ANTIBODY IDENTIFICATION PLATELET	No Auth Required				
		ANTIBODIES					
86023	IMMUNOGLOBULIN ASSAY	ANTIBODY IDENTIFICATION PLATELET	No Auth Required				
		IMMUNOGL ASSAY					
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	No Auth Required				
		MATCH&/EVAL REP					
86078	PHYS BLOOD BANK SERV REACTJ	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN	No Auth Required				
		REPRT					
86079	PHYS BLOOD BANK SERV AUTHRJ	BLD BANK PHYS SVCS AUTHJ DEVIJ	No Auth Required				
		STANDARD REPRT					
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	No Auth Required				
		EACH	· ·				
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	No Auth Required				
00132	CEEE ENGINEER THOIR & 15	& ID FLUID SPEC	No Auth Required				
86153	CELL ENUMERATION PHYS INTERP	CELL ENUMERATION IMMUNE SELECTJ	No Auth Required				
00133	CEEE ENGINEER/CHOINTHIS INVENT	& ID PHYS INTERP	No Auth Required				
86155	CHEMOTAXIS ASSAY	CHEMOTAXIS ASSAY SPECIFY METHOD	No Auth Required				
00133	CHEMO I MIS ASSAT	CHEMOTANIS ASSAT SI EGII I METITOD	140 Addi Nequired				
86156	COLD AGGLUTININ SCREEN	COLD AGGLUTININ SCREEN	No Auth Required	<del> </del>	<del> </del>		
86157	COLD AGGLUTININ SCREEN  COLD AGGLUTININ TITER	COLD AGGLUTININ SCREEN  COLD AGGLUTININ TITER	No Auth Required				
86160	COMPLEMENT ANTIGEN	COMPLEMENT ANTIGEN EACH	No Auth Required				
90100	CONTRACTOR ANTIGEN	COMPONENT	No Auth Nequireu				
86161	COMPLEMENT/FUNCTION ACTIVITY	COMPLEMENT FUNCTIONAL ACTIVITY	No Auth Required				
90101	CONTRACTIVITY	EACH COMPONENT	No Auth Nequireu				
86162	COMPLEMENT TOTAL (CH50)	COMPLEMENT TOTAL HEMOLYTIC	No Auth Required				
00102	COIVII LLIVILIVIT TOTAL (CROU)	CONTELLIVILIAL TOTAL DEIVIOLTTIC	INO Autil Nequileu	1	1	1	

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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	No Auth Required				
80223	DNA ANTIBODI NATIVE	STRANDED STRANDED	No Auth Required				
86226	DNA ANTIBODY SINGLE STRAND	DNA ANTIBODY SINGLE STRANDED	No Auth Required				
86235	NUCLEAR ANTIGEN ANTIBODY	EXTRACTABLE NUCLEAR ANTIGEN	No Auth Required				
		ANTIBODY ANY METHOD					
86255	FLUORESCENT ANTIBODY SCREEN	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	No Auth Required				
86256	FLUORESCENT ANTIBODY TITER	FLUORESCENT NONNFCT AGT ANTB	No Auth Required				
		TITER EA ANTIBODY					
86277	GROWTH HORMONE ANTIBODY	GROWTH HORMONE HUMAN	No Auth Required				
		ANTIBODY					
86280	HEMAGGLUTINATION INHIBITION	HEMAGGLUTINATION INHIBITION TEST	No Auth Required				
		HAI					
86294	IMMUNOASSAY TUMOR QUAL	IMMUNOASSAY TUMOR ANTIGEN	No Auth Required				
		QUAL/SEMIQUANTITATIVE					
86300	IMMUNOASSAY TUMOR CA 15-3	IMMUNOASSAY TUMOR ANTIGEN	No Auth Required				
		QUANTITATIVE CA 15-3					
86301	IMMUNOASSAY TUMOR CA 19-9	IMMUNOASSAY TUMOR ANTIGEN	No Auth Required				
		QUANTITATIVE CA 19-9					
86304	IMMUNOASSAY TUMOR CA 125	IMMUNOASSAY TUMOR ANTIGEN	No Auth Required				
		QUANTITATIVE CA 125					
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	No Auth Required				
		QUANTITATIVE	·				
86317	IMMUNOASSAY INFECTIOUS AGENT	IMMUNOASSAY INFECTIOUS AGENT	No Auth Required				
		ANTIBODY QUAN NOS					
86318	IMMUNOASSAY INFECTIOUS AGENT	IMMUNOASSAY NFCT AGT ANTB	No Auth Required				
		QUAL/SEMIQUAN 1 STEP					
86320	SERUM IMMUNOELECTROPHORESIS	IMMUNOELECTROPHORESIS SERUM	No Auth Required				
86325	OTHER IMMUNOELECTROPHORESIS	IMMUNOELECTROPHORESIS OTHER	No Auth Required				
		FLUIDS CONCENTRATION					
86327	IMMUNOELECTROPHORESIS ASSAY	IMMUNOELECTROPHORESIS CROSSED	No Auth Required				
		LA INSECTIONS ACT ANTIQUES					
86328	IA NFCT AB SARSCOV2 COVID19	IA INFECTIOUS AGT ANTIBODY SARS- COV-2 COVID-19	No Auth Required				
96220	IMAMI INODIEELISIONI NES		No Auth Boquired				
86329	IMMUNODIFFUSION NES	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	No Auth Required				
86331	IMMUNODIFFUSION OUCHTERLONY	IMMUNODIFFUSION GEL DIFFUSION	No Auth Required				
00331	WINDS TO SHOW OUT TEREORY	QUAL EA AG/ANTBDY	Auth Required				
86332	IMMUNE COMPLEX ASSAY	IMMUNE COMPLEX ASSAY	No Auth Required				
86334	IMMUNOFIX E-PHORESIS SERUM	IMMUNOFIXJ ELECTROPHORESIS	No Auth Required				
		SERUM					
86335	IMMUNFIX E-PHORSIS/URINE/CSF	IMMUNOFIXJ ELECTROPHORESIS OTHER	No Auth Required				
	, , ,	FLUIDS					
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				
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86343	LEUKOCYTE HISTAMINE RELEASE	LEUKOCYTE HISTAMINE RELEASE TEST	No Auth Required				
06244	LELIKOCKTE BILA COCKTOCK	LHR	N. A. Ali D. a. Jan d				
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	No Auth Required				
		INDUCED BLASTOGENESIS					
86355	B CELLS TOTAL COUNT	B CELLS TOTAL COUNT	No Auth Required				
86356	MONONUCLEAR CELL ANTIGEN	MONONUCLEAR CELL ANTIGEN	No Auth Required				
		QUANTITATIVE NOS EA					
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	No Auth Required				
		RATIO					
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	No Auth Required				
		NTD	'				
86386	NUCLEAR MATRIX PROTEIN 22	NUCLEAR MATRIX PROTEIN 22 NMP22	No Auth Required				
		QUALITATIVE	'				
86403	PARTICLE AGGLUT ANTBDY SCRN	PARTICLE AGGLUTINATION SCREEN	No Auth Required				
		EACH ANTIBODY					
86406	PARTICLE AGGLUT ANTBDY TITR		No Auth Required				
00.00	7,11,1022,716,020,7,11,135,1,1111	ANTIBODY	no man neganea				
		NEUTRALIZING ANTIBODY SARS-COV-2	No Auth Required				
86408	NEUTRLZG ANTB SARSCOV2 SCR	SCREEN	No Auth Required				
		NEUTRALIZING ANTIBODY SARS-COV-2	No Auth Required				
86409	NEUTRLZG ANTB SARSCOV2 TITER	TITER	No Auth Required				
		SEV AQT RESPIR SYND CORONAVIRUS 2	No Auth Required				
86413	SARS-COV-2 ANTB QUANTITATIVE	ANTIBODY QUAN	No Auth Required				
86430	RHEUMATOID FACTOR TEST QUAL	RHEUMATOID FACTOR QUALITATIVE	No Auth Required				
86431	RHEUMATOID FACTOR QUANT		No Auth Required				
00431	INTEGRIATOR TACTOR QUART	INTEGRIATOR TACTOR QUARTITATIVE	No Auth Required				
86480	TB TEST CELL IMMUN MEASURE	TB CELL MEDIATED ANTIGN RESPNSE	No Auth Required				
00400	TEST CEEE INITION WE SOME	GAMMA INTERFERON	No Auth Required				
86481	TB AG RESPONSE T-CELL SUSP	TB ANTIGEN RESPONSE GAMMA	No Auth Required				
00401	TB AG RESPONSE T-CLLE 303F	INTERFERON T-CELL SUSP	No Autil Required				
86485	SKIN TEST CANDIDA	SKIN TEST CANDIDA	No Auth Required				
86486	SKIN TEST CANDIDA  SKIN TEST NOS ANTIGEN	SKIN TEST CANDIDA  SKIN TEST UNLISTED ANTIGEN EACH	No Auth Required				
86490	COCCIDIOIDOMYCOSIS SKIN TEST	SKIN TEST COCCIDIOIDOMYCOSIS	No Auth Required				
86510	HISTOPLASMOSIS SKIN TEST	SKIN TEST COCCIDIOIDOMTCOSIS  SKIN TEST HISTOPLASMOSIS	No Auth Required				
86580	TB INTRADERMAL TEST	SKIN TEST TUBERCULOSIS	No Auth Required				
50360	IN HALMADERINAL LEST	INTRADERMAL	Auth Required				
86590	STREPTOKINASE ANTIBODY	STREPTOKINASE ANTIBODY	No Auth Required				
86592	SYPHILIS TEST NON-TREP QUAL	SYPHILIS TEST NON-TREPONEMAL	No Auth Required				
00332	STITULISTEST NON-TINEF QUAL	ANTIBODY QUAL	No Auth Nequileu				
86593	SYPHILIS TEST NON-TREP QUANT	SYPHILIS TEST QUANTITATIVE	No Auth Required				
86602	ANTINOMYCES ANTIBODY	ANTIBODY ACTINOMYCES	No Auth Required				
86603	ADENOVIRUS ANTIBODY	ANTIBODY ACTINOMYCES  ANTIBODY ADENOVIRUS	No Auth Required				
	ASPERGILLUS ANTIBODY	ANTIBODY ADENOVIROS  ANTIBODY ASPERGILLUS	No Auth Required				
86606							
86609	BACTERIUM ANTIBODY	ANTIBODY BACTERIUM NOT	No Auth Required				
86611	BARTONELLA ANTIBODY	ELSEWHERE SPECIFIED ANTIBODY BARTONELLA	No Auth Required				
			·				
86612	BLASTOMYCES ANTIBODY BORDETELLA ANTIBODY	ANTIBODY BLASTOMYCES ANTIBODY BORDETELLA	No Auth Required No Auth Required				
86615	DOVDE LETTY VIVIBODA	ANTIDUUT BUKDETELLA	No Autri Kequirea	l	l	1	

		1	1			1
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 COCCIDIODES  ANTIBODY COXIELLA BURNETII Q FEVER				
80038	Q TEVER ANTIBODI	ANTIBODI COMELLA BONNETII QTEVEN	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	No Auth Required			
86648	DIPHTHERIA ANTIBODY	ANTIBODY DIPHTHERIA	No Auth Required			
	ENCEPHALITIS CALIFORN ANTBDY	ANTIBODY ENCEPHALITIS CALIFORNIA	No Auth Required			
86652	ENCEPHALTIS EAST EQNE ANBDY	LA CROSSE  ANTIBODY ENCEPHALITIS EASTERN	No Auth Required			
		EQUINE				
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	No Auth Required			
		EARLY ANTIGEN EA	·			
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	No Auth Required			
80071	TONGOS NES ANTIBODT	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	No Auth Required	. acology and Eab	. a Similear Neview	
55562		SPECIFIED		1		
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	No Auth Required	†		
		CONFIRMATORY TEST				
86692	HEPATITIS DELTA AGENT ANTBDY	ANTIBODY HEP DELTA AGENT	No Auth Required	ļ		
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				
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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				
	HEPATITIS BE ANTIBODY	HEPATITIS BE ANTIBODY HBEAB	No Auth Required				
	HEPATITIS A ANTIBODY	HEPATITIS A ANTIBODY HAAB	No Auth Required				
86709	HEPATITIS A IGM ANTIBODY	HEPATITIS ANTIBODY HAAB IGM	No Auth Required				
		ANTIBODY					
86710	INFLUENZA VIRUS ANTIBODY	ANTIBODY INFLUENZA VIRUS	No Auth Required				
	JOHN CUNNINGHAM ANTIBODY	ANTIBODY JOHN CUNNINGHAM VIRUS	No Auth Required				
86713	LEGIONELLA ANTIBODY	ANTIBODY LEGIONELLA	No Auth Required				
	LEISHMANIA ANTIBODY	ANTIBODY LEISHMANIA	No Auth Required				
	LEPTOSPIRA ANTIBODY	ANTIBODY LEPTOSPIRA	No Auth Required				
86723	LISTERIA MONOCYTOGENES	ANTIBODY LISTERIA MONOCYTOGENES	· · · · · · · · · · · · · · · · · · ·				
86727	LYMPH CHORIOMENINGITIS AB	ANTIBODY LYMPHOCYTIC	No Auth Required				
		CHORIOMENINGITIS					
86732	MUCORMYCOSIS ANTIBODY	ANTIBODY MUCORMYCOSIS	No Auth Required				
	MUMPS ANTIBODY	ANTIBODY MUMPS	No Auth Required				
	MYCOPLASMA ANTIBODY	ANTIBODY MYCOPLSM	No Auth Required				
	NEISSERIA MENINGITIDIS	ANTIBODY NEISSERIA MENINGITIDIS	No Auth Required				
86744	NOCARDIA ANTIBODY	ANTIBODY NOCARDIA	No Auth Required				
	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	No Auth Required				
80730	INCOMINATION VINOS AIVIIDODI	VIRUS	No Auth Required				
86757	RICKETTSIA ANTIBODY	ANTIBODY RICKETTSIA	No Auth Required				
	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				
		ANTB SEVERE AQT RESPIR SYND SARS-	No Auth Required				
86769	SARS-COV-2 COVID-19 ANTIBODY	COV-2 COVID-19					
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  HEPATITIS C ANTIBODY CONFIRMATORY					
		TEST	no nati nequired				
86805	LYMPHOCYTOTOXICITY ASSAY	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	No Auth Required				
86806	LYMPHOCYTOTOXICITY ASSAY	LMPHOCYTOTOXICITY ASSAY VIS	No Auth Required				
		CROSSMTCH W/O TITRAT					
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86808 C\ 86812 HI	CYTOTOXIC ANTIBODY SCREENING  CYTOTOXIC ANTIBODY SCREENING  HLA TYPING A B OR C	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH SERUM SCREENING % REACTIVE	No Auth Required			
86812 HI						
86812 HI		SERUM SCREENING % REACTIVE				<del>                                     </del>
	HLA TYPING A B OR C	ANTIBODY QUICK METH	No Auth Required			
86813 HI		HLA TYPING A/B/C SINGLE ANTIGEN	No Auth Required			
	HLA TYPING A B OR C	HLA TYPING A/B/C MULTIPLE ANTIGENS	No Auth Required			
86816 HI	HLA TYPING DR/DQ	HLA TYPING DR/DQ SINGLE ANTIGEN	No Auth Required			
86817 HI	HLA TYPING DR/DQ	HLA TYPING DR/DQ MULTIPLE	No Auth Required			
		ANTIGENS				
86821 LY	YMPHOCYTE CULTURE MIXED	HLA TYPING LYMPHOCYTE CULTURE MIXED	No Auth Required			
86825 HI	HLA X-MATH NON-CYTOTOXIC	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	No Auth Required			
86826 HI	HLA X-MATCH NONCYTOTOXC ADDL	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	No Auth Required			
86828 HI	HLA CLASS I&II ANTIBODY QUAL	ANTIBODY HLA CLASS I & CLASS II	No Auth Required			
86829 HI	HLA CLASS I/II ANTIBODY QUAL	ANTIGENS QUAL  ANTIBODY HLA CLASS I OR CLASS II	No Auth Required			
00025	SE ISS IJ II MATIBOOT QUAL	ANTIGENS QUAL	Addi Nequired			
86830 HI	HLA CLASS I PHENOTYPE QUAL	ANTIBODY HLA CLASS I PHENOTYPE	No Auth Required			
		PANEL QUALITATIVE				
86831 HI	HLA CLASS II PHENOTYPE QUAL	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	No Auth Required			
86832 HI	HLA CLASS I HIGH DEFIN QUAL	ANTIBODY HLA CLASS I HIGH	No Auth Required			
		DEFINITION PANEL QUAL	· ·			!
86833 HI	HLA CLASS II HIGH DEFIN QUAL	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	No Auth Required			
86834 HI	HLA CLASS I SEMIQUANT PANEL	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	No Auth Required			
86835 HI	HLA CLASS II SEMIQUANT PANEL	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	No Auth Required			
86849 IN	MMUNOLOGY PROCEDURE	UNLISTED IMMUNOLOGY	Authorization Required	Pathology and Lab	Full Clinical Review	
	RBC ANTIBODY SCREEN	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	No Auth Required			
86860 RE	RBC ANTIBODY ELUTION	ANTIBODY ELUTION RBC EACH ELUTION	No Auth Required			
86870 RE	RBC ANTIBODY IDENTIFICATION	ANTIBODY ID RBC ANTIBODIES EA	No Auth Required			
86880 CC	COOMBS TEST DIRECT	PANEL EA SERUM TQ ANTIHUMAN GLOBULIN DIRECT EACH	No Auth Required			
86885 CC	COOMBS TEST INDIRECT QUAL	ANTISERUM  ANTIHUMAN GLOBULIN INDIR QUAL EA	No Auth Required			
86886 CC	COOMBS TEST INDIRECT TITER	REAGENT CELL ANTIHUMAN GLOBULIN INDIRECT EACH	No Auth Required			
86890 AI	AUTOLOGOUS BLOOD PROCESS	ANTIBODY TITER  AUTOL BLD/COMPONENT COLLI	No Auth Required			
		STORAGE PREDEPOSITED				
86891 AI	AUTOLOGOUS BLOOD OP SALVAGE	AUTOL BLD/COMPONENT COLLI STORAGE SALVAGE	No Auth Required			
	BLOOD TYPING SEROLOGIC ABO	BLOOD TYPING SEROLOGIC ABO	No Auth Required		 	
	BLOOD TYPING SEROLOGIC RH(D)	BLOOD TYPING SEROLOGIC RH (D)	No Auth Required			
86902 BI	BLOOD TYPE ANTIGEN DONOR EA	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	No Auth Required			
86904 BI	BLOOD TYPING PATIENT SERUM	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	No Auth Required		_	
86905 BI	BLOOD TYPING RBC ANTIGENS	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	No Auth Required			

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86906	BLD TYPING SEROLOGIC RH PHNT	BLOOD TYPING SEROLOGIC RH	No Auth Required			
86910	BLOOD TYPING PATERNITY TEST	PHENOTYPING COMPLETE BLOOD TYPING PATERNITY PR INDIV	No Auth Required			
90310	BLOOD ITPING PATERINITY TEST	ABO RH&MN	No Autii kequireu			
86911	BLOOD TYPING ANTIGEN SYSTEM	BLOOD TYPING PATERNITY INDIV ADDL	No Auth Required			
		ANTIGEN SYS	,			
86920	COMPATIBILITY TEST SPIN	COMPATIBILITY EACH UNIT IMMEDIATE	No Auth Required			
		SPIN TECHNIQUE				
86921	COMPATIBILITY TEST INCUBATE	COMPATIBILITY EACH UNIT	No Auth Required			
00000	COMPATIBILITY TEST ANTIGLOB	INCUBATION COMPATIBILITY EACH UNIT	No Auth Desuined			
86922	COMPATIBILITY TEST ANTIGLOB	ANTIGLOBULIN	No Auth Required			
86923	COMPATIBILITY TEST ELECTRIC	COMPATIBILITY EACH UNIT ELECTRONIC	No Auth Required			
00323			- To Add Neganea			
86927	PLASMA FRESH FROZEN	FRESH FROZEN PLASMA THAWING	No Auth Required			
		EACH UNIT				
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 &	No Auth Required			
00040	LIENACHYCINIC /A CCLUTINING ALITO	THAWING	No. Acath. Dogodonad			
86940	HEMOLYSINS/AGGLUTININS AUTO	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	No Auth Required			
86941	HEMOLYSINS/AGGLUTININS	HEMOLYSINS&AGGLUTININS	No Auth Required			
00541	The Moet sint syrical earlier in the	INCUBATED	No Auth Required			
86945	BLOOD PRODUCT/IRRADIATION	IRRADIATION BLOOD PRODUCT EACH	No Auth Required			
	·	UNIT				
86950	LEUKACYTE TRANSFUSION	LEUKOCYTE TRANSFUSION	No Auth Required			
86960	VOL REDUCTION OF BLOOD/PROD	VOLUME REDUCTION BLOOD/BLOOD	No Auth Required			
		PRODUCT EACH UNIT				
86965	POOLING BLOOD PLATELETS	POOLING PLATELETS/OTHER BLOOD	No Auth Required			
86970	RBC PRETX INCUBATJ W/CHEMICL	PRODUCTS  PRETX RBC ANTIBODY INCUBAT	No Auth Required			
00970	RBC PRETA INCOBATI W/CHEIVIICL	W/CHEM AGNTS/DRUGS EA	No Autii kequireu			
86971	RBC PRETX INCUBATJ W/ENZYMES	PRETX RBC ANTIBODY INCUBAT	No Auth Required			
00371	liber new integering to personal	W/ENZYMES EACH	- To Add Neganea			
86972	RBC PRETX INCUBATJ W/DENSITY	PRETX RBC ANTIBODY INCUBAT	No Auth Required			
		W/DENSITY GRAD SEP				
86975	RBC SERUM PRETX INCUBJ DRUGS	PRETX SERUM RBC ANTIBODY	No Auth Required			
		INCUBATION DRUGS EACH				
86976	RBC SERUM PRETX ID DILUTION	PRETX SERUM RBC ANTIBODY	No Auth Required			
96077	RBC SERUM PRETX INCUBJ/INHIB	IDENTIFICATION DILUTION PRETX SERUM RBC ANTB ID	No Auth Required			
86977	RBC SERVIVI PRETX INCUBJ/INHIB	INCUBATION INHIBITORS EA	No Auth Required			
86978	RBC PRETREATMENT SERUM	PRETX SERUM RBC ANTIBODY ID	No Auth Required			
	52	DIFFIAL EACH ABSRPJ				
86985	SPLIT BLOOD OR PRODUCTS	SPLITTING BLOOD/BLOOD PRODUCTS	No Auth Required			
		EACH UNIT				
86999	TRANSFUSION PROCEDURE	UNLISTED TRANSFUSION MEDICINE	Authorization Required	General Medicine - other	 Full Clinical Review	
		PROCEDURE		services and procedures		
07000	CMANL ANIMAN INICCULATION	ANIMAL INOCHIATION CAAALI A	No Auth Decition			
87003	SMALL ANIMAL INOCULATION	ANIMAL INOCULATION SMALL ANIMAL	No Auth Required			
87015	SPECIMEN INFECT AGNT CONCNTJ	W/OBS&DSJ  CONCENTRATION INFECTIOUS AGENTS	No Auth Required			
3/013	SI ESIMEN INI ECI AGINI CONCINII	CONCENTRATION IN ECTIOUS AGENTS	140 Matil Nequileu			
87040	BLOOD CULTURE FOR BACTERIA	CULTURE BACTERIAL BLOOD AEROBIC	No Auth Required			
		W/ID ISOLATES				
				i i		

6795    FOCCE CULTURE ACROSC BATT   C. U. MCT STOOL ACROSC 650   No Auth Required		I		ı	1	ı	ı	
\$7500   CULTURE AFRONCECCEATE   CLE SECT STOCK ASSISTED AND SOLAR REQUIRED	87045	FECES CULTURE AEROBIC BACT	CUL BACT STOOL AEROBIC ISOL	No Auth Required				
MATCHER PER PER MAY ARRONG COUNTY TO THE RESTORATION OF STORE AND RESPONSE OF STORE OF STOR								
\$1707   CULTURE ONTER PECONA PARADOLIC COLON AND AND Required	87046	STOOL CULTR AEROBIC BACT EA		No Auth Required				
ARROBE COLUMN TOTHER   COLUMN AFRONC COLUMN TOTHER   COL	87070	CULTURE OTHR SPECIMN AFRORIC		No Auth Required				
AUTHOR ASSOCIATION   CULT BACT QUAN A RESOLUT COUNTY   IN IN Auth Required								
2007   CULTURE SACTERIA ANAEROSIC   CULTURE CACTERIAL NAY SOURCE   ANAEROSIC COSAS   CULTURE CACTERIAL CULTURE CACTERIAL CULTURE   CULTURE CACTERIAL CULTURE   CULTURE CACTERIAL CULTU	87071	CULTURE AEROBIC QUANT OTHER		No Auth Required				
BLOOD/TOOL   SCUTTE BACTERIA DECEPT BADOO   CULTURE BACTERIAL ANY SOURCE   AMAREDISE DOBID   AMAREDI		·		· ·				
STOTE   CULTURE ANAEROBIC DENT EACH   CULB EACTERIAL ANY SOURCE   ANAEROBIC DENT EACH   CULB CAT ARREDGE CODE IN EACH   CULB	87073	CULTURE BACTERIA ANAEROBIC	CUL BACT QUAN ANAERC ISOL XCPT UR	No Auth Required				
MARKORE IDENT FACH   CULTURE AMACROE IDENT FACH   CULTURE AND CANDERS   CULTURE ARRONG IDENTITY E A DICK   CULTURE STORE ADD.   CULTU			BLOOD/STOOL					
STOTE   CULTURE ANARAGOR EDENT FACH   CUL BACT ANARAGOR (ADDI METHS   POPULATION   CUL BACT ARGORIC ADDI METHS   POPULATION   POPULATI	87075	CULTR BACTERIA EXCEPT BLOOD	CULTURE BACTERIAL ANY SOURCE	No Auth Required				
DEFINITIVE EA SOL   CLUTURE SCREEN ONLY   CLUTURE CONTINUE AND AUTH Required   CLUTURE OF SPECIMEN BY NAT   CLUTURE CONTINUE AND AUTH REQUIRED   CLUTURE OF SPECIMEN BY NAT   CLUTURE CONTINUE AND AUTH REQUIRED   CLUTUR			ANAEROBIC ISO&ID					
CULTURE AREOBECIONTIFY   CULTURE SCREEN ONLY   CULTURE SCREEN ON	87076	CULTURE ANAEROBE IDENT EACH	CUL BACT ANAEROBIC ADDL METHS	No Auth Required				
DEFINITIVE LAISON								
SCHURE SCREEN ONLY   CULTURE OF SPECIMEN BY KIT   CULTURE FOR MINISTRUM   CULTURE SCHOOL CONTROLLINE	87077	CULTURE AEROBIC IDENTIFY		No Auth Required				
SCRW WY.COLONY STIMU  STABS  OLITURE FO SPECIMEN BY KIT  CHESPANTY PURS CORGANISMS SCR NDS.CHART  COLONY COUNT URINE  STABS  UNINE BACTERIA CULTURE  COLONY COUNT URINE  STABS  ST								
STORE   CULTURE COLONY COUNT   CULTURE BACTERIAL QUANTIATIVE   COLONY COUNT   CULTURE BACTERIAL QUANTIATIVE   CULTURE CILTURE BIOLOGY   COLONY COUNT   COL	87081	CULTURE SCREEN ONLY		No Auth Required				
SEQUES CHART COLONY COUNT URNE	07004	CHITHE OF CECHAEN BY KIT		No Auth Bouring				
SPORE   UNIVE CULTURE COLONY COUNT   CULTURE RACTERIAL QUANTITATIVE   COLONY COUNT   UNIVE PRIVATE	87084	CULTURE OF SPECIMEN BY KIT		No Auth Required				
COLOWY CONTI VERMS   CULTURE STOKERSMENT VID   NO Auth Required   SOLATE EA URINE   SOLATE AL URINE	07006	LIDING CHITLIDE (COLONIV COLINIT		N A Ab. D in d				
SINDER SACTERIA CULTURE   CULTURE BCT ISOLAPRSAMPTV   DISOLATE FACH MINE   No. Auth Required   No. Auth	8/086	ONINE CULTURE/CULUNY CUUNT		ivo Autri Kequirea				
SOLATE A URINE	07000	LIDINE BACTEDIA CITITUDE		No Auth Poquired				
SIN FUNGI CULTURE	07000	ORINE BACTERIA COLTORE		No Autii Kequireu				
SYNOGUS SOLATION CULTURE	87101	SKIN FLINGI CHI THRE		No Auth Required				
STICE   UNIGUS SOLATION CULTURE   CULTURE FING IMOLD/FEAST PRESMPTV   No Auth Required	0/101	SKIIV I GIVGI COLI GIVE		140 Matil Required				
ST103   BLOOD FUNGUS CULTURE   CULTURE FINGI MOLD/PAST ISOL   PRSMPTV ISOL BLOOD   No Auth Required   PRSMPTV ISOL BLOOD   PRSMPTV IS	87102	FUNGUS ISOLATION CULTURE		No Auth Required				
STIDE   CULTURE TYPING GLC/HPLC   CULTURE TYPING GAS/HIGH PRES UQ   CULTURE TYPING GAS/HIGH PRES UQ   CULTURE TYPING GAS/HIGH PRES UQ   CULTURE TYPING MOMENTAGEARPH PRES UQ								
FUNGI IDENTIFICATION YEAST   CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD   CULTURE MYCOPLASMA ANY SOURCE   No Auth Required   CULTURE TUBERCLE/OTH ACID-FAST   SACILLI ANY ISOL   CULTURE TUBERCLE/OTH ACID-FAST   SACILLI ANY ISOL   CULTURE TUBERCLE/OTH ACID-FAST   SACILLI ANY ISOL   CULTURE TYPING AUTHOR MYCOBACTERIAL DEFINITIVE   No Auth Required   CULTURE TYPING GID EAST   SACILLI ANY ISOL   CULTURE TYPING IMMUNOLOGIC   CUL	87103	BLOOD FUNGUS CULTURE		No Auth Required				
STIOP   FUNGI IDENTIFICATION MOLD   CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD   No Auth Required   No			PRSMPTV ISOL BLOOD	·				
FUNGI IDENTIFICATION MOLD   CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD   No Auth Required   No Auth Re	87106	FUNGI IDENTIFICATION YEAST	CULTURE FUNGI DEFINITIVE ID EACH	No Auth Required				
ORGANISM MOLD   ORGANISM MOLD   ORGANISM MOLD   No Auth Required   N			ORGANISM YEAST					
87109   MYCOPLASMA	87107	FUNGI IDENTIFICATION MOLD	CULTURE FUNGI DEFINITIVE ID EACH	No Auth Required				
ST110   CHLAMYDIA CULTURE   CULTURE CHLAMYDIA ANY SOURCE   No Auth Required   ST116   MYCOBACTERIA CULTURE   CULTURE TUBERCLE/CDTH ACID-FAST   No Auth Required   ST118   MYCOBACTERIC IDENTIFICATION   CULTURE MYCOBACTERIAL DEFINITIVE   ID EA ISOL   ID EA ISOL   ID EA ISOL   IMMUNOFLUORESC   CULTURE TYPING   No Auth Required   IMMUNOFLUORESCENT EACH   ANTISERUM   No Auth Required   IMMUNOFLUORESCENT EACH   ANTISERUM   No Auth Required   CHROMATOGRAPHY   ST147   CULTURE TYPING GLC/HPLC   CULTURE TYPING GAS/HIGH PRES LIQ   CHROMATOGRAPHY   CHROMATOGRAPHY   ST147   CULTURE TYPING MULCIEC ACID PROBE   DIR EA ORGANSM   No Auth Required   DIR EA ORGANSM   No Auth Required   DIR EA ORGANSM   CULTURE TYPING MULCIEC ACID PROBE   DIR EA ORGANSM   No Auth Required   CULTURE TYPING MULCIEC ACID PROBE   DIR EA ORGANSM   CULTURE TYPING IMMUNOFLUORES   No Auth Required   CULTYB FURDIC EA ORGANSM   NO Auth Required   CULTYB FURDIC EACID SEQUENCING   NO Auth Required   CULTYB			ORGANISM MOLD					
ST116   MYCOBACTERIA CULTURE   CULTURE TUBERCLE/OTH ACID-FAST   No Auth Required   No Auth Required   DEA ISOL   NO Auth Required   ID EA ISOL   ID E				· ·				
BACILLI ANY ISOL   CULTURE MYCOBACTERIAL DEFINITIVE   No Auth Required   DEA ISOL								
ST140   CULTURE TYPE IMMUNOFLUORESC   CULTURE TYPING   IMMUNOFLUORESCENT EACH   ANTISERUM   No Auth Required   IMMUNOFLUORESCENT EACH   ANTISERUM   ANTISERUM   ANTISERUM   IMMUNOFLUORESCENT EACH   ANTISERUM   ANTISERUM   ANTISERUM   IMMUNOFLUORESCENT EACH   ANTISERUM   ANTISERUM   ANTISERUM   ANTISERUM   IMMUNOFLUORESCENT EACH   ANTISERUM   ANTISERUM   ANTISERUM   ANTISERUM   IMMUNOFLUORESCENT EACH   ANTISERUM   ANTISERU	87116	MYCOBACTERIA CULTURE		No Auth Required				
DEA ISOL   CULTURE TYPE IMMUNOFLUORESC   CULTURE TYPING   No Auth Required   IMMUNOFLUORESCENT EACH   ANTISERUM   No Auth Required   CHROMATOGRAPHY   CULTURE TYPING GLC/HPLC   CULTURE TYPING GAS/HIGH PRES LIQ   CHROMATOGRAPHY   CULTURE TYPING MUNOPLUORES   CULTURE TYPING MUNOPLUORES   CULTURE TYPING MUNOPLUORES   OTH/THN IMMUNOFLUORES   OTH/THN IMMUNOFLUORES   OTH/THN IMMUNOFLUORES   OTH/THN IMMUNOPLUORES   No Auth Required   CULTURE TYPING NUCLEIC ACID PROBE   DIR EA ORGANSM   ON Auth Required   DIR EA ORGANSM   CULTURE TYPING NUCLEIC ACID PROBE   CULTURE TYPING NUCLEIC ACID PROBE   CULTURE TYPING NO Auth Required   CULTURE TYPING IDENTIFI PULSE FIELD   NO Auth Requi								
ST140   CULTURE TYPE IMMUNOFLUORESC   CULTURE TYPING   No Auth Required   IMMUNOFLUORESCENT EACH   ANTISERUM   No Auth Required   CULTURE TYPING GLC/HPLC   CULTURE TYPING GAS/HIGH PRES LIQ   CHROMATOGRAPHY   CULTURE TYPING IMMUNOLOGIC   CULTURE TYPING IMMUNOLOGIC   CULTURE TYPING IMMUNOFLUORES   No Auth Required   CULTURE TYPING IMMUNOFLUORES	87118	MYCOBACTERIC IDENTIFICATION		No Auth Required				
IMMUNOFLUORESCENT EACH ANTISERUM	07440	CHITHE TYPE IMMUNOSHI ORSCO	•	No Auth Dogudes				
R7143 CULTURE TYPING GLC/HPLC CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY  87147 CULTURE TYPE IMMUNOLOGIC CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES  87149 DNA/RNA DIRECT PROBE CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM  87150 DNA/RNA AMPLIFIED PROBE CULTYP NUCLEIC ACID AMP PRB CULTYP NUCLEIC ACID AMP PRB CULTYP NUCLEIC ACID SEQUENCING MOAUTH REquired CULTURE TYPIE DULSE FIELD GEL CULTURE TYPING ORGANISM  87151 DNA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	8/140	CULTURE TYPE IMMUNUFLUURESC		INO Auth Kequired				
ST143   CULTURE TYPING GLC/HPLC   CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY   CULTURE TYPE IMMUNOLOGIC   CULTURE TYPING IMMUNOLOGIC   OTH/THN IMMUNOFLUORES   OTH/THN								
CULTURE TYPE IMMUNOLOGIC OTH/THN IMMUNOFLUORES  87149 DNA/RNA DIRECT PROBE CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM CULTURE TYPE PULSE FIELD GEL GEL TYPING GEL TYPING ONA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE  No Auth Required METH EA ISOLATE	071/12	CHITHE TYPING GLC/HPLC		No Auth Poquired				
ST147   CULTURE TYPE IMMUNOLOGIC   CULTURE TYPING IMMUNOLOGIC   OTH/THN IMMUNOFLUORES   OTH/THN IMMUNOFLUORES	0/143	COLITING GLC/MPLC		ivo Autii kequirea				
ST149   DNA/RNA DIRECT PROBE   CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM   DNA/RNA AMPLIFIED PROBE   CULTYP NUC ACID AMP PRB CULTYP NUC ACID	87147	CULTURE TYPE IMMUNOLOGIC		No Auth Required				
87149   DNA/RNA DIRECT PROBE   CULTURE TYPING NUCLEIC ACID PROBE   DIR EA ORGANSM   DNA/RNA AMPLIFIED PROBE   CULTYP NUC ACID AMP PRB   CULTYP NUC ACID AMP PRB   CULTYP NUC ACID AMP PRB   CULTYP STATE OF	5,14,	COLUMN THE IMMONOLOGIC		Addi Required				
B7150 DNA/RNA AMPLIFIED PROBE CULTYP NUC ACID AMP PRB CULTYP SULTER TYPING IDENTIFJ PULSE FIELD No Auth Required CULTYP FULSE FIELD GEL CULTURE TYPING IDENTIFJ PULSE FIELD No Auth Required GEL TYPING  B7153 DNA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE  DNA/RNA SEQUENCING METH EA ISOLATE  DNA/RNA SEQUENCING DIRECTOR OF METH EA ISOLATE	87149	DNA/RNA DIRECT PROBE		No Auth Required				
87150   DNA/RNA AMPLIFIED PROBE   CULTYP NUC ACID AMP PRB   CULT/ISOLATE EA ORGNISM   CULTURE TYPE PULSE FIELD GEL   CULTURE TYPING IDENTIFJ PULSE FIELD   No Auth Required   GEL TYPING   GEL TYPING   CULTYP NUCLEIC ACID SEQUENCING   METH EA ISOLATE   Mo Auth Required   MO		,						
CULT/ISOLATE EA ORGNISM  87152 CULTURE TYPE PULSE FIELD GEL CULTURE TYPING IDENTIFJ PULSE FIELD No Auth Required GEL TYPING  87153 DNA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE  CULTYP NO Auth Required METH EA ISOLATE	87150	DNA/RNA AMPLIFIED PROBE		No Auth Required				
GEL TYPING  87153 DNA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE  GEL TYPING  CULTYP NUCLEIC ACID SEQUENCING No Auth Required METH EA ISOLATE				<u>'</u>				
GEL TYPING  87153 DNA/RNA SEQUENCING CULTYP NUCLEIC ACID SEQUENCING No Auth Required METH EA ISOLATE  GEL TYPING  CULTYP NUCLEIC ACID SEQUENCING No Auth Required METH EA ISOLATE	87152	CULTURE TYPE PULSE FIELD GEL	CULTURE TYPING IDENTIFJ PULSE FIELD	No Auth Required				
METH EA ISOLATE								
	87153	DNA/RNA SEQUENCING	CULTYP NUCLEIC ACID SEQUENCING	No Auth Required				
87158 CULTURE TYPING ADDED METHOD CULTURE TYPING OTHER METHODS No Auth Required								
	87158	CULTURE TYPING ADDED METHOD	CULTURE TYPING OTHER METHODS	No Auth Required				

87164	DARK FIELD EXAMINATION	DARK FIELD EXAM ANY SOURCE	No Auth Required				
07466	DARK FIELD EVANABILITION	W/SPECIMEN COLLECTION	N. A. Ale D. a. de de				
87166	DARK FIELD EXAMINATION	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	No Auth Required				
87168	MACROSCOPIC EXAM ARTHROPOD	MACROSCOPIC EXAMINATION	No Auth Required				
0.110		ARTHROPOD					
87169	MACROSCOPIC EXAM PARASITE	MACROSCOPIC EXAMINATION	No Auth Required				
		PARASITE					
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	No Auth Required				
		CONCENTRATION & ID					
87181	MICROBE SUSCEPTIBLE DIFFUSE	SUSCEPTBILTY STDY ANTIMICRBIAL	No Auth Required				
		AGNT AGAR DILUTJ					
87184	MICROBE SUSCEPTIBLE DISK	SUSCEPTIBILITY STUDY ANTIMICROBIAL	No Auth Required				
07405	MICROBE SUSCEPTIBLE ENZYME	DISK METHOD SUSCEPTIBILITY STUDY ANTIMICROBIAL	N. A. All D. a. Justine d				
87185	INICROBE SUSCEPTIBLE ENZYME		No Auth Required				
87186	MICROBE SUSCEPTIBLE MIC	ENZYME DETCJ SUSCEPTIBLTY STDY ANTIMICRBIAL	No Auth Required				
0/100	INTEROBL SUSCEPTIBLE IVIIC	MICRO/AGAR DILUTJ	No Auth Nequileu				
87187	MICROBE SUSCEPTIBLE MLC	SUSCEPTIBLTY STDY ANTMCRB	No Auth Required				
3, 10,	The state of the s	MICRO/AGAR DILUTJ EA					
87188	MICROBE SUSCEPT MACROBROTH	SC STD ANTMCRB AGT MACROBROTH	No Auth Required				
		DIL METH EA AGT					
87190	MICROBE SUSCEPT MYCOBACTERI	SUSCEPTIBLTY STDY ANTMCRB	No Auth Required				
		MYCOBACT PROPORJ MTHD	,				
87197	BACTERICIDAL LEVEL SERUM	SERUM BACTERICIDAL TITER	No Auth Required				
87205	SMEAR GRAM STAIN	SMR PRIM SRC GRAM/GIEMSA STAIN	No Auth Required				
		BCT FUNGI/CELL					
87206	SMEAR FLUORESCENT/ACID STAI	SMR PRIM SRC FLUORESCENT&/AFS BCT	No Auth Required				
		FNGI PARASIT					
87207	SMEAR SPECIAL STAIN	SMR PRIM SRC SPEC STAIN	No Auth Required				
07200	0.45.13.00.43.57.05.49.	BODIES/PARASITS					
87209	SMEAR COMPLEX STAIN	SMR PRIM SRC CPLX SPEC STAIN	No Auth Required				
87210	SMEAR WET MOUNT SALINE/INK	OVA&PARASITS SMR PRIM SRC WET MOUNT NFCT AGT	No Auth Required				
8/210	SIVIEAR WET MOUNT SALINE/INK	SIVIN PRIIVI SAC WET MOONT NECT AGT	No Auth Required				
87220	TISSUE EXAM FOR FUNGI	TISS KOH SLIDE SAMPS SKN/HR/NLS	No Auth Required				
07220	11330E EXAMITOR TORON	FNGI/ECTOPARASIT	140 Matil Nequileu				
87230	ASSAY TOXIN OR ANTITOXIN	TOXIN/ANTITOXIN ASSAY TISSUE	No Auth Required				
		CULTURE					
87250	VIRUS INOCULATE EGGS/ANIMAL	VIRUS INOCULATION EGGS/SM ANIMAL	No Auth Required				
		OBS&DSJ					
87252	VIRUS INOCULATION TISSUE	VIRUS TISS CUL INOCULATION	No Auth Required				
		CYTOPATHIC EFFECT					
87253	VIRUS INOCULATE TISSUE ADDL	VIRUS TISSUE CULTURE ADDL STDY/ID	No Auth Required				
		EACH ISOLATE					
87254	VIRUS INOCULATION SHELL VIA	VIRUS CENTRIFUGE ENHNCD ID	No Auth Required				
		IMFLUOR STAIN EA					
87255	GENET VIRUS ISOLATE HSV	VIRUS ID NON-IMMUNOLOGIC	No Auth Required				
07222	ADENIOWED IS A CIT	OTH/THN CYTOPATHIC	No. Acade Dec. 1				
87260	ADENOVIRUS AG IF	IAADI ADENOVIRUS	No Auth Required				
87265	PERTUSSIS AG IF	IAADI BORDETELLA	No Auth Required				
87267	ENTEROVIRUS ANTIBODY DFA	PRTUSSIS/PARAPRTUSSIS IAADI ENTEROVIRUS DIRECT	No Auth Required				
0/20/	LIVIENOVINOS AIVIIBODI DEA	FLUORESCENT ANTIBODY	No Auth Nequileu				
87269	GIARDIA AG IF	IAADI GIARDIA	No Auth Required				
07203	OF INDIA AU II	ויטעהו מועונהוע	110 Auti Nequileu	1	L	1	1

07070	In.,,		l	1		T T
87270	CHLAMYDIA TRACHOMATIS AG IF	IAADI CHLAMYDIA TRACHOMATIS	No Auth Required			
87271	CYTOMEGALOVIRUS DFA	IAADI CYTOMEGALOVIRUS DIR	No Auth Required			
		FLUORESCENT ANTIBODY				
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	No Auth Required			
		TYPE				
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	No Auth Required			
		ORGANISM				
87300	AG DETECTION POLYVAL IF	IAADI POLYV MLT ORGANISMS EA	No Auth Required		 	
		POLYV ANTISERUM				
87301	ADENOVIRUS AG IA	IAAD IA ADENOVIRUS ENTERIC TYP	No Auth Required			
		40/41				
87305	ASPERGILLUS AG IA	IAAD IA QUAL/SEMIQUAN MULTIPLE	No Auth Required			
		STEP ASPERGILLUS				
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	No Auth Required			
		DISPAR GRP	'			
87337	ENTAMOEB HIST GROUP AG IA		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			
0.0.0		The state of the s				
87341	HEPATITIS B SURFACE AG IA	IAAD IA HEPATITIS B SURFACE AG	No Auth Required			
		NEUTRALIZATION				
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	No Auth Required			
5,303	1.10 W/IIIV 1 W IIIV-2 AD	ANTBDY SINGLE	natii nequireu			
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			
07420	INEST STREET HAL AG IA	INDU IN RESPIRATORT STRUCTIAL VIRUS	No Auth Nequileu			
87425	ROTAVIRUS AG IA	IAAD IA ROTAVIRUS	No Auth Required			
07423	NO INVINOS AO IA	IAAD IA KOTAVIKOS IAAD IA SEVERE AQT RESPIR SYND	No Auth Required			
87426	SARSCOV CORONAVIRUS AG IA	CORONAVIRUS	No Auth Required			
87427	SHIGA-LIKE TOXIN AG IA	IAAD IA SHIGA-LIKE TOXIN	No Auth Required			
0/42/	SHIDA-LIKE TOXIN AU IA	IMAD IA STIDA-LINE TUNIN	No Autil Required		l	

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 NO Auth Required ORGANISM  87450 AG DETECT NOS IA SINGLE ORGANISM  87451 AG DETECT POLYVAL IA MULT IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM  87471 BARTONELLA DNA AMP PROBE IADNA BARTONELLA AMPLIFIED PROBE NO Auth Required TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA GUANT	
ORGANISM  87450 AG DETECT NOS IA SINGLE  87451 AG DETECT POLYVAL IA MULT  IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM  87471 BARTONELLA DNA AMP PROBE  IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE  87472 BARTONELLA DNA QUANT  IADNA BARTONELLA NO Auth Required No Auth Required No Auth Required	
87450 AG DETECT NOS IA SINGLE ORGANISM  87451 AG DETECT POLYVAL IA MULT IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM  87471 BARTONELLA DNA AMP PROBE IADNA BARTONELLA AMPLIFIED PROBE NO Auth Required TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA BARTONELLA NO Auth Required	
87451 AG DETECT POLYVAL IA MULT IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM  87471 BARTONELLA DNA AMP PROBE IADNA BARTONELLA AMPLIFIED PROBE No Auth Required  TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA BARTONELLA No Auth Required	
POLYV ANTISERUM  87471 BARTONELLA DNA AMP PROBE IADNA BARTONELLA AMPLIFIED PROBE No Auth Required TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA BARTONELLA No Auth Required	
87471 BARTONELLA DNA AMP PROBE IADNA BARTONELLA AMPLIFIED PROBE No Auth Required TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA BARTONELLA No Auth Required	
TECHNIQUE  87472 BARTONELLA DNA QUANT IADNA BARTONELLA No Auth Required	
87472 BARTONELLA DNA QUANT IADNA BARTONELLA No Auth Required	
HENSELAE&QUINTANA QUANTJ	
87475 LYME DIS DNA DIR PROBE IADNA BORRELIA BURGDORFERI DIRECT No Auth Required	
PROBE TQ.	
87476 LYME DIS DNA AMP PROBE IADNA BORRELIA BURGDORFERI No Auth Required	
AMPLIFIED PROBE TQ  87480 CANDIDA DNA DIR PROBE IADNA CANDIDA SPECIES DIRECT PROBE No Auth Required	
TO	
87481 CANDIDA DNA AMP PROBE IADNA CANDIDA SPECIES AMPLIFIED No Auth Required	
PROBE TQ.	
87482 CANDIDA DNA QUANT IADNA CANDIDA SPECIES No Auth Required	
QUANTIFICATION	
87483 CNS DNA AMP PROBE TYPE 12-25 CNS DNA/RNA AMP PROBE MULTIPLE No Auth Required	
SUBTYPES 12-25  87485 CHYLMD PNEUM DNA DIR PROBE IADNA CHLAMYDIA PNEUMONIAE No Auth Required	
DIRECT PROBE TQ	
87486 CHYLMD PNEUM DNA AMP PROBE IADNA CHLAMYDIA PNEUMONIAE No Auth Required	
AMPLIFIED PROBE TQ	
87487 CHYLMD PNEUM DNA QUANT IADNA CHLAMYDIA PNEUMONIAE No Auth Required	
QUANTIFICATION	
87490 CHYLMD TRACH DNA DIR PROBE IADNA CHLAMYDIA TRACHOMATIS No Auth Required DIRECT PROBE TQ	
87491 CHYLMD TRACH DNA AMP PROBE IADNA CHLAMYDIA TRACHOMATIS No Auth Required	
AMPLIFIED PROBE TQ	
87492 CHYLMD TRACH DNA QUANT IADNA CHLAMYDIA TRACHOMATIS No Auth Required	
QUANTIFICATION	
87493 C DIFF AMPLIFIED PROBE INF AGENT DET NUCLEIC ACID No Auth Required	
CLOSTRIDIUM AMP PROBE  87495 CYTOMEG DNA DIR PROBE IADNA CYTOMEGALOVIRUS DIRECT No Auth Required	
87495 CYTOMEG DNA DIR PROBE IADNA CYTOMEGALOVIRUS DIRECT No Auth Required PROBE TQ	
87496 CYTOMEG DNA AMP PROBE IADNA CYTOMEGALOVIRUS AMPLIFIED No Auth Required	
PROBE TQ.	
87497 CYTOMEG DNA QUANT IADNA CYTOMEGALOVIRUS No Auth Required	
QUANTIFICATION	
87498 ENTEROVIRUS PROBE&REVRS TRNS IADNA ENTEROVIRUS AMPLIF PROBE & No Auth Required	
REVRSE TRNSCRIP	
VANCOMYCIN DIVA AWIP PROBE  INVECTIOUS AGENT DIVAYANA INV AUUI REQUIRED  VANCOMYCIN RESISTANCE	
87501 INFLUENZA DNA AMP PROB 1+ INFECTIOUS AGENT DNA/RNA No Auth Required	
INFLUENZA EA TYPE	
87502 INFLUENZA DNA AMP PROBE INFECTIOUS AGENT DNA/RNA No Auth Required	
INFLUENZA 1ST 2 TYPES	
87503 INFLUENZA DNA AMP PROB ADDL NFCT AGENT DNA/RNA INFLUENZA >2 No Auth Required TYPES EA ADDL	
87505 NFCT AGENT DETECTION GI NFCT AGENT DNA/RNA No Auth Required	
GASTROINTESTINAL PATHOGEN	
87506 IADNA-DNA/RNA PROBE TQ 6-11 IADNA-DNA/RNA GI PTHGN MULTIPLEX No Auth Required	
PROBE TQ 6-11	

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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		
	HIV-1 PROBE&REVERSE TRNSCRPJ	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	No Auth Required		
	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	·		
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	·		
87551	MYCOBACTERIA DNA AMP PROBE	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	No Auth Required		

		1	1	1	1	
87552	MYCOBACTERIA DNA QUANT	IADNA MYCOBACTERIA SPECIES	No Auth Required			
87555	M.TUBERCULO DNA DIR PROBE	QUANTIFICATION IADNA MYCOBACTERIA TUBERCULOSIS	No Auth Required			
6/333	IVI. TOBERCOLO DIVA DIR PROBE	DIR PRB	No Auth Required			
87556	M.TUBERCULO DNA AMP PROBE	IADNA MYCOBACTERIA TUBERCULOSIS	No Auth Required			
		AMP PRB	,			
87557	M.TUBERCULO DNA QUANT	IADNA MYCOBACTERIA TUBERCULOSIS	No Auth Required			
		QUANTIFICATION				
87560	M.AVIUM-INTRA DNA DIR PROB	IADNA MYCOBACTERIA AVIUM-	No Auth Required			
		INTRACLRE DIR PRB				
87561	M.AVIUM-INTRA DNA AMP PROB	IADNA MYCOBACTERIA AVIUM-	No Auth Required			
87562	M.AVIUM-INTRA DNA QUANT	INTRACLRE AMP PRB IADNA MYCOBACTERIA AVIUM-	No Auth Required			
07302	IW.AVIOW-IIVINA DIVA QUAIVI	INTRACELLULARE QUANT	No Auth Required			
87563	M. GENITALIUM AMP PROBE	IADNA MYCOPLASMA GENITALIUM	No Auth Required			
		AMPLIFIED PROBE TECH				
87580	M.PNEUMON DNA DIR PROBE	IADNA MYCOPLSM PNEUMONIAE	No Auth Required			
		DIRECT PROBE TQ				
87581	M.PNEUMON DNA AMP PROBE	IADNA MYCOPLSM PNEUMONIAE	No Auth Required			
		AMPLIFIED PROBE TQ				
87582	M.PNEUMON DNA QUANT	IADNA MYCOPLSM PNEUMONIAE	No Auth Required			
87590	N CONORDHOEAE DNA DIR DROR	QUANTIFICATION	No Auth Boquired			
87590	N.GONORRHOEAE DNA DIR PROB	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	No Auth Required			
87591	N.GONORRHOEAE DNA AMP PROB	IADNA NEISSERIA GONORRHOEAE	No Auth Required			
		AMPLIFIED PROBE TQ				
87592	N.GONORRHOEAE DNA QUANT	IADNA NEISSERIA GONORRHOEAE	No Auth Required			
		QUANTIFICATION				
87623	HPV LOW-RISK TYPES	IADNA HUMAN PAPILLOMAVIRUS LOW-	No Auth Required			
		RISK TYPES				
87624	HPV HIGH-RISK TYPES	IADNA HUMAN PAPILLOMAVIRUS HIGH-	No Auth Required			
87625	LIDV TVDEC 1C 9 19 ONLY	RISK TYPES	No Auth Doguined			
8/625	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	No Auth Required			
0,001		TRNSCR 3-5 TARGETS	- To riaci neganea			
87632	RESP VIRUS 6-11 TARGETS	IADNA RESPIRATRY PROBE & REV	No Auth Required			
		TRNSCR 6-11 TARGETS				
87633	RESP VIRUS 12-25 TARGETS	IADNA RESPIRATRY PROBE & REV	No Auth Required			
		TRNSCR 12-25 TARGET				
87634	RSV DNA/RNA AMP PROBE	IADNA DNA/RNA RSV AMPLIFIED PROBE	No Auth Required			
		TECHNIQUE	No Auth Doguined			
87636	SARSCOV2 & INF A&B AMP PRB	IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	No Auth Required			
		IADNA SARSCOV2 & INF A&B & RSV	No Auth Required			
87637	SARSCOV2&INF A&B&RSV AMP PRB	MULT AMP PROBE TQ				
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	No Auth Required			
	-	AMP PROBE TQ				
87650	STREP A DNA DIR PROBE	IADNA STREPTOCOCCUS GROUP A	No Auth Required			
87651	STREP A DNA AMP PROBE	DIRECT PROBE TQ	No Auth Required			
0/021	STREE A DIVA AIVIF PROBE	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	No Auth Required			
87652	STREP A DNA QUANT	IADNA STREPTOCOCCUS GROUP A	No Auth Required			
0.002		QUANTIFICATION				
	ı	1-4			1	1

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		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	·			
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	

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88000	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION ONLY W/O CNS	No Auth Required			
88005	AUTOPSY (NECROPSY) GROSS	NECROPSY GROSS EXAMINATION	No Auth Required			
		W/BRAIN				
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	No Auth Required			
88020	AUTOPSY (NECROPSY) COMPLETE	STILLBORN  NECROPSY GROSS & MICROSCOPIC W/O	No Auth Required			
88025	AUTOPSY (NECROPSY) COMPLETE	NECROPSY GROSS & MICROSCOPIC	No Auth Required			
88027	AUTOPSY (NECROPSY) COMPLETE	W/BRAIN NECROPSY GROSS&MCRSCP BRAIN &	No Auth Required			
88028	AUTOPSY (NECROPSY) COMPLETE	SPINAL CORD  NECROPSY GROSS & MICROSCOPIC	No Auth Required			
		INFANT W/BRAIN				
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	No Auth Required	r denotogy and Edb	T dir cililical ricerci	
		C/V SMRS INTERPJ	•			
88106	CYTOPATH FL NONGYN FILTER	CYTP FLU BR/WA XCPT C/V FILTER	No Auth Required			
88108	CYTOPATH CONCENTRATE TECH	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS &	No Auth Required			
88108 88112	CYTOPATH CONCENTRATE TECH  CYTOPATH CELL ENHANCE TECH	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT	No Auth Required  No Auth Required			
		METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5	·			
88112	CYTOPATH CELL ENHANCE TECH	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MINL CYTP INSITU HYBRID URINE SPEC 3-5	No Auth Required			
88112 88120 88121	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	No Auth Required  No Auth Required  No Auth Required			
88112 88120	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR	No Auth Required  No Auth Required  No Auth Required  No Auth Required			
88112 88120 88121 88125	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTI PERIPHERAL	No Auth Required  No Auth Required  No Auth Required  No Auth Required			
88112 88120 88121 88125 88130 88140	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  SEX CHROMATIN IDENTIFICATION	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URINE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	No Auth Required			
88120 88121 88125 88130	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTI PERIPHERAL	No Auth Required			
88112 88120 88121 88125 88130 88140	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  SEX CHROMATIN IDENTIFICATION	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URINE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTIFICATION BARR BODIES CYTP CERVICAL/VAGINAL REQ INTERP	No Auth Required			
88112 88120 88121 88125 88130 88140	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  CYTOPATH C/V INTERPRET	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URINE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTI PERIPHERAL BLOOD SMEAR CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN CYTP C/V FLU AUTO THIN MNL	No Auth Required			
88112 88120 88121 88125 88130 88140 88141	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  SEX CHROMATIN IDENTIFICATION  CYTOPATH C/V INTERPRET  CYTOPATH C/V THIN LAYER	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTIFICATION BARR BODIES CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN CYTP CERVIVAG AUTO THIN LAYER PREP MNL SCREEN	No Auth Required			
88120 88121 88125 88130 88140 88141 88142 88143	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  CYTOPATH C/V INTERPRET  CYTOPATH C/V THIN LAYER  CYTOPATH C/V THIN LAYER REDO  CYTOPATH C/V AUTOMATED	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URINE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTIFICATION BARR BODIES CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN CYTP CERVIVAG AUTO THIN LAYER PREP MNL SCREEN CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	No Auth Required			
88120 88121 88125 88130 88140 88141 88142 88143	CYTOPATH CELL ENHANCE TECH  CYTP URNE 3-5 PROBES EA SPEC  CYTP URINE 3-5 PROBES CMPTR  FORENSIC CYTOPATHOLOGY  SEX CHROMATIN IDENTIFICATION  CYTOPATH C/V INTERPRET  CYTOPATH C/V THIN LAYER  CYTOPATH C/V THIN LAYER REDO	METH ONLY INTERPJ CYTP CONCENTRATION SMEARS & INTERPRETATION CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL CYTP INSITU HYBRID URINE SPEC 3-5 PROBES CPTR EA CYTOPATHOLOGY FORENSIC SEX CHROMATIN IDENTIFICATION BARR BODIES SEX CHROMATIN IDENTIFICATION BARR BODIES CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS CYTP SMRS C/V SCR AUTOMATED	No Auth Required			

	T					
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	No Auth Required	Pathology and Lab -		
		EA CELL LINE		cytogenetic studies		
88241	FROZEN CELL PREPARATION	THAWING&EXPANSION FROZEN CELLS	No Auth Required	Pathology and Lab -		
		EACH ALIQUOT		cytogenetic studies	- 11 - 11 - 11 - 11	
88245	CHROMOSOME ANALYSIS 20-25	CHRMSM BREAKAGE BASELINE SISTER	Authorization Required	Genetic testing and	Full Clinical Review	
		20-25 CLL		counseling	_ ,, _ , _ , _ ,	
88248	CHROMOSOME ANALYSIS 50-100	CHRMSM BREAKAGE BASELINE	Authorization Required	Genetic testing and	Full Clinical Review	
00240	CUDONACCONAE ANIALIVEIS 400	BREAKAGE 50-100 CLL	Austrania atian Danuina d	counseling	Full Cliniant Partiers	
88249	CHROMOSOME ANALYSIS 100	CHRMSM BREAKAGE SYNDS SCORE 100	Authorization Required	Genetic testing and	Full Clinical Review	
88261	CHROMOSOME ANALYSIS 5	CHRMSM COUNT 5 CELL 1KARYOTYPE	Authorization Required	counseling Genetic testing and	Full Clinical Review	
88201	CHROIVIOSOIVIE ANALYSIS 5	BANDING	Authorization Required	counseling	Full Clinical Review	
88262	CHROMOSOME ANALYSIS 15-20	CHRMSM COUNT 15-20 CLL 2KARYOTYP	Authorization Required	Genetic testing and	Full Clinical Review	
86202	CIROWOSOWE AWALISIS 15-20	BANDING	Authorization Required	counseling	r dii Ciiiicai Keview	
88263	CHROMOSOME ANALYSIS 45	CHRMSM COUNT 45 CELL MOSAICISM	Authorization Required	Genetic testing and	Full Clinical Review	
00200	ermemesemer awaers is	2KARYOTYPE	/ acrionization riequirea	counseling	r dir cililical ric ric ri	
88264	CHROMOSOME ANALYSIS 20-25	CHRMSM ANALYZE 20-25 CELLS	Authorization Required	Genetic testing and	Full Clinical Review	
				counseling		
88267	CHROMOSOME ANALYS PLACENTA	CHRMSM ALYS AMNIOTIC/VILLUS 15	Authorization Required	Genetic testing and	Full Clinical Review	
		CELL 1KARYOTYPE		counseling		
88269	CHROMOSOME ANALYS AMNIOTIC	CHRMSM SITU AMNIOTIC CLL 6-12	Authorization Required	Genetic testing and	Full Clinical Review	
		COLONIES 1KARYOTYP		counseling		
88271	CYTOGENETICS DNA PROBE	MOLECULAR CYTOGENETICS DNA	Authorization Required	Genetic testing and	Full Clinical Review	
		PROBE EACH		counseling		
88272	CYTOGENETICS 3-5	MOLECULAR CYTOGENETICS CHRMOML	Authorization Required	Genetic testing and	Full Clinical Review	
		ISH 3-5 CELLS		counseling		
88273	CYTOGENETICS 10-30	MOLECULAR CYTOGENETICS CHRMOML	Authorization Required	Genetic testing and	Full Clinical Review	
		ISH 10-30 CLL		counseling		
88274	CYTOGENETICS 25-99	MOLECULAR CYTOGENETICS	Authorization Required	Genetic testing and	Full Clinical Review	
		INTERPHASE ISH 25-99 CLL		counseling		
88275	CYTOGENETICS 100-300	MOLEC CYTG INTERPHASE ISH ANALYZE	Authorization Required	Genetic testing and	Full Clinical Review	
		100-300 CLL		counseling		
88280	CHROMOSOME KARYOTYPE STUDY	CHRMSM ANALYSIS ADDL KARYOTYP	Authorization Required	Genetic testing and	Full Clinical Review	
		EACH STUDY		counseling		
88283	CHROMOSOME BANDING STUDY	CHRMSM ANALYSIS ADDL SPECIALIZED	Authorization Required	Genetic testing and	Full Clinical Review	
00005	CURANACAN F COUNT ARRITONAL	BANDING		counseling	5 11 01: 1 10 1	
88285	CHROMOSOME COUNT ADDITIONAL	CHRMSM ANALYSIS ADDL CELLS	Authorization Required	Genetic testing and	Full Clinical Review	
00200	CHROMOSOME STUDY ADDITIONAL	COUNTED EACH STUDY	Authorization Denvised	Counseling Constitute testing and	Full Clinical Davison	
88289	CHROMOSOME STUDY ADDITIONAL	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	Authorization Required	Genetic testing and	Full Clinical Review	
88291	CYTO/MOLECULAR REPORT	CYTOGENETICS&MOLEC CYTOGENETICS	Authorization Poquired	counseling Genetic testing and	Full Clinical Review	
00231	CTO/WOLLCOLAN NEFORT	INTERP&REP	Authorization Required	counseling	i dii Cililical Neview	
88299	CYTOGENETIC STUDY	UNLISTED CYTOGENETIC STUDY	Authorization Required	Pathology and Lab -	Full Clinical Review	
00233	CITOGENETICSTODI	ONLISTED CITOGENETIC STODI	Authorization Required	cytogenetic studies	Tull cliffical Neview	
88300	SURGICAL PATH GROSS	LEVEL I SURG PATHOLOGY GROSS	No Auth Required	o, togenetic statics		
55500		EXAMINATION ONLY				
88302	TISSUE EXAM BY PATHOLOGIST	LEVEL II SURG PATHOLOGY	No Auth Required			
		GROSS&MICROSCOPIC EXAM				
88304	TISSUE EXAM BY PATHOLOGIST	LEVEL III SURG PATHOLOGY	No Auth Required			
		GROSS&MICROSCOPIC EXAM	1			
88305	TISSUE EXAM BY PATHOLOGIST	LEVEL IV SURG PATHOLOGY	No Auth Required			
		GROSS&MICROSCOPIC EXAM				
88307	TISSUE EXAM BY PATHOLOGIST	LEVEL V SURG PATHOLOGY	No Auth Required			
		GROSS&MICROSCOPIC EXAM				
88309	TISSUE EXAM BY PATHOLOGIST	LEVEL VI SURG PATHOLOGY	No Auth Required			
		GROSS&MICROSCOPIC EXAM				
88311	DECALCIFY TISSUE	DECALCIFICATION PROCEDURE	No Auth Required			

88312	SPECIAL STAINS GROUP 1	SPECIAL STAIN GROUP 1	No Auth Required				
00312	SPECIAL STAINS GROUP 1	MICROORGANISMS I&R	No Autii kequireu				
88313	SPECIAL STAINS GROUP 2	SPCL STN 2 I&R EXCPT	No Auth Required				
		MICROORG/ENZYME/IMCYT					
88314	HISTOCHEMICAL STAINS ADD-ON	SPECIAL STAIN I&R HISTOCHEMICAL	No Auth Required				
		W/FROZEN TISSU					
88319	ENZYME HISTOCHEMISTRY	SPECIAL STAIN I&R GROUP III ENZYME	No Auth Required				
		CONSITUENTS					
88321	MICROSLIDE CONSULTATION	CONSLTJ&REPRT SLIDES PREPARED	No Auth Required				
88323	MICROSLIDE CONSULTATION	ELSEWHERE CONSLTJ&REPRT MATERIAL REQUIRING	No Auth Desuised				
00323	INICROSCIDE CONSOLIATION	PREPJ SLIDES	No Autii Required				
88325	COMPREHENSIVE REVIEW OF DATA	CONSLTJ COMPRE REVIEW REPRT	No Auth Required				
		REFERRED MATRL					
88329	PATH CONSULT INTROP	PATHOLOGY CONSULTATION DURING	No Auth Required				
		SURGERY					
88331	PATH CONSULT INTRAOP 1 BLOC	PATH CONSLTJ SURG 1ST BLK FROZEN	No Auth Required				
		SCTJ 1 SPEC					
88332	PATH CONSULT INTRAOP ADDL	PATH CONSLTJ SURG EA ADDL BLK	No Auth Required				
00000	W.T O. O.T. O T	FROZEN SECTION					
88333	INTRAOP CYTO PATH CONSULT 1		No Auth Required				
88334	INTRAOP CYTO PATH CONSULT 2	INITIAL SITE  PATH CONSLTJ SURG CYTOLOGIC EXAM	No Auth Required				
00334	INTRACT CITOTATT CONSOLT 2	ADDL SITE	No Auth Required				
88341	IMMUNOHISTO ANTB ADDL SLIDE	IMHISTOCHEM/CYTCHM EA ADDL	No Auth Required				
		ANTIBODY SLIDE					
88342	IMMUNOHISTO ANTB 1ST STAIN	IMHISTOCHEM/CYTCHM 1ST ANTIBODY	No Auth Required				
		STAIN PROCEDURE					
88344	IMMUNOHISTO ANTIBODY SLIDE	IMHISTOCHEM/CYTCHM EA MULTIPLEX	No Auth Required				
		ANTIBODY SLIDE					
88346	IMMUNOFLUOR ANTB 1ST STAIN		No Auth Required				
00240	ELECTRON MICROSCOPY	SINGL ANTB STAIN ELECTRON MICROSCOPY DIAGNOSTIC	No Auth Descriped				
88348 88350	IMMUNOFLUOR ANTB ADDL STAIN	IMMUNOFLUORESCENCE PER SPEC ADD	No Auth Required				
88330	INMONOI EGGICANTE ABBESTAIN	SINGL ANTB STAIN	No Auth Required				
88355	ANALYSIS SKELETAL MUSCLE	MORPHOMETRIC ANALYSIS SKELETAL	No Auth Required				
		MUSCLE					
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	No Auth Required	Pathology and Lab -			
		ANTIBODY MANUAL		surgical pathology			
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	M/PHMTRC ALYS TUMOR IMHCHEM EA	No Auth Required	Pathology and Lab -			
00262	NEDVE TEACING DDEDADATIONS	ANTBDY CMPTR ASST	Authorization Dominal	surgical pathology		Full Citation Devices	
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	No Auth Required	Pathology and Lab -			
00303	THE TISSE MOLECTURE	MOLECULAR ANALYSI		surgical pathology			
88364	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA ADDL PROBE	Authorization Required	Pathology and Lab -		Full Clinical Review	
		STAIN		surgical pathology			
88365	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION 1ST PROBE	Authorization Required	Pathology and Lab -		Full Clinical Review	
		STAIN		surgical pathology			
88366	INSITU HYBRIDIZATION (FISH)	IN SITU HYBRIDIZATION EA MULTIPLEX	Authorization Required	Pathology and Lab -		Full Clinical Review	
		PROBE STAIN		surgical pathology			
88367	INSITU HYBRIDIZATION AUTO	M/PHMTRC ALYS ISH CPTR-ASST TECH	Authorization Required	Pathology and Lab -		Full Clinical Review	
00260	INSITU HYBRIDIZATION MANUAL	1ST PROBE STAIN M/PHMTRC ALYS IN SITU	No Auth Required	surgical pathology			
88368	INSTITUTE OF THE PROPERTY OF T	HYBRIDIZATION EA PROBE MNL	ino Autii Requirea	Pathology and Lab - surgical pathology			
L	<u>l</u>	THERIDIZATION EA PROBE WINL	1	Surgical patriology	L	1	

	T		1		1	1	
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ	No Auth Required	Pathology and Lab -			
		MNL PER SPEC EACH		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	No Auth Required	Pathology and Lab -			
	,	IMMUNOLOGICAL EA		surgical pathology			
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ	No Auth Required	Pathology and Lab -			
	, , , , , ,	CPTR PER SPEC EACH		surgical pathology			
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ	No Auth Required	Pathology and Lab -			
	,	CPTR EACH MULTIPRB		surgical pathology			
88375	OPTICAL ENDOMICROSCPY INTERP	OPTICAL ENDOMICROSCOPIC IMAGE	No Auth Required	Pathology and Lab -			
		INTERP & REPORT		surgical pathology			
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	M/PHMTRC ALYS ISH QUANT/SEMIQ	Authorization Required	Pathology and Lab -		Full Clinical Review	
	,	MNL EACH MULTIPRB		surgical pathology			
88380	MICRODISSECTION LASER	MICRODISSECTION PREP IDENTIFIED	No Auth Required				
		TARGET LASER					
88381	MICRODISSECTION MANUAL	MICRODISSECTION PREP IDENTIFIED	No Auth Required				
00001	I I I I I I I I I I I I I I I I I I I	TARGET MANUAL	- To riaci nequired				
88387	TISS EXAM MOLECULAR STUDY	MACRO EXAM DISSECT&PREP TISS	No Auth Required				
		NONMICRO STD EA					
88388	TISS EX MOLECUL STUDY ADD-ON	MACR EXM DISS&PRP NONMICR	No Auth Required				
00300	TISS EX MIGLECOL STORT ARROUND	IMPRNT/CONSLT/FRZ SE	No Auth Required				
88399	SURGICAL PATHOLOGY PROCEDURE	UNLISTED SURGICAL PATHOLOGY	Authorization Required	Pathology and Lab -		Full Clinical Review	
00000	SONGIONE TANNOCES OF THE SEE ONE	PROCEDURE	/ tatilonization negative	surgical pathology		Tan omnour neview	
88720	BILIRUBIN TOTAL TRANSCUT	BILIRUBIN TOTAL TRANSCUTANEOUS	No Auth Required	surgicui putriology			
88738	HGB QUANT TRANSCUTANEOUS	HGB QUANTITATIVE TRANSCUTANEOUS	· · · · · · · · · · · · · · · · · · ·				
00730	THE GOVERN THE WASCOTT WE GOS	TIGE GOVERNMENT TO THE	No riadi nequirea				
88740	TRANSCUTANEOUS CARBOXYHB	HEMOGLOBIN QUAN TC PER DAY	No Auth Required				
007.10	THE MISSEN WIZE OF STREET	CARBOXYHEMOGLOBIN	- To riaci nequired				
88741	TRANSCUTANEOUS METHB	HEMOGLOBIN QUANTITATIVE TC PER	No Auth Required				
007.12	THE WILLSON WILLIAM	DAY METHEMOGLOBIN	no man neganea				
88749	IN VIVO LAB SERVICE	UNLISTED IN VIVO LABORTORY SERVICE	Authorization Required	Pathology and Lab		Full Clinical Review	
007.13	IN TITO E IS SENTICE	CHEISTED III THE ENDOMEDIA DENVICE	/ tationzation nequired	Tatilology and Edb		Tun chinical review	
89049	CHCT FOR MAL HYPERTHERMIA	CAFFEINE HALOTHANE CONTRACTURE	No Auth Required				
		TEST					
89050	BODY FLUID CELL COUNT	CELL COUNT MISCELLANEOUS BODY	No Auth Required				
03030	505.120.5 0222 000.11	FLUIDS	- To riaci nequired				
89051	BODY FLUID CELL COUNT	CELL COUNT MISC BODY FLUIDS	No Auth Required				
		W/DIFFERENTIAL COUNT					
89055	LEUKOCYTE ASSESSMENT FECAL	LEUKOCYTE ASSMT FECAL	No Auth Required				
03033	2201001127100200112111120112	QUAL/SEMIQUANTITATIVE	no man neganea				
89060	EXAM SYNOVIAL FLUID CRYSTALS	CRYSTAL ID LIGHT MICROSCOPY ALYS	No Auth Required				
33003		TISS/ANY FLUID					
89125	SPECIMEN FAT STAIN	FAT STAIN FECES URINE/RESPIR	No Auth Required				
33123		SECRETIONS		1			
89160	EXAM FECES FOR MEAT FIBERS	MEAT FIBERS FECES	No Auth Required	<del> </del>			
89190	NASAL SMEAR FOR EOSINOPHILS	NASAL SMEAR EOSINOPHILS	No Auth Required	<del> </del>			
89220	SPUTUM SPECIMEN COLLECTION	SPUTUM OBTAINING SPEC AEROSOL	No Auth Required				
03220	S. S. S. EGIMEN COLLECTION	INDUCED TX SPX					
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			Similar Neview	
89251	CULTR OOCYTE/EMBRYO <4 DAYS	CUL OOCYTE/EMBRYO < 4 D CO-CULT	No Auth Required		1		
0,2,1	COLIN COCITE/LINDRIO NA DATO	OCYTE/EMBRY	140 Addi Nequileu				
89253	EMBRYO HATCHING	ASSTD EMBRYO HATCHING MICROTQS	No Auth Required				
0,2,3	LINDATO HATCHING	ANY METH	Auth Nequileu	1			
89254	OOCYTE IDENTIFICATION	OOCYTE ID FROM FOLLICULAR FLU	No Auth Required				
0,72,34	OCCUPE IDENTIFICATION	TOOCH IE ID THOM FULLICULAR FEU	140 Auth Required	I .	1	1	1

89255	PREPARE EMBRYO FOR TRANSFER	PREPJ EMBRYO TR	No Auth Required				
89257	SPERM IDENTIFICATION	SPRM ID FROM ASPIR OTH/THN	No Auth Required				
		SEMINAL	·				
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	No Auth Required				
20254	CD570 4 (CO) 47 (O) 40 (C) 40 (F)	INSEMINATION/DX SEMEN ALYS					
89261	SPERM ISOLATION COMPLEX	SPRM ISOL CPLX PREP	No Auth Required				
89264	IDENTIFY SPERM TISSUE	INSEMINATION/DX SEMEN ALYS SPRM ID FROM TSTIS TISS	No Auth Required				
03204	IDENTIFICATION TO SOL	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	No Auth Required				
		<td></td> <td></td> <td></td> <td></td> <td></td>					
89281	ASSIST OOCYTE FERTILIZATION	ASSTD FERTILIZATION MICROTQ > 10	No Auth Required				
89290	BIOPSY OOCYTE POLAR BODY	OOCYTES  BX OOCYTE MICROTQ = 5 EMBRY</td <td>Authorization Required</td> <td>Pathology and Lab -</td> <td>F.·II</td> <td>Clinical Review</td> <td></td>	Authorization Required	Pathology and Lab -	F.·II	Clinical Review	
89290	BIOPSY OUCYTE POLAR BODY	BX OOCYTE MICROTQ = 5 EMBRY</td <td>Authorization Required</td> <td>reproductive medicine</td> <td>Full</td> <td>Cimical Review</td> <td></td>	Authorization Required	reproductive medicine	Full	Cimical Review	
				procedures			
89291	BIOPSY OOCYTE POLAR BODY	BX OOCYTE MICROTQ >5 EMBRY	Authorization Required	Pathology and Lab -	Full	Clinical Review	
			· ·	reproductive medicine			
				procedures			
89300	SEMEN ANALYSIS W/HUHNER	SEMEN ALYS PRESENCE&/MOTILITY	No Auth Required	Pathology and Lab -			
		SPRM HUHNER		reproductive medicine			
				procedures			
89310	SEMEN ANALYSIS W/COUNT	SEMEN ALYS MOTILITY&CNT X	No Auth Required	Pathology and Lab -			
		W/HUHNER TST		reproductive medicine procedures			
89320	SEMEN ANAL VOL/COUNT/MOT	SEMEN ANALYSIS VOLUME COUNT	No Auth Required	Pathology and Lab -			
03320	52.112.117.117.12 1 6 2 7 6 6 6 1 1 1 7 1 1 1 6 1	MOTILITY DIFFERENT	no natir negatica	reproductive medicine			
				procedures			
89321	SEMEN ANAL SPERM DETECTION	SEMEN ANALYSIS SPERM	No Auth Required	Pathology and Lab -			
		PRESENCE&/MOTILITY SPRM		reproductive medicine			
				procedures			
89322	SEMEN ANAL STRICT CRITERIA	SEMEN ANALYSIS STRICT	No Auth Required	Pathology and Lab -			
		MORPHOLOGIC CRITERIA		reproductive medicine procedures			
89325	SPERM ANTIBODY TEST	SPERM ANTIBODIES	Authorization Required	Pathology and Lab -	Full	Clinical Review	
03323	SI EMMINIONI TEST	SI EMMINITIDODIES	Authorization Required	reproductive medicine	i un	Cililical Neview	
				procedures			
89329	SPERM EVALUATION TEST	SPERM EVALUATION HAMSTER	Authorization Required	Pathology and Lab -	Full	Clinical Review	
		PENETRATION TEST		reproductive medicine			
				procedures			
89330	EVALUATION CERVICAL MUCUS	SPERM EVALUATION CERVICAL	Authorization Required	Pathology and Lab -	Full	Clinical Review	
		MUCOUS PENETRATION		reproductive medicine			
89331	RETROGRADE EJACULATION ANAL	SPERM EVALUATION RETROGRADE	Authorization Required	Pathology and Lab -	EII	Clinical Review	
03331	INCORADE EJACULATION ANAL	EJACULATION URINE	Authorization Required	reproductive medicine	Full	Cimilical Neview	
		E. ISOE WICH SIMILE		procedures			
89335	CRYOPRESERVE TESTICULAR TISS	CRYOPRSRV REPRODUCTIVE TISSUE	No Auth Required				
		TESTICULAR					
89337	CRYOPRESERVATION OOCYTE(S)	CRYOPRESERVATION MATURE	No Auth Required				
		OOCYTE(S)					
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				

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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	No Auth Required			
		SPERM/SEMEN EACH ALIQUOT				
89354	THAW CRYOPRSVRD REPROD TISS	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	No Auth Required			
89356	THAWING CRYOPRESRVED OOCYTE	THAWING CRYOPRESERVED OOCYTES	No Auth Required			
89398	UNLISTED REPROD MED LAB PROC	EACH ALIQUOT UNLISTED REPRODUCTIVE MEDICINE	Authorization Required	Pathology and Lab -	Full Clinical Review	
83338	ONLISTED REPRODUCED LAB PROC	LAB PROCEDURE	Authorization Required	reproductive medicine	Tun chinical neview	
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	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			
	•	•		•	•	

ORAL  90581 ANTHRAX VACCINE SC OR IM  ANTHRAX VACCINE SUBCU USE  90585 BCG VACCINE PERCUT BACILLUS CALMETTE-GUER TB LIVE PERQ  90586 BCG VACCINE INTRAVESICAL BACILLUS CALMETTE-GUER INTRAVESICAL	VACCINE No Auth Required A VACCINE No Auth Required
90473   IMMUNE ADMIN ORAL/NASAL   IM ADM INTRANSL/ORAL 1     90474   IMMUNE ADMIN ORAL/NASAL ADDL   IM ADM INTRANSL/ORAL 2     90476   ADENOVIRUS VACCINE TYPE 4   ADENOVIRUS VACCINE TYPE 0     90477   ADENOVIRUS VACCINE TYPE 7   ADENOVIRUS VACCINE TYPE ORAL     90581   ANTHRAX VACCINE SC OR IM   ANTHRAX VACCINE SUBCU     90585   BCG VACCINE PERCUT   BACILLUS CALMETTE-GUER     90586   BCG VACCINE INTRAVESICAL   BACILLUS CALMETTE-GUER     1078   INTRAVESICAL   BACILLUS CALMETTE-GUER     1079   IMMUNE ADMIN ORAL/NASAL     1070   IMMUNE ADMIN ORAL/NASAL ADDL     1070   IMMUNE ADMIN ORAL/NASAL     1070   IMMUNE ADMIN ORA	A VACCINE No Auth Required E 4 LIVE No Auth Required E 7 LIVE FOR No Auth Required  CANEOUS/IM No Auth Required
90474 IMMUNE ADMIN ORAL/NASAL ADDL IM ADM INTRANSL/ORAL E 90476 ADENOVIRUS VACCINE TYPE 4 ADENOVIRUS VACCINE TYPE 0 90477 ADENOVIRUS VACCINE TYPE 7 ADENOVIRUS VACCINE TYPE 0 90581 ANTHRAX VACCINE SC OR IM ANTHRAX VACCINE SUBCU USE 90585 BCG VACCINE PERCUT BACILLUS CALMETTE-GUER TB LIVE PERQ 90586 BCG VACCINE INTRAVESICAL BACILLUS CALMETTE-GUER INTRAVESICAL	A VACCINE No Auth Required E 4 LIVE No Auth Required E 7 LIVE FOR No Auth Required  CANEOUS/IM No Auth Required
90476 ADENOVIRUS VACCINE TYPE 4 ADENOVIRUS VACCINE TYPE ORAL  90477 ADENOVIRUS VACCINE TYPE 7 ADENOVIRUS VACCINE TYPE ORAL  90581 ANTHRAX VACCINE SC OR IM ANTHRAX VACCINE SUBCU USE  90585 BCG VACCINE PERCUT BACILLUS CALMETTE-GUER TB LIVE PERQ  90586 BCG VACCINE INTRAVESICAL BACILLUS CALMETTE-GUER INTRAVESICAL	E 4 LIVE No Auth Required  E 7 LIVE FOR No Auth Required  ANEOUS/IM No Auth Required
90477 ADENOVIRUS VACCINE TYPE 7 ADENOVIRUS VACCINE TYPE 7  90581 ANTHRAX VACCINE SC OR IM  90585 BCG VACCINE PERCUT  90586 BCG VACCINE INTRAVESICAL  90586 BCG VACCINE INTRAVESICAL  ANTHRAX VACCINE SUBCU USE  BACILLUS CALMETTE-GUER INTRAVESICAL	ANEOUS/IM No Auth Required
90581 ANTHRAX VACCINE SC OR IM  OUSE  90585 BCG VACCINE PERCUT  BACILLUS CALMETTE-GUER TB LIVE PERQ  90586 BCG VACCINE INTRAVESICAL  BACILLUS CALMETTE-GUER INTRAVESICAL	
90585 BCG VACCINE PERCUT  BACILLUS CALMETTE-GUER TB LIVE PERQ  90586 BCG VACCINE INTRAVESICAL BACILLUS CALMETTE-GUER INTRAVESICAL	N VACC FOR No Auth Required
90586 BCG VACCINE INTRAVESICAL BACILLUS CALMETTE-GUER INTRAVESICAL	
	N VACCINE No Auth Required
90587 DENGUE VACC QUAD 3 DOSE SUBQ DENGUE VACC QUAD LIVE SCHEDULE SUBQ USE	DOSE No Auth Required
90619 MENACWY-TT VACCINE IM MENACWY-TT CONJ VACC	No Auth Required
90620 MENB-4C VACC 2 DOSE IM MENB-4C RECOMBNT PRO MEMB VESIC VACC IM	
90621 MENB-FHBP VACC 2/3 DOSE IM MENB-FHBP RECOMBNT LI VACC 2/3 DOSE IM	POPROTEIN No Auth Required
	DOSE LIVE No Auth Required
90630 FLU VACC IIV4 NO PRESERV ID INFLUENZA VACC IIV4 SPLI PRSRV FREE ID	VIRUS No Auth Required
90632 HEP A VACCINE ADULT IM HEPA VACCINE ADULT DOS INTRAMUSCULAR USE	FOR No Auth Required
90633 HEPA VACC PED/ADOL 2 DOSE HEPA VACCINE 2 DOSE SCH PED/ADOLESC IM USE	EDULE No Auth Required
90634 HEPA VACC PED/ADOL 3 DOSE HEPA VACCINE 3 DOSE SCH PED/ADOLESC IM USE	EDULE No Auth Required
90636 HEP A/HEP B VACC ADULT IM HEPATITIS A & B VACCINE I ADULT IM	EPA-HEPB No Auth Required
90644 HIB-MENCY VACCINE 4 DOSE IM HIB-MENCY VACC 4 DOSE S 18 MONTHS IM	CHED 6 WKS- No Auth Required
90647 HIB PRP-OMP VACC 3 DOSE IM HIB PRP-OMP VACCINE 3 D SCHEDULE IM USE	DSE No Auth Required
90648 HIB PRP-T VACCINE 4 DOSE IM HIB PRP-T VACCINE 4 DOSE IM USE	SCHEDULE No Auth Required
IM USE	HEDULE FOR No Auth Required
IM USE	HEDULE FOR No Auth Required
90651 9VHPV VACCINE 2/3 DOSE IM 9VHPV VACC 2/3 DOSE SCH	
90653 IIV ADJUVANT VACCINE IM IIV ADJUVANTED VACCINE INTRAMUSCULAR USE	
90654 FLU VACC IIV3 NO PRESERV ID INFLUENZA VACC IIV3 SPLI PRSRV FREE ID	
90655 IIV3 VACC NO PRSV 0.25 ML IM IIV3 VACC PRESRV FREE 0.2  DOSAGE IM USE	
90656 IIV3 VACC NO PRSV 0.5 ML IM IIV3 VACC PRESERVATIVE F DOSAGE IM USE	
90657 IIV3 VACCINE SPLT 0.25 ML IM IIV3 VACCINE SPLIT VIRUS ( DOSAGE IM USE	
90658 IIV3 VACCINE SPLT 0.5 ML IM IIV3 VACCINE SPLIT VIRUS ( DOSAGE IM USE	.5 ML No Auth Required

		T					
CONTY VICK NO PRINCE ON SMILEN   MILE	90660	LAIV3 VACCINE INTRANASAL		No Auth Required			
90652   W. NO PRINT WORKERS DA DAY IN   W. WACKER PRESENTATIVE PRESE	90661	CCIIV3 VAC NO PRSV 0.5 ML IM	CCIIV3 VACCINE PRESERVATIVE FREE 0.5	No Auth Required			
JANY VACC PARDEM (RTRAMAS)   LANY VACCINE PARDEM (RTRAMAS)	90662	IIV NO PRSV INCREASED AG IM	IIV VACCINE PRESERV FREE INCREASED	No Auth Required			
Section	90664	LAIV VACC PANDEMIC INTRANASL	LAIV VACCINE PANDEMIC FORMULA	No Auth Required			
MI USE   NO Auth Required   NO	90666	FLU VAC PANDEM PRSRV FREE IM	INFLUENZA VACCINE PANDEMIC SPLT	No Auth Required			
ATTRAMUSCULAR USE	90667	IIV VACC PANDEMIC ADJUVT IM		No Auth Required			
D8672	90668	IIV VACCINE PANDEMIC IM		No Auth Required			
19073   1912 VACCINE NO PRESERVI M	90670	PCV13 VACCINE IM		No Auth Required			
19073   1912 VACCINE NO PRESERVI M	90672	LAIV4 VACCINE INTRANASAL	LAIV4 VACCINE FOR INTRANASAL USE	No Auth Required			
			RIV3 VACCINE PRESERVATIVE FREE FOR				
190676   RABIES VACCINE   PART   PA	90674	CCIIV4 VAC NO PRSV 0.5 ML IM	CCIIV4 VACCINE PRESERVATIVE FREE 0.5	No Auth Required			
90680   RSY LACCID ED   RABIES VACCINE INTRADERMAL   No Auth Required	90675	RABIES VACCINE IM	RABIES VACCINE INTRAMUSCULAR	No Auth Required			
90680   RY5 VACC 3 DOSE LIVE ORAL			•				
FOR ORAL USE   RY1 VACC 2 DOSE LIVE ORAL   RY1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE   RY1 VACCI POSE LIVE ORAL USE   RY1 VACCI POSE LIVE ORAL USE   RY1 VACCI RECOMBINANT DNA IM   RY1 VACC RESERV FREE 0.5 ML DOS FOR IM USE   RY1 VACC RECOMBINANT DNA IM   RY1 VACC RESERV FREE 0.5 ML DOS FOR IM USE   RY1 VACC RESERV				·			
FOR ORAL LISE			FOR ORAL USE				
ANTIBIO FREE IM   IV4 VACC NO PRSV 0.25 ML IM   IV4 VACC PRSRV FREE 0.25 ML DOS FOR NO Auth Required   IM USE   IV4 VACC NO PRSV 0.5 ML IM   IV4 VACC PRSRV FREE 0.5 ML DOS FOR NO Auth Required   IM USE   IV4 VACCINE SPLT 0.25 ML IM   IV4 VACC SPLT VIRUS 0.25 ML DOS FOR NO Auth Required   IM USE   IV4 VACCINE SPLT 0.25 ML IM   IV4 VACC SPLT VIRUS 0.25 ML DOS FOR NO Auth Required   IM USE   IV4 VACCINE SPLT 0.5 ML IM   IV4 VACC SPLT VIRUS 0.5 ML DOS FOR NO Auth Required   IV4 VACCINE SPLT 0.5 ML IM   IV4 VACC SPLT VIRUS 0.5 ML DOS FOR NO Auth Required   IV4 VACCINE SPLT 0.5 ML IM   IV4 VACC IV4 NO PRSRV 0.25 ML IM   IV4 VACC INACTIVATED PRSRV FR			FOR ORAL USE	·			
M USE			ANTIBIO FREE IM	·			
M USE	90685		IM USE	·			
M USE   IIV4 VACCINE SPLT 0.5 ML IM   IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IN USE   IIV4 VACCINE SPLT 0.5 ML IM   IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IN USE   IIV4 VACCINE VIVA NO PRSRV 0.25 ML IM   IIV4 VACCINE LIVE ORAL   No Auth Required   0.25 ML DOS IM USE   0.25 ML DOS IM			IM USE	,			
M USE   INV VACC IV4 NO PRSRV 0.25 ML IM   IV4 VACC INACTIVATED PRSRV FR   O.25 ML DOS IM USE   O.25 ML DOS IM U			IM USE				
90690 TYPHOID VACCINE ORAL TYPHOID VACCINE LIVE ORAL NO Auth Required 90691 TYPHOID VACCINE IM TYPHOID VACCINE VICAPSULAR NO Auth Required 90694 VACC AIIV4 NO PRSRV 0.5ML IM AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE 90696 DTAP-IPV VACCINE 4-6 YRS IM DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE 90697 DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE NO Auth Required 90698 DTAP-IPV/HIB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE FOR INTRAMUSCULAR USE 90700 DTAP-IPV/HIB VACCINE IM DIPHTH TETANUS TOX ACELL PERTUSSIS NO Auth Required 90700 DTAP VACCINE VACCINE VACCINE VACCINE FOR INTRAMUSCULAR USE 90700 DTAP VACCINE VACCINE VACCINE VACCOR VA			IM USE				
90691 TYPHOID VACCINE IM TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM  90694 VACC AIIV4 NO PRSRV 0.5ML IM AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE  90696 DTAP-IPV VACCINE 4-6 YRS IM DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE  90697 DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE IM INTRAMUSCULAR  90698 DTAP-IPV/HIB VACCINE IM DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE  90700 DTAP VACCINE  No Auth Required INTRAMUSCULAR USE  90702 DT VACCINE UNDER 7 YRS IM DIPHTH TETANUS TOX ACELL PERTUSSIS NO Auth Required IM VACC-7 YR IM DTAP-IPV/HIB VACCINE YRI M NO AUTH REquired WACCINE YRI M DTAP-IPV/HIB VACCINE YRI M NO AUTH REquired WACCINE			0.25ML DOS IM USE				
POLYSACCHARIDE IM  90694 VACC AIIV4 NO PRSRV 0.5ML IM  AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE  90696 DTAP-IPV VACCINE 4-6 YRS IM  DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE  90697 DTAP-IPV-HIB-HEPB VACCINE IM  DTAP-IPV-HIB-HEPB VACCINE IM  DTAP-IPV-HIB-HEPB VACCINE IM  DTAP-IPV-HIB-HEPB VACCINE IM  DTAP-IPV-HIB VACCINE FOR INTRAMUSCULAR  90698 DTAP-IPV/HIB VACCINE IM  DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE  90700 DTAP VACCINE < 7 YRS IM  DIPHTH TETANUS TOX ACELL PERTUSSIS VACCINE WALL PERTUSSIS IM VACCINE FOR IM VACCINE FOR IM VACCINE FOR IM VACCINE VACCINE SIM  90702 DT VACCINE UNDER 7 YRS IM  DT VACCINE YOUNGER THAN 7 YRS FOR IM USE  90707 MMR VACCINE SC  MEASLES MUMPS RUBELLA VIRUS NO Auth Required  908 NO Auth Required	90690		TYPHOID VACCINE LIVE ORAL	No Auth Required		ļ	
90696 DTAP-IPV VACCINE 4-6 YRS IM DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE  90697 DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE IM DTAP-IPV-HIB-HEPB VACCINE IM INTRAMUSCULAR  90698 DTAP-IPV/HIB VACCINE IM DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE  90700 DTAP VACCINE < 7 YRS IM DIPHTH TETANUS TOX ACELL PERTUSSIS No Auth Required VACC-7 YR IM  90702 DT VACCINE UNDER 7 YRS IM DT VACCINE YOUNGER THAN 7 YRS FOR IM USE  90707 MMR VACCINE SC MEASLES MUMPS RUBELLA VIRUS No Auth Required  90708 MMR VACCINE SC MEASLES MUMPS RUBELLA VIRUS No Auth Required	90691	TYPHOID VACCINE IM	POLYSACCHARIDE IM	No Auth Required			
MI USE   NO Auth Required   NO	90694	VACC AIIV4 NO PRSRV 0.5ML IM		No Auth Required			
INTRAMUSCULAR   INTRAMUSCULAR   INTRAMUSCULAR   INTRAMUSCULAR USE   INTRAMUSCULAR US	90696	DTAP-IPV VACCINE 4-6 YRS IM		No Auth Required			
INTRAMUSCULAR USE	90697	DTAP-IPV-HIB-HEPB VACCINE IM		No Auth Required			
VACC<7 YR IM  DT VACCINE UNDER 7 YRS IM  DT VACCINE YOUNGER THAN 7 YRS FOR No Auth Required IM USE  90707 MMR VACCINE SC  MEASLES MUMPS RUBELLA VIRUS No Auth Required  O Auth Required  D VACCINE UNDER 7 YRS IM  DT VACCINE YOUNGER THAN 7 YRS FOR No Auth Required	90698	DTAP-IPV/HIB VACCINE IM		No Auth Required			
IM USE	90700	DTAP VACCINE < 7 YRS IM		No Auth Required			
	90702	DT VACCINE UNDER 7 YRS IM		No Auth Required			
	90707	MMR VACCINE SC		No Auth Required			

90713 POLIO 90714 TD VA 90715 TDAP' 90716 VAR V 90717 YELLO 90723 DTAP- 90732 PPSV2 90733 MPSV	IOVIRUS IPV SC/IM  /ACC NO PRESV 7 YRS+ IM  P VACCINE 7 YRS/> IM  VACCINE LIVE SUBQ  .OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM  //23 VACC 2 YRS+ SUBQ/IM  SV4 VACCINE SUBQ	VACC LIVE SUBQ POLIOVIRUS VACCINE INACTIVATED SUBQ/IM TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE TDAP VACCINE 7 YRS/> IM VAR VACCINE LIVE FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE LIVE SUBQ DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	No Auth Required			
90714 TD VA  90715 TDAP  90716 VAR V  90717 YELLO  90723 DTAP  90732 PPSV2  90733 MPSV	VACC NO PRESV 7 YRS+ IM  P VACCINE 7 YRS/> IM  VACCINE LIVE SUBQ  .OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM  V23 VACC 2 YRS+ SUBQ/IM  SV4 VACCINE SUBQ	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE TDAP VACCINE 7 YRS/> IM VAR VACCINE LIVE FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE LIVE SUBQ DTAP-HEPB-IPV VACCINE INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required			
90715 TDAP' 90716 VAR V 90717 YELLO 90723 DTAP- 90732 PPSV2 90733 MPSV	P VACCINE 7 YRS/> IM  VACCINE LIVE SUBQ  .OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM  V23 VACC 2 YRS+ SUBQ/IM  SV4 VACCINE SUBQ	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE TDAP VACCINE 7 YRS/> IM VAR VACCINE LIVE FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE LIVE SUBQ DTAP-HEPB-IPV VACCINE INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required No Auth Required No Auth Required No Auth Required			
90716 VAR V 90717 YELLO 90723 DTAP- 90732 PPSV2 90733 MPSV	VACCINE LIVE SUBQ  .OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM  V23 VACC 2 YRS+ SUBQ/IM  6V4 VACCINE SUBQ	TDAP VACCINE 7 YRS/> IM  VAR VACCINE LIVE FOR SUBCUTANEOUS  USE  YELLOW FEVER VACCINE LIVE SUBQ  DTAP-HEPB-IPV VACCINE  INTRAMUSCULAR  PPSV23 VACCINE 2 YRS OR OLDER FOR  SUBQ/IM USE  MPSV4 VACCINE GROUPS ACYW-135	No Auth Required  No Auth Required  No Auth Required			
90716 VAR V 90717 YELLO 90723 DTAP- 90732 PPSV2 90733 MPSV	VACCINE LIVE SUBQ  .OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM  V23 VACC 2 YRS+ SUBQ/IM  6V4 VACCINE SUBQ	VAR VACCINE LIVE FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE LIVE SUBQ DTAP-HEPB-IPV VACCINE INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required  No Auth Required  No Auth Required			
90717 YELLO 90723 DTAP- 90732 PPSV2 90733 MPSV	OW FEVER VACCINE SUBQ P-HEP B-IPV VACCINE IM V23 VACC 2 YRS+ SUBQ/IM SV4 VACCINE SUBQ	USE YELLOW FEVER VACCINE LIVE SUBQ DTAP-HEPB-IPV VACCINE INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required No Auth Required			
90723 DTAP- 90732 PPSV2 90733 MPSV	P-HEP B-IPV VACCINE IM  V23 VACC 2 YRS+ SUBQ/IM  SV4 VACCINE SUBQ	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required			
90732 PPSV2 90733 MPSV	V23 VACC 2 YRS+ SUBQ/IM SV4 VACCINE SUBQ	INTRAMUSCULAR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	,			)
90733 MPSV	SV4 VACCINE SUBQ	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE MPSV4 VACCINE GROUPS ACYW-135	No Auth Required			
	SV4 VACCINE SUBQ	MPSV4 VACCINE GROUPS ACYW-135				
	NACWYD/MENACWYCRM VACC IM		No Auth Required			
90734 MENA		MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	No Auth Required			
90736 HZV V	VACCINE LIVE SUBQ	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	No Auth Required			
90738 INACT	CTIVATED JE VACC IM	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	No Auth Required			
90739 HEPB		HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	No Auth Required			
90740 HEPB	B VACC 3 DOSE IMMUNSUP IM	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	No Auth Required			
90743 HEPB	B VACC 2 DOSE ADOLESC IM	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	No Auth Required			
90744 HEPB	B VACC 3 DOSE PED/ADOL IM	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	No Auth Required			
90746 HEPB	B VACCINE 3 DOSE ADULT IM	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	No Auth Required			
90747 HEPB		HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	No Auth Required			
90748 HIB-HI	HEPB VACCINE IM	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	No Auth Required			
90749 VACCI	CINE TOXOID	UNLISTED VACCINE/TOXOID	Authorization Required	Drug Administration	Full Clinical Review	
90750 HZV V	VACC RECOMBINANT IM	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	No Auth Required	-		
90756 CCIIV4		CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	No Auth Required			
90785 PSYTX		PSYCHOTHERAPY COMPLEX INTERACTIVE	No Auth Required			
90791 PSYCH	CH DIAGNOSTIC EVALUATION	PSYCHIATRIC DIAGNOSTIC EVALUATION	No Auth Required			
90792 PSYCH	-	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	No Auth Required			
90832 PSYTX	TX W PT 30 MINUTES	PSYCHOTHERAPY W/PATIENT 30 MINUTES	No Auth Required			
90833 PSYTX	TX W PT W E/M 30 MIN	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	No Auth Required			
90834 PSYTX		PSYCHOTHERAPY W/PATIENT 45 MINUTES	No Auth Required			
90836 PSYTX	TX W PT W E/M 45 MIN	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	No Auth Required			
90837 PSYTX		PSYCHOTHERAPY W/PATIENT 60 MINUTES	No Auth Required			

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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		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	INTERPI/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		

	T	1				
90912	BFB TRAINING 1ST 15 MIN	BFB TRAING W/EMG &/MANOMETRY	No Auth Required	General Medicine -		
		1ST 15 MIN CNTCT		health and behavior		
				assessment/intervention		
90913	BFB TRAINING EA ADDL 15 MIN	BFB TRAING W/EMG&/MANOMETRY	No Auth Required	General Medicine -		
		EA ADDL 15 MIN CNTCT		health and behavior		
				assessment/intervention		
90935	HEMODIALYSIS ONE EVALUATION	HEMODIALYSIS PROCEDURE W/	No Auth Required	Dialysis, Hemodialysis		
90933	HEINODIALTSIS ONE EVALUATION	PHYS/QHP EVALUATION	No Autii Kequireu			
90937	HEMODIALYSIS REPEATED EVAL	HEMODIALYSIS PX REPEAT EVAL W/WO	No Auth Poquirod	and Peritoneal Dialysis Dialysis, Hemodialysis		
30337	TILINODIALISIS REFLATED EVAL	REVJ DIALYS RX	No Auth Required	and Peritoneal Dialysis		
90940	HEMODIALYSIS ACCESS STUDY	HEMODIALYSIS ACCESS FLOW STUDY	No Auth Required	and remonear biarysis		
90945	DIALYSIS ONE EVALUATION	DIALYSIS OTHER/THAN HEMODIALYSIS 1		Dialysis, Hemodialysis		
303.13	DIVIDIO GITE EVILENTI GIT	PHYS/QHP EVAL	Tro / tatir riequirea	and Peritoneal Dialysis		
90947	DIALYSIS REPEATED EVAL	DIALYSIS OTH/THN HEMODIALY REPEAT	No Auth Required	Dialysis, Hemodialysis		
		PHYS/QHP EVALS		and Peritoneal Dialysis		
90951	ESRD SERV 4 VISITS P MO <2YR	ESRD RELATED SVC MONTHLY & <2 YR	No Auth Required	, i		
		OLD 4/> VISITS	·			
90952	ESRD SERV 2-3 VSTS P MO <2YR	ESRD RELATED SVC MONTHLY <2 YR	No Auth Required			
		OLD 2/3 VISITS				
90953	ESRD SERV 1 VISIT P MO <2YRS	ESRD RELATED SVC MONTHLY <2 YR	No Auth Required			
		OLD 1 VISIT				
90954	ESRD SERV 4 VSTS P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR	No Auth Required			
		OLD 4/> VISITS				
90955	ESRD SRV 2-3 VSTS P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR	No Auth Required			
		OLD 2/3 VISITS				
90956	ESRD SRV 1 VISIT P MO 2-11	ESRD RELATED SVC MONTHLY 2-11 YR	No Auth Required			
		OLD 1 VISIT				
90957	ESRD SRV 4 VSTS P MO 12-19	ESRD RELATED SVC MONTHLY 12-19 YR	No Auth Required			
00050	ESRD SRV 2-3 VSTS P MO 12-19	OLD 4/> VISITS ESRD RELATED SVC MONTHLY 12-19 YR	No Auth Doguined			
90958	ESKD SKV 2-3 VS13 P IVIO 12-19	OLD 2/3 VISITS	No Auth Required			
90959	ESRD SERV 1 VST P MO 12-19	ESRD RELATED SVC MONTHLY 12-19 YR	No Auth Required			
30333	LOND SERV I VOT I WIO 12-19	OLD 1 VISIT	No Auth Required			
90960	ESRD SRV 4 VISITS P MO 20+	ESRD RELATED SVC MONTHLY 20&/> YR	No Auth Required			
30300	25/15 5/17 1 1/5/15 1 1/16 25 1	OLD 4/> VISITS	no man neganea			
90961	ESRD SRV 2-3 VSTS P MO 20+	ESRD RELATED SVC MONTHLY 20/>YR	No Auth Required			
		OLD 2/3 VISITS				
90962	ESRD SERV 1 VISIT P MO 20+	ESRD RELATED SVC MONTHLY 20&/>YR	No Auth Required			
		OLD 1 VISIT				
90963	ESRD HOME PT SERV P MO <2YRS	ESRD SVC HOME DIALYSIS FULL MONTH	No Auth Required	Dialysis, Hemodialysis		
		<2YR OLD		and Peritoneal Dialysis		
90964	ESRD HOME PT SERV P MO 2-11	ESRD SVC HOME DIALYSIS FULL MONTH	No Auth Required	Dialysis, Hemodialysis		
		2-11 YR OLD		and Peritoneal Dialysis		
90965	ESRD HOME PT SERV P MO 12-19	ESRD SVC HOME DIALYSIS FULL MONTH	No Auth Required	Dialysis, Hemodialysis		
		12-19 YR OLD	ļ	and Peritoneal Dialysis		
90966	ESRD HOME PT SERV P MO 20+	ESRD SVC HOME DIALYSIS FULL MONTH	No Auth Required	Dialysis, Hemodialysis		
		20 YR OLD		and Peritoneal Dialysis		
90967	ESRD SVC PR DAY PT <2	ESRD RELATED SVC < FULL MONTH < 2 YR	No Auth Required	Dialysis, Hemodialysis		
00000	SCAD CAC DE DAY DE 2 44	OLD	No Avalle Do. 1. 1	and Peritoneal Dialysis		
90968	ESRD SVC PR DAY PT 2-11		No Auth Required	Dialysis, Hemodialysis		
00000	FCDD CVC DD DAV DT 12 10	YR OLD	No Auth Doguino-	and Peritoneal Dialysis		
90969	ESRD SVC PR DAY PT 12-19	ESRD RELATED SVC <full 12-<br="" month="">19 YR OLD</full>	No Auth Required	Dialysis, Hemodialysis		
90970	ESRD SVC PR DAY PT 20+	ESRD RELATED SVC <full month<="" td=""><td>No Auth Required</td><td>and Peritoneal Dialysis Dialysis, Hemodialysis</td><td></td><td></td></full>	No Auth Required	and Peritoneal Dialysis Dialysis, Hemodialysis		
30370	LUND SYCEN DATE LEDT	20/>YR OLD	No Auth Required	and Peritoneal Dialysis		
	l .	20/ / IN OLD	I.	and Feritoried Didiysis		<u> </u>

00000	DIALVEIC TRAINING COMBUETE	DIALVEIC TO AINIBIC DATIENT	No Analo Bonnitoral	Dishara Hamadishara		1
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	No Auth Required	Dialysis, Hemodialysis		
30333	DIALISIS MAINING INCOMI E	TRAINING SESSION	No Auth Required	and Peritoneal Dialysis		
90997	HEMOPERFUSION	HEMOPERFUSION	No Auth Required			
90999	DIALYSIS PROCEDURE	UNLISTED DIALYSIS PROCEDURE	Authorization Required	Dialysis, Hemodialysis	Full Clinical Review	
		INPATIENT/OUTPATIENT		and Peritoneal Dialysis		
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						
32002 212 270 11	AM NEW PATIENT	OPHTH MEDICAL XM&EVAL	No Auth Required			
92004 EYE EXAM	AM NEW PATIENT	INTERMEDIATE NEW PT OPHTH MEDICAL XM&EVAL COMPRE	No Auth Required			
92004 LTL LAAI		NEW PT 1/> VST	No Auth Required			
92012 EYE EXAM		OPHTH MEDICAL XM&EVAL	No Auth Required			
	l l	INTERMEDIATE ESTAB PT	·			
92014 EYE EXAM	AM&TX ESTAB PT 1/>VST	OPHTH MEDICAL XM&EVAL	No Auth Required			
		COMPRHNSV ESTAB PT 1/>				
		DETERMINATION REFRACTIVE STATE	No Auth Required			
92018 NEW EYE		OPHTH XM&EVAL ANES W/WO MANJ	No Auth Required			
02040 EVE EVAN		GLOBE COMPL	No. Auth Doning			
92019 EYE EXAM		OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	No Auth Required			
92020 SPECIAL		GONIOSCOPY SEPARATE PROCEDURE	No Auth Required			
		COMPUTERIZED CORNEAL	No Auth Required			
32023		TOPOGRAPHY UNI/BI	nto /tatii itequii eu			
92060 SPECIAL	L EYE EVALUATION	SENSORMOTOR XM W/MLT MEAS	No Auth Required			
	(	OCULAR DEVIJ W/I&R SPX	·			
92065 ORTHOP	PTIC/PLEOPTIC TRAINING	ORTHOPTIC &/PLEOPTIC TRAINING	No Auth Required			
		W/MEDICAL DIRECTJ				
92071 CONTAC		FIT CONTACT LENS TX OCULAR SURFACE	No Auth Required			
		DISEASE				
92072 FIT CONT		FITTING CONTACT LENS FOR MNGT OF	No Auth Required			
92081 VISUAL F		KERATOCONUS VISUAL FIELD XM UNI/BI W/INTERPRETJ	No Auth Doguined			
92081 VISUAL F		LIMITED EXAM	No Auth Required			
92082 VISUAL F		VISUAL FIELD XM UNI/BI W/INTERP	No Auth Required			
32002 (1.507121	11225 270 00000	INTERMED EXAM	nto /tatii itequii eu			
92083 VISUAL F	FIELD EXAMINATION(S)		No Auth Required			
		EXTENDED EXAM	·			
92100 SERIAL TO	TONOMETRY EXAM(S)	SERIAL TONOMETRY SPX W/MLT MEAS	No Auth Required			
	I	NTRAOCULAR PRES				
92132 CMPTR C		CMPTR OPHTHALMIC DX IMG ANT	No Auth Required			
		SEGMT W/I&R UNI/BI				
92133 CMPTR C		COMPUTERIZED OPHTHALMIC	No Auth Required			
92134 CPTR OP		IMAGING OPTIC NERVE COMPUTERIZED OPHTHALMIC	No Auth Required			
92134 CFTROF		IMAGING RETINA	No Auti Required			
92136 OPHTHA			No Auth Required			
32230		IO LENS PWR CAL	nto /tatii itequii eu			
92145 CORNEA		CORNEA HYSTERESIS DETERMIN	Authorization Required	General Medicine - other	Full Clinical Review	
	ı	IMPULSE STIMJ UNI/BI		services and procedures		
92201 OPSCPY I	-		No Auth Required		 	
		DEPRSN I&R UNI/BI				
92202 OPSCPY I		OPSCPY EXTND OPTIC NRV/MACULA	No Auth Required			
02227 25115		DRAWING I&R UNI/BI	No Audi Dec. 1			
92227 REMOTE		REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B	No Auth Required			
92228 REMOTE		REMOTE IMAGING MGT RETINAL	No Auth Required			
JZZZG INLIVIOTE		DISEASE W/I&R UNI/B	Audi Nequileu			
		IMG RETINA DETCJ/MNTR DS POC AUTO	No Auth Required			
92229 IMG RTA	A DETC/MINTE DS DOC ALV	A/R UNI/BI	,			
92230 EYE EXAM	AM WITH PHOTOS	FLUORESCEIN ANGIOSCOPY	No Auth Required			
	I	INTERPRETATION & REPORT				
92235 FLUORES	•	FLUORESCEIN ANGRPH	No Auth Required			
	١	W/MULTIFRAME I&R UNI/BI				

	T				ı	1	
92240	ICG ANGIOGRAPHY UNI/BI	INDOCYANINE-GREEN ANGRPH	No Auth Required				
		W/MULTIFRAME I&R UNI/BI					
92242	FLUORESCEIN ICG ANGIOGRAPHY	FLUORESCEIN ICG ANGRPH	No Auth Required				
92250	EYE EXAM WITH PHOTOS	W/MULTIFRAME I&R UNI/BI FUNDUS PHOTOGRAPHY	No Auth Desuised				
92230	ETE EXAMI WITH PHOTOS	W/INTERPRETATION & REPORT	No Auth Required				
92260	OPHTHALMOSCOPY/DYNAMOMETRY	OPHTHALMODYNAMOMETRY	No Auth Required				
92265	EYE MUSCLE EVALUATION	NEEDLE OCULOGRAPHY 1/ XOC MUSC	No Auth Required				
32203	LIE MOSCLE EVALUATION	1/BOTH EYE W/I&R	No Auth Required				
92270	ELECTRO-OCULOGRAPHY	ELECTRO-OCULOGRAPY	No Auth Required				
32270	2220110 0002001011111	W/INTERPRETATION & REPORT	- To rider rieganica				
92273	FULL FIELD ERG W/I&R	FULL FIELD ELECTRORETINOGRAPHY	No Auth Required				
	,	W/I&R	·				
92274	MULTIFOCAL ERG W/I&R	MULTIFOCAL ELECTRORETINOGRAPHY	No Auth Required				
		W/I&R					
92283	COLOR VISION EXAMINATION	COLOR VISION XM EXTENDED	No Auth Required				
		ANOMALOSCOPE/EQUIV					
92284	DARK ADAPTATION EYE EXAM	DARK ADAPTATION XM	No Auth Required				
		W/INTERPRETATION & REPORT					
92285	EYE PHOTOGRAPHY	XTRNL OCULAR PHOTOG W/I&R DOCMT	No Auth Required				
		MEDICAL PROGRE					
92286	INTERNAL EYE PHOTOGRAPHY	ANT SGM IMAGING W/MICROSCOPY	No Auth Required				
		ENDOTHELIAL ANALY					
92287	INTERNAL EYE PHOTOGRAPHY	ANT SGM IMAGING W/FLUOROSCEIN	No Auth Required				
		ANGIO & I&R					
92310	CONTACT LENS FITTING	RX&FITG C-LENS SUPVJ CRNL LENS OU	No Auth Required				
		XCPT APHK					
92311	CONTACT LENS FITTING	RX&FITG CONTACT CORNEAL LENS	No Auth Required				
02242	CONTACT LENG FITTING	APHAKIA 1 EYE	N. A. Alb D. a. Jane				
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	· ·				
32314	TRESCRIPTION OF CONTACT LENS	XCPT APHAKIA	No Auth Required				
92315	RX CNTACT LENS APHAKIA 1 EYE	RX CONTACT CORNEAL LENS APHAKIA 1	No Auth Required				
32313	TO CHINEFEE TO A TIMENTE ETE	EYE	No Auth Required				
92316	RX CNTACT LENS APHAKIA 2 EYE	RX CONTACT CORNEAL LENS APHAKIA	No Auth Required				
		BOTH EYES					
92317	RX CORNEOSCLERAL CNTACT LENS	RX CONTACT CORNEOSCLERAL LENS	No Auth Required				
92325	MODIFICATION OF CONTACT LENS	MODIFICAJ CONTACT LENX SPX SUPVJ	No Auth Required				
		ADAPTATION					
92326	REPLACEMENT OF CONTACT LENS	REPLACEMENT CONTACT LENS	No Auth Required				
92340	FIT SPECTACLES MONOFOCAL	FITTING SPECTACLES XCPT APHAKIA	No Auth Required				
		MONOFOCAL					
92341	FIT SPECTACLES BIFOCAL	FITTING SPECTACLES XCPT APHAKIA	No Auth Required				
		BIFOCAL					
92342	FIT SPECTACLES MULTIFOCAL	FITTING SPECTACLES XCPT APHAKIA	No Auth Required				
		MULTIFOCAL					
92352	FIT APHAKIA SPECTCL MONOFOCL	FITTING SPECTACLE PROSTH APHAKIA	No Auth Required				
00055		MONOFOCAL					
92353	FIT APHAKIA SPECTCL MULTIFOC	FITTING SPECTACLE PROSTH APHAKIA	No Auth Required				
02254	SIT ODECTA CLEG CINICLE OVCTENA	MULTIFOCAL	No. Austle Donnière d				
92354	FIT SPECTACLES SINGLE SYSTEM	FITTING SPECTACLE MOUNTED LW VIS	No Auth Required				
92355	FIT SPECTACLES COMPOUND LENS	AID 1 ELMNT FITTING SPECTACLE MOUNTED LW VIS	No Auth Poguirod				
92333	THE SELCTACLES CONFOUND LENS	AID TLSCP	No Auth Required				
L	<u>l</u>	AID ILSCF	1	1	l	1	l .

THE PROPERTY   THE						I	
PASSABLE AUDIOS   PETCALES   PROSPECTION   PROCESSOR	92358	APHAKIA PROSTH SERVICE TEMP	PROSTHESIS SERVICE APHAKIA	No Auth Required			
APPLICATION	02270	DEDAID G ADULCT CDECTACLES	-	N A . Al- D			
	92370	REPAIR & ADJUST SPECTACLES		No Auth Required			
APPARAM  APP	92371	REPAIR & ADJUST SPECTACLES		No Auth Required			
SENICES AND TIRROR EXAMINATION  OTOLARM ROCCOPY EXAMINATION  SORMAL AMERICANS  SORMAL AMERICANS  OTOLARM ROCCOPY EXAMINATION  OTOLARM ROCCOPY EXAMI							
SERVICE/PROCEDURE  TOTALARM/ROCIORE CAMA UNDER  TOTALARM/ROCIORE CAMA UNDE	92499	EYE SERVICE OR PROCEDURE	UNLISTED OPHTHALMOLOGICAL	Authorization Required	General Medicine - other	Full Clinical Review	
S2504 EAR MICROSCOPY EXAMINATION BINCOLURA MICROSCOPY SEPARATE DN No Auth Required PROCEDURE PROCEDUR PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROC				,	services and procedures		
S2504 EAR MICROSCOPY EXAMINATION BINCOLURA MICROSCOPY SEPARATE DN No Auth Required PROCEDURE PROCEDUR PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROCEDURE PROC							
BESCH   AR AMCROSCOPY EXAMINATION   BRINCOLURA MICROSCOPY SEPARATE DX   No. Auth Required	92502	EAR AND THROAT EXAMINATION	OTOLARYNGOLOGIC EXAM UNDER	No Auth Required			
PROCECUME   PROC			GENERAL ANESTHESIA				
SPEECH/PALANING THERAPY   TX SPECCH LANG VOCE COMMI   No Auth Required	92504	EAR MICROSCOPY EXAMINATION	BINOCULAR MICROSCOPY SEPARATE DX	No Auth Required			
93506. SPECIA/HEARING THERAPY TY SPECIA IANGLAGE VOICE COMMI ADURITY 2-PIRION TY SPECIA IANGLAGE VOICE COMMI SPECIA IANGLAGE VOICE COMMI TY SPECIA IANGLAGE VOIC							
SPECH-MEARING THEARPY	92507	SPEECH/HEARING THERAPY		No Auth Required			
ALIDITAY JANDIN SAOPHARMINGOSCOPY NASOPHARMINGOSCOPY NATIONS COPE NO Auth Required SPX  95211 NASAL FUNCTION STUDIES NASAL FUNCTION STUDIES NO Auth Required No	00500	COSSOL/USA DINIO TUSDA DV					
29211   NASOPHARMINGSCOPY   NASOPHARMINGSCOPF WENDOSCOPE   No Auth Required	92508	SPEECH/HEARING THERAPY		No Auth Required			
SPX   SPACE	02511	NACODHARVNICOSCORV		No Auth Boquired			
SPECIAL PROPERTY   STATEMENT   STATEMENT   SPECIAL PROPERTY   SPECIA	92311	INASOFIIANTINGOSCOFT		No Auth Required			
SP2515   MACHA NERVE FUNCTION TEST	92512	NASAL FUNCTION STUDIES	-	No Auth Required			
92512   VIMPETSTIBR CERVICAL   CERVICAL VEMP TESTING W/JBR   No Auth Required     92513   VEMP TST IBR CERVICAL BOOLLAR   CERVICAL & COLLAR VEMP TESTING W/JBR   No Auth Required     92510   VEMP TST IBR CERVICAL BOOLLAR   CERVICAL & COLLAR VEMP TESTING   No Auth Required     92510   LARRINGEAL FUNCTION STUDIES   LARRYNGEAL FUNCTION STUDIES   No Auth Required     92521   EVALUATION OF SPECH FULLINCY   STUTTER CLUTTER     92522   EVALUATE SPECH PRODUCTION   PRODUCTION   PRODUCTION ARTICULATE     92523   SPECEL SOUND LANG COMPREHEN   CALLAR CA							
92519 VEMP TST IRR COULAR OCULAR WINDER NA DAth Required Wilar CRIVICAL SOCIULA VEMP TESTING WIRE WINDER WI							
P2519   VEMP TST BR CERVICAL & OCULAR VEMP TESTING   No Auth Required			OCULAR VEMP TESTING W/I&R				
92520 LARYNGEAL FUNCTION STUDIES NATHERICAL FUNCTION STUDIES No Auth Required 92521 EVALUATION OF SPECCH FULPICY 92522 EVALUATION OF SPECCH FULPICY 92522 EVALUATION OF SPECCH FULPICY 92522 EVALUATION OF SPECCH FULPICY 92524 EVALUATION OF SPECCH FULPICY 92524 EVALUATION OF SPECCH FULPICY 92525 SPECH SOUND LANG COMPREHEN 92526 EVALUATION OF SPECCH SOUND PRODUCTION 92526 SPECH SOUND PRODUCTION ARTICULATE 1ANGUAGE COMPREHENSION 1ANGUAGE COMPREHENSION 92526 GRAL FUNCTION THERAPY 1X5WALLOWING 92526 GRAL FUNCTION THERAPY 1X5WALLOWING 92531 SPONTANEOUS NYSTAGMUS STUDY 92531 SPONTANEOUS NYSTAGMUS STUDY 92531 SPONTANEOUS NYSTAGMUS STUDY 92532 POSITIONAL NYSTAGMUS STUDY 92533 CALORIC VESTIBULAR TEST 92534 CALORIC VESTIBULAR TEST 92535 CALORIC VISTIBULAR TEST 92536 CALORIC VISTIBULAR TEST 92537 CALORIC VISTIBULAR TEST 92538 CALORIC VISTIBULAR TEST 92539 CALORIC VISTIBULAR TEST 92530 BASIC VESTIBULAR TEST 92530 CALORIC VISTIBULAR TEST 92531 CALORIC VISTIBULAR TEST WIREC 92530 BASIC VESTIBULAR TEST WIREC 92531 SPONTANEOUS NYSTAGMUS TEST 92532 CALORIC VISTIBULAR TEST WIREC 92533 CALORIC VISTIBULAR TEST WIREC 92534 CALORIC VISTIBULAR TEST WIREC BING MAD AUTH Required 92535 CALORIC VISTIBULAR TEST WIREC 92536 SANGUAGE STUDIAL S			CERVICAL & OCULAR VEMP TESTING				
STATE   EVALUATION OF SPEECH FLUENCY   CITUTER (EUTURE)	92519	VEINIP TST T&R CERVICAL&OCULAR	W/I&R				
STUTTER CLUTTER	92520	LARYNGEAL FUNCTION STUDIES	LARYNGEAL FUNCTION STUDIES	No Auth Required			
P2522   EVALUATE SPEECH PRODUCTION   EVALUATION OF SPEECH SOUND   No Auth Required	92521	EVALUATION OF SPEECH FLUENCY	EVALUATION OF SPEECH FLUENCY	No Auth Required			
PRODUCTION ARTICULATE   PAGE			,				
P2523   SPEECH SOUND LANG COMPREHEN   EVAL SPEECH SOUND PRODUCT   LANGLUAGE COMPREHENSION	92522	EVALUATE SPEECH PRODUCTION		No Auth Required			
LANGUAGE COMPREHENSION     92524   BEHAVRAL QUALIT ANALYS VOICE   BEHAVIORAL & QUALIT ANALYSIS VOICE   No Auth Required     AND RESONANCE     92526   ORAL FUNCTION THERAPY   TX SWALLOWING   DYSFUNCTION&/ORAL FUNCT FEDING     DYSFUNCTION&/ORAL FUNCT FEDING     92531   SPONTANEOUS NYSTAGMUS STUDY   SPONTANEOUS NYSTAGMUS W/GAZE   No Auth Required     92532   POSTIONAL INYSTAGMUS STUDY   SPONTANEOUS NYSTAGMUS W/GAZE   No Auth Required     92533   CALORIC VESTIBULAR TEST   CALORIC VESTIBULAR TEST EACH   RRIGATION     92534   OPTOKINETIC NYSTAGMUS TEST   OPTOKINETIC NYSTAGMUS TEST   No Auth Required     92537   CALORIC VISTIBUTE TEST W/REC   CALORIC VESTIBULAR TEST W/REC BI   BITHERMAL     92538   CALORIC VSTBUTEST W/REC   CALORIC VESTIBULAR TEST W/REC BI   No Auth Required     92539   CALORIC VSTBUTEST W/REC   CALORIC VESTIBUTE TEST W/REC BI   No Auth Required     92540   BASIC VESTIBULAR EVALUATION   VSTBLA FUNCT NYSTAG FOVL&PERPH   No Auth Required     92541   SPONTANEOUS NYSTAGMUS TEST   SPONTANEOUS NYSTAGMUS TEST   No Auth Required     92542   POSTIONAL NYSTAGMUS TEST   SPONTANEOUS NYSTAGMUS TEST   No Auth Required     92544   OPTOKINETIC NYSTAGMUS TEST   OPTINIONAL NYSTAGMUS TEST   No Auth Required     92545   OSCILLATING TRACKING TEST   OPTINIONAL NYSTAGMUS TEST   No Auth Required     92546   SINUSOIDAL ROTATIONAL TEST   SINUSOIDAL VERTICAL AXIS   No Auth Required     92546   SINUSOIDAL ROTATIONAL TEST   SINUSOIDAL VERTICAL AXIS   No Auth Required     92546   SINUSOIDAL ROTATIONAL TEST   SINUSOIDAL VERTICAL AXIS   No Auth Required     92546   SINUSOIDAL ROTATIONAL TESTING   No Auth Required     92547   SINUSOIDAL ROTATIONAL TESTING   NO Auth Required     92548   SINUSOIDAL ROTATIONAL TESTING   NO Auth Required     92549   SINUSOIDAL ROTATIONAL TESTING   NO Auth Required     92540   SINUSOIDAL ROTATIONAL TESTING   NO Auth Required							
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IRRIGATION				· ·			
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92548	CDP-SOT 6 COND W/I&R	CDP-SOT 6 CONDITIONS	Authorization Required	General Medicine - other	Full Clinical Review	
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92549	CDP-SOT 6 COND W/I&R MCT&ADT	CDP-SOT 6 CONDITIONS W/I&R W/MCT	Authorization Required	General Medicine - other	Full Clinical Review	
		& ADT		services and procedures		
				·		
92550	TYMPANOMETRY & REFLEX THRESH	TYMPANOMETRY AND REFLEX	No Auth Required			
		THRESHOLD MEASUREMENTS	·			
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			
32333	THE STORMET THE CONTE	TONE TONE TO BE SHE THE A BOTTLE	no man neganea			
92555	SPEECH THRESHOLD AUDIOMETRY	SPEECH AUDIOMETRY THRESHOLD	No Auth Required			+
92556	SPEECH AUDIOMETRY COMPLETE	SPEECH AUDIOMETRY THRESHOLD	No Auth Required			
32330	SPEECITAODIOWETRI COMPLETE	SPEECH RECOGNIJ	No Auth Required			
92557	COMPREHENSIVE HEARING TEST	COMPRE AUDIOMETRY THRESHOLD	No Auth Doguined			+
92557	CONFREHENSIVE HEARING TEST		No Auth Required			
03550	EVOKED AUDITORY TEST OUTS	EVAL SP RECOGNIJ	No Auth Decretor d			-
92558	EVOKED AUDITORY TEST QUAL	EVOKED OTOACOUSTIC EMISSIONS	No Auth Required			
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92559	GROUP AUDIOMETRIC TESTING	AUDIOMETRIC TESTING GROUPS	No Auth Required			<del> </del>
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	No Auth Required			
		BINAURAL/MONAURAL				
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	No Auth Required			
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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	No Auth Required			
32370		TEST	no man neganea			
92577	STENGER TEST SPEECH	STENGER TEST SPEECH	No Auth Required			
92579	VISUAL AUDIOMETRY (VRA)	VISUAL REINFORCEMENT AUDIOMETRY	No Auth Required			+
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92582	CONDITIONING PLAY AUDIOMETRY	CONDITIONING PLAY AUDIOMETRY	No Auth Required			+
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92590	HEARING AID EXAM ONE EAR	HEARING AID EXAMINATION &	No Auth Required			
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92591	HEARING AID EXAM BOTH EARS	HEARING AID EXAMINATION &	No Auth Required		 	
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SPECIAL REPROCESS AND COOLER AM NOTE 17 Ps.	92603	COCHLEAR IMPLT F/UP EXAM 7/>	ANALYSIS COCHLEAR IMPLT 7 YR/>	Authorization Required	Hearing Aids	Full Clinical Review	
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SEFON NONSPEECH DEVICE RX COMMIN DEV PS ETH IR SEPARATION AUTHOROUGH SERVICE PREMINGAMONICAL PRESINCE AS-GENERAL AUGMENT ACTION PRESINCE AS-GENERAL AUGMENT ACCOMMENCE PREMINGAMONICAL PRESINCE AS-GENERAL AUGMENT ACCOMMENCE PREMINGAMONICAL PRESINCE AS-GENERAL AUGMENT ACCOMMENCE PREMINGAMONICAL PRESINCE AS GENERAL AUGMENT ACCOMMENCE PREMINGAMONICAL PRESINCE AND AUGMENT ACCOMMENCE PRESINCE P	92604	REPROGRAM COCHLEAR IMPLT 7/>		Authorization Required	Hearing Aids	Full Clinical Review	
COMMUN DEV.72 ST HR							
PARTINE PROPRIECH DEVICE SERVICE   THER SYC. NS-PGENATI DEV   PRERMEMANDOLINICAL   No Auth Required   Services and procedures   Full Clinical Review   Profile   Pro	92605	EX FOR NONSPEECH DEVICE RX		No Auth Required			
SK FOR SPEECH DEVICE RX 1HR   RX SP-GENRATI AUGMNT&COMUNICAL No Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL No Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL No Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL No Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL NO Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL NO Auth Required   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL NO Auth Required   Devis 15 HR   Devis 15 HR   RX SP-GENRATI AUGMNT&COMUNICAL NO Auth Required   Devis 15 HR   Devis 16 HR   Devis 15 HR   Devis 16 HR   Devi							
92607 BY FOR SPEECH DEVICE RX 1HR DEV SP-GENRATI JUGMNT&COMUNICAL No Auth Required DEV ST HR 92608 BX FOR SPEECH DEVICE RX ADDL DEV ST HR 92609 USE OF SPEECH DEVICE SERVICE THER SP-GENRATI JUGMNT&COMUNICAL NO Auth Required DEV EA 30 MIN DE 30 MIN DEVE EA 30 MIN DEVE EA 30 MIN DEV EA 30 MIN DEVE EA 30 MIN DE 30 MIN DEVE EA 30 M	92606	NON-SPEECH DEVICE SERVICE		Authorization Required		Full Clinical Review	
DEVISTRE   N. SPEECH DEVICE EX ADDL   DEVIST RE   N. SAP-SENRATI AUGMIN'&COMUNICAL   DEVEA 30 MIN			PRGRMG&MODIFICAJ		services and procedures		
DEVISTRE   N. SPEECH DEVICE EX ADDL   DEVIST RE   N. SAP-SENRATI AUGMIN'&COMUNICAL   DEVEA 30 MIN	02607	EV FOR CREECH REVICE BY ALIR	DV CD CENIDATI ALICAMITO COMMINUCAL	N. A. All D. a. Jane			
SX FOR SPEECH DEVICE X ADDL   RX SP-GENRATI AUGMNT&COMUNICAL   No Auth Required   Seven and procedures   Full Clinical Review	92607	EX FOR SPEECH DEVICE RX 1HR		No Auth Required			
92609 USE OF SPEECH DEVICE SERVICE  THE SP-GENRATI DEV PRGRMG&MODIFICA  POAUTH Required  PULL CITAL DELICITION  PRGRMG&MODIFICA  PULL CITAL DELICITION  PRGRMG&MODIFICA  PULL CITAL DELICITION	02000	TY FOR CREECH REVICE BY ADDI		No Auth Doguised			
SECOND   USE OF SPEECH DEVICE SERVICE   THER SP-GENRATI DEV   PRGRMG&MODIFICAL   Authorization Required   Services and procedures   Full Clinical Review	92608	EX FOR SPEECH DEVICE RX ADDL		No Auth Required			
PRGRMG&MODIFICAI  Services and procedures  EVALUATE SWALLOWING FUNCTION  EVAL ORAL&PHARYNGEAL SWING  EVALUATE SWALLOWING FUNCTION  EVAL ORAL&PHARYNGEAL SWING  POSCOPY SWALLOW  MOTION FLUOR EVAL SWING FUNCI  C/V REC  C/V REC  C/V REC  C/V REC  C/V REC  C/V REC  LARYNGOSCOPIC SENSORY VID  FLEXIBLE ENDOSCOPIC EVAL LARYN  SENSOCY WE  LARYNGOSCOPIC SENSORY VID  FLEXIBLE ENDOSCOPIC EVAL LARYN  SENSOCY WE  LARYNGOSCOPIC SENSORY VID  FLEXIBLE ENDOSCOPIC EVAL LARYN  SENSOCY WE  LARYNGOSCOPIC SENSORY VID  FLEXIBLE ENDOSCOPIC EVAL LARYN  SENSOCY WE  LARYNGOSCOPIC SENSORY VIB  FLEXIBLE ENDOSCOPIC EVAL LARYN  SENSOCY WE  SENSOCY WE  FLEXIBLE ENDOSCOPIC EVAL LARYN  NO Auth Required  SENSOCY OR EC IAR  FLEXIBLE ENDOSCOPIC EVAL SWING&LARYN  SENS CY REC IAR  FLEXIBLE ENDOSCOPIC EVAL SWING&LARYN  SENS CY REC  FLEXIBLE ENDOSCOPIC EVAL SWING&LARYN  NO Auth Required  SENS CY VIBR  FLEXIBLE ENDOSCOPIC EVAL SWING&LARYN  NO Auth Required  SENS CY VIBR  FLEXIBLE ENDOSCOPIC EVAL SWING&LARYN  NO Auth Required  WREPRIT EX 15 MIN			DEV EA SO IVIIN				
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92610 EVALUATE SWALLOWING FUNCTION EVAL CANAL&PHARYNGEAL SWLNG FUNCI C/V REC C	32003	OSE OF STEECH BEVICE SERVICE		Authorization Required		i dii ciiiilcai Neview	
FUNC    MOTION FLUORSCOPY/SWALLOW   MOTION FLUOR EVAL SWING FUNC)   No Auth Required   C/V REC			T NONWIGGINEDITIES		services and procedures		
FUNC    MOTION FLUOROSCOPY/SWALLOW   MOTION FLUOR EVAL SWING FUNC)   No Auth Required	92610	EVALUATE SWALLOWING FUNCTION	EVAL ORAL&PHARYNGEAL SWLNG	No Auth Required			
C/V REC   PLODSCOPY SWALLOW (FEES) VID   FLEXIBLE ENDOSCOPIC EVAL SWALLOW   No Auth Required   C/V REC				·			
P2612 ENDOSCOPY SWALLOW (FEES) ND FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC  P2613 ENDOSCOPY SWALLOW (FEES) I&R FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R  P2614 LARYNGOSCOPIC SENSORY VID FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC  P2615 LARYNGOSCOPIC SENSORY I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC  P2616 FEES W/LARYNGEAL SENSE TEST FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R  P2617 FEES W/LARYNGEAL SENSE TEST FLEXIBLE NDOSC EVAL SWLNG&LARYN SENS C/V REC  P2618 EX FOR NONSPEECH DEV RX ADD EVAL SWLNG&LARYN SENS C/V REC  P2619 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCI WAS AUDITORY FUNC	92611	MOTION FLUOROSCOPY/SWALLOW	MOTION FLUOR EVAL SWLNG FUNCJ	No Auth Required			
C/V REC   CANDOSCOPY SWALLOW (FEES) I&R   FLEXIBLE ENDOSCOPIC EVAL SWALLOW   CANDOSCOPIC SENSORY VID   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY C/V REC   CANDOSCOPIC SENSORY VID   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY C/V REC   CANDOSCOPIC SENSORY I&R   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY C/V REC   CANDOSCOPIC SENSORY I&R   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY I&R   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY I&R   FLEXIBLE ENDOSCOPIC EVAL LARYN   SENSORY I&R   FLEXIBLE NOSC EVAL SWLNG&LARYN   SENSORY I&R   SENSO			C/V REC				
P2613 ENDOSCOPY SWALLOW (FEES) I&R FLEXIBLE ENDOSCOPIC EVAL SWALLOW NO Auth Required C/V REC I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY VID FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R FLEXIBLE NOSC EVAL SWLNG&LARYN SEN	92612	ENDOSCOPY SWALLOW (FEES) VID	FLEXIBLE ENDOSCOPIC EVAL SWALLOW	No Auth Required			
C/V REC L&R  92614 LARYNGOSCOPIC SENSORY VID FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC  92615 LARYNGOSCOPIC SENSORY I&R  FLEXIBLE ENDOSCOPIC EVAL LARYN NO Auth Required  92616 FEES W/LARYNGEAL SENSE TEST FLEXIBLE ENDOSCE EVAL LARYN SENS C/V REC L&R  92617 FEES W/LARYNGEAL SENSE I&R  92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCI W/REPRI 15T 60 MIN  92621 TINNITUS ASSESSMENT ASSESSMENT ASSESSMENT TINNITUS NO Auth Required  92622 EVAL AUD FUNCI EA ADD L 15 EVAL AUD FUNCI CAND/PO SURG IMPLT  92627 EVAL AUD FUNCI EA ADD L 15  FEX VALAD FUNCI CAND/PO SURG IMPLT  NO Auth Required  W/REPRI 15T 60 MIN  PASSESSMENT TINNITUS  NO Auth Required  PASSESSMENT TINNITUS  NO Auth Required  NO Auth Required  PASSESSMENT TINNITUS  NO Auth Required  PASSESS			C/V REC				
92615 LARYNGOSCOPIC SENSORY VID FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC 92615 LARYNGOSCOPIC SENSORY I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R 92616 FEES W/LARYNGEAL SENSE TEST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC I&R 92617 FEES W/LARYNGEAL SENSE I&R FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R 92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN COMMUN DEV ADD 30 MIN VERPRIT 1ST 60 MIN EVAL CENTRAL AUDITORY FUNCI NO Auth Required W/REPRIT 1ST 60 MIN VREPRIT 1ST 60 MIN	92613	ENDOSCOPY SWALLOW (FEES) I&R		No Auth Required			
SENSORY C/V REC  92615 LARYNGOSCOPIC SENSORY I&R FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R  92616 FEES W/LARYNGEAL SENSE TEST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC  92617 FEES W/LARYNGEAL SENSE I&R FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC  92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMIT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT ASSESSMENT INNITUS NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15  92627 EVAL AUD FUNCJ EA ADDL 15  92628 EVAL AUD FUNCJ EA ADDL 15  92629 EVAL AUD FUNCJ EA ADDL 15  92629 EVAL AUD FUNCJ EA ADDL 15  92620 EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required							
P2615   LARYNGOSCOPIC SENSORY I&R   FLEXIBLE ENDOSCOPIC EVAL LARYN   No Auth Required   SENS C/V REC I&R	92614	LARYNGOSCOPIC SENSORY VID		No Auth Required			
SENS C/V REC L&R  92616 FEES W/LARYNGEAL SENSE TEST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC  92617 FEES W/LARYNGEAL SENSE L&R  FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC  92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT TINNITUS NO Auth Required  92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15  EVAL AUD FUNCJ CAND FUNCJ CAND/PO SURG IMPLT NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15  EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required							
92616   FEES W/LARYNGEAL SENSE TEST   FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	92615	LARYNGOSCOPIC SENSORY I&R		No Auth Required			
SENS C/V REC  92617 FEES W/LARYNGEAL SENSE I&R  FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R  92618 EX FOR NONSPEECH DEV RX ADD  EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN  EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN  92621 AUDITORY FUNCTION + 15 MIN  EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT  ASSESSMENT INNITUS NO Auth Required W/REPRT EA 15 MIN  92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required DEV 1ST HR  92627 EVAL AUD FUNCJ EA ADDL 15  EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required	02616	FEEC MAIL ADVANCE AL CENTRE TEST		No. Acade Doc. 1			
FES W/LARYNGEAL SENSE I&R  FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R  92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT ASSESSMENT INNITUS No Auth Required  92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required	92616	FEES W/LARYNGEAL SENSE TEST		No Auth Required			
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92618 EX FOR NONSPEECH DEV RX ADD EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN  92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 4ST 80 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT INNITUS No Auth Required  92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT NO Auth Required	9201/	FEES W/LAKTINGEAL SENSE I&K		ino Autri Kequirea			
COMMUN DEV ADD 30 MIN   EVAL CENTRAL AUDITORY FUNCJ   No Auth Required   W/REPRT 1ST 60 MIN   EVAL CENTRAL AUDITORY FUNCJ   No Auth Required   W/REPRT 1ST 60 MIN   EVAL CENTRAL AUDITORY FUNCJ   No Auth Required   W/REPRT EA 15 MIN   EVAL CENTRAL AUDITORY FUNCJ   No Auth Required   W/REPRT EA 15 MIN   W/	92619	EX EOR NONSPEECH DEV BY ADD		No Auth Required			
92620 AUDITORY FUNCTION 60 MIN EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ No Auth Required W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT INNITUS No Auth Required  92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required	32010	LATOR NONSFELCTI DEVINA ADD		No Addi Nequiled			
W/REPRT 1ST 60 MIN  92621 AUDITORY FUNCTION + 15 MIN  EVAL CENTRAL AUDITORY FUNC) W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT INNITUS No Auth Required EVAL AUD FUNC) 1ST HOUR EVAL AUD FUNC) CAND/PO SURG IMPLT DEV 1ST HR  92627 EVAL AUD FUNC) EA ADDL 1S EVAL AUD FUNC) CAND/PO SURG IMPLT No Auth Required DEV 1ST HR  92627 EVAL AUD FUNC) EA ADDL 1S EVAL AUD FUNC) CAND/PO SURG IMPLT No Auth Required	92620	AUDITORY FUNCTION 60 MIN		No Auth Required			
92621 AUDITORY FUNCTION + 15 MIN EVAL CENTRAL AUDITORY FUNCJ No Auth Required W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT INNITUS No Auth Required 92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required DEV 1ST HR  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required	32020						
W/REPRT EA 15 MIN  92625 TINNITUS ASSESSMENT ASSESSMENT TINNITUS No Auth Required  92626 EVAL AUD FUNCJ 1ST HOUR DEV 1ST HR  92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required DEV 1ST HR  92627 EVAL AUD FUNCJ EA ADDL 15	92621	AUDITORY FUNCTION + 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 No Auth Required DEV 1ST HR 92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required		-					
92626 EVAL AUD FUNCJ 1ST HOUR EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required DEV 1ST HR 92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required	92625	TINNITUS ASSESSMENT		No Auth Required			
92627 EVAL AUD FUNCJ EA ADDL 15 EVAL AUD FUNCJ CAND/PO SURG IMPLT No Auth Required		EVAL AUD FUNCJ 1ST HOUR	EVAL AUD FUNCJ CAND/PO SURG IMPLT				
			DEV 1ST HR				
DEV EA ADDL 15	92627	EVAL AUD FUNCJ EA ADDL 15	EVAL AUD FUNCJ CAND/PO SURG IMPLT	No Auth Required			
			DEV EA ADDL 15				

92630	AUD REHAB PRE-LING HEAR LOSS	AUDITORY REHABILITATION	No Auth Required			
		PRELINGUAL HEARING LOSS				
92633	AUD REHAB POSTLING HEAR LOSS	AUDITORY REHABILITATION	No Auth Required			
		POSTLINGUAL HEARING LOSS				
92640	AUD BRAINSTEM IMPLT PROGRAMG	ANALYSIS W/PRGRMG AUD BRAINSTEM	No Auth Required			
		IMPLANT PR HR				
22652	A FRANCIS AND ITO BY BOTTING	AEP SCR AUDITORY POTENTIAL	No Auth Required			
92650	AEP SCR AUDITORY POTENTIAL	W/STIMULI AUTO ALYS				
		AEP HEARING STATUS DETER	No Auth Required			
92651	AEP HEARING STATUS DETER I&R	BROADBAND STIMULI I&R				
		AEP THRESHOLD ESTIMATION MLT	No Auth Required			
92652	AEP THRSHLD EST MLT FREQ I&R	FREQUENCIES I&R				
		AEP NEURODIAGNOSTIC	No Auth Required			
92653	AEP NEURODIAGNOSTIC I&R	INTERPRETATION AND REPORT				
92700	ENT PROCEDURE/SERVICE	UNLISTED OTORHINOLARYNGOLOGICAL	Authorization Required	General Medicine - other	Full Clinical Review	
		SERVICE		services and procedures		
		SERVICE		services and procedures		
92920	PRQ CARDIAC ANGIOPLAST 1 ART	PRQ TRLUML CORONARY ANGIOPLASTY	No Auth Required			
32320	THE CARDIAC ANGIOTEAST TART	ONE ART/BRANCH	No Auth Required			
92921	PRQ CARDIAC ANGIO ADDL ART	PRQ TRLUML CORONARY ANGIOPLASTY	No Auth Poquired			
92921	PRQ CARDIAC ANGIO ADDL ART	ADDL BRANCH	No Autii Kequireu			
92924	PRQ CARD ANGIO/ATHRECT 1 ART	PRQ TRLUML CORONARY	No Auth Required			
92924	PRQ CARD ANGIO/ATHRECT TART		No Auth Required			
02025	DDC CADD ANGIO/ATURECT ADDI	ANGIO/ATHERECT ONE ART/BRNCH	No Acade Donoctor d			
92925	PRQ CARD ANGIO/ATHRECT ADDL	PRQ TRLUML CORONARY	No Auth Required			
00000	222 2422 27517 11/4 12/2 4 1/2	ANGIO/ATHEREC ADDL ART/BRNCH				
92928	PRQ CARD STENT W/ANGIO 1 VSL	PRQ TRLUML CORONARY STENT	No Auth Required			
		W/ANGIO ONE ART/BRNCH				
92929	PRQ CARD STENT W/ANGIO ADDL	PRQ TRLUML CORONARY STENT	No Auth Required			
		W/ANGIO ADDL ART/BRNCH				
92933	PRQ CARD STENT/ATH/ANGIO	PRQ TRLUML CORONRY	No Auth Required			
		STENT/ATH/ANGIO ONE ART/BRNCH				
92934	PRQ CARD STENT/ATH/ANGIO	PRQ TRLUML CORONARY	No Auth Required			
		STENT/ATH/ANGIO ADDL BRANCH				
92937	PRQ REVASC BYP GRAFT 1 VSL	PRQ TRLUML CORONARY BYP GRFT	No Auth Required			
		REVASC ONE VESSEL				
92938	PRQ REVASC BYP GRAFT ADDL	PRQ TRLUML CORONARY BYP GRFT	No Auth Required			
		REVASC ADDL VESSEL				
92941	PRQ CARD REVASC MI 1 VSL	PRQ TRLUML CORONRY TOT OCCLUS	No Auth Required			
		REVASC MI ONE VSL				
92943	PRQ CARD REVASC CHRONIC 1VSL	PRQ TRLUML CORONRY CHRONIC	No Auth Required			
		OCCLUS REVASC ONE VSL				
92944	PRQ CARD REVASC CHRONIC ADDL	PRQ TRLUML CORONRY CHRNIC	No Auth Required			
		OCCLUS REVASC ADDL VSL				
92950	HEART/LUNG RESUSCITATION CPR	CARDIOPULMONARY RESUSCITATION	No Auth Required			
92953	TEMPORARY EXTERNAL PACING	TEMPORARY TRANSCUTANEOUS	No Auth Required			
		PACING				
92960	CARDIOVERSION ELECTRIC EXT	CARDIOVERSION ELECTIVE	No Auth Required		1	
		ARRHYTHMIA EXTERNAL				
92961	CARDIOVERSION ELECTRIC INT	CARDIOVERSION ELECTIVE	No Auth Required			
32301	S. I.S. SVERSION ELECTRIC INT	ARRHYTHMIA INTERNAL SPX	/ wan nequired			
92970	CARDIOASSIST INTERNAL	CARDIOASSIST-METH CIRCULATORY	No Auth Required		<u> </u>	
32370	G MOIOGOOD INTERNAL	ASSIST INTERNAL	Auth Nequileu			
92971	CARDIOASSIST EXTERNAL	CARDIOASSIST-METH CIRCULATORY	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
929/1	CANDIDASSIST EXTERINAL		Authorization Required		run cillical neview	
02072	DDO CODONADY MECH THROMBECT	ASSIST EXTERNAL	No Auth Doguised	system	<del> </del>	
92973	PRQ CORONARY MECH THROMBECT	PRQ TRANSLUMINAL CORONARY	No Auth Required			
L	l .	MECHANICL THROMBECTOMY	1	I	1	

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92974	CATH PLACE CARDIO BRACHYTX	TCAT PLACEMENT RADJ DLVR DEV SBSQ	No Auth Required			
00075	D100011/5 01 07 115 4 D7 1/50051	C IV BRACHYTX				
92975	DISSOLVE CLOT HEART VESSEL	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	No Auth Required			
92977	DISSOLVE CLOT HEART VESSEL	THROMBOLYSIS CORONARY	No Auth Required			
32377	51555272 626 1 1127 H.Y. 725522	INTRAVENOUS INFUSION	- To riadir riegan ea			
92978	ENDOLUMINL IVUS OCT C 1ST	ENDOLUMINAL CORONARY IVUS OCT	No Auth Required			
		I&R INITIAL VESSEL				
92979	ENDOLUMINL IVUS OCT C EA	ENDOLUMINAL CORONARY IVUS OCT	No Auth Required			
		I&R ADDL VESSEL				
92986	REVISION OF AORTIC VALVE	PRQ BALLOON VALVULOPLASTY AORTIC	No Auth Required			
		VALVE				
92987	REVISION OF MITRAL VALVE	PRQ BALLOON VALVULOPLASTY MITRAL	No Auth Required			
02000	DEVICION OF BUILDAONA BY A VALVE	VALVE	N. A. Ale D			
92990	REVISION OF PULMONARY VALVE	PRQ BALLOON VALVULOPLASTY	No Auth Required			
92992	REVISION OF HEART CHAMBER	PULMONARY VALVE ATRIAL SEPTECT/SEPTOST	No Auth Required			
92992	REVISION OF HEART CHAIVIBER	TRANSVENOUS BALLOON	No Auth Required			
92993	REVISION OF HEART CHAMBER	ATRIAL SEPTECT/SEPTOSTOMY BLADE	No Auth Required			
32333	The visitor of the visit of thin see.	METHOD	- To riadir riegan ea			
92997	PUL ART BALLOON REPR PERCUT	PRQ TRLUML PULMONARY ART	No Auth Required			
		BALLOON ANGIOP 1 VSL	,			
92998	PUL ART BALLOON REPR PERCUT	PRQ TRLUML PULMONARY ART	No Auth Required			
		BALLOON ANGIOP EA VSL				
93000	ELECTROCARDIOGRAM COMPLETE	ECG ROUTINE ECG W/LEAST 12 LDS	No Auth Required			
		W/I&R				
93005	ELECTROCARDIOGRAM TRACING	ECG ROUTINE ECG W/LEAST 12 LDS	No Auth Required			
		TRCG ONLY W/O I&R				
93010	ELECTROCARDIOGRAM REPORT	ECG ROUTINE ECG W/LEAST 12 LDS I&R	No Auth Required			
02045	CARRIOVACCIU AR CTRECC TECT	ONLY	N. A. Ale D			
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	No Auth Required			
33010	WINDLOWNSCOLD IN STRESS TEST	W/O I&R	No riadi nequirea			
93017	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG	No Auth Required			
		TRCG ONLY	,			
93018	CARDIOVASCULAR STRESS TEST	CV STRS TST XERS&/OR RX CONT ECG	No Auth Required			
		I&R ONLY				
93024	CARDIAC DRUG STRESS TEST	ERGONOVINE PROVOCATION TST	No Auth Required			
93025	MICROVOLT T-WAVE ASSESS	MICROVOLT T-WAVE ASSESS	No Auth Required			
		VENTRICULAR ARRHYTHMIAS				
93040	RHYTHM ECG WITH REPORT	RHYTHM ECG 1-3 LEADS	No Auth Required			
02041	DINTIM FCC TRACING	W/INTERPRETATION & REPORT	No Auth Doguinad			
93041	RHYTHM ECG TRACING	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	INO Auth Kequired			
93042	RHYTHM ECG REPORT	RHYTHM ECG 1-3 LEADS	No Auth Required			
33042	INTITION LCG REPORT	INTERPRETATION & REPRT ON	No Auth Nequileu			
93050	ART PRESSURE WAVEFORM ANALYS	ART PRESS WAVEFORM ANALYS	No Auth Required			
		CENTRAL ART PRESSURE				
93224	ECG MONIT/REPRT UP TO 48 HRS	XTRNL ECG & 48 HR RECORD SCAN	No Auth Required			
		STOR W/R&I	·			
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	No Auth Required			
		REPORT				
93227	ECG MONIT/REPRT UP TO 48 HRS	XTRNL ECG CONTINUOUS RHYTHM	No Auth Required			
		W/I&R UP TO 48 HRS				

93228	REMOTE 30 DAY ECG REV/REPORT	XTRNL MOBILE CV TELEMETRY	Authorization Required	General Medicine - other	Full Clinical Review	
		W/I&REPORT 30 DAYS		services and procedures		
				·		
93229	REMOTE 30 DAY ECG TECH SUPP	XTRNL MOBILE CV TELEMETRY	Authorization Required	General Medicine - other	Full Clinical Review	
33223	112.110.12.00 07.11.200 120.1301.1	W/TECHNICAL SUPPORT	/ tatilonization negatica	services and procedures	Tan chinear neview	
		W/TECHNICAL SOFFORT		services and procedures		
		EXTERNAL ECG REC>48HR<7D SCAN				
93241	EXT ECG>48HR<7D REC SCAN A/R		Authorization Required			
		ALYS REPORT R&I			Full Clinical Review	
93242	EXT ECG>48HR<7D RECORDING	EXTERNAL ECG REC>48HR<7D	Authorization Required			
33242	EXT ECG/48TIK TO RECORDING	RECORDING			Full Clinical Review	
00040	5V7 500 40UD 70 0044 4/0	EXTERNAL ECG REC>48HR<7D	Authorization Required			
93243	EXT ECG>48HR<7D SCAN A/R	SCANNING ALYS W/REPORT	,		Full Clinical Review	
		EXTERNAL ECG REC>48HR<7D REVIEW	Authorization Required			
93244	EXT ECG>48HR<7D REV&INTERPJ	& INTERPRETATION			Full Clinical Review	
		EXTERNAL ECG REC>7D<15D SCAN ALYS	Authorization Required		Tan chinear neview	
93245	EXT ECG>7D<15D REC SCAN A/R	REPORT R&I	Authorization Required		Full Clinical Review	
					Full Clinical Review	
93246	EXT ECG>7D<15D RECORDING	EXTERNAL ECG REC>7D<15D	Authorization Required			
		RECORDING			Full Clinical Review	
93247	EXT ECG>7D<15D SCAN A/R	EXTERNAL ECG REC>7D<15D SCANNING	Authorization Required			
33247	EXT ECG>7D<13D 3CAN A/K	ALYS W/REPORT			Full Clinical Review	
00040	5/7 500 70 450 05/40 WT500/	EXTERNAL ECG REC>7D<15D REVIEW &	Authorization Required			
93248	EXT ECG>7D<15D REV&INTERPJ	INTERPRETATION	· ·		Full Clinical Review	
93260	PRGRMG DEV EVAL IMPLTBL SYS	PRGRMG DEV EVAL IMPLANTABLE	No Auth Required			
33200	THORNIO DEV EVILENIN ELDESTS	SUBQ LEAD DFB SYSTEM	No riadi neganea			
02264	INTERDOCATE CURO DEFIR		No Auth Donitord			
93261	INTERROGATE SUBQ DEFIB	INTERROGATION EVAL F2F IMPLANT	No Auth Required			
		SUBQ LEAD DEFIB				
93264	REM MNTR WRLS P-ART PRS SNR	REMOTE MNTR WIRELESS P-ART PRS	No Auth Required			
		SNR UP TO 30 D				
93268	ECG RECORD/REVIEW	XTRNL PT ACTIV ECG TRANSMIS W/R&I	No Auth Required			
		30 DAYS</td <td>·</td> <td></td> <td></td> <td></td>	·			
93270	REMOTE 30 DAY ECG REV/REPORT	XTRNL PT ACTIVATED ECG RECORD	No Auth Required			
	,	MONITOR 30 DAYS				
93271	ECG/MONITORING AND ANALYSIS	XTRNL PT ACTIVATED ECG REC DWNLD	No Auth Required			
33271	Leaf Month Online 7 and	30 DAYS	No Addi Reguired			
00070	SOO /DELVISION INTERREPT ONLY					
93272	ECG/REVIEW INTERPRET ONLY	XTRNL PT ACTIVTD ECG DWNLD W/R&I	No Auth Required			
		30 DAYS</td <td></td> <td></td> <td></td> <td></td>				
93278	ECG/SIGNAL-AVERAGED	SIGNAL AVERAGED	No Auth Required			
		ELECTROCARDIOGRAPHY W/WO ECG			 	
93279	PRGRMG DEV EVAL PM/LDLS PM	PRGRMG DEV EVAL 1 LEAD PM/LDLS	No Auth Required			
		PM 1 CAR CHMBR IP	1			
93280	PM DEVICE PROGR EVAL DUAL	PROGRAM EVAL IMPLANTABLE IN	No Auth Required			
33233		PERSN DUAL LD PACER				
02201	PM DEVICE PROGR EVAL MULTI	1	No Auth Required			
93281	PIVI DEVICE PROGREVAL MULTI		No Auth Required			
		MULTI LD PACER				
93282	PRGRMG EVAL IMPLANTABLE DFB	PRGRMNG DEV EVAL IMPLANTABLE IN	No Auth Required			
		PERSN 1 LD DFB				
93283	PRGRMG EVAL IMPLANTABLE DFB	PRGRMG EVAL IMPLANTABLE IN PRSN	No Auth Required			
		DUAL LEAD DFB				
93284	PRGRMG EVAL IMPLANTABLE DFB	PRGRMG EVAL IMPLANTABLE IN	No Auth Required			
		PERSON MULTI LEAD DFB	1			
93285	PRGRMG DEV EVAL SCRMS IP	PRGRMG DEV EVAL SCRMS PHYS/QHP	No Auth Required			
33203	I NONIVIO DEV EVAL SCRIVIS IP	•	No Auth Nequileu			
00005	2521 27 5744 244 245 244 2	IN PERSON				
93286	PERI-PX EVAL PM/LDLS PM IP	PERI-PX DEV EVAL PM/LDLS PM	No Auth Required			
		PHYS/QHP IN PERSON	ļ			
93287	PERI-PX DEVICE EVAL & PRGR	PERI-PX DEV EVAL & PROG	No Auth Required			
		SING/DUAL/MULTI LEAD DFB	<u> </u>		 	

		1	1	T	1	1	,
93288	INTERROG EVL PM/LDLS PM IP	INTERROG DEV EVAL PM/LDLS PM	No Auth Required				
		PHYS/QHP IN PERSON					
93289	INTERROG DEVICE EVAL HEART	INTERROG EVAL F2F 1/DUAL/MLT	No Auth Required				
		LEADS IMPLTBL DFB					
93290	INTERROG DEV EVAL ICPMS IP	INTERROG DEV EVAL ICPMS PHYS/QHP	No Auth Required				
		IN PERSON					
93291	INTERROG DEV EVAL SCRMS IP	INTERROG DEV EVAL SCRMS PHYS/QHP	No Auth Required				
		IN PERSON					
93292	WCD DEVICE INTERROGATE	INTERROGATION EVAL IN PERSON WR	No Auth Required				
		DEFIBRILLATOR					
93293	PM PHONE R-STRIP DEVICE EVAL	TRANSTELEPHONIC RHYTHM STRIP	No Auth Required				
		PACEMAKER EVAL					
93294	REM INTERROG EVL PM/LDLS PM	REM INTERROG PM/LDLS PM <90 D	No Auth Required				
		PHYS/QHP					
93295	DEV INTERROG REMOTE 1/2/MLT	INTERROGATION EVAL REMOTE 90 D</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		1/2/MLT LD DFB					
93296	REM INTERROG EVL PM/IDS	REM INTERROG PM/LDLS PM/IDS <90 D	No Auth Required				
		TECH REVIEW					
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	No Auth Required				
		PHYS/QHP					
93303	ECHO TRANSTHORACIC	COMPLETE TTHRC ECHO CONGENITAL	No Auth Required				
		CARDIAC ANOMALY					
93304	ECHO TRANSTHORACIC	F-UP/LIMITED TTHRC ECHO	No Auth Required				
		CONGENITAL CAR ANOMALY					
93306	TTE W/DOPPLER COMPLETE	ECHO TTHRC R-T 2D W/WOM-MODE	No Auth Required				
33300		COMPL SPEC&COLR D	- To rider rieganica				
93307	TTE W/O DOPPLER COMPLETE	ECHO TRANSTHORAC R-T 2D W/WO M-	No Auth Required				
	,	MODE REC COMP					
93308	TTE F-UP OR LMTD	ECHO TRANSTHORC R-T 2D W/WO M-	No Auth Required				
33300		MODE REC F-UP/LMTD	- To rider neganed				
93312	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG R-T 2D W/PRB	No Auth Required				
33312	ECHO HIVINGESCHINGENE	IMG ACQUISJ I&R	No riatir nequired				
93313	ECHO TRANSESOPHAGEAL	ECHO R-T 2D W/PROBE PLACEMENT	No Auth Required				
33313	ECHO MANGESOI MAGEAE	ONLY	No Auth Required				
93314	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG R-T 2D IMG	No Auth Required				
33314	LECTO TRANSESOFTIAGEAE	ACQUISJ I&R ONLY	No Auth Required				
93315	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG CONGEN PROBE	No Auth Poquired				
33313	LECTO TRANSESOFTIAGEAE	PLCMT IMGNG I&R	No Auth Required				
02216	ECHO TRANSESOPHAGEAL	ECHO TRANSESOPHAG CONGEN PROBE	No Auth Required				
93316	ECHO I KANSESOPHAGEAL		No Autii Kequireu				
93317	ECHO TRANSESOPHAGEAL	PLCMT ONLY	No Auth Poguired				
9331/	ECHO INANSESUPHAGEAL	ECHO TRANSESOPHAG IMAGE ACQUISJ	No Auth Required				
02240	FOLIO TRANSFEORNACEAL INTRAOR	INTERP&REPORT	No Auth Decutoral				
93318	ECHO TRANSESOPHAGEAL INTRAOP	ECHO TRANSESOPHAG MONTR	No Auth Required				
02220	DODDIED ECHO EVANA UEART	CARDIAC PUMP FUNCTJ	No Auth Decition				
93320	DOPPLER ECHO EXAM HEART	DOPPLER ECHOCARD PULSE WAVE	No Auth Required				
02224	DODDIED ECHO EVANA UEART	W/SPECTRAL DISPLAY	No Auth Decition				
93321	DOPPLER ECHO EXAM HEART	DOP ECHOCARD PULSE WAVE	No Auth Required				
02225	DODDIED COLOD FLOW 122 CV	W/SPECTRAL F-UP/LMTD STD	N. A. All Day 1				
93325	DOPPLER COLOR FLOW ADD-ON	DOP ECHOCARD COLOR FLOW VELOCITY	No Auth Required				
00055	CTRESS TT 01111	MAPPING					
93350	STRESS TTE ONLY	ECHO TTHRC R-T 2D W/WO M-MODE	No Auth Required				
		COMPLETE REST&ST					
93351	STRESS TTE COMPLETE	ECHO TTHRC R-T 2D W/WO M-MODE	No Auth Required				
		REST&STRS CONT ECG					

	Т		1		T	1	
93352	ADMIN ECG CONTRAST AGENT	USE OF ECHO CONTRAST AGENT	No Auth Required				
93355	ECHO TRANSESOPHAGEAL (TEE)	DURING STRESS ECHO ECHO TEE GUID TCAT ICAR/VESSEL	No Auth Required				
93355	ECHO TRANSESOPHAGEAL (TEE)	STRUCTURAL INTVN	No Auth Required				
93356	MYOCRD STRAIN IMG SPCKL TRCK	MYOCRD STRAIN IMG SPECKLE TRCK	No Auth Required				
		ASSMT MYOCRD MECH					
93451	RIGHT HEART CATH	RIGHT HEART CATH O2 SATURATION &	No Auth Required				
		CARDIAC OUTPUT					
93452	LEFT HRT CATH W/VENTRCLGRPHY	L HRT CATH W/NJX L	No Auth Required				
		VENTRICULOGRAPHY IMG S&I					
93453	R&L HRT CATH W/VENTRICLGRPHY	R & L HRT CATH W/NJX L VENTRICULOG	No Auth Required				
93454	CORONARY ARTERY ANGIO S&I	IMG S&I CATH PLACEMENT & NJX CORONARY	No Auth Required				
33434	CONONANT ANTENT ANGIO SQ	ART ANGIO IMG S&I	No Auth Required				
93455	CORONARY ART/GRFT ANGIO S&I	CATH PLMT & NJX CORONARY	No Auth Required				
		ART/GRFT ANGIO IMG S&I	,				
93456	R HRT CORONARY ARTERY ANGIO	CATH PLMT R HRT & ARTS W/NJX &	No Auth Required				
		ANGIO IMG S&I					
93457	R HRT ART/GRFT ANGIO	CATH PLMT R HRT/ARTS/GRFTS	No Auth Required				
		W/NJX& ANGIO IMG S&I					
93458	L HRT ARTERY/VENTRICLE ANGIO	CATH PLMT L HRT & ARTS W/NJX &	No Auth Required				
93459	L HRT ART/GRFT ANGIO	ANGIO IMG S&I  CATH PLMT L HRT/ARTS/GRFTS WNJX &	No Auth Poquired				
93439	L HKT AKT/GKFT ANGIO	ANGIO IMG S&I	No Auth Required				
93460	R&L HRT ART/VENTRICLE ANGIO	R & L HRT CATH WINJX HRT ART& L	No Auth Required				
	,	VENTR IMG					
93461	R&L HRT ART/VENTRICLE ANGIO	R& L HRT CATH W/INJEC HRT	No Auth Required				
		ART/GRFT& L VENT I					
93462	L HRT CATH TRNSPTL PUNCTURE	LEFT HEART CATH BY TRANSEPTAL	No Auth Required				
		PUNCTURE					
93463	DRUG ADMIN & HEMODYNMIC MEAS	MEDICATION ADMIN & HEMODYNAMIC	No Auth Required				
93464	EXERCISE W/HEMODYNAMIC MEAS	MEASURMENT PHYSIOLOGIC EXERCISE STUDY &	No Auth Boquired				
93404	EXERCISE W/HEIWODTNAIVIIC IVIEAS	HEMODYNAMIC MEASU	No Auth Required				
93503	INSERT/PLACE HEART CATHETER	INSERTION FLOW DIRECTED CATHETER	No Auth Required				
35505	Interior of the control of the contr	FOR MONITORING	- To riadir rieganica				
93505	BIOPSY OF HEART LINING	ENDOMYOCARDIAL BIOPSY	No Auth Required				
93530	RT HEART CATH CONGENITAL	R HRT CATHETERIZATION CONGENITAL	No Auth Required				
		CARDIAC ANOMALY					
93531	R & L HEART CATH CONGENITAL	CMBN R HRT & RETROGRADE L HRT	No Auth Required				
02522	D 0 L LIFA DT CATH CONCENITAL	CATHJ CGEN ANOMA	N. A. Ale D. a. desert				
93532	R & L HEART CATH CONGENITAL	CMBN R HRT T-SEPTAL L HRT CATHJ NTC	No Auth Required				
93533	R & L HEART CATH CONGENITAL	SEPTUM CGEN CMBN R HRT T-SEPTAL L HRT CATHJ	No Auth Required				
23333	IN & ETILANT CATTI CONGENITAL	SEPTAL OPNG CGEN	No Auth Nequileu				
93561	CARDIAC OUTPUT MEASUREMENT	INDIC DIL STD ARTL&/OR VEN CATHJ	No Auth Required				
		W/OUTP MEAS					
93562	CARD OUTPUT MEASURE SUBSQ	INDIC DIL STD ARTL&/OR VEN CATHJ	No Auth Required				
		SBSQ OUTP MEA					
93563	INJECT CONGENITAL CARD CATH	NJX SEL HRT ART CONGENITAL HRT	No Auth Required				
00555		CATH W/S&I					
93564	INJECT HRT CONGNTL ART/GRFT	NJX SEL HRT ART/GRFT CONGENITAL	No Auth Required				
93565	INJECT L VENTR/ATRIAL ANGIO	HRT CATH W/S&I  NJX SEL L VENT/ATRIAL ANGIO HRT	No Auth Required	1			
95303	INJECT E VENTRYATRIAL ANGIO	CATH W/S&I	No Auth Required				
93566	INJECT R VENTR/ATRIAL ANGIO	NJX SEL R VENT/ATRIAL ANGIO HRT	No Auth Required				
	,	CATH W/S&I					
				•			

INJECT SUPRVLV AORTOGRAPHY	NJX SUPRAVALV AORTOG HRT CATH W/S&I	No Auth Required				
INJECT PULM ART HRT CATH	NJX PULMONARY ANGIO HRT CATH	No Auth Required				
HEART FLOW RESERVE MEASURE	IV DOP VEL&/OR PRESS C/FLO RSRV	No Auth Required				
HEART FLOW RESERVE MEASURE	IV DOP VEL&/OR PRESS C/FLO RSRV	No Auth Required				
TRANSCATH CLOSURE OF ASD	PRQ TCAT CLSR CGEN INTRATRL	No Auth Required				
TRANSCATH CLOSURE OF VSD	PRQ TCAT CLSR CGEN VENTR SEPTAL	No Auth Required				
PERQ TRANSCATH CLOSURE PDA	PERCUTAN TRANSCATH CLOSURE PAT	No Auth Required				
PERQ TRANSCATH SEPTAL REDUXN	PERCUTANEOUS TRANSCATHETER	No Auth Required				
PERQ TRANSCATH CLS MITRAL	PERQ TRANSCATH CLS PARAVALVR LEAK	No Auth Required				
PERQ TRANSCATH CLS AORTIC	PERQ TRANSCATH CLS PARAVALVR LEAK	No Auth Required				
PERQ TRANSCATH CLOSURE EACH		No Auth Required				
	EACH OCCLS DEV					
MAP TACHYCARDIA ADD-ON		No Auth Required				
INITRA ATRIAL DACING		No Auth Boquired				
		· ·				
ELECTROPHYS MAP 3D ADD-ON	INTRACARDIAC ELECTROPHYSIOLOGIC					
ESOPHAGEAL RECORDING	ESOPHGL REC ATRIAL W/WO	No Auth Required				
ESOPHAGEAL RECORDING	ESOPHGL REC ATRIAL W/WO VENTR	No Auth Required				
HEART RHYTHM PACING	INDUCTION ARRHYTHMIA ELECTRICAL	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOLOGIC W/O	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOLOGIC	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOL XM W/LEFT	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	COMPRE ELECTROPHYSIOL XM W/LEFT	No Auth Required				
STIMULATION PACING HEART	PROGRAMMED STIMJ & PACG AFTER IV	No Auth Required				
ELECTROPHYSIOLOGIC STUDY	ELECTROPHYSIOLOGIC FOLLOW-UP	No Auth Required				
HEART PACING MAPPING	INTRAOP EPICAR& ENDOCAR PACG&	No Auth Required				
EVALUATION HEART DEVICE	EPHYS EVAL PACG CVDFB LDS INITIAL	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	EPHYS EVAL PACG CVDFB LDS W/TSTG	No Auth Required				
ELECTROPHYSIOLOGY EVALUATION	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	No Auth Required				
	INJECT PULM ART HRT CATH  HEART FLOW RESERVE MEASURE  HEART FLOW RESERVE MEASURE  TRANSCATH CLOSURE OF ASD  TRANSCATH CLOSURE OF VSD  PERQ TRANSCATH CLOSURE PDA  PERQ TRANSCATH SEPTAL REDUXN  PERQ TRANSCATH CLS MITRAL  PERQ TRANSCATH CLS AORTIC  PERQ TRANSCATH CLOSURE EACH  BUNDLE OF HIS RECORDING  INTRA-ATRIAL RECORDING  INTRA-ATRIAL RECORDING  INTRA-ATRIAL PACING  INTRA-ATRIAL PACING  ELECTROPHYS MAP 3D ADD-ON  ESOPHAGEAL RECORDING  ELECTROPHYSIOLOGY EVALUATION  ELECTROPHYSIOLOGY EVALUATION  ELECTROPHYSIOLOGY EVALUATION  STIMULATION PACING HEART  ELECTROPHYSIOLOGY EVALUATION  STIMULATION PACING HEART  ELECTROPHYSIOLOGY EVALUATION  STIMULATION PACING HEART  ELECTROPHYSIOLOGY EVALUATION  ELECTROPHYSIOLOGY EVALUATION  STIMULATION PACING HEART  ELECTROPHYSIOLOGY EVALUATION   W/S&I INJECT PULM ART HRT CATH W/S&I INJX PULMONARY ANGIO HRT CATH W/S&I HEART FLOW RESERVE MEASURE IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL HEART FLOW RESERVE MEASURE IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL TRANSCATH CLOSURE OF ASD PRQ TCAT CLSR GGEN INTRATRL COMUNICAL W/IMPLT TRANSCATH CLOSURE OF VSD PRQ TCAT CLSR GGEN INTRATRL COMUNICAL W/IMPLT TRANSCATH CLOSURE PDA PRECUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS PERQ TRANSCATH CLOSURE PDA PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS PERQ TRANSCATH SEPTAL REDUXN PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS PERQ TRANSCATH CLS MITRAL PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE PERQ TRANSCATH CLS AORTIC PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE BUNDLE OF HIS RECORDING INTRA-ATRIAL RECORDING INTRA-ATRIAL RECORDING INTRA-ATRIAL RECORDING INTRA-ATRIAL RECORDING INTRA-ATRIAL PACING INT	INJECT PULM ART HRT CATH  NIX PULMONARY ANGIO HRT CATH  NIX PULMON	MyS&I  NECT PULM ART HRT CATH  NN EVALUATION RESERVE MEASURE  PO DOP VELS/OR PRESS C/FLO RSRV  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  NO Auth Required  MEAS 1ST VS.  MEAS 1ST VS.  MEAS 1ST VS.	W/SEI  NIECT PULM ART HIT CATH  W/SEI  PEART FLOW RESERVE MEASURE  MEAS 15T VS.  PEART FLOW RESERVE MEASURE  MEAS 15T VS.  PEART FLOW RESERVE MEASURE  MEAS ADDL VS.  PEART FLOW RESERVE MEASURE  MEAS ADDL VS.  PEART FLOW RESERVE MEASURE  MEAS ADDL VS.  PEAR CATC CLSK CCEN WITH AND A Auth Required  COMUNICAL WIMMPLT  TRANSCATH CLOSURE PASD  PROT CATC CLSK CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT CLSK CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC ACT SEX CCEN WITH SEPTAL  DRCT WIMMPLT  PEAR CATC SEX CCEN WITH SEPTAL  PEAR CATC SEX CCEN WITH SEPTAL  PEAR CATC SEX CCEN WITH SEPTAL  PEAR CATC SEX CCEN WITH SEX CONTROL  PEAR CATC SEX	W.S.B.I.  WINCE PULM ART HET CATTH  WYSB.I.  WINCE PULM RESERVE MEASURE  WINCE PULM RESERVE MEASURE  WY DOP VER JORD PRESS C/FLO RSINV  MEAS IST VIS.  WESB. STORY  MEAS IST VIS.  WESB. STORY  MACH REQUIRED  WINCE PULM RESERVE MEASURE  WY DOP VER JORD PRESS C/FLO RSINV  MACH Required  WINCE PULM RESERVE MEASURE  WINCE PULM RESERVE MEASUR	

	T					
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+	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			

RACRANIAL COMPLETE STUDY  RACRANIAL LIMITED STUDY  D VASOREACTIVITY STUDY	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	No Auth Required  No Auth Required				
RACRANIAL LIMITED STUDY  O VASOREACTIVITY STUDY	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	,				
RACRANIAL LIMITED STUDY  O VASOREACTIVITY STUDY	INTRACRANIAL ART COMPL TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	,				
) VASOREACTIVITY STUDY	INTRACRANIAL ART LMTD	N. a. A. Alla D. a. a. A. a. al				
		No Auth Required				
	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	No Auth Required				
EMBOLI DETECT W/O INJ	TRANSCRANIAL DOPPLER INTRACRAN	No Auth Required				
	ART EMBOLI DETECT					
	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	No Auth Required				
ROTID INTIMA ATHEROMA EVAL	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
R/L XTREMITY ART 2 LEVELS	NON-INVAS PHYSIOLOGIC STD	No Auth Required				
	NON-INVASIVE PHYSIOLOGIC STUDY	No Auth Required				
R XTR VASC STDY BILAT	N-INVAS PHYSIOLOGIC STD LXTR ART	No Auth Required				
	DUP-SCAN LXTR ART/ARTL BPGS COMPL	No Auth Required				
WER EXTREMITY STUDY	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	No Auth Required				
PER EXTREMITY STUDY	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	No Auth Required				
PER EXTREMITY STUDY	DUP-SCAN UXTR ART/ARTL BPGS	No Auth Required				
	DUP-SCAN XTR VEINS COMPLETE	No Auth Required				
	DUP-SCAN XTR VEINS	No Auth Required				
CCIII AD STIIDV		No Auth Poquired				
SCOLAR STODI		No Auti Required				
SCULAR STUDY		No Auth Required				
	ABDL/PEL/SCROT&/RPR ORGN LMT					
SCULAR STUDY	DUP-SCAN AORTA IVC ILIAC VASCI /BPGS COMPLETE	No Auth Required				
SCULAR STUDY	DUP-SCAN AORTA IVC ILIAC	No Auth Required				
IILE VASCULAR STUDY	DUP-SCAN ARTL INFL&VEN O/F PEN VSL	No Auth Required				
IILE VASCULAR STUDY	DUP-SCAN ARTL INFL&VEN O/F PEN VSL	No Auth Required				
P-SCAN HEMO COMPL BI STD	DUPLEX SCAN ARTL INFL&VEN O/F	No Auth Required				
P-SCAN HEMO COMPL UNI STD	HEMO COMPL BI STD DUPLEX SCAN ARTL INFL&VEN O/F	No Auth Required				
	HEMO COMPL UNI STD					
PPLER FLOW TESTING	DUPLEX SCAN HEMODIALYSIS ACCESS	No Auth Required				
NINVAS VASC DX STUDY PROC	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
NT MGMT INPAT INIT DAY	VENTILATION ASSIST & MGMT	No Auth Required				
NT MGMT INPAT SUBQ DAY	VENTILATION ASSIST & MGMT	No Auth Required				
R W W PEEER R R R R R R R R R R R R R R R R R	L XTREMITY ART 2 LEVELS  LXTR ART STDY 3+ LVLS  XTR VASC STDY BILAT  ER EXTREMITY STUDY  ER EXTREMITY STUDY  ER EXTREMITY STUDY  EMITY STUDY  EMITY STUDY  EMITY STUDY  LULAR STUDY  LULAR STUDY  LULAR STUDY  LE VASCULAR STUDY  SCAN HEMO COMPL BI STD  SCAN HEMO COMPL UNI STD  PLER FLOW TESTING  INVAS VASC DX STUDY PROC	EMBOLI DETECT W/INJ  TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ  CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI  L XTREMITY ART 2 LEVELS  NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL  LXTR ART STDY 3+ LVLS  NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS  XTR VASC STDY BILAT  PINVAS PHYSIOLOGIC STD LXTR ART COMPL BI  ER EXTREMITY STUDY  ER EXTREMITY STUDY  DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY  ER EXTREMITY STUDY  DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY  R EXTREMITY STUDY  DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY  R EXTREMITY STUDY  DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY  EMITY STUDY  DUP-SCAN LXTR VEINS COMPLETE BILATERAL STUDY  DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY  ULAR STUDY  DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM  ULAR STUDY  DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT  ULAR STUDY  DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL  LE VASCULAR STUDY  DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL  LE VASCULAR STUDY  DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL  LE VASCULAR STUDY  DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL BI STD  SCAN HEMO COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/F PEN VSL COMPL UNI STD  DUPLEX SCAN ARTL INFL&VEN O/	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ DITID INTIMA ATHEROMA EVAL CAROTID INTIMA MEDIA & CAROTID AUthorization Required ATHEROMA EVAL BI  L XTREMITY ART 2 LEVELS NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL  LXTR ART STDY 3+ LVLS NON-INVAS PHYSIOLOGIC STDD EXTREMITY ART 2 LEVEL  LXTR ART STDY 3+ LVLS NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY STUDY EXTREMITY STUDY DUP-SCAN LXTR ART/ARTL BPGS COMPL  ER EXTREMITY STUDY DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  R EXTREMITY STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required COMPL BI STUDY  R EXTREMITY STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  R EXTREMITY STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  BI STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  BI STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  BI STUDY DUP-SCAN LXTR ART/ARTL BPGS NO Auth Required UNI/LMTD STUDY  BI STUDY DUP-SCAN LXTR VEINS COMPLETE BI SLATERAL STUDY  BUP-SCAN ARTL FLO NO Auth Required UNI-LAREAL/LIMITED STUDY  ULAR STUDY DUP-SCAN ARTL FLO NO Auth Required ABDL/PEL/SCROT&/RPR ORGN LMT  ULAR STUDY DUP-SCAN ARTL FLO NO Auth Required ABDL/PEL/SCROT&/RPR ORGN LMT  ULAR STUDY DUP-SCAN ARTL FLO NO Auth Required VASCL/BPGS COMPLETE  ULAR STUDY DUP-SCAN ARTL FLO NO Auth Required VASCL/BPGS UNI/LMTD  ULAR STUDY DUP-SCAN ARTL FLO NO Auth Required VASCL/BPGS UNI/LMTD  ULAR STUDY DUP-SCAN ARTL INFL&VEN O/F PEN VSL NO Auth Required VASCL/BPGS UNI/LMTD  ULAR STUDY DUP-SCAN ARTL INFL&VEN O/F PEN VSL NO Auth Required VASCL/BPGS UNI/LMTD  ULAR STUDY DUP-SCAN ARTL INFL&VEN O/F PEN VSL NO Auth Required FUP/FLMTD STD  UNILAR STUDY DUP-SCAN ARTL INFL&VEN O/F PEN VSL NO Auth Required HEMO COMPL BI STD  DUP-SCAN ARTL INFL&VEN O/F PEN VSL NO Auth Required HEMO COMPL BI STD  DUP-SCAN ARTL INFL&VEN O/F NO Auth Required HEMO COMPL BI STD  DUP-SCAN ARTL INFL&VEN O/F NO Auth Required HEMO COMPL BI STD  DUP-SCAN ARTL INFL&VEN O/F NO Auth Required HEMO COMPL BI STD  DUP	TRANSCRAN DOPPLER INTRACRAN ART   No Auth Required   MICCOGUBBRE INT   ATTRACT   MICCOGUBBRE INT   AUTHORIZED   MICCOGUBBRE INT   AUTHORIZED   MICCOGUBBRE INT   ATTRACT   MICCOGUBBRE INT   MICCOGUBBRE INTOCUBBRE INT   MICCOGUBBRE INTOCUBBRE INTOCUBBRE INTOCUBBRE INT	TRANSCRAN DOPPLER INTRACEAN ART   No Auth Required   MICROBUBBLE IN)   Authorization Required   Authorization Required   Seneral Medicine - other   Services and procedures	INMOULDETECT W/INI  TRANSCRAN DOPPER INTRACRAN ART MICROBUSELE IN  ACADTID INTIMA MEDIA & CAROTTID  Authorization Required  ATHEROMA EVAL  ATHEROMA EVAL  ATHEROMA EVAL  ATHEROMA EVAL BI  AUTHORIZATION AND ACAD STATE

94004	VENT MGMT NF PER DAY	VENTILATION ASSIST & MGMT	No Auth Required				
94005	HOME VENT MGMT SUPERVISION	NURSING FAC PR DAY HOME VENTILATOR MGMT CARE	No Auth Required				
94003	HOME VENT MIGHT SUPERVISION	OVERSIGHT 30 MIN/>	No Autii kequireu				
94010	BREATHING CAPACITY TEST	SPMTRY W/VC EXPIRATORY FLO W/WO	No Auth Required				
		MXML VOL VNTJ					
94011	SPIROMETRY UP TO 2 YRS OLD	MEAS SPIROMTRC FORCD EXPIRATORY	No Auth Required				
		FLO INFANT&/2 Y					
94012	SPIRMTRY W/BRNCHDIL INF-2 YR	MEAS SPIRO FRCD EXP FLO PRE&POST	No Auth Required				
04013	MEACHING VOLTURE 2 VRC	BRONCH INF/2YRS	No Auth Desuised				
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	No Auth Required				
3.02.		PHYS/QHP R&I	- To Add Negamed				
94015	PATIENT RECORDED SPIROMETRY	PATIENT-INITIATED SPIROMETRIC	No Auth Required				
		RECORDING					
94016	REVIEW PATIENT SPIROMETRY	PATIENT-INITIATED SPIROMETRIC	No Auth Required				
		PHYS/QHP R&I ONLY					
94060	EVALUATION OF WHEEZING	BRNCDILAT RSPSE SPMTRY PRE&POST-	No Auth Required				
94070	EVALUATION OF WHEEZING	BRNCDILAT ADMN BRNCSPSM PROVOCATION EVAL MLT	No Auth Required				
94070	EVALUATION OF WHEEZING	SPMTRY W/ADMN AGT	No Autii kequireu				
94150	VITAL CAPACITY TEST	VITAL CAPACITY TOTAL SEPARATE	No Auth Required				
		PROCEDURE					
94200	LUNG FUNCTION TEST (MBC/MVV)	MAX BREATHING CAPACITY MAXIMAL	No Auth Required				
		VOLUNTARY VENTJ					
94250	EXPIRED GAS COLLECTION	EXPIRED GAS COLLECTION QUANT 1	No Auth Required				
04275	DECOUDATION FLOW VOLUME LOOP	PROCEDURE SPX	No. Acath Dogodonal				
94375 94400	RESPIRATORY FLOW VOLUME LOOP CO2 BREATHING RESPONSE CURVE	RESPIRATORY FLOW VOLUME LOOP BREATHING RESPONSE TO CO2	No Auth Required No Auth Required				
94450	HYPOXIA RESPONSE CURVE	BREATHING RESPONSE TO HYPOXIA	No Auth Required				
94452	HAST W/REPORT	HIGH ALTITUDE SIMULATI TEST W/PHYS					
	,	INTERP&REPORT					
94453	HAST W/OXYGEN TITRATE	HIGH ALTITUDE SIMULATJ W/PHYS I&R	No Auth Required				
		W/O2 TITRATION					
94610	SURFACTANT ADMIN THRU TUBE	INTRAPULMONARY SURFACTANT	No Auth Required				
04647	EVED CICE TOT DRIVECTORA	ADMINISTJ PHYS/QHP	No. Acath Dogodonal				
94617 94618	EXERCISE TST BRNCSPSM PULMONARY STRESS TESTING	EXERCISE TEST FOR BRONCHOSPASM PULMONARY STRESS TESTING	No Auth Required No Auth Required	General Medicine -			
34018	POLINONARY STRESS TESTING	FOLMONART STRESS TESTING	No Autil Required	health and behavior			
				assessment/intervention			
				,			
94619	EXERCISE TST BRNCSPSM WO ECG	XERS TST BRNCSPSM PRE&POST	No Auth Required				
		SPMTRY&PLS OX WO /ECG					
94621	CARDIOPULM EXERCISE TESTING	CARDIOPULMONARY EXERCISE TESTING	No Auth Required				
1			1	1	l	1	
04640	AIDWAY INHALATION TREATAGAIT	DRECCURIZED /NONDRECCURIZED	No Auth Board				
94640	AIRWAY INHALATION TREATMENT	PRESSURIZED/NONPRESSURIZED	No Auth Required				
		INHALATION TREATMENT					
94640 94642	AIRWAY INHALATION TREATMENT  AEROSOL INHALATION TREATMENT	-	No Auth Required  No Auth Required				
		INHALATION TREATMENT PENTAMIDINE AERSL INHALATION	No Auth Required				
94642	AEROSOL INHALATION TREATMENT	INHALATION TREATMENT  PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH  CONTINUOUS INHALATION TREATMENT 1ST HR	No Auth Required  No Auth Required				
94642	AEROSOL INHALATION TREATMENT	INHALATION TREATMENT  PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH  CONTINUOUS INHALATION TREATMENT 1ST HR  CONTINUOUS INHALATION TREATMENT	No Auth Required  No Auth Required				
94642 94644 94645	AEROSOL INHALATION TREATMENT  CBT 1ST HOUR  CBT EACH ADDL HOUR	INHALATION TREATMENT PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH CONTINUOUS INHALATION TREATMENT 1ST HR CONTINUOUS INHALATION TREATMENT EA ADDL HR	No Auth Required  No Auth Required  No Auth Required				
94642 94644	AEROSOL INHALATION TREATMENT  CBT 1ST HOUR	INHALATION TREATMENT  PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH  CONTINUOUS INHALATION TREATMENT 1ST HR  CONTINUOUS INHALATION TREATMENT	No Auth Required  No Auth Required				

NEC BRECOVENER ATION ON B						
NEG PRESS VENTILATION CNP	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	No Auth Required				
EVALUATE PT USE OF INHALER	DEMO&/EVAL OF PT UTILIZ AERSL	No Auth Required				
CHEST WALL MANIPULATION	MANJ CH WALL FACILITATE LNG FUNCJ	No Auth Required				
CHEST WALL MANIPULATION	MANJ CHEST WALL FACILITATE LUNG	No Auth Required				
MECHANICAL CHEST WALL OSCILL	MECHANICAL CHEST WALL	Authorization Required	DME		Full Clinical Review	
EXHALED AIR ANALYSIS O2	O2 UPTK EXP GAS ANALYSIS REST&XERS	No Auth Required				
EXHALED AIR ANALYSIS O2/CO2	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT	No Auth Required				
EXHALED AIR ANALYSIS	O2 UPTAKE EXP GAS ANALYSIS REST	No Auth Required				
PULM FUNCT TST PLETHYSMOGRAP	PLETHYSMOGRAPHY LUNG VOLUMES	No Auth Required				
PULM FUNCTION TEST BY GAS	GAS DILUT/WASHOUT LUNG VOL	No Auth Required				
AIRWY RESIST BY OSCILLOMETRY	· ·	No Auth Required				
CO/MEMBANE DIFFUSE CAPACITY	CO DIFFUSING CAPACITY	No Auth Required				
MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY	No Auth Required				
MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY	No Auth Required				
MEASURE BLOOD OXYGEN LEVEL	NONINVASIVE EAR/PULSE OXIMETRY	No Auth Required				
EXHALED CARBON DIOXIDE TEST	CARBON DIOXIDE EXP GAS DETER	No Auth Required				
BREATH RECORDING INFANT		No Auth Required				
PED HOME APNEA REC COMPL	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	No Auth Required				
PED HOME APNEA REC HK-UP	PEDIATRIC APNEA MONITOR ATTACHMENT	No Auth Required				
PED HOME APNEA REC DOWNLD		No Auth Required				
PED HOME APNEA REC REPORT	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	No Auth Required				
CARS/BD TST INFT-12MO 60 MIN	CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	No Auth Required				
CARS/BD TST INFT-12MO +30MIN	CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	No Auth Required				
PULMONARY SERVICE/PROCEDURE	UNLISTED PULMONARY SERVICE/PROCEDURE	Authorization Required	General Medicine - other services and procedures		Full Clinical Review	
PERCUT ALLERGY SKIN TESTS	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	No Auth Required				
EXHALED NITRIC OXIDE MEAS	NITRIC OXIDE EXPIRED GAS DETERMINATION	No Auth Required				
PERQ & ICUT ALLG TEST VENOMS	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	No Auth Required				
PERQ&IC ALLG TEST DRUGS/BIOL	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	No Auth Required				
	CHEST WALL MANIPULATION  CHEST WALL MANIPULATION  MECHANICAL CHEST WALL OSCILL  EXHALED AIR ANALYSIS O2  EXHALED AIR ANALYSIS O2/CO2  EXHALED AIR ANALYSIS  PULM FUNCT TST PLETHYSMOGRAP  PULM FUNCTION TEST BY GAS  AIRWY RESIST BY OSCILLOMETRY  CO/MEMBANE DIFFUSE CAPACITY  PULMONARY COMPLIANCE STUDY  MEASURE BLOOD OXYGEN LEVEL  MEASURE BLOOD OXYGEN LEVEL  EXHALED CARBON DIOXIDE TEST  BREATH RECORDING INFANT  PED HOME APNEA REC COMPL  PED HOME APNEA REC COMPL  PED HOME APNEA REC DOWNLD  PED HOME APNEA REC REPORT  CARS/BD TST INFT-12MO 60 MIN  CARS/BD TST INFT-12MO +30MIN  PULMONARY SERVICE/PROCEDURE  PERCUT ALLERGY SKIN TESTS  EXHALED NITRIC OXIDE MEAS  PERQ & ICUT ALLG TEST VENOMS	EVALUATE PT USE OF INHALER  DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP  CHEST WALL MANIPULATION  MAND CHEST WALL FACILITATE LING FUNCU 1 DEMO&/EVAL  MAND CHEST WALL FACILITATE LUNG FUNCTION SUBSQ.  MECHANICAL CHEST WALL OSCILL  DECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION  EXHALED AIR ANALYSIS O2  O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP  EXHALED AIR ANALYSIS O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP  EXHALED AIR ANALYSIS O2 UPTK EXP GAS ANALYSIS REST INDIRECT SPX  PULM FUNCT TST PLETHYSMOGRAP  PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST PULM FUNCTION TEST BY GAS  AIRWAY RESIST BY OSCILLOMETRY  AIRWAY RESIST BY OSCILLOMETRY  AIRWAY RESISTANCE BY OSCILLOMETRY  MEASURE BLOOD OXYGEN LEVEL  MONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  MONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE OXIMETRY  MULTIPLE DETER  MEASURE BLOOD OXYGEN LEVEL  NONINVASIVE EAR/PULSE	DEMOS/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP DEMOS/EVAL GEN/NEB/INHLR/IP DEMOS/EVAL MANI CH WALL FACILITATE LING FUNC. 1 DEMOS/EVAL MANI CH WALL FACILITATE LING NO Auth Required 1 DEMOS/EVAL MANI CHEST WALL FACILITATE LING NO Auth Required PUNCTION SUBSO MECHANICAL CHEST WALL OSCILL MECHANICAL DEVILLATION LUNG FUNCTION  CEXHALED AIR ANALYSIS O2  O2 UPTR EXP GAS ANALYSIS REST&XERS NO Auth Required % O2 XTRC WALLED AIR ANALYSIS  O2 UPTAKE EXP GAS ANALYSIS REST NO Auth Required MODITOR FOR MINORECT SPX PULM FUNCT TST PLETHYSMOGRAP PLETHYSMOGRAPHY LUNG VOLUMES W/WO DISTRIB WENTEW MYWO AUTH REQUIRED MINORECT SPX PULM FUNCTION TEST BY GAS GAS DILUT/WASPASHOUT LUNG VOL W/WO DISTRIB WENTEW  AIRWAY RESIST BY OSCILLOMETRY AIRWAY RESISTANCE BY OSCILLOMETRY AIRWAY RESISTANCE BY OSCILLOMETRY AIRWAY RESISTANCE BY OSCILLOMETRY MEASURE BLOOD DXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY MEASURE BLOOD DXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY MOLTPILE OFTER MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD DXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD DXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD DXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY NO Auth Required MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY OVERNICH TO MOTITOR MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY NO AUTH REquired MEASURE BLOOD OXYGEN LEVEL NONINVASIVE EAR/PULSE OXIMETRY NO AUTH REquired	DEMOSA/EVAL DE PT UTILIZ AERS GENVINER/INNIA/PI CHEST WALL MANIPULATION  MANU CH WALL FACILITATE LING FUNCI 1 DEMOS/EVAL  MANU CH WALL FACILITATE LING FUNCI 1 DEMOS/EVAL  MANU CH WALL FACILITATE LING FUNCI 1 DEMOS/EVAL  MANU CHEST WALL FACILITATE LING FUNCI 1 DEMOS/EVAL  MANU CHEST WALL FACILITATE LING NO Auth Required FUNCTION SUBSQ  MECHANICAL CHEST WALL OSCILL  MECHANICAL CHEST WALL FACILITATE LING FUNCTION SUBSQ  MECHANICAL CHEST WALL OSCILL  MECHANICAL CHEST WALL ON A Auth Required OSCILLATION LING FUNCTION OSCILLATION LING FUNCTION ON A OUTH REQUIRED  DIRECT SIMP  DEMOSA SAYS W/CO2 OUTPUT No Auth Required DIRECT SIMP OSCILLATION LING FUNCTION ON A OUTH REQUIRED  WALLED AIR ANALYSIS O2/CO2  O2 VETR EXP GAS ANALYSIS REST&XERS NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS ANALYSIS REST NO A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR ANALYSIS O2 UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR ANALYSIS O3 UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR ANALYSIS O3 UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR ANALYSES O3 UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR ANALYSES OA UPTAKE EXP GAS OUTH ON A OUTH REQUIRED  WALLED AIR NICHTANI OA OUTH REQUIRED	DEMORPHALER  DEMOR	DEMONSTRATE OF STATE AREA  GENNERS THAT LARGE STATE OF STATE AREA  GENNERS THAT LARGE STATE OF STATE OF STATE OF STATE OF STATE  GENNERS THAT LARGE STATE OF STATE OF STATE OF STATE OF STATE  GENNERS THAT LARGE STATE OF STATE OF STATE OF STATE  MAIN CHAY MAIL FACULTATE LING IN THAT STATE OF STATE  MAIN CHEST WALL MANIPULATION  MAIN CHEST WALL FACULTATE LING IN THAT STATE  MAIN CHEST WALL MANIPULATION  MAIN CHEST WALL FACULTATE LING IN THAT STATE  MECHANICAL CHEST WALL SCULL  M

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95024	ICUT ALLERGY TEST DRUG/BUG	INTRACUTANEOUS TESTS	No Auth Required			
		W/ALLERGENIC EXTRACTS				
95027	ICUT ALLERGY TITRATE-AIRBORN	INTRACUTANEOUS TESTS	No Auth Required			
		W/ALLERGENIC XTRCS AIRBORNE				
95028	ICUT ALLERGY TEST-DELAYED	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN	No Auth Required			
		W/READING				
95044	ALLERGY PATCH TESTS	PATCH/APPLICATION TEST SPECIFY	No Auth Required			
		NUMBER TESTS				
95052	PHOTO PATCH TEST	PHOTO PATCH TEST SPECIFY NUMBER	No Auth Required			
		TSTS				
95056	PHOTOSENSITIVITY TESTS	PHOTO TESTS	No Auth Required			
95060	EYE ALLERGY TESTS	OPHTHALMIC MUCOUS MEMBRANE	No Auth Required			
		TESTS				
95065	NOSE ALLERGY TEST	DIRECT NASAL MUCOUS MEMBRANE	No Auth Required			
		TEST				
95070	BRONCHIAL ALLERGY TESTS	INHLJ BRNCL CHALLENGE TSTG	No Auth Required			
		W/HISTAM/METHACHOL				
95071	BRONCHIAL ALLERGY TESTS	INHLJ BRNCL CHALLENGE TSTG	No Auth Required			
		W/AGS/GASES				
95076	INGEST CHALLENGE INI 120 MIN	INGESTION CHALLENGE TEST INITIAL	No Auth Required			
		120 MINUTES				
95079	INGEST CHALLENGE ADDL 60 MIN	INGESTION CHALLENGE TEST EACH	No Auth Required			
		ADDL 60 MINUTES				
95115	IMMUNOTHERAPY ONE INJECTION	PROF SVCS ALLG IMMNTX X W/PRV	No Auth Required			
33113		ALLGIC XTRCS 1 NJX	no man neganea			
95117	IMMUNOTHERAPY INJECTIONS	PROF SVCS ALLG IMMNTX X W/PRV	No Auth Required			
33117	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ALLGIC XTRCS NJXS	No riatii nequirea			
95120	IMMUNOTHERAPY ONE INJECTION	PROF SVCS ALLG IMMNTX W/PRV	No Auth Required			
33120	INMONOTHERAL FONE INSECTION	ALLGIC XTRC 1 NJX	No Auth Required			
95125	IMMUNOTHERAPY 2/> INJECTIONS	PROF SVCS ALLG IMMNTX W/PRV	No Auth Required			
33123	IIIVIIVIONOTTIERAFT 2/> INJECTIONS	ALLGIC XTRC 2/> NJX	No Auti Required			
95130	IMMNTX 1 STING INSECT	PROF SVCS ALLG IMMNTX W/PRV XTRC	No Auth Poquired			
33130	IIVIIVIIVIX I STIIVG IIVSEET	1 STING INSECT	No Auth Required			
95131	IMMNTX 2 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC	No Auth Required			
33131	IIIIIIIIII X Z STIIVG IIVSEETS	2 STING INSECT	No Auth Required			
95132	IMMNTX 3 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC	No Auth Boquired			
95152	IIVIIVII I X 3 31 III G III 3EC 13	3 STING INSECT	No Autii Kequireu			
95133	IMMNTX 4 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC	No Auth Boquired			
33133	INVINVIN I A 4 STING INSECTS	4 STING INSECT	ivo Autii Requireu			
05124	IMMNTX 5 STING INSECTS	PROF SVCS ALLG IMMNTX W/PRV XTRC	No Auth Dogwingd			
95134	IIVIIVIN I X 5 51 ING INSECTS		No Auth Required			
05144	ANTICEN THE DADY CEDVICES	5 STING INSECT	No Auth Dogwingd			
95144	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN PRV ALLERGEN	No Auth Required			
05445	ANTICEN THERADY CERVICES	IMMUNOTHERAPY 1 DO	No Acade Described			
95145	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required		1	
05446	ANTICEN THERADY CESS 11050	IMMUNOTHERAPY 1 INSECT	No. Acade Dec. 1		1	
95146	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required		1	
054:-	ANTIOCH THEO ARY CO-: ::	IMMUNOTHERAPY 2 INSECT			ļ	
95147	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required		1	
		IMMUNOTHERAPY 3 INSECT			-	
95148	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required			
		IMMUNOTHERAPY 4 INSECT				
95149	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required		1	
		IMMUNOTHERAPY 5 INSECT				
95165	ANTIGEN THERAPY SERVICES	PREPJ& ALLERGEN IMMUNOTHERAPY	No Auth Required		1	
		1/MLT ANTIGEN				
95170	ANTIGEN THERAPY SERVICES	PREPJ& ANTIGEN ALLERGEN	No Auth Required			
		IMMUNOTHERAPY WHL INSE				

95180	RAPID DESENSITIZATION	RAPID DESENSITIZATION PROCEDURE	No Auth Required			
		EACH HOUR				
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	Full Clinical Review	
				assessment/intervention		
95250	CONT GLUC MNTR PHYS/QHP EQP	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPTMENT	Authorization Required	General Medicine - health and behavior	Full Clinical Review	
		. Horists Egon initial		assessment/intervention		
95251	CONT GLUC MNTR ANALYSIS I&R	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	Authorization Required	General Medicine - health and behavior	Full Clinical Review	
				assessment/intervention		
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			
	VEEG EA 12-26HR CONT MNTR	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	No Auth Required			
	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			
	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			

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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			

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95863	MUSCLE TEST 3 LIMBS	NDL EMG 3 XTR W/WO RELATED	No Auth Required			
05064		PARASPINAL AREAS				
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 FUNCI 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 FUNCI PARASYMP&SYMP W/5 MIN PASIVE TILT	No Auth Required			

05025	COMMATOSENICODY TESTING	CHORT LATENCY COMMATOCENIC ED CTD	No Auth Dogwined			
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	procedures		
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			

05077	Luve only on the or page 10		l	1		1
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	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	No Auth Required	General Medicine -		
		PHYS/QHP EA ADDL 30 MIN		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
				status, specen testing,		
96116	NUBHVL XM PHYS/QHP 1ST HR	NEUROBEHAVIORAL STATUS XM	No Auth Required	General Medicine -		
30110	1105111271111111111111111111111111111111	PHYS/QHP 1ST HOUR		central nervous system		
		11113/Q111 1311100K		assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
96121	NUBHVL XM PHY/QHP EA ADDL HR	NEUROBEHAVIORAL STATUS XM	No Auth Required	General Medicine -		
		PHYS/QHP EA ADDL HOUR		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
				status, specon testing,		
96125	COGNITIVE TEST BY HC PRO	STANDARDIZED COGNITIVE	No Auth Required			
		PERFORMANCE TESTING				
96127	BRIEF EMOTIONAL/BEHAV ASSMT	BEHAV ASSMT W/SCORE &	No Auth Required			
30127	Siller Emoriora Lybera to 7 issuer	DOCD/STAND INSTRUMENT	no nati neganea			
96130	PSYCL TST EVAL PHYS/QHP 1ST	PSYCHOLOGICAL TST EVAL SVC	No Auth Required	General Medicine -		
	,,,	PHYS/QHP FIRST HOUR		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
96131	PSYCL TST EVAL PHYS/QHP EA	PSYCHOLOGICAL TST EVAL SVC	No Auth Required	General Medicine -		
90131	PSTCL 131 EVAL PHTS/QHP EA		No Auth Required			
		PHYS/QHP EA ADDL HOUR		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
96132	NRPSYC TST EVAL PHYS/QHP 1ST	NEUROPSYCHOLOGICAL TST EVAL	No Auth Required	General Medicine -		
		PHYS/QHP 1ST HOUR		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
				status, speech testing)		
96133	NRPSYC TST EVAL PHYS/QHP EA	NEUROPSYCHOLOGICAL TST EVAL	No Auth Required	General Medicine -		
30133	INTESTO IST EVALPHIS/QHP EA		No Auth Required			
1		PHYS/QHP EA ADDL HR		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	No Auth Required	General Medicine -		
		1ST 30 MIN		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
				status, speculi testilig)		
1	İ	]	1	1		

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	No Auth Required	General Medicine -		
		F2F 1ST 30 MIN		health and behavior		
				assessment/intervention		
96171	HLTH BHV IVNTJ FAM W/O PT EA	HEALTH BEHAVIOR IVNTJ FAM W/O PT	No Auth Poquired	General Medicine -		
901/1	TIETT BITV TVNTJ FAIN W/O FT EA	The state of the s	No Auth Required			
		F2F EA ADDL 15		health and behavior		
				assessment/intervention		
96360	HYDRATION IV INFUSION INIT	IV INFUSION HYDRATION INITIAL 31	No Auth Required			
		MIN-1 HOUR				
96361	HYDRATE IV INFUSION ADD-ON	IV INFUSION HYDRATION EACH	No Auth Required			
		ADDITIONAL HOUR				
96365	THER/PROPH/DIAG IV INF INIT	IV INFUSION THERAPY/PROPHYLAXIS	No Auth Required	i		
		/DX 1ST TO 1 HR				
96366	THER/PROPH/DIAG IV INF ADDON	IV INFUSION THERAPY PROPHYLAXIS/DX	No Auth Poquired	+		
30300	THE INTROPINION TO THE ADDOR		No Auth Required			
00007	Tr/200001/00 4001 650 0401	EA HOUR				
96367	TX/PROPH/DG ADDL SEQ IV INF	IV INFUSION THER PROPH ADDL	No Auth Required			
		SEQUENTIAL TO 1 HR				
96368	THER/DIAG CONCURRENT INF	IV NFS THERAPY PROPHYLAXIS/DX	No Auth Required			
		CONCURRENT NFS				
96369	SC THER INFUSION UP TO 1 HR	SUBCUTANEOUS INFUSION INITIAL 1 HR	No Auth Required	General Medicine -		
		W/PUMP SET-UP		hydration, therapeutic,		
				prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
				othe		
				ottie		
96370	SC THER INFUSION ADDL HR	SUBCUTANEOUS INFUSION EACH	No Auth Desuised	General Medicine -		
96370	SC THER INFUSION ADDL HR		No Auth Required			
		ADDITIONAL HOUR		hydration, therapeutic,		
				prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
				othe		
96371	SC THER INFUSION RESET PUMP	SUBQ INFUSION ADDITIONAL PUMP	No Auth Required	General Medicine -		
		INFUSION SITE		hydration, therapeutic,		
				prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
				othe		
00070	TUED /DD 0011 /D14 0 1111 00 /114	TUED 4 DE UTIO DE ODUNA 4 OTIO/DV				
96372	THER/PROPH/DIAG INJ SC/IM	THERAPEUTIC PROPHYLACTIC/DX	No Auth Required			
		INJECTION SUBQ/IM				
96373	THER/PROPH/DIAG INJ IA	THERAPEUTIC PROPHYLACTIC/DX NJX	No Auth Required	General Medicine -		
		INTRA-ARTERIAL		hydration, therapeutic,		
1	1			prophylactic, diagnostic		
			l	injections and infusions,		
				and chemotherapy and		
				and chemotherapy and othe		
96374	THER/PROPH/DIAG INLIV PUSH	THER PROPH/DX NIX IV PUSH	No Auth Required			
96374	THER/PROPH/DIAG INJ IV PUSH	THER PROPH/DX NJX IV PUSH	No Auth Required			
	· · · · · · · · · · · · · · · · · · ·	SINGLE/1ST SBST/DRUG	·			
96374 96375	THER/PROPH/DIAG INJ IV PUSH  TX/PRO/DX INJ NEW DRUG ADDON	· ·	·			

96376	TX/PRO/DX INJ SAME DRUG ADON	THER PROPH/DX NJX EA SEQL IV PUSH	No Auth Required	General Medicine -			
		SBST/DRUG FAC		hydration, therapeutic,			
		,		prophylactic, diagnostic			
				injections and infusions,			
				and chemotherapy and			
				othe			
96377	APPLICATON ON-BODY INJECTOR	APPL ON-BODY INJECTOR FOR TIMED	No Auth Required	General Medicine -			
		SUBQ INJECTION		hydration, therapeutic,			
				prophylactic, diagnostic			
				injections and infusions,			
				and chemotherapy and			
				othe			
96379	THER/PROP/DIAG INJ/INF PROC	UNLISTED THERAPEUTIC PROPH/DX	No Auth Required				
		IV/IA NJX/NFS					
96401	CHEMO ANTI-NEOPL SQ/IM	CHEMOTX ADMN SUBQ/IM NON-	No Auth Required				
		HORMONAL ANTI-NEO					
96402	CHEMO HORMON ANTINEOPL SQ/IM	CHEMOTX ADMN SUBQ/IM HORMONAL	No Auth Required				
30402	CHEMO HORIMON ANTINEOLESQUIM	ANTI-NEO	No Addi Nequired				
96405	CHEMO INTRALESIONAL UP TO 7	CHEMOTHERAPY ADMINISTRATION	No Auth Required				
90403	CHEINIO INTRALESIONAL OF TO 7		No Auth Required				
00400	CUENTO INTERALECTONIAL OVER 7	INTRALESIONAL 7</td <td>No Austle Describer d</td> <td></td> <td></td> <td></td> <td></td>	No Austle Describer d				
96406	CHEMO INTRALESIONAL OVER 7	CHEMOTHERAPY ADMINISTRATION	No Auth Required				
		INTRALESIONAL >7					
96409	CHEMO IV PUSH SNGL DRUG		No Auth Required				
		SBST/DRUG					
96411	CHEMO IV PUSH ADDL DRUG	CHEMOTX ADMN IV PUSH TQ EA	No Auth Required				
		SBST/DRUG					
96413	CHEMO IV INFUSION 1 HR	CHEMOTX ADMN IV NFS TQ UP 1 HR	No Auth Required				
		1/1ST SBST/DRUG					
96415	CHEMO IV INFUSION ADDL HR	CHEMOTHERAPY ADMN IV INFUSION	No Auth Required				
		TQ EA HR					
96416	CHEMO PROLONG INFUSE W/PUMP	CHEMOTX ADMN TQ INIT PROLNG	No Auth Required				
		CHEMOTX NFUS PMP					
96417	CHEMO IV INFUS EACH ADDL SEQ	CHEMOTX ADMN IV NFS TQ EA SEQL	No Auth Required				
		NFS TO 1 HR					
96420	CHEMO IA PUSH TECNIQUE	CHEMOTHERAPY ADMIN INTRA-	No Auth Required				
		ARTERIAL PUSH TQ					
96422	CHEMO IA INFUSION UP TO 1 HR	CHEMOTHERAPY ADMIN INTRA-	No Auth Required				
30422	CHEMO IA IMI OSION OF TO THIN	ARTERIAL INFUS 1 HR</td <td>Auth Required</td> <td></td> <td></td> <td></td> <td></td>	Auth Required				
96423	CHEMO IA INFUSE EACH ADDL HR	CHEMOTHERAPY ADMN	No Auth Required	1			
90423	CITEIVIO IA INFUSE EACH ADDE HK		ivo Autii Requirea				
06425	CHEMOTHER A DV INTERCON MET LICE	INTRAARTERIAL INFUSION EA HR	N. A. Alb Danida d				
96425	CHEMOTHERAPY INFUSION METHOD		No Auth Required				
00::-	0.154.07.150.4.07.14.70	IMPLTBL PMP					
96440	CHEMOTHERAPY INTRACAVITARY	CHEMOTX ADMN PLEURAL CAVITY	No Auth Required				
		REQ&W/THORACNTS					
96446	CHEMOTX ADMN PRTL CAVITY	CHEMOTX ADMN PRTL CAVITY	No Auth Required				
		PORT/CATH					
96450	CHEMOTHERAPY INTO CNS	CHEMOTX ADMN CNS REQ SPINAL	No Auth Required	1			
		PUNCTURE					
96521	REFILL/MAINT PORTABLE PUMP	REFILLING & MAINTENANCE PORTABLE	No Auth Required				
L		PUMP	<u> </u>	<u>]                                    </u>	<u> </u>	<u> </u>	

96522	REFILL/MAINT PUMP/RESVR SYST	REFILL&MAINTENANCE PUMP DRUG	No Auth Required	General Medicine -		
		DLVR SYSTEMIC		hydration, therapeutic,		
				prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
				othe		
96523	IRRIG DRUG DELIVERY DEVICE	IRRIGAJ IMPLNTD VENOUS ACCESS	No Auth Required			
		DRUG DELIVERY SYST				
96542	CHEMOTHERAPY INJECTION	CHEMOTX NJX	No Auth Required	General Medicine -		
		SUBARACHND/INTRAVENTR RSVR		hydration, therapeutic,		
		1/MULT		prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
				othe		
				otile		
96549	CHEMOTHERAPY UNSPECIFIED	UNLISTED CHEMOTHERAPY PROCEDURE	Authorization Possies	General Medicine -	Full Clinical Review	
90549	CHEIVIOTHERAPT UNSPECIFIED	UNLISTED CHEIVIOTHERAPT PROCEDURE	Authorization Required		ruii Clinicai KevieW	
				hydration, therapeutic,		
				prophylactic, diagnostic		
				injections and infusions,		
				and chemotherapy and		
			1	othe		
96567	PDT DSTR PRMLG LES SKN	PDT DSTR PRMLG LES SKN	Authorization Required	General Medicine -	Full Clinical Review	
		ILLUM/ACTIVJ PER DAY		health and behavior		
		in the second se		assessment/intervention		
				assessment/intervention		
96570	PHOTODYNMC TX 30 MIN ADD-ON	PDT NDSC ABL ABNOR TISS VIA ACTIVJ	No Auth Boquired			
90370	PHOTODYNINIC IX 30 WIIN ADD-ON	RX 30 MIN	No Auth Required			
06574	DUOTODVALANCE TV ADDI 45 MAIN		No Auth Donitord			
96571	PHOTODYNAMIC TX ADDL 15 MIN	PDT NDSC ABL ABNOR TISS VIA ACTIVJ	No Auth Required			
0.0570	227 227 221 4 C 1 5 C 21 1/2 (C 1)	RX A 15 MIN		0 111	5 H 6H 1 L 5 L	
96573	PDT DSTR PRMLG LES PHYS/QHP	PDT DSTR PRMLG LES SKN	Authorization Required	General Medicine -	Full Clinical Review	
		ILLUM/ACTIVJ BY PHYS/QHP		health and behavior		
				assessment/intervention		
96574	DBRDMT PRMLG LES W/PDT	DEBRIDEMENT PRMLG	No Auth Required			
		HYPERKERATOTIC LES W/PDT	<u> </u>	<u> </u>	 	
96900	ULTRAVIOLET LIGHT THERAPY	ACTINOTHERAPY ULTRAVIOLET LIGHT	No Auth Required			
96902	TRICHOGRAM	MCRSCP XM HAIR PLUCK/CLIP FOR	No Auth Required			
		CNTS/STRUCT ABNORM	1			
96904	WHOLE BODY PHOTOGRAPHY	WHOLE BODY INTEGUMENTARY	No Auth Required			
		PHOTOGRAPHY	1			
96910	PHOTOCHEMOTHERAPY WITH UV-B	PHOTOCHEMOTX	No Auth Required			
20210	THOTOCHLINIOTHLINAFT WITH UV-B		No Auth Nequileu			
00043	DUOTOCUEMOTUEDA DVANTUURA	TAR&UVB/PETROLATUM/UVB	No Auth Decuteral			
96912	PHOTOCHEMOTHERAPY WITH UV-A	PHOTOCHEMOTX	No Auth Required			
		PSORALENS&ULTRAVIOLET PUVA				
96913	PHOTOCHEMOTHERAPY UV-A OR B	PHOTOCHEMOTHERAPY DERMATOSES	No Auth Required			
		4-8 HRS SUPERVISION	ļ			
96920	LASER TX SKIN < 250 SQ CM	LASER SKIN DISEASE PSORIASIS TOT	No Auth Required	Removal of Dermal		
		AREA <250 SQ CM		Lesions		
96921	LASER TX SKIN 250-500 SQ CM	LASER SKIN DISEASE PSORIASIS 250-500	No Auth Required	Removal of Dermal	 	
		SQ CM		Lesions		
96922	LASER TX SKIN >500 SQ CM	LASER SKIN DISEASE PSORIASIS >500 SQ	No Auth Required	Removal of Dermal		
		CM	1	Lesions		
96931	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG	Authorization Required	General Medicine - other	Full Clinical Review	
50551	SEESEN SOBELLOEN HVIG SKIV	IMG ACQ I&R 1ST		services and procedures	. a.i cillicar Review	
		IIVIG ACQ IQN 131		services and procedures		
	l		L		l	

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March CLUUR SURCLUR MIS SON	96932	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG	Authorization Required	General Medicine - other	Full Clinical Review	
Restrict   Restrict			IMG ACQUISITION		services and procedures		
Restrict   Restrict							
March   Calular Surficial Review   March   Calular Surficial Style March   March   Calular Surficial Review   March   C	96933	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG	Authorization Required	General Medicine - other	Full Clinical Review	
Min ACCI, Bit A DO			I&R 1ST LES		services and procedures		
Min ACCI, Bit A DO							
Michael   Mich	96934	RCM CELULR SUBCELULR IMG SKN	RCM CELULR & SUBCELULR SKN IMGNG	Authorization Required	General Medicine - other	Full Clinical Review	
Seption of the CELLUR SUBCELLUR ING SON SINCE CLURA SUBCELLUR SON INGONO Authorization Required services and procedures servic				,	services and procedures		
MG ACQ EA ADD   SerVice and procedures   Full Clinical Review   Fu							
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MOTICOL PACES   MOTION THERAPY   MOTION THERAPY   MECHANICAL   MOTION NO Auth Required   MECHANICAL   MOTION NO Auth Required   MECHANICAL   MOTION THERAPY   MECHANICAL   MOTION THERAPY   MECHANICAL   MOTION THERAPY   MECHANICAL   MOTION THERAPY   MOTION THER	97010	HOT OR COLD PACKS THERAPY	APPLICATION MODALITY 1/5 AREAS	No Auth Required			
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97110 THERAPEUTIC EXERCISES THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES MIN EXERCIS	97039	PHYSICAL THERAPY TREATMENT		Authorization Required		Full Clinical Review	
MIN EXERCISES  97112 NEUROMUSCULAR REEDUCATION THER PX 1/> AREAS EACH 15 MIN NO Auth Required NEUROMUSC REEDUCA  97113 AQUATIC THERAPY/EXERCISES THER PX 1/> AREAS EACH 15 MIN AQUA NO Auth Required THER W/XERSS  97116 GAIT TRAINING THERAPY THER PX 1/> AREAS EA 15 MIN GAIT NO Auth Required THER PX 1/> AREAS EA 15 MIN GAIT NO Auth Required			CONSTANT ATTEND	1	services and procedures		
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TRAING W/STAIR	97116	GAIT TRAINING THERAPY		No Auth Required			
			TRAING W/STAIR				

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		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				

07605	NEC PRESS MOUND TV -/ FO CM	NECATIVE PRESSURE MOUNT THERAPY	No. Acath. Book for al			
97605	NEG PRESS WOUND TX =50 CM</td <td>NEGATIVE PRESSURE WOUND THERAPY</td> <td>No Auth Required</td> <td></td> <td></td> <td></td>	NEGATIVE PRESSURE WOUND THERAPY	No Auth Required			
07606	NEC DRESS MOUND TV - FO CM	DME = 50 SQ CM</td <td>No. Austle Describes d</td> <td></td> <td></td> <td></td>	No. Austle Describes d			
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</td <td>NEG PRESSURE WOUND THERAPY NON</td> <td>No Auth Poquired</td> <td></td> <td></td> <td></td>	NEG PRESSURE WOUND THERAPY NON	No Auth Poquired			
97007	INEG PRESS WIND IX - SO SQ CIVI</td <td>DME <!--= 50 SQ CM</td--><td>No Autii Required</td><td></td><td></td><td></td></td>	DME = 50 SQ CM</td <td>No Autii Required</td> <td></td> <td></td> <td></td>	No Autii Required			
97608	NEG PRESS WOUND TX >50 CM		No Auth Required			
97008	INEG PRESS WOOND IX >50 CW	DME >50 SQ CM	No Autii Required			
97610	LOW FREQUENCY NON-THERMAL US	LOW FREQUENCY NON-THERMAL	Authorization Required	General Medicine -	Full Clinical Review	
37010	LOW TREQUENCT NON-THERIMAL 03	ULTRASOUND PER DAY	Authorization Required	health and behavior	ruii Ciiriicai Keview	
		OLIKASOOND FER DAT		assessment/intervention		
				assessment/intervention		
97750	PHYSICAL PERFORMANCE TEST	PHYSICAL PERFORMANCE TEST/MEAS	No Auth Required			
37730	THISICAL FERI ORWINICE FEST	W/REPRT EA 15 MIN	No Addi Negalied			
97755	ASSISTIVE TECHNOLOGY ASSESS	ASSTV TECHNOL ASSMT DIR CNTCT	No Auth Required			
37733	7.55.51142 126111402061 7.55255	W/REPRT EA 15 MIN	No Auth Required			
97760	ORTHOTIC MGMT&TRAING 1ST ENC	ORTHOTICS MGMT & TRAING INITIAL	No Auth Required			
37700	OKTIONE WOWN AND AND 151 ENC	ENCTR EA 15 MINS	No Auth Required			
97761	PROSTHETIC TRAING 1ST ENC	PROSTHETICS TRAINING INITIAL ENCTR	No Auth Required			
3		EA 15 MINS				
97763	ORTHC/PROSTC MGMT SBSQ ENC	ORTHOTICS/PROSTH MGMT &/TRAING	No Auth Required	General Medicine -		
37703	oming, means menn apagine	SBSQ ENCTR 15 MIN	no man neganica	health and behavior		
		555Q 2.110111 25 11.1111		assessment/intervention		
				assessmenty intervention		
97799	PHYSICAL MEDICINE PROCEDURE	UNLISTED PHYSICAL MEDICINE/REHAB	Authorization Required	General Medicine - other	Full Clinical Review	
		SERVICE/PROC		services and procedures		
				р. стана		
97802	MEDICAL NUTRITION INDIV IN	MEDICAL NUTRITION ASSMT&IVNTJ	No Auth Required			
		INDIV EACH 15 MI	· ·			
97803	MED NUTRITION INDIV SUBSEQ	MEDICAL NUTRITION RE-ASSMT&IVNTJ	No Auth Required			
	·	INDIV EA 15 M	· ·			
97804	MEDICAL NUTRITION GROUP	MEDICAL NUTRITION THERAPY GRP2/	No Auth Required			
		INDIV EA 30 MI	·			
97810	ACUPUNCT W/O STIMUL 15 MIN	ACUPUNCTURE 1/> NDLES W/O ELEC	No Auth Required			
		STIMJ INIT 15 MIN				
97811	ACUPUNCT W/O STIMUL ADDL 15M	ACUPUNCTURE 1/> NDLS W/O ELEC	No Auth Required			
		STIMJ EA 15 MIN				
97813	ACUPUNCT W/STIMUL 15 MIN	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ	No Auth Required			
		1ST 15 MIN				
97814	ACUPUNCT W/STIMUL ADDL 15M	ACUP 1/> NDLS W/ELEC STIMJ EA 15	No Auth Required			
		MIN W/RE-INSJ				
98925	OSTEOPATH MANJ 1-2 REGIONS	OSTEOPATHIC MANIPULATIVE TX 1-2	No Auth Required			
		BODY REGIONS				
98926	OSTEOPATH MANJ 3-4 REGIONS	OSTEOPATHIC MANIPULATIVE TX 3-4	No Auth Required			
		BODY REGIONS				
98927	OSTEOPATH MANJ 5-6 REGIONS	OSTEOPATHIC MANIPULATIVE TX 5-6	No Auth Required			
		BODY REGIONS				
98928	OSTEOPATH MANJ 7-8 REGIONS	OSTEOPATHIC MANIPULATIVE TX 7-8	No Auth Required			
		BODY REGIONS				
98929	OSTEOPATH MANJ 9-10 REGIONS	OSTEOPATHIC MANIPULATIVE TX 9-10	No Auth Required			
		BODY REGIONS	ļ			
98940	CHIROPRACT MANJ 1-2 REGIONS	CHIROPRACTIC MANIPULATIVE TX	No Auth Required			
		SPINAL 1-2 REGIONS				
98941	CHIROPRACT MANJ 3-4 REGIONS	CHIROPRACTIC MANIPULATIVE TX	No Auth Required			
		SPINAL 3-4 REGIONS				
98942	CHIROPRACTIC MANJ 5 REGIONS	CHIROPRACTIC MANIPULATIVE TX	No Auth Required			
		SPINAL 5 REGIONS				

OTTAGESPINAL 1- REGION   OTTAGESPINAL 1- REGION   OLD AND Required   OLD AND REGION   OLD AND REQUIRED   OLD AND REGION   O			T	T	1	1	F	T
SISTEM   SIST   MORNET FOULD T PARKET   TOUR DEPOTED   TOUR DEPO	98943	CHIROPRACT MANJ XTRSPINL 1/>	CHIROPRACTIC MANIPLTV TX	No Auth Required				
MORPHYS   FT   COLOR FRANKING SEL-MIGHT   No Auth Required								
SECHNICATE COLUCTIONS 2-4 PT   COLUCTIONS TRANSMOS SEP-MIGHT	98960	SELF-MGMT EDUC & TRAIN 1 PT		No Auth Required				
	00001	CELE MACANT EDUC/TRAIN 2.4 DT		No Auth Desuised				
Seption	98961	SELF-MGMT EDUC/TRAIN 2-4 PT		No Auth Required				
NOMER'S S	00000	CELE MACANT EDITO/TDAINTE O DT		No Auth Desuised				
198965   IC PROP PRODUC CALL \$1.5 M NN   NOAPHYSICIAN TECHNOME   NO Auth Required	98962	SELF-IVIGIVIT EDUC/TRAIN 5-8 PT		No Auth Required				
ASSESSMENT   3.0 MIN	09066	HC DRO DHONE CALL 5 10 MIN		No Auth Poquired				
	36300	THE PROPHIONE CALL 3-10 WIIIN		No Auth Required				
ASSESSMENT 1.20 MIN	09067	HC DRO DHONE CALL 11 20 MIN		No Auth Boquired				
	96907	HC PRO PHONE CALL 11-20 WIIN		No Autii Kequireu				
ASSESSMENT 23 - 30 MIN   ONLY OLDIG EM SYC 5-10MIN   ONLY ONLY OLDIG EM SYC 5-10MIN   ONLY ONLY OLDIG EM SYC 13-20MIN   ONLY OLDIg EM SYC 13-20MIN   ONLY OLDIG EM SYC 13-20MIN   ONLY OLDIG EM SYC 13-20MIN   ONLY OLDIG EM SYC 13-20MIN   ONLY OLDIg	09069	HC DDO DHONE CALL 21 20 MIN		No Auth Poquired				
Seption   ONMP OLDG E/M, SVC 5-10MIN   COMP ONLINE DIGITAL E/M SVC EST PT   ON Auth Required   Composition   Com	30300	THE FRO FITONE CALL 21-30 WIIIN		No Auth Required				
# 27 D S 10 MIN	98970	ONHP OLDIG F/M SVC 5-10MIN		No Auth Required				
98977   ONIPO DIG MENUS TILEDMIN   ONIPO DININE DIGITAL EMPLOYEES FT   No Auth Required	36370	QIVIII OL DIG L/W 3VC 3-10WIIV		No Auth Required				
89972   NHP OL DIG E/AS SVC 21+ MIN	02071	ONHP OLDIG EM SVC 11-20MIN		No Auth Required				
989772   ONIP D. D. D. G. F. A. S. W. C. 2.3 - MIN	30371	QIVIII OLDIG LIVISVC 11-20IVIIIV		No Auth Required				
\$70.21 MIN   \$70.00 MIN   \$70	98972	ONHP OLDIG F/M SVC 21+ MIN		No Auth Required				
SPECIMEN HANDLING OFFICE-LAB	30372	Q. T. OLDIO L/M SVC ZI IVIIIV		/ wan nequired	1		1	
9901. SECIMEN HANDLING PT-LAB HANDLING OF-LAB FROM PT-TO LAB 9902. DEVICE HANDLING PHYS/QHP FROM PT-TO LAB 9902. DEVICE HANDLING PHYS/QHP FROM PT-TO LAB 9902. POSTOP FOLLOW-UP VISIT POSTOP FOLLOW UP VISIT RELATED TO No Auth Required ORIGINAL PK 9902. NH HOSPITAL ON CALL SERVICE HOSPITAL MANDLE/CALL SERVICE IN No Auth Required OWN-HOSPITAL ON CALL SERVICE HOSPITAL MANDLE/CALL SERVICE IN NO Auth Required OWN-HOSPITAL ON CALL SERVICE HOSPITAL MANDLE/CALL SERVICE IN NO Auth Required OWN-HOSPITAL ON CALL SERVICE HOSPITAL MANDLE/CALL SERVICE OWN-HOSPITAL ON CALL SERVICE HOSPITAL MANDLE/CALL SERVICE OWN-HOSPITAL OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICE OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL WANDLE/CALL SERVICES OWN-HOSPITAL SERVICES OWN-HO	99000	SPECIMEN HANDLING OFFICE-LAR		No Auth Required				
SPECIMEN HANDLING PT-LAB	33000	SI ECIMENTIANDEING OFFICE-LAB		No Auth Required				
PROMPT TO LAB   PROMPT TO LA	99001	SPECIMEN HANDLING PT-LAB		No Auth Required				
199020   DEVICE HANDLING PHYS/CHP	33001	STECHNEW THREE TO THE BLO		No Auth Required				
POSTOP FOLLOW-UP VISIT	99002	DEVICE HANDLING PHYS/OHP		No Auth Required				
POSTOP FOLLOW-UP VISIT   POSTOP FOLLOW UP VISIT RELATED TO   OBIGINAL PX	33002	221162111111221110111113, q		no nati neganea				
ORIGINAL PX	99024	POSTOP FOLLOW-UP VISIT		No Auth Required				
99026   N-HOSPITAL ON CALL SERVICE   HOSPITAL MANDATED CALL SERVICE IN- No Auth Required   HOSPITAL HA HR	3302 .	. 65.6 6226. 6. 7.5		no nati neganea				
NOSPITAL EA HR	99026	IN-HOSPITAL ON CALL SERVICE		No Auth Required				
99027 OUT-OF-HOSP ON CALL SERVICE HOSPITAL MANDATED CALL SVC OUT-OF-HOSP ON CALL SERVICES AFTER HRS SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS  99051 MED SERV EVE/WKEND/HOLIDAY SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS  99053 MED SERV IOPM-8AM 24 HR FAC SERVICES PROVIDED BTW 10 PM&8 AM NO Auth Required AT 24-HR FACI SERVICES PROVIDED BTW 10 PM&8 AM NO Auth Required AT 24-HR FACI SERVICES PROVIDED BTW 10 PM&8 AM NO Auth Required AT 24-HR FACI SERVICES PROVIDED BTW 10 PM&8 AM NO Auth Required AT 24-HR FACI SVC TYPICAL PRV OFFICE PRV OUT OFFICE PRV OUT OFFICE REQUEST PT OFFICE SVC TYPICAL PRV OFFICE DISRUPTS OFFICE PVENT OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF								
OF-HOSPITALEA HR   SERVICES AFTER HRS   SERVICES PROVIDED OFFICE OTH/THN   No Auth Required   REG SCHED HOURS   No Auth Required   No Auth Requi	99027	OUT-OF-HOSP ON CALL SERVICE		No Auth Required				
REG SCHED HOURS   NO Auth Required   NO Auth Requ				·				
REG SCHED HOURS   NO Auth Required   NO Auth Requ	99050	MEDICAL SERVICES AFTER HRS	SERVICES PROVIDED OFFICE OTH/THN	No Auth Required				
SERVICES PROVIDED BTW 10 PM& AM No Auth Required   SERVICES PROVIDED BTW 10 PM& AM No Auth Required   AT 24-HR FACI   SERVICES PROVIDED BTW 10 PM& AM No Auth Required   SERVICES PROVIDED BTW 10 PM& AM No Auth Required   SERVICES PROVIDED BTW 10 PM& AM No Auth Required   SERVICES PROVIDED BTW 10 PM& AM NO Auth Required   SERVICES PROVIDED BTW 10 PM AUTH REQUIRED   SERVICES PROVIDED BTW 10 PM AUTH REQUIRED   SERVICES PROVIDED BTW 10 PM AUTH REQUIRED   SERVICES PROVIDED BTW 10 PM AUTH REQUIRED BTW 10 PM AU				·				
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AT 24-HR FACI  99056 MED SERVICE OUT OF OFFICE SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT  99058 OFFICE EMERGENCY CARE SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS  99060 OUT OF OFFICE EMERG MED SERV SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC  99070 SPECIAL SUPPLIES PHYS/QHP SUPPLIES MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS No Auth Required PS9071 MEDICAL TESTIMONY MEDICAL			WKEND/HOLIDAY HRS	·				
99056 MED SERVICE OUT OF OFFICE SVC TYPICAL PRV OFFICE PRV OUT OFFICE PRV OUT OFFICE REQUEST PT 99058 OFFICE EMERGENCY CARE SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS DISRUPTING SVCS OFFICE DISRUPTING SVCS OFFICE DISRUPTING SVCS OFFICE DISRUPTING SVC OFFICE SVC 99060 OUT OF OFFICE EMERG MED SERV SVC PRV EMER OUT OFFICE DISRUPTS OFFICE DISRUPTS OFFICE SVC 99070 SPECIAL SUPPLIES PHYS/QHP SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP PROV BY PHYS/QHP PROV BY PHYS/QHP NO Auth Required PHYS AT COST 99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST 99072 ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS RES-TR NFCT DS RES-TR NFCT DS RES-TR NFCT DS NO Auth Required PHYS/QHP EDUCATION SVCS RENDERED NO Auth Required PHYS/QHP EDUCATION SVCS RENDERED NO Auth Required PHYS/QHP EDUCATION SVCS RENDERED PHYS GRP SETTING PHYS/QHP EDUCATION SVCS RENDERED COMUNICAJ/STAND RPRTG NO Auth Required PHYS GRP SETTING	99053	MED SERV 10PM-8AM 24 HR FAC	SERVICES PROVIDED BTW 10 PM&8 AM	No Auth Required				
OFFICE REQUEST PT  9058 OFFICE EMERGENCY CARE  SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS  99060 OUT OF OFFICE EMERG MED SERV  SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC  99070 SPECIAL SUPPLIES PHYS/QHP  SUPPLIES MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP  99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS  99075 MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMON PHYS/QHP EDUCATION SVCS RENDERED NO Auth Required PTS GR P SEITING SPECIAL REPORTS OR FORMS SPECIAL REPORTS OR FORMS SPECIAL REPORTS OR FORMS OFFICE REQUEST PT NO Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required COMUNICAL/STAND RPRTG			AT 24-HR FACI					
99058 OFFICE EMERGENCY CARE  SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS  99060 OUT OF OFFICE EMERG MED SERV  SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC  SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC  99070 SPECIAL SUPPLIES PHYS/QHP SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP  99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS  MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMON PHYS/QHP EDUCATION SVCS RENDERED No Auth Required PTS GRP SETTING  99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	99056	MED SERVICE OUT OF OFFICE	SVC TYPICAL PRV OFFICE PRV OUT	No Auth Required				
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99070 SPECIAL SUPPLIES PHYS/QHP SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP 99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST  99072 ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS 99078 GROUP HEALTH EDUCATION PHEALTH EDUCATION PHEALTH EDUCATION PHEALTH EDUCATION PHEALTH EDUCATION SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG  99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	99060	OUT OF OFFICE EMERG MED SERV	SVC PRV EMER OUT OFFICE DISRUPTS	No Auth Required				
PROV BY PHYS/QHP  99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST  99072 ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS  MEDICAL TESTIMONY MEDICAL				<u> </u>	<u> </u>		<u> </u>	
99071 PATIENT EDUCATION MATERIALS EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST  99072 ADDL SUPL MATRL&STAF TM PHE ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS  99075 MEDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY No Auth Required  99078 GROUP HEALTH EDUCATION PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING  99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG  No Auth Required No Auth Required No Auth Required	99070	SPECIAL SUPPLIES PHYS/QHP	SUPPLIES&MATERIALS ABOVE/BEYOND	No Auth Required				
PHYS AT COST   ADDL SUPL MATRL&STAF TM PHE   ADDL SUPL MATRL&STAF TM DRG PHE   RES-TR NFCT DS   No Auth Required   RES-TR NFCT DS   RES-TR			PROV BY PHYS/QHP		<u> </u>			
ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS No Auth Required RES-TR NFCT DS No Auth Required RES-TR NFCT DS No Auth Required RES-TR NFCT DS No Auth Required P9078 GROUP HEALTH EDUCATION PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING NO Auth Required COMUNICAJ/STAND RPRTG	99071	PATIENT EDUCATION MATERIALS		No Auth Required				
99072 ADDL SUPL MATRL&STAF TM PHE RES-TR NFCT DS RES-TR NFCT DS REDICAL TESTIMONY MEDICAL TESTIMONY MEDICAL TESTIMONY No Auth Required P9078 GROUP HEALTH EDUCATION PHYS/QHP EDUCATION SVCS RENDERED No Auth Required PTS GRP SETTING PECAL REPORTS OR FORMS SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG								
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99078 GROUP HEALTH EDUCATION PHYS/QHP EDUCATION SVCS RENDERED No Auth Required PTS GRP SETTING  99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED No Auth Required COMUNICAJ/STAND RPRTG	33072	ADDL SOFE INIATREQUIAR TIMI PRE	RES-TR NFCT DS					
PTS GRP SETTING  99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED No Auth Required COMUNICAJ/STAND RPRTG	99075	MEDICAL TESTIMONY	MEDICAL TESTIMONY	No Auth Required				
99080 SPECIAL REPORTS OR FORMS SPEC REPORTS > USUAL MED No Auth Required COMUNICAJ/STAND RPRTG	99078	GROUP HEALTH EDUCATION		No Auth Required				
COMUNICAJ/STAND RPRTG			PTS GRP SETTING					
	99080	SPECIAL REPORTS OR FORMS	SPEC REPORTS > USUAL MED	No Auth Required	<u> </u>		1	
99082 UNUSUAL PHYSICIAN TRAVEL UNUSUAL TRAVEL 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	No Auth Required			
		MIN EA 30 D				
99100	SPECIAL ANESTHESIA SERVICE	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	No Auth Required			
99116	ANESTHESIA WITH HYPOTHERMIA	ANES COMPLICI UTILIZATION TOTAL BODY HYPOTHERMIA	No Auth Required			
99135	SPECIAL ANESTHESIA PROCEDURE	ANES COMPLICI UTILIZATION CONTROLLED HYPOTENSION	No Auth Required			
99140	EMERGENCY ANESTHESIA	ANES COMPLICI 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		No Auth Required			
99155	MOD SED OTH PHYS/QHP <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		
99211	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 3 MINUTES			
99212	OFFICE/OUTPATIENT VISIT EST	OFFICE OUTPATIENT VISIT 10 WIINOTES	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		
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OPEC CONSULTATION	99244	OFFICE CONSULTATION		No Auth Required				
MATERIT CONSULTATION	00045	0.55105 0.0410111 74.75041						
MATERIT CONSULTATION	99245	OFFICE CONSULTATION		No Auth Required				
NEW   No.   No.   New	00251	INDATIENT CONSULTATION		No Auth Boquired				
MATERIA CONSULTATION	99231	INPATIENT CONSOLIATION		No Auth Required				
NEW   NEW	00252	INDATIENT CONSULTATION		No Auth Poquired				
MPATIENT CONSULTATION	99232	INPATIENT CONSOLIATION		No Auth Required				
NEW   NATION CONSULTATION	00253	INPATIENT CONSULTATION		No Auth Required				
MYATIENT CONSULTATION	33233	IN ATIENT CONSOCIATION		No Auth Required				
NEW, STAR PER SON NO.   No. Auth Required	99254	INPATIENT CONSULTATION	·	No Auth Required				
INPATIENT CONSULT TATION   INPATIENT CONSULT   No. Auth Required	33234	THE PARTIES OF CONSOCIONION		No riatii nequirea				
NEW/ISTAR PT 10 MN	99255	INPATIENT CONSULTATION		No Auth Required				
MERGENY DEPT VISIT  MERCENY								
LIMITED/MINOR PROB  MIRECRY DEPT VISIT  MERCENCY DEPT VISIT  MOREARY SEVERITY  MODERATE S	99281	EMERGENCY DEPT VISIT	·	No Auth Required				
MERGENCY DEPT WIST  (DW/MODER SEVERITY  DEMERGENCY DEPT WIST  EMERGENCY DEPT WIST HIGH  HOW JURGENT SEVERITY  NO Auth Required  SEVERITY WIST HIGH  ON Auth Required  CHITCAL CARE LIFE SUPPORT  PHYS/GNP DIRECTION EMERGENCY  PHYS/GNP DIRECTION EMERGENCY  PHYS/GNP DIRECTION EMERGENCY  EMERGENCY DEPT WIST  EMERGENCY DEPT WIST  EMERGENCY DEPT WIST  EMERGENCY DEPT WIST HIGH  CHITCAL CARE LIFE AUTHOR  PHYS/GNP DIRECTION EMERGENCY  PHYS								
COMMODER SEVERITY   No Auth Required	99282	EMERGENCY DEPT VISIT		No Auth Required				
MODERATE SEVERITY  MERGENCY DEPT VISIT  MERCENCY DE			LOW/MODER SEVERITY	·				
MERGENCY DEPT VISIT   EMERGENCY DEPT VISIT   HIGH SUFFRIT	99283	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT	No Auth Required				
MERGENCY DEPT VISIT  EMERGENCY DEPT VISIT  SEMERGENCY DEPT VISIT  MEDICAL SYSTEMS  ORDITION  ORDIT			MODERATE SEVERITY					
Section   Sect	99284	EMERGENCY DEPT VISIT	EMERGENCY DEPARTMENT VISIT	No Auth Required				
SSEVERITY THEAT FUNCE PRYSHOP DISECTOR MERISCHY MEDICAL SYSTEMS PRYSHOP DISECTOR MERISCHY MEDICAL SYSTEMS PRYSHOP DISECTOR MERISCHY MEDICAL SYSTEMS PRYSHOP DISECTOR MERISCHY MEDICAL SYSTEMS CRITICAL CARE FLIVINIANDED PATIENT INIT 30-74 MIN INIT 30-74 MIN PROSPECTOR MERISCHY INIT 30-74 MIN PROSPECTOR MERISCH MERISCH MIN AUCH Required INIT 30-74 MIN PROSPECTOR MERISCH MERIS			HIGH/URGENT SEVERITY					
DIRECT ADVANCED LIFE SUPPORT   PHYS/GHP DIRECTION EMERGENCY   MEDICAL SYSTEMS   ME	99285	EMERGENCY DEPT VISIT	EMERGENCY DEPT VISIT HIGH	No Auth Required				
MEDICAL SYSTEMS   No Auth Required			SEVERITY&THREAT FUNCJ					
99291   CRITICAL CARE FLINT HOUR   CRITICAL CARE ILL/INJURED PATIENT   No Auth Required	99288	DIRECT ADVANCED LIFE SUPPORT	PHYS/QHP DIRECTION EMERGENCY	No Auth Required				
SP3292   GRITICAL CARE ADDL 30 MIN   CRITICAL CARE ILL/INJURED PATIENT   No Auth Required   ADDL 30 MIN			MEDICAL SYSTEMS					
SP2922   CRITICAL CARE ADDL 30 MIN   CRITICAL CARE ILL/INIURED PATIENT   ADDL 30 MIN   ADDL 30 MIN   ADDL 30 MIN   NUTSING FACILITY CARE INIT   NIVITAL NURSING FACILITY CARE/DAY 25   No Auth Required   MINUTES   MI	99291	CRITICAL CARE FIRST HOUR	CRITICAL CARE ILL/INJURED PATIENT	No Auth Required				
ADDL 30 MIN   NURSING FACILITY CARE INIT   INITIAL NURSING FACILITY CARE/DAY 25 No Auth Required   MINUTES								
99304 NURSING FACILITY CARE INIT MINTIAL NURSING FACILITY CARE/DAY 25 NO Auth Required MINUTES INITIAL NURSING FACILITY CARE/DAY 35 NO Auth Required MINUTES MINTIAL NURSING FACILITY CARE/DAY 45 NO Auth Required MINUTES MINTIAL NURSING FACILITY CARE/DAY 45 NO Auth Required MINUTES MINTIAL NURSING FACILITY CARE/DAY 45 NO Auth Required MINUTES SBSQ NURSING FACILITY CARE/DAY 45 NO Auth Required MINUTES SBSQ NURSING FACILITY CARE/DAY E/M NO Auth Required STABLE 10 MIN OAUTH REquired STABLE 10 MIN NO Auth Required COMPL 15 MIN OAUTH REquired SBSQ NURSING FACIL CARE/DAY MINOR NO Auth Required NO Auth Required SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN PROBLEM 25 MIN NO Auth Required NO NO Auth Required NO SEVER 20 MIN	99292	CRITICAL CARE ADDL 30 MIN	CRITICAL CARE ILL/INJURED PATIENT	No Auth Required				
99305 NURSING FACILITY CARE INIT INITIAL NURSING FACILITY CARE/DAY 3S No Auth Required MINUTES  99306 NURSING FACILITY CARE INIT INITIAL NURSING FACILITY CARE/DAY 4S No Auth Required MINUTES  99307 NURSING FAC CARE SUBSEQ SBSQ NURSING FACILITY CARE/DAY E/M No Auth Required STABLE 10 MIN  99308 NURSING FAC CARE SUBSEQ SBSQ NURSING FACILITY CARE/DAY E/M No Auth Required COMPLIS MIN SUBSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NINOR NO Auth Required COMPLIS MIN NO Auth Required PROBLEM 25 MIN NO Auth Required PROBLEM 25 MIN NO Auth Required PROBLEM 25 MIN NO Auth Required PROBLEM 25 MIN NO Auth Required NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NO Auth Required PROBLEM 25 MIN NO Auth Required NURSING FACIL CARE/DAY NO Auth Required NURSING FAC DISCHARGE DAY NURSING FACIL CARE/DAY NURSING FACIL CARE/DAY NO Auth Required NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required MANAGEMENT 30 MINUTES MANAGEMENT 30 MINUTES NO Auth Required MANAGEMENT 30 MINUTES STABLE 30 MIN NO Auth Required NURSING FACILITY ASSESS NO Auth Required STABLE 30 MIN NO Auth Required NO Auth Required NO SEVER 30 MIN NO Auth Required NO Auth Required NO SEVER 30 MIN NO Auth Required NO Auth Required NO SEVER 30 MIN NO Auth Required NO Auth Required NO SEVER 30 MIN NO Auth Required NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/REST HOME NEW PT VISIT NO Auth Required NO DOMICIL/RES								
99305 NURSING FACILITY CARE INIT INITIAL NURSING FACILITY CARE/DAY 35 No Auth Required MINUTES  99306 NURSING FACILITY CARE INIT INITIAL NURSING FACILITY CARE/DAY 45 No Auth Required MINUTES  99307 NURSING FAC CARE SUBSEQ SBSQ NURSING FACILITY CARE/DAY E/M No Auth Required STABLE 10 MIN STABLE 10 MIN NO Auth Required COMPL 15 MIN NO Auth Required COMPL 15 MIN NO Auth Required SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN NO Auth Required NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN NO Auth Required UNSTABL/NEW PROB 35 MIN NO Auth Required UNSTABL/NEW PROB 35 MIN NO Auth Required NO Au	99304	NURSING FACILITY CARE INIT		No Auth Required				
MINUTES  99306 NURSING FACILITY CARE INIT  NITIAL NURSING FACILITY CARE/DAY 45 No Auth Required MINUTES  99307 NURSING FAC CARE SUBSEQ  SESQ NURSING FACILITY CARE/DAY 5 No Auth Required STABLE 10 MIN  99308 NURSING FAC CARE SUBSEQ  SESQ NURSING FACIL CARE/DAY MINOR NO Auth Required COMPL 15 MIN  99309 NURSING FAC CARE SUBSEQ  SESQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ  SESQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  99315 NURSING FAC DISCHARGE DAY  NURSING FAC DISCHARGE DAY  NURSING FAC DISCHARGE DAY  NURSING FACILITY DISCHARGE  MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY  NURSING FACILITY DISCHARGE  MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT  FACILITY DISCHARGE  MANAGEMENT 30 MINUTES  STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT  DOMICIL/REST HOME NEW PT VISIT  LOW SEVER 20 MIN  NO Auth Required  MOD SEVER 30 MIN  NO Auth Required								
99306 NURSING FACILITY CARE INIT INITIAL NURSING FACILITY CARE/DAY 45 No Auth Required MINUTES  99307 NURSING FAC CARE SUBSEQ SBSQ NURSING FACILITY CARE/DAY E/M No Auth Required STABLE 30 MIN  99308 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY MINOR No Auth Required COMPLIS MIN  99309 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY WE PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY WE PROBLEM 25 MIN  99311 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY NO Auth Required UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS NO Auth Required STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required MOD SEVER 30 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	99305	NURSING FACILITY CARE INIT		No Auth Required				
MINUTES  99307 NURSING FAC CARE SUBSEQ SBSQ NURSING FACILITY CARE/DAY E/M No Auth Required STABLE 10 MIN  99308 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY MINOR No Auth Required COMPU 15 MIN  99309 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NO Auth Required PROBLEM 25 MIN  99311 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY NO Auth Required UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FAC MINUTES STABLE 30 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO Auth Required MOD SEVER 30 MIN NO AUth Required								
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STABLE 10 MIN  9308 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY MINOR No Auth Required COMPUL 15 MIN  9309 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  9310 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY No Auth Required UNSTABL/NEW PROB 35 MIN  9311 NURSING FAC DISCHARGE DAY NURSING FAC DISCHARGE NO Auth Required NO Auth Required DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	00207	ALLIDONIC FAC CARE CURGEO		N. A. All D. a. Jane				
99308 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY MINOR NO Auth Required COMPLI 15 MIN  99309 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY NO Auth Required NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY NO Auth Required UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS NO Auth Required STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN MO SEVER 30 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MO Auth Required MO SEVER 30 MIN MO SEVER 30 MIN NO Auth Required MO MO SEVER 30 MIN NO AUTH REQUIRED MO SEVER 30 MIN NO AUTH REQUIRE	99307	NURSING FAC CARE SUBSEQ		No Auth Required				
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99310 NURSING FAC CARE SUBSEQ SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN 99310 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN 99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES 99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES 99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS NO Auth Required 99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required 99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN 99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	33300	INUNSING PAC CARE SUBSEQ		No Auth Required				
PROBLEM 25 MIN  99310 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required	00200	NI IBSING EAC CARE SURSEO		No Auth Poquired				
99310 NURSING FAC CARE SUBSEQ SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE NO Auth Required  MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS NO Auth Required  STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required  MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	33303	NOISING FAC CARE SOBSEQ		No Auth Required				
UNSTABL/NEW PROB 35 MIN  99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required MOD SEVER 30 MIN No Auth Required MOD SEVER 30 MIN No Auth Required	99310	NURSING FAC CARE SURSEO		No Auth Required				
99315 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE No Auth Required  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS No Auth Required  99319 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required  99320 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  99321 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required  99322 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required  99323 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	33310	TO THE OTHER SOURCE						
MANAGEMENT 30 MINUTES   MOUNT NOW NOW NOW NOW NOW NOW NOW NOW NOW NOW	99315	NURSING FAC DISCHARGE DAY		No Auth Required				
99316 NURSING FAC DISCHARGE DAY NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES  99318 ANNUAL NURSING FAC ASSESSMNT E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MO Auth Required MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required  99327 NO Auth Required  MOD SEVER 30 MIN  99328 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD NO Auth Required	33313	The state of the s						
MANAGEMENT 30 MINUTES   MANUAL NURSING FAC ASSESSMNT   E/M ANNUAL NURSING FACILITY ASSESS   No Auth Required   STABLE 30 MIN   STABLE 30 MIN   No Auth Required   STABLE 30 MIN   STABLE 30 MIN   No Auth Required   STABLE 30 MIN   STABLE 30 MIN   No Auth Required   STABLE 30 MIN   STABLE 30 MIN   No Auth Required   STABLE 30 MIN   STABLE 30	99316	NURSING FAC DISCHARGE DAY		No Auth Required				
99318 ANNUAL NURSING FAC ASSESSMNT								
STABLE 30 MIN  99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required	99318	ANNUAL NURSING FAC ASSESSMNT		No Auth Required				
99324 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required  99326 No MICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required								
LOW SEVER 20 MIN  99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT MO Auth Required MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required	99324	DOMICIL/R-HOME VISIT NEW PAT		No Auth Required				
99325 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT VISIT NO Auth Required MOD SEVER 30 MIN  99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required								
99326 DOMICIL/R-HOME VISIT NEW PAT DOMICIL/REST HOME NEW PT HI-MOD No Auth Required	99325	DOMICIL/R-HOME VISIT NEW PAT		No Auth Required				
			MOD SEVER 30 MIN					
CEVED AS MANUTEC	99326	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT HI-MOD	No Auth Required				
DEVEK 45 MINUTES			SEVER 45 MINUTES					

99327	DOMICIL/R-HOME VISIT NEW PAT	DOMICIL/REST HOME NEW PT VISIT HI	No Auth Required			
		SEVER 60 MIN				
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	•	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			

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99375	HOME HEALTH CARE SUPERVISION	SUPERVISION PT HOME HEALTH	No Auth Required			
		AGENCY MONTH 30 MIN/>				
99377	HOSPICE CARE SUPERVISION	SUPERVISION HOSPICE	No Auth Required			
		PATIENT/MONTH 15-29 MIN				
99378	HOSPICE CARE SUPERVISION	SUPERVISION HOSPICE	No Auth Required			
20272	ANUBONIO EA O CARE GURERU (GURA)	PATIENT/MONTH 30 MINUTES/>				
99379	NURSING FAC CARE SUPERVISION	SUPERVISION NURS FACILITY PATIENT	No Auth Required			
00200	NUDCING EAC CADE CUDEDVICION	MO 15-29 MIN	No. Acade Described			
99380	NURSING FAC CARE SUPERVISION	SUPERVISION NURS FACILITY PATIENT	No Auth Required			
00204	INIT DAA E /AA NEW DAT INEANT	MONTH 30 MIN/>	No. Austle Describes d			
99381	INIT PM E/M NEW PAT INFANT	INITIAL PREVENTIVE MEDICINE NEW	No Auth Required			
99382	INIT PM E/M NEW PAT 1-4 YRS	PATIENT <1YEAR INITIAL PREVENTIVE MEDICINE NEW PT	No Auth Dogwined			
99382	INTI PIVI E/IVI NEW PAT 1-4 TRS	AGE 1-4 YRS	No Auth Required			
99383	PREV VISIT NEW AGE 5-11		No Auth Required			
33363	PREV VISIT NEW AGE 5-11	AGE 5-11 YRS	No Auth Required			
99384	PREV VISIT NEW AGE 12-17	INITIAL PREVENTIVE MEDICINE NEW PT	No Auth Poquired			
33364	PREV VISIT NEW AGE 12-17	AGE 12-17 YR	No Auth Required			
99385	PREV VISIT NEW AGE 18-39	INITIAL PREVENTIVE MEDICINE NEW PT	No Auth Required			
33303	THEV VISIT NEW NGE 10 33	AGE 18-39YRS	No Auth Required			
99386	PREV VISIT NEW AGE 40-64	INITIAL PREVENTIVE MEDICINE NEW	No Auth Required			
		PATIENT 40-64YRS				
99387	INIT PM E/M NEW PAT 65+ YRS	INITIAL PREVENTIVE MEDICINE NEW	No Auth Required			
	,	PATIENT 65YRS&>				
99391	PER PM REEVAL EST PAT INFANT	PERIODIC PREVENTIVE MED	No Auth Required			
		ESTABLISHED PATIENT <1Y	·			
99392	PREV VISIT EST AGE 1-4	PERIODIC PREVENTIVE MED EST	No Auth Required			
		PATIENT 1-4YRS				
99393	PREV VISIT EST AGE 5-11	PERIODIC PREVENTIVE MED EST	No Auth Required			
		PATIENT 5-11YRS				
99394	PREV VISIT EST AGE 12-17	PERIODIC PREVENTIVE MED EST	No Auth Required			
		PATIENT 12-17YRS				
99395	PREV VISIT EST AGE 18-39	PERIODIC PREVENTIVE MED EST	No Auth Required			
		PATIENT 18-39 YRS				
99396	PREV VISIT EST AGE 40-64	PERIODIC PREVENTIVE MED EST	No Auth Required			
00207	DED DAA DEEVAL ECT DAT CE : VD	PATIENT 40-64YRS	No. Acade Described			
99397	PER PM REEVAL EST PAT 65+ YR	PERIODIC PREVENTIVE MED EST	No Auth Required			
99401	PREVENTIVE COUNSELING INDIV	PATIENT 65YRS& OLDER PREVENT MED COUNSEL&/RISK FACTOR	No Auth Required			
99401	PREVENTIVE COOKSELING INDIV	REDJ SPX 15 MIN	No Autii Required			
99402	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR	No Auth Poquired			
33402	TREVENTIVE COONSELING INDIV	REDJ SPX 30 MIN	No Auth Required			
99403	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR	No Auth Required			
33.03	THE VENTURE GOOTISEEING INSTI	REDJ SPX 45 MIN	no nam negamea			
99404	PREVENTIVE COUNSELING INDIV	PREVENT MED COUNSEL&/RISK FACTOR	No Auth Required			
		REDJ SPX 60 MIN				
99406	BEHAV CHNG SMOKING 3-10 MIN	TOBACCO USE CESSATION	No Auth Required			
		INTERMEDIATE 3-10 MINUTES	1			
99407	BEHAV CHNG SMOKING > 10 MIN	TOBACCO USE CESSATION INTENSIVE	No Auth Required			
		>10 MINUTES				
99408	AUDIT/DAST 15-30 MIN	ALCOHOL/SUBSTANCE SCREEN &	No Auth Required	General Medicine -	 	
		INTERVEN 15-30 MIN	1	health and behavior		
				assessment/intervention		

			1			
99409	AUDIT/DAST OVER 30 MIN	ALCOHOL/SUBSTANCE SCREEN &	No Auth Required	General Medicine -		
		INTERVENTION >30 MIN		health and behavior		
				assessment/intervention		
99411	PREVENTIVE COUNSELING GROUP	PREV MED COUNSEL & RISK FACTOR	No Auth Required			
		REDJ GRP SPX 30 M	· ·			
99412	PREVENTIVE COUNSELING GROUP	PREV MED COUNSEL & RISK FACTOR	No Auth Required			
		REDJ GRP SPX 60 M				
99415	PROLONG CLINCL STAFF SVC	PROLNG CLINCL STAFF SVC DURING O/P	No Auth Required			
33.13	The control of the co	E/M 1ST HR	no man neganica			
99416	PROLONG CLINCL STAFF SVC ADD	PROLNG CLINCL STAFF SVC DURING O/P	No Auth Poquired			
33410	PROLONG CLINCL STATT SVC ADD	E/M EA 30 MIN	No Auth Required			
		PROLONGED OFFICE/OUTPATIENT E/M	No Auth Required			
99417	PROLNG OFF/OP E/M EA 15 MIN	SVC EA 15 MIN	No Auth Required			
20121	0. 5.0 5/44 5/45 40 4 40 1					
99421	OL DIG E/M SVC 5-10 MIN	ONLINE DIGITAL E/M SVC EST PT <7 D 5-	No Auth Required			
		10 MINUTES				
99422	OL DIG E/M SVC 11-20 MIN	ONLINE DIGITAL E/M SVC EST PT <7 D	No Auth Required			
		11-20 MINUTES				
99423	OL DIG E/M SVC 21+ MIN	ONLINE DIGITAL E/M SVC EST PT <7 D	No Auth Required			
		21+ MINUTES				
99429	UNLISTED PREVENTIVE SERVICE	UNLISTED PREVENTIVE MEDICINE	Authorization Required	General Medicine - other	Full Clinical Review	
		SERVICE		services and procedures		
00420	CURNIC CARE MICHAEL CACE A ARRI	CHRONIC CARE MANAGEMENT	No Auth Required			
99439	CHRNC CARE MGMT SVC EA ADDL	SERVICES EA ADDL 20 MIN				
99441	PHONE E/M PHYS/QHP 5-10 MIN	PHYS/QHP TELEPHONE EVALUATION 5-	No Auth Required			
	, , , ,	10 MIN	· ·			
99442	PHONE E/M PHYS/QHP 11-20 MIN	PHYS/QHP TELEPHONE EVALUATION 11-	No Auth Required			
		20 MIN				
99443	PHONE E/M PHYS/QHP 21-30 MIN	PHYS/QHP TELEPHONE EVALUATION 21-	No Auth Required			
33443	THORE LYWITHIS/QIII 21-30 WIIIV	30 MIN	No Auth Required			
99446	NTRPROF PH1/NTRNET/EHR 5-10	NTRPROF PHONE/NTRNET/EHR	No Auth Required			
33440	NIKEROF FIII/NIKNEI/EIK 3-10		No Auth Required			
00447	NTDDDOE DUA (NTDNET /EUD 44, 20	ASSMT&MGMT 5-10 MIN	No Auth Described			
99447	NTRPROF PH1/NTRNET/EHR 11-20	NTRPROF PHONE/NTRNET/EHR	No Auth Required			
		ASSMT&MGMT 11-20 MIN				
99448	NTRPROF PH1/NTRNET/EHR 21-30	NTRPROF PHONE/NTRNET/EHR	No Auth Required			
		ASSMT&MGMT 21-30 MIN				
99449	NTRPROF PH1/NTRNET/EHR 31/>	NTRPROF PHONE/NTRNET/EHR	No Auth Required			
		ASSMT&MGMT 31/> MIN				
99450	BASIC LIFE DISABILITY EXAM	BASIC LIFE AND/OR DISABILITY	No Auth Required			
		EXAMINATION				
99451	NTRPROF PH1/NTRNET/EHR 5/>	NTRPROF PHONE/NTRNET/EHR	No Auth Required	General Medicine -		
		ASSMT&MGMT 5/> MIN	1	central nervous system		
			1	assessments/tests		
				(neuro-cognitive, mental		
			1	status, speech testing)		
				., .,		
99452	NTRPROF PH1/NTRNET/EHR RFRL	NTRPROF PHONE/NTRNET/EHR	No Auth Required	General Medicine -		
	,	REFERRAL SVC 30 MIN	1	central nervous system		
		2110123463014114		assessments/tests		
				(neuro-cognitive, mental		
			1	status, speech testing)		
			1			

99453	REM MNTR PHYSIOL PARAM SETUP	REM MNTR PHYSIOL PARAM 1ST SET UP	No Auth Required	General Medicine -		
		PT EDUCAJ EQP		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
99454	REM MNTR PHYSIOL PARAM DEV	REM MNTR PHYSIOL PARAM 1ST DEV	No Auth Required	General Medicine -		
		SUPPLY EA 30 D		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
99455	WORK RELATED DISABILITY EXAM	WORK RELATED/MED DBLT XM	No Auth Required			
		TREATING PHYS				
99456	DISABILITY EXAMINATION	WORK RELATED/MED DBLT XM	No Auth Required			
		OTH/THN TREATING PHYS				
99457	REM PHYSIOL MNTR 1ST 20 MIN	REMOTE PHYSIOLOGIC MONITORING	No Auth Required	General Medicine -		
		1ST 20 MIN MONTH		central nervous system		
				assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
99458	REM PHYSIOL MNTR EA ADDL 20	REMOTE PHYSIOLOGIC MONITORING	No Auth Required	General Medicine -		
33.30		EA ADDL 20 MIN MO	no mannequirea	central nervous system		
		Zivissi Ziviiiiviiio		assessments/tests		
				(neuro-cognitive, mental		
				status, speech testing)		
				, , , , , , , , , , , , , , , , , , ,		
99460	INIT NB EM PER DAY HOSP	1ST HOSP/BIRTHING CENTER CARE PER	No Auth Required			
00461	INIT NO EMA DED DAY MON EAC	DAY NML NB	No Auth Doguined			
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	No Auth Required			
33402	SBSQ NB ENT EN BAN NESI	NORMAL NEWBORN	No Auth Required			
99463	SAME DAY NB DISCHARGE	1ST HOSP/BIRTHING CENTER NB ADMIT	No Auth Required			
		& DSCHG SM DAT				
99464	ATTENDANCE AT DELIVERY	ATTN AT DELIVERY 1ST STABILIZATION	No Auth Required			
		OF NEWBORN				
99465	NB RESUSCITATION	DELIVERY/BIRTHING ROOM	No Auth Required	$\Box$		
		RESUSCITATION				
99466	PED CRIT CARE TRANSPORT	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	No Auth Required			
99467	PED CRIT CARE TRANSPORT ADDL	CRITICAL CARE INTERFACILITY	No Auth Required			
		TRANSPORT EA 30 MIN	1			
99468	NEONATE CRIT CARE INITIAL	1ST INPATIENT CRITICAL CARE PR DAY	No Auth Required			
		AGE 28 DAYS/<				
99469	NEONATE CRIT CARE SUBSQ	SUBQ I/P CRITICAL CARE PR DAY AGE 28	No Auth Required			
20:=:		DAYS/<				
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	No Auth Required			
	<u> </u>	THRU 24 MO	<u> </u>			
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	SELF-MEAS BP PT EDUCAJ/TRAING &	No Auth Required			
		DEV CALIBRATION				
99474	SELF-MEAS BP 2 READG BID 30D	SELF-MEAS BP 2 READG 1 MIN APART	No Auth Required			
1	I	BID 30 DAY PD	1	1		

	ı				1	1
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	No Auth Required			
99602	HOME INFUSION EACH ADDTL HR	HOME NFS/SPECTY DRUG ADMN PR VST 2 HR EA HR</td <td>No Auth Required</td> <td></td> <td></td> <td></td>	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		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			

		T	T		1	
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	3		
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	No Auth Required			
00145	ANESTH VITREORETINAL SURG	TRANSPLANT  ANESTHESIA EYE VITREORETINAL SURGERY	No Auth Required			
00147	ANESTH IRIDECTOMY	ANESTHESIA EYE IRIDECTOMY	No Auth Required			
00147	ANESTH EYE EXAM	ANESTHESIA EYE IRIDECTORY  ANESTHESIA EYE OPHTHALMOSCOPY	No Auth Required			
00148 0014F	COMP PREOP ASSESS CAT SURG	COMP PREOP ASSESS CATARACT SURG	No Auth Required			
		W/IOL PLACEMNT	,			
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	No Auth Required				
00211	ANESTH CRAIN SURG HEINIOTOWA	CRANIOTOMY/CRANIECTOMY HMTMA	No Autii Kequireu				
		CRANIOTOMY/CRANIECTOMY HIVITIMA					
00040							
00212	ANESTH SKULL DRAINAGE	ANESTHESIA INTRACRANIAL	No Auth Required				
		PROCEDURE SUBDURAL TAPS					
00214	ANESTH SKULL DRAINAGE	ANES INTRACRANIAL BURR HOLES	No Auth Required				
		W/VENTRICULOGRAPHY					
00215	ANESTH SKULL REPAIR/FRACT	ANES INTRACRANIAL/ELEVATION	No Auth Required				
		DEPRSD SKULL FX XDRL					
00216	ANESTH HEAD VESSEL SURGERY	ANESTHESIA INTRACRANIAL VASCULAR	No Auth Required				
		PROCEDURE					
00218	ANESTH SPECIAL HEAD SURGERY	ANES INTRACRANIAL PROCEDURE IN	No Auth Required				
		SITTING POSITION					
00220	ANESTH INTRCRN NERVE	ANES INTRACRANIAL CEREBROSPINAL	No Auth Required				
		FLUID SHUNTING					
00222	ANESTH HEAD NERVE SURGERY	ANES INTRACRANIAL	No Auth Required				
		ELECTROCOAGULATION ICRA NERVE					
00300	ANESTH HEAD/NECK/PTRUNK	ANES INTEG MUSC & NRV HEAD	No Auth Required				
		NECK&POSTERIOR TRUNK					
00320	ANESTH NECK ORGAN 1YR/>	ANES ESOPH THYRD LARYNX TRACH &	No Auth Required				
00320	ANESTH NECK ORGAN THY?	LYMPH NECK 1YR	No Addi Nequired				
00322	ANESTH BIOPSY OF THYROID	ANES ESOPH THYRD LARX TRACH &	No Auth Required				
00322	ANESTH BIOPST OF THIROID		No Autii Kequireu				
00226	ANIFCTILLA DVANV/TD A CILL 44 VD	LYMPH NCK BX THYRD	No. Acade Describer d				
00326	ANESTH LARYNX/TRACH < 1 YR	ANESTHESIA LARYNX & TRACHEA	No Auth Required				
		CHILDREN <1 YEAR					
00350	ANESTH NECK VESSEL SURGERY	ANESTHESIA MAJOR VESSELS NECK NOS	No Auth Required				
00352	ANESTH NECK VESSEL SURGERY	ANESTHESIA MAJOR VESSELS NECK	No Auth Required				
		SIMPLE LIGATION					
00400	ANESTH SKIN EXT/PER/ATRUNK	ANES INTEG EXTREMITIES ANT TRUNK	No Auth Required				
		& PERINEUM NOS					
00402	ANESTH SURGERY OF BREAST	ANESTHESIA RECONSTRUCTION BREAST	No Auth Required				
00404	ANESTH SURGERY OF BREAST	ANESTHESIA RADICAL/MODIFIED	No Auth Required				
		RADICAL BREAST					
00406	ANESTH SURGERY OF BREAST	ANES RADICAL/MODIFIED RADICAL	No Auth Required				
		BREAST W/NODES					
00410	ANESTH CORRECT HEART RHYTHM	ANES INTEG SYS ELEC CONVERSION	No Auth Required				
		ARRHYTHMIAS					
00450	ANESTH SURGERY OF SHOULDER	ANESTHESIA CLAVICLE AND SCAPULA	No Auth Required				
00430	THESTIT SONGENT OF SHOOLDEN	NOS	No Auth Required				
00454	ANESTH COLLAR BONE BIOPSY	ANESTHESIA CLAVICLE & SCAPULA	No Auth Required				
00434	ANESTH COLLAR BOINE BIOFST	BIOPSY CLAVICLE	No Auth Required				
00470	ANIECTU DEMOVAL OF DID		No Auth Desuised				
00470	ANESTH REMOVAL OF RIB	ANESTHESIA PARTIAL RIB RESECTION	No Auth Required				
00470	ANGERIA GUEGE MANA DERAIR	NOS					
00472	ANESTH CHEST WALL REPAIR	ANESTHESIA PARTIAL RIB RESECTION	No Auth Required				
		THORACOPLASTY					
00474	ANESTH SURGERY OF RIB	ANESTHESIA PARTIAL RIB RESECTION	No Auth Required				
		RADICAL					
00500	ANESTH ESOPHAGEAL SURGERY	ANESTHESIA ESOPHAGUS	No Auth Required				
00520	ANESTH CHEST PROCEDURE	ANESTHESIA CLOSED CHEST	No Auth Required				
		W/BRONCHOSCOPY NOS					
00522	ANESTH CHEST LINING BIOPSY	ANESTHESIA CLOSED CHEST NEEDLE	No Auth Required				
		BIOPSY PLEURA					
00524	ANESTH CHEST DRAINAGE	ANESTHESIA CLOSED CHEST	No Auth Required				
		PNEUMOCENTESIS					
	I .		I	1	1	I	L

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00528	ANES MEDIASCPY & DX THORSCPY	ANES	No Auth Required				
		MEDIASTINOSCOPY&THORACSCOPY					
		W/O 1 LUNG VNTJ					
00529	ANES MEDSCPY&THORSCPY 1 LUNG	ANES	No Auth Required				
		MEDIASTINOSCOPY&THORACOSCOPY					
		W/1 LUNG VNT					
00530	ANESTH PACEMAKER INSERTION	ANES PERMANENT TRANSVENOUS	No Auth Required				
		PACEMAKER INSERTION					
00532	ANESTH VASCULAR ACCESS	1	No Auth Required				
		CIRCULATION					
00534	ANESTH CARDIOVERTER/DEFIB	ANES TRANSVENOUS	No Auth Required				
00334	7.1125111 C/INDIO VERTEN, DELTID	INSJ/REPLACEMENT PACING CVDFB	No Auth Required				
00537	ANESTH CARDIAC ELECTROPHYS	ANES CARDIAC ELECTROPHYSIOL STDY	No Auth Required				
00337	ANESTIT CARDIAC ELECTROTTIS	W/RF ABLATION	No Auth Required				
00530	ANISCTU TRACU PRONCU RECONST		No. Acade Describer d				
00539	ANESTH TRACH-BRONCH RECONST	ANESTHESIA TRACHEOBRONCHIAL	No Auth Required				
		RECONSTRUCTION					
00540	ANESTH CHEST SURGERY	ANES THORACOTOMY &	No Auth Required				
		THORACOSCOPY NOS					
00541	ANESTH ONE LUNG VENTILATION	ANES THORACOTOMY &	No Auth Required				
		THORACOSCOPY W/1 LUNG VNTJ					
00542	ANESTHESIA REMOVAL PLEURA	ANES THORACOTOMY &	No Auth Required				
		THORACOSCOPY DECORTICATION					
00546	ANESTH LUNG CHEST WALL SURG	ANES THORACOTOMY &	No Auth Required				
		THORACOSCOPY PULMONARY RESC					
00548	ANESTH TRACHEA BRONCHI SURG	ANES THORACOTOMY &THORACSCOPY	No Auth Required				
		TRACHEA & BRONCHI					
00550	ANESTH STERNAL DEBRIDEMENT	ANESTHESIA FOR STERNAL	No Auth Required				
		DEBRIDEMENT					
00560	ANESTH HEART SURG W/O PUMP	ANES HRT PERICARDIAL SAC& GRT	No Auth Required				
00300	THE STITLE THE SOILS W/O I OWN	VESLS W/O PMP OXT	No Auth Required				
00561	ANESTH HEART SURG <1 YR	ANES HRT PERICARD SAC&GREAT VSLS	No Auth Required				
00301	ANESTI HEART SONG CETT	W/PMP OXTJ <1YR	No Auth Required				
00562	ANESTH HRT SURG W/PMP AGE 1+	ANES HRT PERICRD SAC&GRT VSLS	No Auth Boquirod				
00362	ANESTH HRT SORG W/PIVIP AGE 1+		No Auth Required				
00563	ANICCTULUE A DT CUIDC ANI/A DDCCT	W/PMP OXTJ >1MO PO	No Auth Descrived				
00563	ANESTH HEART SURG W/ARREST	ANES HRT PRCRD SAC & GREAT VSL	No Auth Required				
20566	ANTERTU CARCANIO PURAR	W/PUMP OXTJ HYPTH					
00566	ANESTH CABG W/O PUMP	ANES DIRECT CABG W/O PUMP	No Auth Required				
		OXYGENATOR					
00567	ANESTH CABG W/PUMP	ANES DIRECT CABG W/PUMP	No Auth Required				
		OXYGENATOR					
00580	ANESTH HEART/LUNG TRANSPLNT	ANES HEART	No Auth Required				
		TRANSPLANT/HEART/LUNG					
		TRANSPLANT					
00600	ANESTH SPINE CORD SURGERY	ANESTHESIA CERVICAL SPINE & CORD	No Auth Required				
		NOS					
00604	ANESTH SITTING PROCEDURE	ANES CERVICAL SPINE & CORD	No Auth Required				
		W/PATIENT SITTING					
00620	ANESTH SPINE CORD SURGERY	ANESTHESIA THORACIC SPINE & CORD	No Auth Required				
		NOS					
00625	ANES SPINE TRANTHOR W/O VENT	ANES THRC SPINE & CORD ANT APPR	No Auth Required				
	, -	W/O 1 LUNG VENTJ					
00626	ANES SPINE TRANSTHOR W/VENT	ANES THORACIC SPINE & CORD ANT	No Auth Required				
30020		APPR W/1 LNG VENT					
00630	ANESTH SPINE CORD SURGERY	ANESTHESIA LUMBAR REGION NOS	No Auth Required				
00632	ANESTH REMOVAL OF NERVES	ANESTHESIA LUMBAR REGION LUMBAR					
00032	ANESTH REIVIOVAL OF INERVES	SYMPATHECTOMY	No Auth Required				
		STIVIPATHECTUIVIT	1	l		l	

WINTER   MANTE PRINCE CORD SURGERY   MANTE PRINCE SEPRECA (1995)   MANTE PRINCE CORD SURGERY   MANTE PRINCE CORD SURGERY   MANTE PRINCE CORD SURGERY   MANTE PRINCE CORD SURGERY   MANTE PRINCE PRINCE SEPRECA (1995)   MANTE PRINCE CORD SURGERY   MANTE PRINCE PR		T		1	1	T	1	
March   Marc	00635	ANESTH LUMBAR PUNCTURE	ANES DIAGNOSTIC/THERAPEUTIC	No Auth Required				
THORACY LUMBURS STRING CORD SURGESTY   ANSTHER CORD SURGESTY   ANSTHERA ATTEMSKY SPINE & SPINE   No. Auth Required								
MISTITISER CORD SURGERY	00640	ANESTH SPINE MANIPULATION	•	No Auth Required				
CORD   ARSTH ARDONINGA WALL SURG   ARSTH ARDONINGA WALL NOS   ARSTH ARDONINGA WALL NOS   ARSTH ARDONINGA WALL SURG   ARSTH ARDONINGA WALL SU								
MASTH ARDOWNAL WALL SURG   MASTHESA LIPPER ANTERIOR   MASTHESA LIPPER ANT	00670	ANESTH SPINE CORD SURGERY		No Auth Required				
ABOOMINAL WALL NOS								
AMESTH FOR LEVER BIOPRY   AMES UPR ANT ADD. WALL   PERCENTAGOUS LIVER	00700	ANESTH ABDOMINAL WALL SURG		No Auth Required				
PERCUTANEOUS IN PERS NAT   MAISTIN READOMINAL WALL SURGE   AMEDICAN SITE AMEDICAN SI								
ARSSTHEAS BURDEN ROSE   ARCSTHESS BURDEN ROSE   ROSE   ARCSTHESS BURDEN ROSE   ROSE	00702	ANESTH FOR LIVER BIOPSY	ANES UPR ANT ABDL WALL	No Auth Required				
ABSOMMAN_WALL   ABSOMMAN_WAL			PERCUTANEOUS LIVER BX					
MASS LIPE OF NOS   AMESTHESIA DEPS GENDOSCOPIC PX   No Auth Required	00730	ANESTH ABDOMINAL WALL SURG	ANESTHESIA UPPER POSTERIOR	No Auth Required				
NOS			ABDOMINAL WALL					
AMESTHER GENDS CMERCP	00731	ANES UPR GI NDSC PX NOS	ANESTHESIA UPPER GI ENDOSCOPIC PX	No Auth Required				
RCP								
MASTH REPAIR OF HERNIA   ANSTHESA HERNIA REPAIR UPPER   ABDOMEN NO.	00732	ANES UPR GI NDSC PX ERCP	ANESTHESIA UPPER GI ENDOSCOPIC PX	No Auth Required				
ABDOMIN NOS			ERCP					
AMESTH REPAIR OF HERNIA   AMES HERNA REPLUEN ABD   No Auth Required	00750	ANESTH REPAIR OF HERNIA	ANESTHESIA HERNIA REPAIR UPPER	No Auth Required				
MASS HERNA REPAIR OF HERNIA ANS SHERNA REPAIR UPPER ADDOMEN No Auth Required OMPHALOCELE O			ABDOMEN NOS					
ANSTH REPAIR OF HERNIA	00752	ANESTH REPAIR OF HERNIA	ANES HRNA RPR UPR ABD	No Auth Required				
OMPHANCELE ARES HIRDARD (FRENNA ARES HAND ARBOT			LMBR&VENTRAL HERNIA&DEHISC					
ANESTH REPAIR OF HERNIA   ANES HENA REPAIR UPR ABD TABD	00754	ANESTH REPAIR OF HERNIA	ANES HERNIA REPAIR UPPER ABDOMEN	No Auth Required				
RR DIPHRG HRNA   ANSTHELD HRNA   ANSTHESIA MADR ABDOMINAL BLOOD VESSEL REPAIR   ANSTHESIA MADR ABDOMINAL BLOOD VESSEL S   ANSTHESIA MADR ABDOMINAL BLOOD VESSEL S   ANSTHESIA MADR ABDOMINAL BLOOD VESSEL S   ANSTHESIA MADR ABDOMEN WILADS NOS   ANSTHESIA COMBINED   AND AUTH Required   ABDOMEN WILADS NOS   ANSTHESIA COMBINED   AND AUTH REQUIRED			OMPHALOCELE					
MASTH BLOOD VESSEL REPAIR   ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	00756	ANESTH REPAIR OF HERNIA	ANES HRNA REPAIR UPR ABD TABDL	No Auth Required				
BLOOD VESSELS   No Auth Required   No Auth Requir			RPR DIPHRG HRNA					
ANES INTRAPERTIONEAL UPPER ABDOMEN ANSI NITRAPERTIONEAL UPPER ABDOMEN	00770	ANESTH BLOOD VESSEL REPAIR	ANESTHESIA MAJOR ABDOMINAL	No Auth Required				
ABDOMEN W/LAPS NOS ANESTH HEMORR/EXCISE LIVER ANS LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR ANS LAPAROSCOPIC PARTIAL/TOTAL ANAS LAPAROSCOPIC LIVER No Auth Required TRANSPLANT ANES IN LAPAROSCOPIC LIVER No Auth Required ANES IN LAPAROSCOPIC LIVER ANAS IN ANES IN LAPAROSCOPIC LIVER NO AUTH REquired ANES IN LAPAROSCOPIC PARTIAL LAPAROSCOPIC LIVER AND AND AUTH REQUIRED AND AND AUTH REQUIRED AND AND AUTH REQUIRED AND			BLOOD VESSELS					
ANESTH HEMORR/EXCISE LIVER	00790	ANESTH SURG UPPER ABDOMEN	ANES INTRAPERITONEAL UPPER	No Auth Required				
W/MGMT LUKE NEMOR ANESTH PANCREAS REMOVAL ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY ANESTH PANCREAS REMOVAL ANES LAPAROSCOPIC LUKER TRANSPLANT ANES LAPAROSCOPIC LUKER TRANSPLANT ANES LAPAROSCOPIC LUKER TRANSPLANT ANES LAPAROSCOPIC LUKER TRANSPLANT ANES LIPAROSCOPIC LUKER TRANSPLANT ANES LIPAROSCOPIC LUKER TRANSPLANT ANES LIPAROSCOPIC LUKER TRANSPLANT ANES HR JUPER ABDOMEN LAPS GASTRIEG RSTOY MO ASSETH ABDOMINAL WALL SURG ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL SURG ANESTHESIA LOWER ANT ABDOMINAL WALL PANNICULECTOMY ANES LUWR INTST NDSC NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX CR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX CR COLSC ANESTHESIA LOWER PROTEING ANES LUWR INTST SCR COLSC ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA LOWER PROTEING ANESTHESIA COMBINED UPPERALOWER GI ENDOSCOPIC PX ANESTHESIA LOWER PROTEING ABDOMINAL WALL UPPERALOWER GI ENDOSCOPIC PX ANESTHESIA LOWER PROTEING ABDOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER ROTE PROTEING ABOOMINAL WALL ANESTHESIA LOWER ROTE PROTEING ABOOMINAL WALL ANESTHESIA LOWER ROTE PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WALL ANESTHESIA LOWER PROTEING ABOOMINAL WA			ABDOMEN W/LAPS NOS					
ANESTH PANCREAS REMOVAL ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY ANESTH FOR LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER TRANSPLANT ANES LAPAROSCOPIC LIVER No Auth Required GASTRIC RSTCV MO ANESTH SURGERY FOR OBESITY ANESTH SER LAPER RBDOMEN LAPS GASTRIC RSTCV MO ANESTH ABDOMINAL WALL SURG ANESTH ABDOMINAL WALL SURG ANESTH FAT LAYER REMOVAL ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY ANES LWR INTST NDSC NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA COWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA COWER GI ENDOSCOPIC PX ANESTHESIA COWER GI ENDOSCOPIC PX ANESTH ABDOMINAL WALL SURG ANESTH ABDOMINAL WALL SURG ANESTH ABDOMINAL WALL SURG ANESTH REPAIR OF HERNIA ANES HERSIA COMBINED ABDOMEN NOS ANESTH REPAIR OF HERNIA ANES HERNIA REPAIR LOWER ABDOMEN NOS ANESTH REPAIR OF HERNIA ANES LIVER ABD VENTEAL & INCISIONAL HERNIA REPAIR LOWER ABDOMEN NOS ANESTH HERNIA REPAIR PREEMIE ANES HERNIA REPAIR LOWER ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS NO Auth Required ABDOMEN NOS ANESTH HERNIA REPAIR PREEMIE ANES HERNIA REPAIR LOWER ABDOMEN ANES LIVER ABD WOS & LYR AGE ABDOMEN NOS & LYR AGE ABDOMEN NOS & LYR AGE ABDOMEN ANOS	00792	ANESTH HEMORR/EXCISE LIVER	ANES LAPS PARTIAL HEPATECTOMY	No Auth Required				
PANCREATECTOMY   ANESTH FOR LIVER TRANSPLANT   ANES LAPAROSCOPIC LIVER   No Auth Required			W/MGMT LIVER HEMOR					
ANESTH FOR LIVER TRANSPLANT	00794	ANESTH PANCREAS REMOVAL	ANES LAPAROSCOPIC PARTIAL/TOTAL	No Auth Required				
TRANSPLANT   No Auth Required   STANSPLANT   ANES IPR UPPER ABDOMEN LAPS   No Auth Required   SATRIC RISTCY MO   ANESTH ABDOMINAL WALL SURG   ANESTHESIA LOWER ANTERIOR   ADDOMINAL WALL NOS   ANESTHESIA LOWER ANTERIOR   ADDOMINAL WALL NOS   ANESTHESIA LOWER INTST   No Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER INTST   ANES LUWER INTST   NO Auth Required   ANES LUWER ANES LUWER INTST   NO Auth Required   ANES LUWER ANES LUWER INTST   NO Auth Required   ANES LUWER ANES LUWER ANES LUWER INTST   NO Auth Required   ANES LUWER ANES LUW			PANCREATECTOMY					
ANESTH SURGERY FOR OBESITY   ANES IPR UPPER ABDOMEN LAPS   No Auth Required   GASTRIC RSTCV MO	00796	ANESTH FOR LIVER TRANSPLANT	ANES LAPAROSCOPIC LIVER	No Auth Required				
GASTRIC RSTCV MO ANESTH ABDOMINAL WALL SURG ANESTHESIA LOWER ANTERIOR ANESTHESIA LOWER ANTERIOR ANESTHESIA LOWER ANTERIOR ANES LWR LAYER REMOVAL ANES LWR INTST NDSC NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST ENDOSCOPIC PX ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX ANESTHESIA COMBINED ABDOMINAL WALL SURG ANESTH ABDOMINAL WALL SURG ANESTHESIA COMBINED ABDOMINAL WALL ANESTHESIA COMBIN			TRANSPLANT					
ANESTH ABDOMINAL WALL SURG ANESTH FAT LAYER REMOVAL ANES LOWER ANT ABDOMINAL WALL NOS ANESTH FAT LAYER REMOVAL ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY  O08.11 ANES LUWR INTST NDSC NOS ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS  ANESTHESIA LOWER INTST NO Auth Required ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST NO Auth Required ENDOSCOPIC PX SCR COLSC ANESTHESIA LOWER INTST NO Auth Required ENDOSCOPIC PX SCR COLSC ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX ANESTH ABDOMINAL WALL SURG ANESTH ABDOMINAL WALL SURG ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL ADDIMINAL WALL ADDI	00797	ANESTH SURGERY FOR OBESITY	ANES IPR UPPER ABDOMEN LAPS	No Auth Required				
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PANNICULECTOMY  00811 ANES LWR INTST NDSC NOS ARESTHESIA LOWER INTST ENDOSCOPIC PX NOS  00812 ANES LWR INTST SCR COLSC ARESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC  00813 ANES UPR LWR GI NDSC PX ARESTHESIA LOWER GI ENDOSCOPIC PX SCR COLSC  00814 ANESTHE ABDOMINAL WALL SURG ARESTHESIA LOWER POSTERIOR ABDOMINAL WALL  00820 ANESTH REPAIR OF HERNIA ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL  00830 ANESTH REPAIR OF HERNIA ANESTHESIA LOWER NO Auth Required  00831 ANESTH REPAIR OF HERNIA ANESTHESIA LOWER ABDOMEN NOS ABDOMEN NOS ABDOMEN NOS ABDOMEN ANESTHESIA LOWER POSTERIOR ABDOMEN NOS ABDOMEN ANESTHESIA LOWER POSTERIOR ABDOMEN NOS ABDOMEN NOS ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN ANESTHESIA LOWER ABDOMEN AD ANESTHESI			ABDOMINAL WALL NOS					
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ENDOSCOPIC PX SCR COLSC  00813 ANES UPR LWR GI NDSC PX  ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX  00820 ANESTH ABDOMINAL WALL SURG ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL  00830 ANESTH REPAIR OF HERNIA ABDOMEN NOS  00832 ANESTH REPAIR OF HERNIA ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR LOWER ABDOMEN NOS  00834 ANESTH HERNIA REPAIR < 1 YR  ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE  00836 ANESTH HERNIA REPAIR PREEMIE  ANES HERNIA REPAIR LOWER ABD NOS INFTS  No Auth Required  No Auth Required  No Auth Required			ENDOSCOPIC PX NOS					
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UPPER&LOWER GI ENDOSCOPIC PX  00820 ANESTH ABDOMINAL WALL SURG ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL  00830 ANESTH REPAIR OF HERNIA ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS  00832 ANESTH REPAIR OF HERNIA ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR COMER ABDOMEN NOS  00834 ANESTH HERNIA REPAIR < 1 YR  ANES HERNIA REPAIR LOWER ABD ONS IYR AGE  00836 ANESTH HERNIA REPAIR PREEMIE  ANES HRNA RPP LWR ABD NOS INFTS  No Auth Required  ABDOMEN NOS & 1 YR AGE			ENDOSCOPIC PX SCR COLSC					
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ABDOMINAL WALL  OR STH REPAIR OF HERNIA  ANESTH REPAIR OF HERNIA  ANESTH REPAIR OF HERNIA  ABDOMEN NOS  ANESTH REPAIR OF HERNIA  ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR LOWER  ARE LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR LOWER  ARE LWR ABD VENTRAL & INCISIONAL HERNIA REQUIRED  ANESTH HERNIA REPAIR < 1 YR  ANES HERNIA REPAIR LOWER  ABDOMEN NOS & 1YR AGE  OR STHERM ARE ARE LWR ABD NOS INFTS  NO Auth Required  ABDOMEN NOS & 1YR AGE								
ANESTH REPAIR OF HERNIA ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS  ONB32 ANESTH REPAIR OF HERNIA ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR  ONB34 ANESTH HERNIA REPAIR ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE  ONB36 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required	00820	ANESTH ABDOMINAL WALL SURG	ANESTHESIA LOWER POSTERIOR	No Auth Required				
ABDOMEN NOS  ORBITAL ANESTH REPAIR OF HERNIA  ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR  No Auth Required HERNIA REPAIR  ANESTH HERNIA REPAIR < 1 YR  ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE  ORBITAL ANESTH HERNIA REPAIR PREEMIE  ANES HRNA RPR LWR ABD NOS INFTS No Auth Required  No Auth Required								
ANESTH REPAIR OF HERNIA ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR  ON834 ANESTH HERNIA REPAIR < 1 YR ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE  ON836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required  ON Auth Required	00830	ANESTH REPAIR OF HERNIA	ANESTHESIA HERNIA REPAIR LOWER	No Auth Required				
HERNIA REPAIR  00834 ANESTH HERNIA REPAIR < 1 YR ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE  00836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required  00836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required								
00834 ANESTH HERNIA REPAIR < 1 YR ANES HERNIA REPAIR LOWER NO Auth Required ABDOMEN NOS & 1YR AGE  00836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required	00832	ANESTH REPAIR OF HERNIA	ANES LWR ABD VENTRAL & INCISIONAL	No Auth Required				
ABDOMEN NOS & 1YR AGE  00836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required								
00836 ANESTH HERNIA REPAIR PREEMIE ANES HRNA RPR LWR ABD NOS INFTS No Auth Required	00834	ANESTH HERNIA REPAIR < 1 YR	ANES HERNIA REPAIR LOWER	No Auth Required				
			ABDOMEN NOS & 1YR AGE					
<37WK BRTH/50WK	00836	ANESTH HERNIA REPAIR PREEMIE		No Auth Required				
			<37WK BRTH/50WK					

					1	1	,
00840	ANESTH SURG LOWER ABDOMEN	ANESTHESIA INTRAPERITONEAL LOWER	No Auth Required				
00842	ANESTH AMNIOCENTESIS	ABD W/LAPS NOS  ANES IPER LOWER ABDOMEN W/LAPS	No Auth Required				
00842	ANESTIT AWWINIOCENTESIS	AMNIOCENTESIS	No Auti Required				
00844	ANESTH PELVIS SURGERY	ANES IPER LOWER ABD W/LAPS	No Auth Required				
		ABDOMINOPRNL RESCJ					
00846	ANESTH HYSTERECTOMY	ANES IPER LOWER ABD W/LAPS RAD	No Auth Required				
		HYSTERECTOMY					
00848	ANESTH PELVIC ORGAN SURG		No Auth Required				
00851	ANESTH TUBAL LIGATION	EXENTERATION  ANES IPER LWR ABD W/LAPS TUBAL	No Auth Required				
00831	ANESTH TOBAL EIGATION	LIGATION/TRANSECT	No Auth Required				
00860	ANESTH SURGERY OF ABDOMEN	ANES EXTRAPERITONEAL LWR ABD	No Auth Required				
		W/URINARY TRACT NOS	·				
00862	ANESTH KIDNEY/URETER SURG	ANES XTRPRTL LOWER ABD UR TRACT	No Auth Required				
		RENAL DON NFRCT					
00864	ANESTH REMOVAL OF BLADDER	ANES XTRPRTL LWER ABD W/URINARY	No Auth Required				
00000	ANIFCTU DENAOVAL OF DEOCTATE	TRACT TOT CYSTEC	No Auth Desuised				
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	No Auth Required				
00000	THE STATE OF A BREINE	TRACT ADRENLECTOMY	No Auth Required				
00868	ANESTH KIDNEY TRANSPLANT	ANES XTRPRTL LWR ABD W/URIN	No Auth Required				
		TRACT RENAL TRANSPL	·				
00870	ANESTH BLADDER STONE SURG	ANES XTRPRTL LWR ABD W/URIN	No Auth Required				
		TRACT CSTOLITHOTOMY					
00872	ANESTH KIDNEY STONE DESTRUCT	ANES LITHOTRP XTRCORP SHOCK WAVE	No Auth Required				
00873	ANESTH KIDNEY STONE DESTRUCT	W/WATER BATH ANES LITHOTRP XTRCORP SHOCK WAVE	No Auth Required				
00873	ANESTH RIDINET STOINE DESTRUCT	W/O WATER BATH	No Autii Requireu				
00880	ANESTH ABDOMEN VESSEL SURG	ANESTHESIA MAJOR LOWER	No Auth Required				
		ABDOMINAL VESSELS NOS					
00882	ANESTH MAJOR VEIN LIGATION	ANES MAJOR LOWER ABDOMINAL	No Auth Required				
		VESSELS IVC LIGATION					
00902	ANESTH ANORECTAL SURGERY	ANESTHESIA ANORECTAL PROCEDURE	No Auth Required				
00904	ANECTH DEDINEAL CLIDCEDY	ANESTHESIA DADICAI DEDINEAL	No Auth Boguirod				
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	No Auth Required				
		PROSTATECTOMY	·				
00910	ANESTH BLADDER SURGERY	ANES TRANSURETHRAL	No Auth Required				
		W/URETHROCYSTOSCOPY NOS					
00912	ANESTH BLADDER TUMOR SURG	ANES TRANSURETHRAL RESECTION OF	No Auth Required				
00914	ANESTH REMOVAL OF PROSTATE	BLADDER TUMOR ANESTHESIA TRANSURETHRAL	No Auth Required	-			
00314	ANESTI REIVIOVAL OI PROSTATE	RESECTION OF PROSTATE	No Auth Required				
00916	ANESTH BLEEDING CONTROL	ANES TRURL POST-TRURL RESECTION	No Auth Required				
		BLEEDING					
00918	ANESTH STONE REMOVAL	ANES TRURL FRAGMNTJ MANJ&/RMVL	No Auth Required				
		URETERAL CALCULUS					
00920	ANESTH GENITALIA SURGERY	ANESTHESIA MALE GENITALIA INCL	No Auth Required				
00021	ANIESTH VASECTONAV	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	No Auth Required	1			
		URETHRAL PX					

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	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	·		
00944	ANESTH VAGINAL HYSTERECTOMY	INCL BIOPSY	No Auth Required		
00948	ANESTH REPAIR OF CERVIX	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	No Auth Required		
00950	ANESTH VAGINAL ENDOSCOPY	BIOPSY	No Auth Required		
00952	ANESTH HYSTEROSCOPE/GRAPH	ANES HYSTEROSCOPY&/HYSTEROSALPINGOG RAPHY 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			
01200	ANESTH HIP JOINT PROCEDURE	ANESTHESIA CLOSED HIP JOINT PROCEDURE	No Auth Required		
01202	ANESTH ARTHROSCOPY OF HIP	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	·		
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		

ANSTHERMORE OF HARMER   AMERITARIA CIRCIA PROCEDURES OFFICE   AMERITARIA CIRCIA PROCEDURES   AMERITARIA		I		T	T	1	
MASSTER AUGUST OF PERMIT   MASSTER AUGUST   V. P.	01220	ANESTH PROCEDURE ON FEMUR	ANESTHESIA CLOSED PROCEDURES	No Auth Required			
MCSTH MARCHATHON OF FEMANS   MCSTHESAL UPPER 22 FEMANS   MARCHATHON OF FEMANS   MARCHATHON OF FEMANS   MARCHATHON AND MARCHA	01230	ANESTH SURGERY OF FEMUR		No Auth Required			
MARSTH RADICAL PRAMESURES   MARSTH SUPPR (2 PENUL RADICAL)   No. Auth Required							
AMESTH KORE AREA SURGERY   AMES INFER 2 PROFES DRICE THROUGH SECTION   No. Auth Required	01232	ANESTH AMPUTATION OF FEMUR		No Auth Required			
RESECTION							
AMESTH PROPELLED SURGERY   AMES NETIZE MINES LEPRER LEG   BURKED PROPER LEG INCLUDING   No Auth Required	01234	ANESTH RADICAL FEMUR SURG		No Auth Required			
BURSAE UPPER 165							
AMESTH HUMBELES SURG   AMESTHERS IMPRILED   No. Auth Required	01250	ANESTH UPPER LEG SURGERY		No Auth Required			
DEFINITION   DEF							
AMESTH FINIGH ARTERIS SURGE   AMESTH FINIGH ARTERIS SURGE   SPINS GRAFT	01260	ANESTH UPPER LEG VEINS SURG		No Auth Required			
SPYASS GART							
AMESTH FEMORIAL ARTERY SURG	01270	ANESTH THIGH ARTERIES SURG		No Auth Required			
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ANS THE KNEE ARE A SURGERY	01274	ANESTH FEMORAL EMBOLECTOMY		No Auth Required			
FASCABBURSA KNEEA/POPET  ANSTHENSE COED PROCEDURES (LOWER 1/2 FEMUR  03300 ANSTH KNEE AREA SURGERY (LOWER 1/2 FEMUR  03301 ANSTH KNEE AREA SURGERY (LOWER 1/2 FEMUR  03300 ANSTH KNEE JOINT PROCEDURE (LOWER 1/2 FEMUR  03301 ANSTH KNEE JOINT PROCEDURE (LOWER 1/2 FEMUR  03302 ANSTH DAY KNEE AREA SURGERY (ANSTHESS COST PROCEDURES KNEE JOINT  03303 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03304 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03305 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03306 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03401 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE AREA SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03400 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03401 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03402 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03403 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT SURGERY (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03405 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03406 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03407 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03408 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03409 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03400 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03401 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03401 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03402 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDURE FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDUR FEMUR)  03404 ANSTH KNEE JOINT CASTING (PROCEDUR FEMUR)  03404 ANSTH KNEE			1				
ANESTH KNEE AREA PROCEDURE   ANESTH KNEE AREA SURGERY   ANESTH SINE CLOSED PROCEDURES   No Auth Required	01320	ANESTH KNEE AREA SURGERY		No Auth Required			
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No Auth Required							
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GIBLUAB/PATELLA   No Auth Required   No Auth Requ							
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REMOVAL/REPAIR KNEE JOINT O1430 ANESTH KNEE VEINS SURGERY ANESTHESIA VEINS KNEE & POPLITEAL AREA VEIN KNEE & POPLITEAL AREA NOS ANESTH KNEE VEISEL SURG ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS ON Auth Required ANESTH KNEE ARTERIES SURG ANES ARTERIES OF KNEE & POPLITEAL AREA NOS ANESTH KNEE ARTERIES SURG ANES ART KNEE POPLITEAL AREA NOS ON Auth Required ANESTH KNEE ARTERY SURG ANES ART KNEE POPLITEAL EXCAGRIFIPE ON AUTHORISM ON AUTH REquired O1444 ANESTH KNEE ARTERY REPAIR ANESTH KNEE ARTERY REPAIR ANESTH KNEE ARTERY REPAIR ANESTH FOOT O1464 ANESTH LOWER LEG PROCEDURE ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT O1470 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT NO Auth Required O1470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER NO Auth Required O1470 NO Auth Required O1470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER NO Auth Required O1470 NO Auth Required			DISARTICULATION				
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AREA NOS ANESTH KNEE VESSEL SURG ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS ANESTH KNEE ARTERIES SURG ANES ARTERIES OF KNEE & POPLITEAL AREA NOS ANESTH KNEE ARTERY SURG ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT O1442 ANESTH KNEE ARTERY REPAIR ANES ART KNEE POPLITEAL EXC GRF/RPR OCCLS/ARYS ANESTH LOWER LEG PROCEDURE ANESTH LOWER LEG PROCEDURE ANESTH LOWER LEG PROCEDURE ANESTH ANKLE/FT ARTHROSCOPY ANESTH HOSCOPIC ANESTH ANKLE/FT ARTHROSCOPY ANESTH HOSCOPIC ANESTH LOWER LEG SURGERY ANKLE & FOOT ANESTH LOWER LEG SURGERY ANKLE & FOOT ANESTH LOWER LEG SURGERY ANKLE & FOOT ANESTH LOWER LEG SURGERY ANKLE & FOOT ANESTH LOWER LEG SURGERY ANKLE & FOOT AND Auth Required ANKLE & FOOT AND Auth Required ANKLE & FOOT AND AUTH REquired ANKLE & FOOT AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED AND AUTH REQUIRED			REMOVAL/REPAIR KNEE JOINT				
ANESTH KNEE VESSEL SURG ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS ANESTH KNEE ARTERIES SURG ANES ARTERIES OF KNEE & POPLITEAL AREA NOS ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY SURG ANESTH KNEE ARTERY REPAIR ANESTH KNEE ARTERY REPAIR ANESTH KNEE ARTERY REPAIR ANESTH KNEE ARTERY REPAIR ANESTH LOWER LEG PROCEDURE ANESTH ESIA CLOSED PROC LOWER LEG ANKLE & FOOT ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT ANESTH LOWER LEG SURGERY ANESTH LOW	01430	ANESTH KNEE VEINS SURGERY	ANESTHESIA VEINS KNEE & POPLITEAL	No Auth Required			
FISTULA NOS ANESTH KNEE ARTERIES SURG ANES ARTERIES OF KNEE & POPLITEAL AREA NOS  01442 ANESTH KNEE ARTERY SURG ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT  01444 ANESTH KNEE ARTERY REPAIR EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required PROCEDURE ANKLE & FOOT  No Auth Required No Auth Required ANES ARTHROSCOPIC No Auth Required ANES ARTHROSCOPIC No Auth Required ANES ARTHROSCOPIC No Auth Required ANES ARTHROSCOPIC ANES							
ANESTH KNEE ARTERIES SURG ANES ARTERIES OF KNEE & POPLITEAL AREA NOS  01442 ANESTH KNEE ARTERY SURG ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT  01444 ANESTH KNEE ARTERY REPAIR ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required PROCEDURE No Auth Required No Auth Required No Auth Required ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required	01432	ANESTH KNEE VESSEL SURG	ANES KNEE & POPLITEAL ARTERY VEIN	No Auth Required			
AREA NOS  01442 ANESTH KNEE ARTERY SURG  ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT  01444 ANESTH KNEE ARTERY REPAIR  ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE  ANESTH ESIA CLOSED PROC LOWER LEG ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY  ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY  ANES NRV/MUS/TND/FASC LOWER No Auth Required PROCEDURE ANKLE & FOOT  No Auth Required			FISTULA NOS				
ANESTH KNEE ARTERY SURG  ANESTH KNEE ARTERY SURG  ANESTH KNEE ARTERY REPAIR  ANESTH KNEE ARTERY REPAIR  ANESTH KNEE ARTERY REPAIR  ANESTH KNEE ARTERY REPAIR  ANESTH LOWER LEG PROCEDURE  ANESTH LOWER LEG PROCEDURE  ANESTH ANKLE & FOOT  ANESTH ANKLE & FOOT  ANESTH ANKLE & FOOT  ANESTH ANKLE & FOOT  ANESTH LOWER LEG SURGERY  ANESTH ANKLE & FOOT  No Auth Required	01440	ANESTH KNEE ARTERIES SURG	ANES ARTERIES OF KNEE & POPLITEAL	No Auth Required			
W/WO PATCH GRAFT  01444 ANESTH KNEE ARTERY REPAIR ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE ANESTHESIA CLOSED PROC LOWER LEG ANSTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required							
01444 ANESTH KNEE ARTERY REPAIR ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required	01442	ANESTH KNEE ARTERY SURG	ANES ART KNEE POPLITEAL TEAEC	No Auth Required			
EXC&GRF/RPR OCCLS/ARYS  01462 ANESTH LOWER LEG PROCEDURE ANESTHESIA CLOSED PROC LOWER LEG No Auth Required ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC No Auth Required PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required							
ANESTH LOWER LEG PROCEDURE ANKLE & FOOT  O1464 ANESTH ANKLE/FT ARTHROSCOPY ANESTH ESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  O1470 ANESTH LOWER LEG SURGERY ANESTH HOWER LEG	01444	ANESTH KNEE ARTERY REPAIR	ANES ART KNEE POPLITEAL	No Auth Required			
ANKLE & FOOT  01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required No Auth Required							
01464 ANESTH ANKLE/FT ARTHROSCOPY ANESTHESIA ARTHROSCOPIC No Auth Required PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required	01462	ANESTH LOWER LEG PROCEDURE		No Auth Required			
PROCEDURE ANKLE & FOOT  01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required							
01470 ANESTH LOWER LEG SURGERY ANES NRV/MUS/TND/FASC LOWER No Auth Required	01464	ANESTH ANKLE/FT ARTHROSCOPY		No Auth Required			
			1				
LEG/ANKLE/FOOT NOS	01470	ANESTH LOWER LEG SURGERY		No Auth Required			
			LEG/ANKLE/FOOT NOS				

	NESTH LOWER LEG SURGERY	TENDON W/WO GRAFT			
	NESTH LOWER LEG SUNGERT	ANESTHESIA GASTROCNEMIUS	No Auth Required		
01480 AN		RECESSION	No Autii Kequirea		
01400 744	NESTH LOWER LEG BONE SURG	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	No Auth Required		
01482 AN	NESTH RADICAL LEG SURGERY	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	No Auth Required		
01484 AN	NESTH LOWER LEG REVISION	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	No Auth Required		
		TIBIAQ/FIBULA			
01486 AN	NESTH ANKLE REPLACEMENT	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	No Auth Required		
01490 AN	NESTH LOWER LEG CASTING	ANES LOWER LEG CAST APPLICATION	No Auth Required		
01500 AN	NESTH LEG ARTERIES SURG	REMOVAL/REPAIR  ANESTHESIA ARTERIES LOWER LEG	No Auth Desuised		
01500 AN	NESTH LEG ARTERIES SURG	W/BYPASS GRAFT NOS	No Auth Required		
01502 AN	NESTH LWR LEG EMBOLECTOMY	ANES ART LOWER LEG W/BYP GRAFT	No Auth Required		
		EMBLC DIR/W/CATH			
01520 AN	NESTH LOWER LEG VEIN SURG	ANESTHESIA VEINS OF LOWER LEG NOS	No Auth Required		
01522 AN	NESTH LOWER LEG VEIN SURG	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	No Auth Required		
01610 AN	NESTH SURGERY OF SHOULDER	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	No Auth Required		
01620 AN	NESTH SHOULDER PROCEDURE	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	No Auth Required		
01622 AN	NES DX SHOULDER ARTHROSCOPY	i	No Auth Required		
01630 AN	NESTH SURGERY OF SHOULDER	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	No Auth Required		
01634 AN	NESTH SHOULDER JOINT AMPUT	ANESTHESIA ARTHROSCOPIC SHOULDER	No Auth Required		
01636 AN	NESTH FOREQUARTER AMPUT	DISARTICULATION ANES ARTHRS	No Auth Required		
7.11		INTERTHORACOSCAPULAR AMPUTATION	Tro Addi Nequired		
01638 AN	NESTH SHOULDER REPLACEMENT	ANES ARTHROSCOPIC TOTAL SHOULDER	No Auth Required		
01650 AN	NESTH SHOULDER ARTERY SURG	ANESTHESIA ARTERIES SHOULDER &	No Auth Required		
01652 AN	NESTH SHOULDER VESSEL SURG	AXILLA NOS ANESTHESIA AXILLARY-BRACHIAL	No Auth Required		
04654	NECTH CHOILIDED VECCE: CURC	ANEURYSM	No. Acade Don. 1		
01654 AN	NESTH SHOULDER VESSEL SURG	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	No Auth Required	 	
01656 AN	NESTH ARM-LEG VESSEL SURG	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	No Auth Required		
01670 AN	NESTH SHOULDER VEIN SURG	ANESTHESIA VEINS SHOULDER & AXILLA	No Auth Required		
01680 AN	NESTH SHOULDER CASTING	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	No Auth Required		
01710 AN	NESTH ELBOW AREA SURGERY	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	No Auth Required		
01712 AN	NESTH UPPR ARM TENDON SURG	·	No Auth Required		
01714 AN	NESTH UPPR ARM TENDON SURG	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	No Auth Required		

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01716	ANESTH BICEPS TENDON REPAIR	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	No Auth Required		
01730	ANESTH UPPR ARM PROCEDURE	ANESTHESIA CLOSED PROCEDURES	No Auth Required		
01722	ANECTH DV FLDOW ADTHDOCCODY	HUMERUS & ELBOW	No Auth Doguised		
01732	ANESTH DX ELBOW ARTHROSCOPY	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	No Auth Required		
01740	ANESTH UPPER ARM SURGERY	ANES OPEN/SURG ARTHROSCOPIC	No Auth Required		
		ELBOW PROC NOS	,		
01742	ANESTH HUMERUS SURGERY	ANESTHESIA OPEN/SURG ARTHRS	No Auth Required		
		OSTEOTOMY HUMERUS			
01744	ANESTH HUMERUS REPAIR	ANES OPEN/SURG ARTHRS REPRS	No Auth Required		
		NON/MALUNION HUMERUS			
01756	ANESTH RADICAL HUMERUS SURG	ANESTHESIA OPEN/SURG ARTHRS	No Auth Required		
		RADICAL PROC ELBOW	,		
01758	ANESTH HUMERAL LESION SURG	ANESTH OPEN/SURG ARTHRS EXC	No Auth Required		
		CYST/TUMOR HUMERUS	,		
01760	ANESTH ELBOW REPLACEMENT	ANESTH OPEN/SURG ARTHRS TOTAL	No Auth Required		
		ELBOW REPLACEMENT	'		
01770	ANESTH UPPR ARM ARTERY SURG	ANESTHESIA ARTERIES UPPER ARM &	No Auth Required		
		ELBOW NOS	'		
01772	ANESTH UPPR ARM EMBOLECTOMY	ANESTHESIA ARTERIES UPPER	No Auth Required		
		ARM&ELBOW EMBOLECTOM			
01780	ANESTH UPPER ARM VEIN SURG	ANESTHESIA VEINS UPPER ARM &	No Auth Required		
		ELBOW NOS			
01782	ANESTH UPPR ARM VEIN REPAIR	ANESTHESIA VEINS UPPER ARM &	No Auth Required		
*		ELBOW PHLEBORRHAPHY			
01810	ANESTH LOWER ARM SURGERY	ANES NERVE MUSCLE TDN	No Auth Required		
		FASCIA&BURSA FOREARM WRIST			
01820	ANESTH LOWER ARM PROCEDURE	ANES RADIUS ULNA WRIST/HAND	No Auth Required		
		BONES CLOSED PX			
01829	ANESTH DX WRIST ARTHROSCOPY	ANESTHESIA DIAGNOSTIC	No Auth Required		
		ARTHROSCOPIC PROC WRIST			
01830	ANESTH LOWER ARM SURGERY	ANES ARTHRS/ENDSCPY DSTL RADIUS	No Auth Required		
		ULNA/WRIST/HAND			
01832	ANESTH WRIST REPLACEMENT	ANESTHESIA ARTHRS/ENDOSCPIC	No Auth Required		
		TOTAL WRIST REPLCMT			
01840	ANESTH LWR ARM ARTERY SURG	ANESTHESIA ARTERIES FOREARM WRIST	No Auth Required		
		& HAND NOS			
01842	ANESTH LWR ARM EMBOLECTOMY	ANES ARTERIES FOREARM WRIST &	No Auth Required		
		HAND EMBOLECTOMY			
01844	ANESTH VASCULAR SHUNT SURG	ANESTHESIA VASCULAR SHUNT/SHUNT	No Auth Required		
01850	ANESTH LOWER ARM VEIN SURG		No Auth Required		
01852	ANESTH LWR ARM VEIN REPAIR	ANES VEINS FOREARM WRIST & HAND	No Auth Required		
		PHLEBORRHAPHY			
01860	ANESTH LOWER ARM CASTING	ANES FOREARM WRIST/HAND CAST	No Auth Required		
01916	ANESTH DX ARTERIOGRAPHY	ANESTHESIA DIAGNOSTIC	No Auth Required		
		ARTERIOGRAPHY/VENOGRAPH		 	
01920	ANESTH CATHETERIZE HEART	ANES C-CATHJ W/C ANGIOGRAPHY &	No Auth Required		
		VENTRICULOGRAPHY		 	
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	No Auth Required				
		SPINE THERAPEUTIC					
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					
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		<u> </u>		

05405	DI AND CUENTO DOCD D/A TVAANT	DI ANNED CUENO DECIMEN DOCD	No. Acade Donoctored			1	1
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	No Auth Poquired				
03201	RAD DOS ENVIS B/4 SD RAD	MIN 2 TIS/ORG	No Autii Required				
0521F	PLAN OF CARE 4 PAIN DOCD	PLAN OF CARE TO ADDRESS PAIN	No Auth Required				
		DOCUMENTED					
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/>	No Auth Required				
		YRS DOCD RPRT					
0529F	INTRVL 3/>YR PTS CLNSCP DOCD	INTRVL 3/> YRS PTS LAST	No Auth Required				
		COLONOSCOPY DOCD					
0535F	DYSPNEA MNGMNT PLAN DOCD	DYSPNEA MANAGEMENT PLAN	No Auth Required				
		DOCUMENTED					
0540F	GLUCO MNGMNT PLAN DOCD	GLUCORTICOID MANAGEMENT PLAN	No Auth Required				
05.455	501101111111111111111111111111111111111	DOCUMENTED					
0545F	FOLLOW UP CARE PLAN MDD DOCD	PLAN FOR FOLLOW-UP CARE FOR MDD	No Auth Required				
٥٢٢٥٢	CYTODATU DEDORT MONCYAL CDCMAN	DOCD	No Auth Desuised				
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	No Auth Required				
03311	CHOPATH REPORT NON ROOTINE	DOCD NON-ROUTINE	No Autii Required				
0555F	SYMPTOM MGMNT PLAN CARE DOCD	SYMPTOM MANAGEMENT PLAN OF	No Auth Required				
0555.		CARE DOCUMENTED	no nam negamea				
0556F	PLAN CARE LIPID CONTROL DOCD	PLAN OF CARE TO ACHIEVE LIPID	No Auth Required				
		CONTROL DOCUMENTED					
0557F	PLAN CAREMNG ANGNL SYMPTDOCD	PLAN OF CARE TO MANAGE ANGINAL	No Auth Required				
		SYMPTOMS DOCD					
0575F	HIV RNA PLAN CARE DOCD	HIV RNA CONTROL PLAN OF CARE DOCD	No Auth Required				
0580F	MULTIDISCIPLINARY CARE PLAN	MULTIDISCIPLINARY CARE PLAN	No Auth Required				
		DEVELOPED/UPDATED					
0581F	PT TRNSFRD FROM ANESTH TO CC	PT TRANSFERRED FROM	No Auth Required				
		ANESTHETIZING TO CC UNIT					
0582F	NO TRNSFR FROM ANESTH TO CC	PT NOT TRANSFERRED FROM	No Auth Required				
0583F	TRANSFER CARE CHECKLIST USED	ANESTHETIZING TO CC UNIT TRANSFER OF CARE CHECKLIST USED	No Auth Required				
0584F	NO TRANSFERCARE CHECKLIST USED	TRANSFER OF CARE CHECKLIST USED	No Auth Required				
U364F	INO TRANSFERCARE CHRLIST USED	USED	No Autii Required				
1000F	TOBACCO USE ASSESSED	TOBACCO USE ASSESSED	No Auth Required				
1000F	ASSESS ANGINAL SYMPTOM/LEVEL	ANGINAL SYMPTOMS & LEVEL ACTIVITY					
	,	ASSESSED					
1003F	LEVEL OF ACTIVITY ASSESS	LEVEL ACTIVITY ASSESSED	No Auth Required				
10040	ACNE SURGERY	ACNE SURGERY	Authorization Required	Surgery of		Full Clinical Review	
			·	integumentary system			
1004F	CLIN SYMP VOL OVRLD ASSESS	CLINICAL SYMPTOMS VOL OVERLOAD	No Auth Required	. ,			
		ASSESSED					
1005F	ASTHMA SYMPTOMS EVALUATE	ASTHMA SYMPTOMS EVALUATED	No Auth Required				
1006F	OSTEOARTHRITIS ASSESS	OSTEOARTHRITIS SYMPTOMS&FUNCJAL	No Auth Required				
		STATUS ASSES					
1007F	ANTI-INFLM/ANLGSC OTC ASSESS	ANTI-INFLAMMATORY/ANALGESIC	No Auth Required				
40	0/25111 8/0/ 100505	SYMPTOM RELIEF ASSES					
1008F	GI/RENAL RISK ASSESS	GI&RENAL PRESCRIBED/OTC NSAID RISK	No Auth Required				
10105	CEVEDITY ANCINA BY ACTIVITY	FACTORS ASSES	No Auth Desuised				
1010F	SEVERITY ANGINA BY ACTVTY	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY	No Auth Required				
1011F	ANGINA PRESENT	ANGINA PRESENT	No Auth Required				
10111	ANOUNA I NESEINI	ANOINA FREDERIT	INO Autil Nequileu	I	l	1	

10125	ANCINA ADCENT	ANCINA ADCENT	No Auth Doguined			T
1012F 1015F	ANGINA ABSENT COPD SYMPTOMS ASSESS	ANGINA ABSENT	No Auth Required			
10126	COPD STIVIPTOIVIS ASSESS	COPD SYMPTOMS ASSESSED/TOOL COMPLETED	No Auth Required			
1018F	ASSESS DYSPNEA NOT PRESENT	DYSPNEA ASSESSED NOT PRESENT	No Auth Required			
1018F	ASSESS DYSPNEA NOT PRESENT	DYSPNEA ASSESSED PRESENT	No Auth Required			
1013F	PNEUMO IMM STATUS ASSESS	PNEUMOCOCCUS IMMUNIZATION	No Auth Required			
10221	T NEOWO IIVIIVI STATOS ASSESS	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	No Auth Required			
		ASSESSED				
1031F	SMOKING & 2ND HAND ASSESSED	SMOKING & 2ND HAND SMOKE IN THE	No Auth Required			
		HOME ASSESSED	,			
1032F	SMOKER/EXPOSED 2ND HND SMOKE	CURRENT SMOKER/EXPOSED TO	No Auth Required			
		SECONDHAND SMOKE				
1033F	TOBACCO NONSMOKER NOR 2NDHND	TOBACCO NON-SMOKER & NO	No Auth Required			
		2NDHAND SMOKE EXPOSURE				
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	No Auth Required			
		CAP COPD PV DM				
1038F	PERSISTENT ASTHMA	PERSISTENT ASTHMA MILD MODERATE	No Auth Required			
		OR SEVERE ASTHMA				
1039F	INTERMITTENT ASTHMA	INTERMITTENT ASTHMA	No Auth Required			
1040F	DSM-5 INFO MDD DOCD	DSM-5 CRITERIA MDD DOCD AT THE	No Auth Required			
40505	LUCTORY OF MOUE CHANGES	INITIAL EVAL	N. A. Ale D			
1050F	HISTORY OF MOLE CHANGES	HISTORY NEW OR CHANGING MOLES	No Auth Required			
1052F	TYPE LOCATION ACTIVITYASSESS	TYPE ANATOMIC LOCATION AND	No Auth Required			
1055F	VISUAL FUNCT STATUS ASSESS	ACTIVITY ALL ASSESSED VISUAL FUNCTIONAL STATUS ASSESSED	No Auth Poquired			
10331	VISUAL FUNCT STATUS ASSESS	VISUAL FUNCTIONAL STATUS ASSESSED	No Auth Required			
1060F	DOC PERM/CONT/PAROX ATR FIB	DOC PERM/PERSISTENT/PAROXYSMAL	No Auth Required			
		ATRIAL FIB				
1061F	DOC LACK PERM&CONT&PAROX FIB	DOC ABSENCE	No Auth Required			
		PERM&PERSISTENT&PAROXYSM ATRIAL				
		FIB				
1065F	ISCHM STROKE SYMP LT3 HRSB/4	ISCHEMIC STROKE SYMP ONSET <3 HRS	No Auth Required			
		PRIOR ARRIVAL				
1066F	ISCHM STROKE SYMP GE3 HRSB/4	ISCHEMIC STROKE SYMP ONSET >/=3	No Auth Required			
		HRS PRIOR ARRIVA				
1070F	ALARM SYMP ASSESSED-ABSENT	ALARM SYMPTOMS ASSESSED NONE	No Auth Required			
<u></u>		PRESENT				
1071F	ALARM SYMP ASSESSED-1+ PRSNT	ALARM SYMPTOMS ASSESSED 1/>	No Auth Required			
40005	DDEC /A DCAL LIDING INICOM ACCESS	PRESENT	No Avalle Dec. 1			
1090F	PRES/ABSN URINE INCON ASSESS	PRESENCE/ABSENCE URINARY	No Auth Required			
10015	LIDING INCON CHARACTERIZED	INCONTINENCE ASSESSED	No Auth Doguised			
1091F	URINE INCON CHARACTERIZED	URINE INCONTINENCE CHARACTERIZED	INO Auth Kequired			
1100F	PTFALLS ASSESS-DOCD GE2>/YR	PT FALLS ASSESS DOCD 2/> FALLS/FALL	No Auth Required			
11006	FITALLS ASSESS-DUCD GEZ/TR	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	DISCHRIG 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				
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1124F AC	CP DISCUSS/DSCN MKR DOCD  CP DISCUSS-NO DSCNMKR DOCD  MNT PAIN NOTED PAIN PRSNT	ADV CARE PLN TLKD & ALT DCSN  ADV CARE PLN/ NO ALT DCSN MKR  DOCD OR REFUSAL	No Auth Required No Auth Required		
1125F AN			110 Auth Negulieu		I
	MNT PAIN NOTED PAIN PRSNT				
		PAIN SEVERITY QUANTIFIED PAIN	No Auth Required		
1126F AN		PRESENT	,		
	MNT PAIN NOTED NONE PRSNT	PAIN SEVERITY QUANTIFIED NO PAIN	No Auth Required		
		PRESENT			
	IEW EPISODE FOR CONDITION	NEW EPISODE FOR CONDITION	No Auth Required		
	UBS EPISODE FOR CONDITION	SUBS EPISODE FOR CONDITION	No Auth Required		
1130F BK	K PAIN & FXN ASSESSED	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE	No Auth Required	 	
1134F EP:	PSD BK PAIN FOR 6 WKS/<	EPISODE BACK PAIN LASTING SIX WEEKS/<	No Auth Required		
1135F EP:	PSD BK PAIN FOR >6 WKS	EPISODE BACK PAIN LASTING >SIX	No Auth Required		
		WEEKS		 	 
1136F EP:	PSD BK PAIN FOR 12 WKS/<	EPISODE BACK PAIN LASTING 12	No Auth Required		
		WEEKS/<			
1137F EP:	PSD BK PAIN FOR >12 WKS	EPISODE BACK PAIN LASTING >12 WKS	No Auth Required	 	
1150F DC	OCC PT RSK DEATH W/IN 1YR	DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No Auth Required	 	
1151F DC	OC NO PT RSK DEATH W/IN 1YR	DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No Auth Required		
1152F DC	OC ADVNCD DIS COMFORT 1ST	DOC ADVANCED DISEASE DX CARE GOALS COMFORT	No Auth Required		
1153F DC	OC ADVNCD DIS CMFRT NOT 1ST	DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT	No Auth Required		
1157F AD	DVNC CARE PLAN IN RCRD	ADVNC CARE PLAN OR EQV LGL DOC IN	No Auth Required		
1158F AD	DVNC CARE PLAN TLK DOCD	MED RCRD  ADVNC CARE PLANNING TLK DOCD IN	No Auth Required		
1159F MI	MED LIST DOCD IN RCRD	MEDICATION LIST DOCUMENTED IN	No Auth Required		
1160F RV	VW MEDS BY RX/DR IN RCRD	MEDICAL RECORD  RVW ALL MEDS BY RXNG PRCTIONR OR	No Auth Required		
		CLIN RPH DOCD	·		
	XNL STATUS ASSESSED	FUNCTIONAL STATUS ASSESSED	No Auth Required		
1175F FU	UNCTION STAT ASSESSED RVWD	FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD	No Auth Required		
1180F TH	HROMBOEMB RISK ASSESSED	THROMBOEMBOLIC RISK ASSESSED	No Auth Required		
	IEUROPSYCHIA SYMPTS ASSESSED	NEUROPSYCHIATRIC SYMPTS ASSESSED	No Auth Required		
		RESULTS REVIEWD			
1182F NE	IEUROPSYCHI SYMPT 1+PRESENT	NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT	No Auth Required	 	
1183F NE	IEUROPSYCHIATRIC SYMP ABSENT	NEUROPSYCHIATRIC SYMPTOMS ABSENT	No Auth Required		
1200F SE	EIZURE TYPE& FREQU DOCD	SEIZURE TYPE FREQUENCY DOCUMENTED	No Auth Required		
1205F EP	PI ETIOL SYND RVWD AND DOCD	ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD	No Auth Required		
1220F PT	T SCREENED FOR DEPRESSION	PATIENT SCREENED DEPRESSION	No Auth Required		
	RKNS DIAG RVIEWED	PARKINSON DISEASE DIAGNOSIS REVIEWED	No Auth Required		
1450F SY	YMPTOMS IMPROVED/CONSIST	SYMPTOMS IMPROVED/CONSIST W/TXMNT GOAL ASSESSMNT	No Auth Required		
1451F SY	YMPT SHOW CLIN IMPORT DROP	SYMPTOMS SHOW CLIN IMPRINT DROP SINCE ASSESSMENT	No Auth Required		

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1460F	QUAL CARD DIAG PRIOR 12 MONS	QUALIFYING CARD EVENT/DIAGNOSIS	No Auth Required		
		PRIOR 12 MONTHS			
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		

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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 <td>No Auth Required</td> <td></td> <td></td> <td></td>	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		No Auth Required			
3014F	SCREEN MAMMO 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			
	LVF ASSESS	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED	No Auth Required			
3021F	LVEF MOD/SEVER DEPRS SYST	LEFT VENTRICULAR EJECTION FRACTION <40%	·			
	LVEF >/=40% SYSTOLIC	LEFT VENTRICULAR EJECTION FRACTION >/EQUAL 40%	·			
	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			
	SPIROM FEV/FVC>/=70%/W/OCOPD	SPIROMETRY TEST RESULTS FEV/FVC >/=70% W/O COPD	No Auth Required			
	O2 SATURATION DOC REV	OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWE	No Auth Required			
	O2 SATURATION =88%/PAO</=55</td <td>OXYGEN SATUR <td>No Auth Required</td><td></td><td></td><td></td></td>	OXYGEN SATUR <td>No Auth Required</td> <td></td> <td></td> <td></td>	No Auth Required			
	O2 SATURATION >88%/PAO>55 HG	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			
	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			

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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				
3048F	·	MOST RECENT LDL-C 100-129 MG/DL	<u>'</u>				
	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	No Auth Required				
20525	US 440 FOUND ON FOUND ON	7.0%&<8.0%					
3052F	HG A1C>EQUAL 8.0% <equal 9.0%<="" td=""><td>MOST RECENT HG A1C&gt;EQUAL TO 8.0%&amp;<equal 9.0%<="" td="" to=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></equal></td></equal>	MOST RECENT HG A1C>EQUAL TO 8.0%& <equal 9.0%<="" td="" to=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></equal>	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	No Auth Required				
20045	NEG 4 NOD 0 4 D 10 NOVEMBER DEV	RESULT DOC&REV					
3061F	NEG MICROALBUMINURIA REV	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV	No Auth Required				
3062F	POS MACROALBUMINURIA REV	POSITIVE MACROALBUMINURIA TEST	No Auth Required				
		RESULT DOC&REV					
3066F	NEPHROPATHY DOC TX	DOCUMENTATION OF TREATMENT FOR	No Auth Required				
3072F	LOW RISK FOR RETINOPATHY	NEPHROPATHY LOW RISK FOR RETINOPATHY	No Auth Required				
3072F 3073F	PRE-SURG EYE MEASURES DOCD	DOCUMENTED LENGTH CORNEAL					
30/3F	PRE-SURG EYE MEASURES DUCD	POWER & LENS POWER	No Auth Required				
3074F	SYST BP LT 130 MM HG	MOST RECENT SYSTOLIC BLOOD	No Auth Required				
20755	SYST BP GE 130 - 139MM HG	PRESSURE <130 MM HG	No Auth Dogwined				
3075F	2,21 Rh GF 130 - 133MIM HG	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG	No Auth Required				
3077F	SYST BP >/= 140 MM HG	MOST RECENT SYSTOLIC BLOOD	No Auth Required				
3078F	DIAST BP <80 MM HG	PRES>/EQUAL 140 MM HG MOST RECENT DIASTOLIC BLOOD	No Auth Required				
		PRESSURE < 80 MM HG	1000				
3079F	DIAST BP 80-89 MM HG	MOST RECENT DIASTOLIC BLOOD	No Auth Required				
3080F	DIAST BP >/= 90 MM HG	PRESSURE 80-89 MM HG MOST RECENT DIASTOL BLOOD PRES	No Auth Required				
30801	DIAST BE 7/ = 30 WINTING	>/EQUAL 90 MM HG	No Auti Required				
3082F	KT/V <1.2	KT/V <1.2 (CLEARANCE OF UREA	No Auth Required				
		(KT)/VOLUME (V))	,				
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	No Auth Required				
3090F	MDD SEVERE W/O PSYCH	MODERATE  MDD SEVERE WITHOUT PSYCHOTIC	No Auth Required				
33301		FEATURES	no nati nequireu				
3091F	MDD SEVERE W/PSYCH	MAJOR DESPRESV DISORDER SEVERE	No Auth Required				
3092F	MDD IN REMISSION	W/PSYCHOT FEATURE MAJOR DEPRESSIVE DISORDER	No Auth Required				
3092F	NOICEINITY IN CENTRAL	REMISSION	No Auth Required				
3093F	DOC NEW DIAG 1ST/ADDL MDD	DOC NEW DIAG DX INIT/RECURRENT	No Auth Required				
		EPISODE OF MDD					
3095F	CENTRAL DEXA RESULTS DOCD	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD	No Auth Required				
3096F	CENTRAL DEXA ORDERED	CENTRAL DUAL ENERGY	No Auth Required				
		ABSORPTIOMETRY ORDERED					

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3100F	IMAGE TEST REF CAROT DIAM	CAROTID IMAGNG REPORT DIR/INDIR	No Auth Required				
3110F	PRES/ABSN HMRHG/LESION DOCD	MEAS VESSEL DIAM  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	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				

S2286F   SA/T/SISC DOOD B/4 TXMNT						
3286F   SANT/SIGLE DOCE DE LA TRAINT   SEA & TUNGE STACESCLEASON SCORE   No Auth Required	7F PATH RE	RPRT W/ PT PN CAT ET AL	PATH RPRT INCLUDES PT & PN CAT GLEASON	No Auth Required		
32096   ONE SEN Ry/4 TRANSTAFER DX	8F PSA/T/G	T/GLSC DOCD B/4 TXMNT	PSA & TUMOR STAGE&GLEASON SCORE	No Auth Required		
3270F   NO BONK SCN BY AT XMATI/AFROX   RONK SCAN BOT PRIOR INITIAT TYDIX   No Auth Required	9F BONE SO	SCN B/4 TXMNT/AFTR DX	BONE SCAN PRIOR INITIAT TX/DX	No Auth Required		
3272F   MED RISK PROSTATE CANCER   CA	OF NO BON		BONE SCAN NOT PRIOR INITIAT TX/DX	No Auth Required		
3272F   MED RISK PROSTATE CANCER   INTERMED RISK OF RECURRENCE PROSTATE   No Auth Required	1F LOW RIS		LOW RISK OF RECURRENCE PROSTATE	No Auth Required		
13273F   HIGH RISK PROSTATE CANCER	2F MED RIS		INTERMED RISK OF RECURRENCE	No Auth Required		
324F   PROST CNCR SR.N NOT LW/MO/NGH   PROST CANCER RS. RECUR NOT   DOETER/LOW/MINEMEM/PH	3F HIGH RIS		HIGH RISK OF RECURRENCE PROSTATE	No Auth Required		
3278   SERUM LIS CA/IPTH/IPD ORD   SERUM LEVELS CALCUM PHOSPH   No Auth Required	4F PROST C	T CNCR RSK NOT LW/MD/HGH	PROST CANCER RSK RECUR NOT	No Auth Required		
3289F HGB LVL 1> 13 G/DL HEMOGLOBIN LEVEL 11 G/DL 12.9 G/DL No Auth Required  3281F 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 12.9 G/DL No Auth Required  3282F GOD DOWN 115% OF PRE-SVC LVL INTRACCULAR PRESS REDUCED NO Auth Required  3288F HGB LVL 11 G/DL 15% FRE-SVC LVL INTRACCULAR PRESS REDUCED NO Auth Required  3288F FALL RISK ASSESSMENT DOCD FRE-SVC LVL IOR REDUCED 15% REI-INTERVENTION NO Auth Required  3290F PT=D(RH)- AND UNSENSITIZED GOD FALLS RISK ASSESSMENT DOCUMENTED NO Auth Required  3290F PT=D(RH)- AND UNSENSITIZED PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED  3291F PT=D(RH)- OR SENSITIZED PATIENT IS D (RH) DESTIVE OR SENSITIZED  3292F HIV TSTING ASKED/DOCD/REVWID HIV TSTNG ASK/DOCD/RWVD AT 1ST/ZND PREINATAL VST  3293F ABO RH BLOOD TYPING DOCD ABO NR RE GLOOD TYPING NO Auth Required  3294F GRP B STREP SCREENING DOCD GRS SCRINING DOCD DONE OF BRIGHNING DOCD DONE DURING WK  3300F AJCC STAGE DOCD B/A THXPY ACC STAGE DOCUMENTED & NO Auth Required  3310F CANCER STAGE DOCD METAST CANCER RESISTATION NO Auth Required  3310F CANCER STAGE DOCD METAST RECEPTOR NO Auth Required  8310F CANCER STAGE DOCD METAST RECEPTOR NO Auth Required  8310F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required  8310F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required  8310F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required  8310F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required  8310F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PATH REPRI MALIGNANCY DOCD & NO Auth Required  8311F PATH RPT MALIG CANCER DOCD PA	8F SERUM	M LVLS CA/IPTH/LPD ORD	SERUM LEVELS CALCUM PHOSPH	No Auth Required		
3281F HGBLVL<11 G/DL HEMOGLOBIN LEVEL<11 G/DL No Auth Required  3284F IOP DOWN >15% OF PRE-SVC LVL / 3/FGUAL 15%  3285F IOP DOWN >15% OF PRE-SVC LVL   INTRAOCULAR PRESS REDUCED No Auth Required    3288F FALL RISK ASSESSMENT DOCD   GPRE-SVC LVL   IOP REDUCED 15% PRE-INTERVENTION No Auth Required    3298F FALL RISK ASSESSMENT DOCD   FALLS RISK ASSESSMENT DOCUMENTED No Auth Required    3290F PT=D(RH)- AND UNSENSITIZED   PATIENT IS D (RH) NEGATIVE AND    UNSENSITIZED   PATIENT IS D (RH) POSITIVE OR    3291F PT=D(RH)- OR SENSITIZED   PATIENT IS D (RH) POSITIVE OR    3292F HIV TSTNG ASKED/DOCD/REVWD   HIV TSTNG ASK/DOCD/RVWD AT    3293F ABO RH BLOOD TYPING DOCD   ABO AND RH BLOOD TYPING    3294F GRP B STREP SCREENING DOCD   GBS SCRNING DOCD DONE DURING WK    3294F GRP B STREP SCREENING DOCD   GBS SCRNING DOCD DONE DURING WK    3300F AJCC STAGE DOCD MÉTAST   AJCC STAGE DOCUMENTED &    3201F CANCER STAGE DOCD MÉTAST   CANCER STAGE DOCUMENTED &    3201F CANCER STAGE DOCD METAST   CANCER STAGE DOCUMENTED &    3216F ER-OR PR+ BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   SETROGEN/PROCEST RECEPTOR    POSITIVE BREAST CANCER   No Auth Required    3316F ER-OR PR-BREAST CANCER   SETROGEN/PROCEST RECEPTOR    PATH RPT MALIG CANCER DOCD   PATH REPRT MALIGNANCY DOCD &    RWD INITIATE CHE    3316F PATH RPT MALIG CANCER DOCD   PATH REPRT MALIGNANCY DOCD &    RWD INITIATE CHE    3316F PATH RPT MALIG CANCER DOCD   PATH REPRT MALIGNANCY DOCD &    RWD INITIATE CHE    NO Auth Required    NO Au	9F HGB LVL	_VL >/= 13 G/DL		No Auth Required		
3284F   OP DOWN >15% OF PRE-SVC LVL   NTRAOCULAR PRESS REDUCED   No Auth Required	OF HGB LVL	.VL 11-12.9 G/DL	HEMOGLOBIN LEVEL 11 G/DL-12.9 G/DL	No Auth Required		
3284F   OP DOWN >15% OF PRE-SVC LVL   NTRAOCULAR PRESS REDUCED   No Auth Required	1F HGB I VI	VI <11 G/DI	HEMOGLOBIN LEVEL <11 G/DI	No Auth Required		
SPEQUAL 15%			·			
LEVEL  3280F FALL RISK ASSESSMENT DOCD  FALLS RISK ASSESSMENT DOCUMENTED  PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED  PATIENT IS D (RH) POSITIVE OR SENSITIZED  PATIENT IS D (RH) POSITIVE OR SENSITIZED  PATIENT IS D (RH) POSITIVE OR SENSITIZED  3291F PT=D(RH)+ OR SENSITIZED  PATIENT IS D (RH) POSITIVE OR SENSITIZED  3292F HIV TSTNG ASKED/DOCD/REVWD HIV TSTNG ASKED/DOCD/REVWD HIV TSTNG ASKED/DOCD/REVWD HIV TSTNG ASKED/DOCD/REVWD HIV TSTNG ASKED/DOCD/REVWD ADA OAN DR HI BLOOD TYPING DOCUMENTED AS PERFORMED  3293F ABO RH BLOOD TYPING DOCD ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED  3294F GRP B STREP SCREENING DOCD GBS SCRINING DOCD DONE DURING WK 35-33 GESTATION  AICC STAGE DOCD B/4 THXPY AICC STAGE DOCD DONE DURING WK REVIEWED  3301F CANCER STAGE DOCD METAST CANCER STAGE DOCD CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE COCHERCE  CANCER STAGE DOCD METAST CANCER STAGE CANCER STA			>/EQUAL 15%	·		
3291F PT=D(RH)- AND UNSENSITIZED PATIENT IS D (RH) POSITIVE OR UNSENSITIZED PATIENT IS D (RH) POSITIVE OR SENSITIZED PATIENT IS D (RH) PATIENT IN AUTOMOTOR I			LEVEL	·		
UNSENSITIZED  3291F PT=D(RH)+ OR SENSITIZED  PATIENT IS D (RH) POSITIVE OR SENSITIZED  No Auth Required  SENSITIZED  3292F HIV TSTNG ASKED/DOCD/REVWD  1ST/2ND PRENATAL VST  ABO AND RH BLOOD TYPING DOCD  ABO AND RH BLOOD TYPING No Auth Required  DOCUMENTED AS PERFORMED  3294F GRP B STREP SCREENING DOCD  GRS SCRNING DOCD DONE DURING WK No Auth Required  33-37 GESTATION  3300F AICC STAGE DOCD B/A THXPY  AICC STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METASTATIC & No Auth Required  REVIEWED  3315F ER+ OR PR+ BREAST CANCER  ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER  POSITIVE BREAST CANCER  STROGEN/PROGEST RECEPTOR  NO Auth Required  POSITIVE BREAST CANCER  STROGEN/PROGEST RECEPTOR  NO Auth Required  REGATIVE BREAST CANCER  STROGEN/PROGEST RECEPTOR  NO Auth Required  RWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD  PATH REPRT MALIGNANCY DOCD & NO Auth Required  RWD INITIATE CHE  AUTHOR  NO Auth Required  NO Auth Required  RWD INITIATE CHE  NO Auth Required  RWD INITIATE CHE  NO Auth Required  RWD INITIATE CHE  NO Auth Required  NO Auth Required  RWD INITIATE CHE  RWD INIT				No Auth Required		
SENSITIZED  3292F HIV TSTNG ASKED/DOCD/REVWD HIV TSTNG ASK/DOCD/REVWD AT 15T/2ND PRENATAL VST  3293F ABO RH BLOOD TYPING DOCD ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED  3294F GRP B STREP SCREENING DOCD GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION  3300F AJCC STAGE DOCD B/A THXPY AJCC STAGE DOCUMENTED & No Auth Required REVIEWED  3301F CANCER STAGE DOCD METAST CANCER STAGE DOCD METASTATIC & No Auth Required REVIEWED  3315F ER+ OR PR+ BREAST CANCER ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required NIGATIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required RIVEN BREAST CANCER STAGE DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required NIGATIVE BREAST CANCER RIVEN BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required RIVEN BREAST CANCER NO Auth Required NIGATIVE BREAST CANCER NO Auth Required RIVEN BREAST CANCER NO Auth REquired RIVEN BREAST CANCER NO Auth REquired RIVEN BREAST CANCER	·		UNSENSITIZED	No Auth Required		
1ST/2ND PRENATAL VST  3293F ABO RH BLOOD TYPING DOCD ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED  3294F GRP B STREP SCREENING DOCD GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION  3300F ALCC STAGE DOCD B/4 THXPY ALCC STAGE DOCUMENTED & REVIEWED  3301F CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CERTOR PROBLEM REVIEWED  3315F ER+ OR PR+ BREAST CANCER ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required POSITIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required RWWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required RWWD INITIATE CHE MICH DATE OF THE PROBLEM REQUIRED MRI PET/NUC MED  NO Auth Required RWWD INITIA RAD NO Auth Required RWWD INITIA RAD NO Auth Required RWWD INITIA RAD NO Auth Required RWWD INITIA RAD NO Auth Required RWWD INITIA RAD NO Auth Required RWWD INITIA RAD NO Auth Required MRI PET/NUC MED	1F PT=D(RF			No Auth Required		
DOCUMENTED AS PERFORMED  3294F GRP B STREP SCREENING DOCD  GBS SCRNING DOCD DONE DURING WK No Auth Required 35-37 GESTATION  AJCC STAGE DOCD B/4 THXPY  AJCC STAGE DOCUMENTED & No Auth Required REVIEWED  3301F CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METAST  CANCER STAGE DOCD METASTATIC & No Auth Required REVIEWED  3315F ER+ OR PR+ BREAST CANCER  ESTROGEN/PROGEST RECEPTOR No Auth Required POSITIVE BREAST CANCER  STROGEN/PROGEST RECEPTOR No Auth Required NEGATIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER  STROGEN/PROGEST RECEPTOR No Auth Required NEGATIVE BREAST CANCER  NEGATIVE BREAST CANCER  REVIEWED  No Auth Required NEGATIVE BREAST CANCER  NO Auth Required NEGATIVE BREAST CANCER  NO Auth Required RVWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD  PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3319F X-RAY/CT/ULTRSND ET AL ORD  1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	2F HIV TSTI	STNG ASKED/DOCD/REVWD		No Auth Required		
35-37 GESTATION  3300F AJCC STAGE DOCD B/4 THXPY AJCC STAGE DOCUMENTED & No Auth Required REVIEWED  3301F CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST CANCER STAGE DOCD METAST REVIEWED  3315F ER+ OR PR+ BREAST CANCER ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER STROGEN/PROGEST RECEPTOR NO Auth Required POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NEGATIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	3F ABO RH	RH BLOOD TYPING DOCD		No Auth Required		
REVIEWED  3301F CANCER STAGE DOCD METAST CANCER STAGE DOCD METASTATIC & No Auth Required REVIEWED  3315F ER+ OR PR+ BREAST CANCER ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required POSITIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	4F GRP B S	3 STREP SCREENING DOCD		No Auth Required		
REVIEWED  3315F ER+ OR PR+ BREAST CANCER ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required NEGATIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required RVWD INITIATE CHE RVWD INITIATE CHE RVWD INITIA RAD  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & NO Auth Required RVWD INITIA RAD  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	OF AJCC STA	STAGE DOCD B/4 THXPY		No Auth Required		
POSITIVE BREAST CANCER  3316F ER- OR PR- BREAST CANCER ESTROGEN/PROGEST RECEPTOR NO Auth Required NEGATIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE RVWD INITIATE CHE RVWD INITIA RAD  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	1F CANCER			No Auth Required		
NEGATIVE BREAST CANCER  3317F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIA RAD  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	5F ER+ OR	OR PR+ BREAST CANCER		No Auth Required		
RVWD INITIATE CHE  3318F PATH RPT MALIG CANCER DOCD PATH REPRT MALIGNANCY DOCD & No Auth Required RVWD INITIA RAD  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	6F ER- OR F			No Auth Required		
RVWD INITIA RAD  3319F X-RAY/CT/ULTRSND ET AL ORD 1 DX IMG ORDER CHEST XRAY CT US No Auth Required MRI PET/NUC MED	7F PATH RE	RPT MALIG CANCER DOCD		No Auth Required		
MRI PET/NUC MED	8F PATH RE	RPT MALIG CANCER DOCD		No Auth Required		
	9F X-RAY/C	//CT/ULTRSND ET AL ORD		No Auth Required		
3320F NO XRAY/CT/ ET AL ORDD 0 DX IMG ORDER CHEST XRAY CT US No Auth Required MRI PET/NUC MED	0F NO XRA	RAY/CT/ ET AL ORDD		No Auth Required		
3321F AJCC CNCR 0/IA MELAN DOCD AJCC CANCER STAGE 0 OR IA No Auth Required MELANOMA	1F AJCC CN			No Auth Required		

22225	AASLANIONAA AUGG STA GE O OD IA	MELANIONAA TILANI ALCC CTA CE O	NI - A - Al- D I I			
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	No Auth Required			
		DOCD PRIOR SURG				
3324F	MRI CT SCAN ORD RVWD RQSTD	MRI CT SCAN ORDERED	No Auth Required			
		REVIEWED/REQUESTED				
3325F	PREOP ASSES 4 CATARACT SURG	PREOP ASSES 12 MOS PRIOR CATARACT	No Auth Required			
		SURG W/IO LENS				
3328F	PRFRMNC DOCD 2 WKS B/4 SURG	PERFORMANCE STATUS DOCD RVWD 2	No Auth Required			
		WKS PRIOR SURG				
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	No Auth Required			
		ADDTNL IMAGE DOCD				
3341F	MAMMO ASSESS NEGATIVE DOCD	MAMMO ASSESSMENT CAT NEGATIVE	No Auth Required			
		DOCD				
3342F	MAMMO ASSESS BENGN DOCD	MAMMO ASSESSMENT CAT BENIGN	No Auth Required			
		DOCD				
3343F	MAMMO PROBABLY BENGN DOCD	MAMMO ASSESSMENT CAT PROB	No Auth Required			
		BENIGN DOCD				
3344F	MAMMO ASSESS SUSP DOCD	MAMMO ASSESSMENT CAT SUSPICIOUS	No Auth Required			
		DOCD				
3345F	MAMMO ASSESS HGHLYMALIG DOC	MAMMO ASSESSMENT CAT HIGH	No Auth Required			
		CHANCE MALIG DOCD	·			
3350F	MAMMO BX PROVEN MALIG DOCD	MAMMO ASSESSMENT CAT BIOPSY	No Auth Required			
		PROVEN MALIG DOCD				
3351F	NEG SCRN DEP SYMP BY DEPTOOL	NEG DEP SYMP CAT USING STAND DEP	No Auth Required			
		ASSESS TOOL				
3352F	NO SIG DEP SYMP BY DEP TOOL	NO SIGNIF DEP SYMP CAT BY STAND	No Auth Required			
5552.		DEP ASSESS TOOL				
3353F	MILD-MOD DEP SYMP BY DEPTOOL	MILD TO MOD DEP SYMP BY STAND DEP	No Auth Required			
33331	WHEE WIGH DET STATE OF DET 100E	ASSESS TOOL	140 Auth Required			
3354F	CLIN SIG DEP SYM BY DEP TOOL	CLIN SIGN DEP SYMP BY STAND DEP	No Auth Required			
33341	CERT SIG DEL STATE DE L'OCE	ASSESS TOOL	140 Auth Required			
3370F	AJCC BRST CNCR STAGE 0 DOCD	AJCC BREAST CANCER STAGE 0	No Auth Required			
33701	AJCC BRST CIVER STAGE O DOCD	DOCUMENTED	No Auth Required			
3372F	AJCC BRST CNCR STAGE 1 DOCD	AJCC BREAST CANCER STAGE I T1MIC	No Auth Required			
33721	AJCC BR31 CNCR 31AGE 1 DOCD	T1A/T1B	No Autil Required			
3374F	AJCC BRST CNCR STAGE 1 DOCD	AJCC BREAST CANCER STAGE   T1C	No Auth Required			
3374F 3376F			· ·			
	AJCC BRSTCNCR STAGE 2 DOCD	AJCC BREAST CANCER STAGE III	No Auth Required			
3378F	AJCC BRSTCNCR STAGE 4 DOCD	AJCC BREAST CANCER STAGE IV	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	No Auth Required			
		CANCER ASCO/CAP				
3395F	QUANT NONHER2 IHC BRST CX	QUANT NON-HER2 IHC EVAL OF BRST	No Auth Required			
		CANCER PERFORMED				
3450F	DYSPNEA SCRND NO-MILD DYSP	DYSPNEA SCRND NO-MILD DYSPNEA	No Auth Required			
3451F	DYSPNEA SCRND MOD-HIGH DYSP	DYSPNEA SCRND MOD-SEVERE	No Auth Required			
		DYSPNEA				
3452F	DYSPNEA NOT SCREENED	DYSPNEA NOT SCREENED	No Auth Required		 	
3455F	TB SCRNG DONE-INTERPD 6MON	TB SCRNG DONE INTRPD 6 MOS</td <td>No Auth Required</td> <td></td> <td></td> <td></td>	No Auth Required			
		START RA THXPY		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·				-

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3470F	RA DISEASE ACTIVITY LOW	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW	No Auth Required				
3471F	RA DISEASE ACTIVITY MOD		No Auth Required				
3472F I	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	No Auth Required				
3490F	HISTORY AIDS-DEFINING COND	GOOD PROG DOCD HISTORY OF AIDS-DEFINING CONDITION	No Auth Required				
3491F	HIV UNSURE BABY OF HIV+MOMS	HIV INDETERMINATE INFANTS BORN OF	No Auth Required				
		HIV MOTHERS					
3492F I	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				
	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				
	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				
	CD4+CELL CNT/% DOCD AS DONE	CD4+CELL CNT/CD4+CELL % DOCD AS	No Auth Required				
3502F	HIV RNA VRL LD <lmts quantif<="" td=""><td>HIV RNA VIRAL LOAD <limits of="" quantif<="" td=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></limits></td></lmts>	HIV RNA VIRAL LOAD <limits of="" quantif<="" td=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></limits>	No Auth Required				
3503F	HIV RNA VRL LDNOT <lmts quntf<="" td=""><td>HIV RNA VIRAL LOAD NOT <limits of="" quantif<="" td=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></limits></td></lmts>	HIV RNA VIRAL LOAD NOT <limits of="" quantif<="" td=""><td>No Auth Required</td><td></td><td></td><td></td><td></td></limits>	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	1	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 I	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				
	INTRMED RSK THROMBOEMBOLISM	INTERMEDIATE RISK FOR THROMBOEMBOLISM	No Auth Required				
3552F	HGH RISK FOR THROMBOEMBOLISM	HIGH RISK FOR THROMBOEMBOLISM	No Auth Required				
	PT INR MEASUREMENT PERFORMED	PT HAD INR MEASUREMENT	No Auth Required				
		PERFORMED					
3570F I	RPRT BONE SCINT XREF W XRAY	REPORT BONE SCINTIGRAPHY W/X-RAY SAME REGION	No Auth Required				
3572F I	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				

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3700F	PSYCH DISORDERS ASSESSED	PSYCHIATRIC	No Auth Required				
		DISORDERS/DISTURBANCES ASSESSED					
3720F	COGNIT IMPAIRMENT ASSESSED	COGNITIVE	No Auth Required				
		IMPAIRMENT/DYSFUNCTION ASSESSED					
3725F	SCREEN DEPRESSION PERFORMED	SCREENING FOR DEPRESSION	No Auth Required				
		PERFORMED					
3750F	PTNOTRCVNGSTEROID>/=10MG/DAY	PT NOT RCVNG	No Auth Required				
		CORTICOSTERIDS>/=10MG/DAY 60/>					
		DAYS					
3751F	ELECTRODIAG POLYNEURO 6 MN	ELECTRODIAG STUDIES DSP DOCD	No Auth Required				
		RVWD W/IN 6 MONTHS					
3752F	NO ELECTRODIAG POLYNEURO 6MN	ELECTRODIAG STUDIES DSP NOT DOCD	No Auth Required				
		RVWD W/IN 6 MON					
3753F	PT HAS SYMP&SIGNS NEUROPATHY	PT HAS CLINICAL SYMP&SIGNS	No Auth Required				
		NEUROPATHY W/CAUSE					
3754F	SCREENING TESTS DM DONE	SCREENING TSTS DIABETES MELLITUS	No Auth Required				
3755F	COG&BEHAV IMPRMNT SCRNG DONE	COGNITIVE&BEHAVIORAL IMPAIRMENT					
		SCRNG PERFORMED	·				
3756F	PT W/PSEUDOBULB AFFECT/ALS	PT HAS PSEUDOBULBAR	No Auth Required				
	,	AFFECT/SIALORRHEA/ALS SYMP	·				
3757F	PT W/O PSEUDOBULBAFFECT/ALS	NO PSEUDOBULBAR	No Auth Required				
	,	AFFECT/SIALORRHEA/ALS SYMP					
3758F	PT REF PULM FX TEST/PEAKFLOW	PULM FUNC TESTING/PEAK COUGH	No Auth Required				
		EXPIRATORY FLOW					
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR	PT SCRND DYSPHAGIA WT LOSS	No Auth Required				
5755.		IMPAIRED NUTRITION	no man neganea				
3760F	PT W/DYSPHAG/WT LOSS/NUTR	PT W/DYSPHAG/WT LOSS/IMPAIRED	No Auth Required				
37001	The way to the cost of the cos	NUTRITION	No riatii nequirea				
3761F	PT W/O DYSPHAG/WT LOSS/NUTR	PT WO/DYSPHAG/WT LOSS/IMPAIRED	No Auth Required				
5701.	,	NUTRITION	no man neganea				
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	No Auth Required				
37731	ADENOMA DETECTED SCREENING	SCRNG CLNSCPY	No Addi Nequired				
3776F	ADENOMA NOT DETECT SCREENING	ADENOMA(S)/NEOPLASM NOT	No Auth Required				
3//05	ADENOMA NOT DETECT SCREENING		No Autii kequireu				
4000F	TOBACCO USE TXMNT COUNSELING	TOBACCO USE CESSATION IVNTJ	No Auth Pocuired				
40001	TOBACCO USE TAIVINT COUNSELING		No Auth Required				
40045	TODACCO LICE TYMANIT BULABAAACO	COUNSELING	No Auth Descriptor				
4001F	TOBACCO USE TXMNT PHARMACOL	TOBACCO USE CESSATION IVNTJ	No Auth Required				
40035	DT ED WRITE (ORAL DTC W/ UE	PHARMACOLOGIC THER	No Auth Decutoral	-			
4003F	PT ED WRITE/ORAL PTS W/ HF	PT EDUCATION WRTTN/ORAL HRT	No Auth Required				
400.15	DT TODA CCO CODEFN 3 C /C T //	FAILURE PTS PFRMD	No Acado Doc. 1	-			
4004F	PT TOBACCO SCREEN RCVD TLK	PT SCRND TOBACCO USE RCVD	No Auth Required				
10		TOBACCO CESSATION TALK		-			
4005F	PHARM THX FOR OP RXD	PHARMACOLOGIC OSTEOPOROSIS	No Auth Required				
		THERAPY PRESCRIBED					
4008F	BETA-BLOCKER THERAPY RXD/TKN	BETA BLOCKER THERAPY	No Auth Required				
		RXD/CURRENTLY BEING TAKEN	ļ				
4010F	ACE/ARB THERAPY RXD/TAKEN	ACE INHIBITOR/ARB THERAPY	No Auth Required				
		RXD/CURRENTLY TAKEN	ļ				
4011F	ORAL ANTIPLATELET THERAPY RX	ORAL ANTIPLATELET THERAPY	No Auth Required				
		PRESCRIBED	ļ				
4012F	WARFARIN THERAPY RX	WARFARIN THERAPY PRESCRIBED	No Auth Required				
4013F	STATIN THERAPY/CURRENTLY TKN	STATIN THERAPY RXD/CURRENTLY	No Auth Required				
		TAKEN					

	1				
4014F	WRITTEN DISCHARGE INSTR PRVD	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR	No Auth Required		
4015F	PERSIST ASTHMA MEDICINE CTRL		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		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		

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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					
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		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	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					
4124F	ANTIBIOT NOT RXD/GIVEN	DISPENSED	No Auth Required				
4130F	TOPICAL PREP RX AOE	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				

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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		

WILD DISTONATION STREET AND PROCESSATIONS AS A CAMB Required						
ADDRESS   NO WET-OFF OR SINKS AS RECKOD   DOES MICKAD   NO AUTH Required	4265F	WET-DRY DRESSINGS RX RECMD		No Auth Required		
April	4266F	NO WET-DRY DRSSINGS RX RECMD		No Auth Required		
##   ##   ##   ##   ##   ##   ##   #			RXD NOR RECMD			
APPROPOS MITHO DIFFICADING ISDO	4267F	COMPRSSION THXPY PRESCRIBED	COMPRESSION THERAPY PRESCRIBED	No Auth Required		
APPROPRIS MITHOUS FIND DEFICATION RXD PRECISION PRECISIO	4268F	PT ED RE COMP THXPY RCVD		No Auth Required		
22/DF IT ROWS ANTI IR WIRAL THORY PICKONS FOR THE WIRAL	4260E	ADDRODOS MITHO OFFI OADING BYD		No Auth Poquirod		
### ACCORD AND IR VIREAL THASPY #IT ROWNS FOR THAT THAT AND PROVIDED TO THE WORK FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND AUTH REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND AUTH REQUIRED ### ACCORD FOR THA	42031	ALTROLOS WITH OTTEOADING IND		No Auth Required		
### ACCORD AND IR VIREAL THASPY #IT ROWNS FOR THAT THAT AND PROVIDED TO THE WORK FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND AUTH REQUIRED ### ACCORD FOR THAT ROWN AND REQUIRED ### ACCORD FOR THAT ROWN AND AUTH REQUIRED ### ACCORD FOR THA	4270F	PT RCVNG ANTI R-VIRAL THXPY	PT RCVNG POTENT ANTI R-VIRAL THX 6	No Auth Required		
### A274F FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLU IMMUND ADMIND RCVD FLO FREE FLO FLO FLO FLO FLO FLO FLO FLO FLO FLO			MON OR MORE	·		
###   ###	4271F	PT RCVNG ANTI R-VIRAL THXPY		No Auth Required		
275F OTTENT AUTIVIR THYSPY RIXD POTENT ANTINET FIGURE AT THERAPY PRESCRIBED P	4274F	FILLIMMUNO ADMIND RCVD		No Auth Required		
### OTENT ANTINET HAPP KND POTENT ANTINET ENDVIRAL THREAPY No Auth Required ####################################						
### CEP PROPHYLAXIS RXD ### PREMINCENTS INDIVIDED PREUMONA No Auth Required ### PREMINCENTS INDIVIDED PREUMONA NO Auth Required ### PREMINCENTS INDIVIDED PREUMONA NO Auth Required ### PREMINCENTS INDIVIDED PREMINCENTS IN	4276F	POTENT ANTIVIR THXPY RXD		No Auth Required		
A279F   PCP PROPHYLAX RXD   PNEUMOCYSTIS JROVECI PNEUMOMA. No Auth Required						
PROPHYLASE RIO PREMINO'S INFOVER PIEUMO PREMINO'S PIEUMO'S INFOVER PIEUMO PREMINO'S PIEUMO'S INFOVER PIEUMO PREMINO'S PIEUMO'S INFOVER PIE	4279F	PCP PROPHYLAXIS RXD		No Auth Required		
PRPHYLS PRICRIBD 3 MON				·		
A230F   PT SCRND FOR INJ DRUG USE   PATIENT SCREENED FOR INJECTION   No Auth Required	4280F	PCP PROPHYLAX RXD 3MON LOW %		No Auth Required		
AUGUSTE   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 ARE ON AFILITY  4301F PT NOT RCVNG WARF THXPY PT NOT RCVNG WARFARIN THXPY NONVALV AREA OR AFILITY PT NOT RCVNG WARF THXPY PT NOT RCVNG WARFARIN THXPY NONVALV AREA/AFILITY AREA OR AFILITY PT NOT RCVNG WARF THXPY PT NOT RCVNG WARFARIN THXPY NONVALV AREA/AFILITY NONVALV AREA/AFILITY AREA OR AFILITY PT NOT RCVNG WARF THXPY PT NOT RCVNG WARFARIN THXPY NONVALV AREA/AFILITY NO AUTH Required ADOLE TO COME ARE A DAILY INSPCT REET RCVD PT COUNSEL PSYCHOSO CARE A DAILY INSPCT REET RCVD PT COUNSEL PSYCHOSO CARE AND ADULT OPTO CARE & DAILY INSPCT REET RCVD PT COUNSEL PSYCHOSO CARE AND ADULT OPTO CARE & DAILY INSPCT REET RCVD PT COUNSEL PSYCHOSO CARE AND ADULT OPTO CARE & DAILY INSPCT ALCOHOL DEPEND ACCHOLOR OF THALK PSYCHOSO CARE AND ADULT OPTO AREA CARE ACCHOLOR DEPEND ACCHOLOR OF THALK PSYCHOSO CARE AND ADULT OPTO AREA CARE ACCHOLOR DEPEND ACCHOLOR OF THALK PSYCHOSO CARE AND ADULT OPTO AREA CARE ACCHOLOR DEPEND ACCHOLOR OF THALK PSYCHOSO CARE AND ADULT OPTO AREA CARE ACCHOLOR OF THALK PSYCHOSO CARE ADULT OPTO AREA CARE ACCHOLOR OF THALK PSYCHOSO CARE ADULT OPTO AREA CARE ACCHOLOR OF THALK PSYCHOSO CARE ADULT OPTO AREA CARE ACCHOLOR OF THALK PSYCHOSO CARE ADULT OPTO AREA CARE ACCHOLOR OF THE ACCHOLOR OF THE ADULT OPTO AREA CARE ACCHOLOR OF THE ACCHOLOR OF THE ADULT OPTO AREA CARE ACCHOLOR OF THE ACCHOLOR OF	4290F	PT SCRNED FOR INJ DRUG USE		No Auth Required		
4300F PT RCVNG WARFTHXPY AFI RCVNG WARFARIN THXPY NONVALY AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFLUT AFIB OR AFID O	4293F	PT SCRND HGH-RISK SEX BEHAV		No Auth Required		
AFIB OR AFLUT  4301F PT NOT RCVNG WARF THXPY PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT NONVALV AFIB/AFLUT NONVALV AFIB/AFLUT PT EDUE FOT CARE & DAILY INSPCTN NO Auth Required FET RCVD PT EDUE FOT CARE & DAILY INSPCTN PT COUNSEL PSYCHOSOC&PHARM TX OPIOLO ADDICTION PT COUNSEL PSYCHOSOC&PHARM TX ALCOHOL DEPEND PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND ALCOHOL DEPEND PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND ALCOHOL DEPEND ALCOHOL DEPEND ALCOHOL DEPEND PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC PT QUERIED PRKNS COMPLIC RELATED COMPLICATION MEDICAL & SUBGICAL TREATMENT OPTION REVIEW W/P PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNG SWHOTOMS PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT ASKED RE SLEEP DISTURB PT ASK	42551	T T SCHIND HOH-RISK SEX BEHAV	T I SCHILD HOTENSK SEXOAE BEHAVIOR	No Addi Nequired		
4301F   PT NOT RCVNG WARF THXPY   PT NOT RCVNG WARFARIN THXPY   No Auth Required   NONVALV AFIB/AFILIT	4300F	PT RCVNG WARF THXPY	PT RCVNG WARFARIN THXPY NONVALV	No Auth Required		
A305F   PT ED REFT CARE INSPCT RCVD   PT EDUC FOOT CARE & DAILY INSPCTN   No Auth Required			AFIB OR AFLUT			
4305F   PT ED RE FT CARE INSPCT RCVD   PT EDUC FOOT CARE & DAILY INSPCTN   FEET RCVD   FEET RCVD   FEET RCVD   FEET RCVD	4301F	PT NOT RCVNG WARF THXPY	PT NOT RCVNG WARFARIN THXPY	No Auth Required		
#EET RCVD  4306F PT TLK PSYCH & RX OPD ADDIC PT COUNSEL PSYCHOSOC&PHARM TX OPIGIO ADDICTION  4326F PT TALK PSYCHSOC&RX OH DPND PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND  4322F CRGVR PROV W/ED ADDL RSRCS CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES ALCOHOL DEPEND  4324F PT QUERIED PRKNS COMPLIC PT QUERIED PARKINSONS MED- RELATED COMPLICATION  4325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSEN PT/CAREGIVER QUERIED AUTONOMIC DYSENICL SYMPTOMS PT/CAREGIVER QUERIED SLEEP DISTURBANCES  4330F CNSLING EPI SPEC SFTY ISSUES PT/CAREGIVER QUERIED SLEEP DISTURBANCES PT PASHED RESPEC SFTY ISSUES PT PASHED RESPECT SFTY						
4320F PT TLK PSYCH & RX OPD ADDIC OPT COUNSEL PSYCHOSOC&PHARM TX OPIOID ADDICTION  4320F PT TALK PSYCHSOC&RX OH DPND PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND  4322F CRGVR PROV W/ ED ADDL RSRCS CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES  4324F PT QUERIED PRKNS COMPLIC PT QUERIED PARKINSONS MED-RELATED COMPLICATION  4325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT  4340F CNSLNG CHLDBRING WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT REHAB THERAPY OPTIONS DISCUSSED NO Auth Required  4350F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	4305F	PT ED RE FT CARE INSPCT RCVD		No Auth Required		
4320F   PT TALK PSYCHSOC&RX OH DPND   PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND   ALCOHOL DEPEND   ALCOHOL DEPEND   No Auth Required   ADDL RSRCS   CRGVR PROVIDED W/ED REFERRED   ADDL RESOURCES   ADDL RESOURCES   No Auth Required   ADDL RESOURCES   PT QUERIED PRKNS COMPLIC   PT QUERIED PARKINSONS MED-RELATED COMPLICATION   RELATED COMPLICATION	4306F	PT TLK PSYCH & RX OPD ADDIC		No Auth Required		
ALCOHOL DEPEND  ALCOHOL DEPEND  ALCOHOL DEPEND  ALCOHOL DEPEND  CREVER PROV W/ ED ADDL RSRCS  CROVR PROVIDED W/ED REFERRED ADDL RESOURCES  ADDL RESOURCES  PT QUERIED PRKNS COMPLIC  PT QUERIED PRKNS COMPLIC  PT QUERIED PRKNS SMED- RELATED COMPLICATION  MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  ASJEF  MED TXMNT OPTIONS RVWD W/PT  MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  ASJEF  PT ASKED RE SYMP AUTO DYSFXN  DYSFUNCI SYMPTOMS  DYSFUNCI SYMPTOMS  DYSFUNCI SYMPTOMS  PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  No Auth Required DISTURBANCES  FILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required  DISTURBANCES  CNSLNG EPI SPEC SFTY ISSUES  EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required  TO PATIENT  ASJOF  CNSLNG CHLDBRNG WOMEN EPI  COUNSEL WOMEN CHILDBEARING NO Auth Required MINGMNT PALLIATION  NO Auth Required MINGMNT PALLIATION  NO Auth Required MINGMNT PALLIATION  NO Auth Required MINGMNT PALLIATION  NO Auth Required MINGMNT PALLIATION  NO Auth Required  W/PATIENT  SELF-CARE ED PROVIDED TO PT  SELF-CARE ED LOCATION PROVIDED TO NO Auth Required  NO Auth Require			OPIOID ADDICTION			
4322F CRGVR PROV W/ ED ADDL RSRCS CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES  4324F PT QUERIED PRKNS COMPLIC PT QUERIED PARKINSONS MED-RELATED COMPLICATION  4325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNG SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED AUTONOMIC DYSFUNG SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP NO Auth Required DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EDLEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSEL WOMEN CHILDBEARING POTENTIAL W/EDLEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT REHAB THERAPY OPTIONS DISCUSSED MNGMNT PALLIATION  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE ED UCATION PROVIDED TO NO Auth Required  4500F SELF-CARE ED PROVIDED TO PT SELF-CARE ED UCATION PROVIDED TO NO Auth Required	4320F	PT TALK PSYCHSOC&RX OH DPND	PT COUNSEL PSYCHSOC & PHARM TX	No Auth Required		
ADDL RESOURCES  4324F PT QUERIED PRKNS COMPLIC PT QUERIED PARKINSONS MED- RELATED COMPLICATION  MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  PT/CAREGIVER QUERIED SLEEP DISTURBANCES  PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT  A340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP MNGMNT SELF-CARE ED PROVIDED TO PT  No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required						
4324F PT QUERIED PRKNS COMPLIC PT QUERIED PARKINSONS MED- RELATED COMPLICATION  4325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED NO Auth Required  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	4322F	CRGVR PROV W/ ED ADDL RSRCS		No Auth Required		
RELATED COMPLICATION  4325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP OBSTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT OON Auth Required  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required						
### A325F MED TXMNT OPTIONS RVWD W/PT MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P  ### A326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  ### A328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  ### A330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT COUNSEL WOMEN CHILDBEARING NO Auth Required POTENTIAL W/EPILEPSY  ### A340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING NO Auth Required POTENTIAL W/EPILEPSY  ### A350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALLIATION  ### A4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  ### A450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	4324F	PT QUERIED PRKNS COMPLIC		No Auth Required		
OPTION REVIEW W/P  4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING NO Auth Required POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	42255	MED TYMANT ORTIONS DVAND W/DT		No Auth Doguined		
4326F PT ASKED RE SYMP AUTO DYSFXN PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCI SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP No Auth Required DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING NO Auth Required POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALIATION AUTOMATICAL PROVIDED SYMP NO Auth Required MNGMNT PALIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	4325F	INIED TAININT OPTIONS KVWD W/PT		INO AUTH KEQUIFEG		
DYSFUNCI SYMPTOMS  4328F PT ASKED RE SLEEP DISTURB PT/CAREGIVER QUERIED SLEEP DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT NO Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	4326F	PT ASKED RE SYMP AUTO DYSFXN		No Auth Required		
DISTURBANCES  4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required					 	
4330F CNSLNG EPI SPEC SFTY ISSUES EPILEPSY SPECIFIC SAFETY COUNSELING NO Auth Required TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING NO Auth Required POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP NO Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO NO Auth Required	4328F	PT ASKED RE SLEEP DISTURB		No Auth Required	 	
TO PATIENT  4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING No Auth Required POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP No Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED WO Auth Required W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	42225	010110 5010050 0577/100150				
4340F CNSLNG CHLDBRNG WOMEN EPI COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP No Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	4330F	CNSLNG EPI SPEC SFTY ISSUES		No Auth Required		
POTENTIAL W/EPILEPSY  4350F CNSLNG PROVIDED SYMP MNGMNT COUNSELING PROVIDED SYMP No Auth Required MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	4340F	CNSLNG CHLDBRNG WOMEN EPI		No Auth Required		
MNGMNT PALLIATION  4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED WO Auth Required W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required						
4400F REHAB THXPY OPTIONS W/PT REHAB THERAPY OPTIONS DISCUSSED No Auth Required W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	4350F	CNSLNG PROVIDED SYMP MNGMNT	COUNSELING PROVIDED SYMP	No Auth Required		
W/PATIENT  4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required						
4450F SELF-CARE ED PROVIDED TO PT SELF-CARE EDUCATION PROVIDED TO No Auth Required	4400F	REHAB THXPY OPTIONS W/PT		No Auth Required		
	4450F	SELE-CARE ED PROVIDED TO PT	1	No Auth Required		
	44301	SEE. SINCEDINOVIDED TOTAL			 	
4470F ICD COUNSELING PROVIDED IMPLANT CARDIOVERT-DEFIB (ICD) No Auth Required	4470F	ICD COUNSELING PROVIDED	IMPLANT CARDIOVERT-DEFIB (ICD)	No Auth Required	 	
COUNSELING PROV			COUNSELING PROV			

	1		1		1	1	,
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				
	ANESTH W/O GEN/NEURAX ANESTH	ANESTH DID NOT INVOLVE GENERAL/NEURAXIAL ANESTH	No Auth Required				
	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	·				
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					
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	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				

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MAIN ALTERNA SAME INTER THE PLANS   MAIN AND SAME AND S	5100F	RSK FX REF W/N 24 HRS XRAY		No Auth Required			
ASTINIAA DOKUMENE ALA PIRSANT   A ASTINIAA DOKUMENE PARA PIRSANT   No. Auth Required	5200F	EVAL APPROS SURG THXPY EPI	CONSID NEURO EVAL APPROP SURG	No Auth Required			
CAME LIVEL, PATIONAL DOC   ARTHONIAL FOR LEVEL OF CARE   DOCUMENTO   DOCUMEN	5250F	ASTHMA DISCHARGE PLAN PRESNT		No Auth Required			
DOCUMENTED   DOCUMENTED   DOCUMENTED							
MAJER REQUIRED   MAJE							
DOSPHING TEST DONE OF LEATING   POTENTIAL TO FOR RES ONAL INTEXE	6010F	DYSPHAG TEST DONE B/4 EATING		No Auth Required			
			INTAKE	·			
MO-INCHINGE-MODITH   GROEGED   NOTHING OF MODITH ORDERED   No. Auth Required	6015F	DYSPHAG TEST DONE B/4 EATING	PATIENT OK FOR PER ORAL INTAKE	No Auth Required			
MAX STERILE BARRIES TIMED			(FOOD/MEDICATION)				
TECHNOLEWS  ORDER  APPRORAD DS DIVES TECHS DOCD  USE APPRORAD DS DIVES TECHS DOCD  ORDER APPRORAD DS DIVES TECHS DOCD  ORDER APPRORAD DS DIVES TECHS DOCD  ORDER APPRORAD DS DIVES TECHS DOCD  APPRORAD DS DIVES TECHS DOCD  APPRORAD THE NAST PRIFF FLUXOR ORDER  PRIF APPRORAD DS DIVES TECHS DOCD  PRIF APPRORAD DS DIVES TECHS DOCD  APPROVADANT THE NAST PRIFF FLUXOR ORDER DATE  APPROVADANT THE NAST PRIFF FLUXOR ORDER DATE  APPROVADE DE PRIFF FLUXOR DE DEPRECTS  FRANCISCO DE PRIFF FLUXOR DE DEPRECTS  APPROVADE DE PRIFF FLUXOR DE DEPRECTS  APPROVADE DE PRIFF FLUXOR DE PRIFF F		•		No Auth Required			
APPRO NA DIS DICT. SECHS DOCO	6030F	MAX STERILE BARRIERS FLWD		No Auth Required			
DOLYMAN ECIS DRIVER DE DRIVER DE DE DRIVER DE DOLYMAN ECIS DOLOM SAULT REQUIRED DE DRIVER DE DRI							
RADUS IN END RIFFATHALIBO PXD RESIDENTIAL MADE PROSPITIVE FULLORD No Auth Required ROTOR PIT ASSED/CINSLO AD EFFECTS PATIENT QUERIED COUNSELD READ NO Auth Required PT/CAREGIVER QUERIED FACE SOFT FETCHS PATIENT QUERIED COUNSELD READ NO Auth Required PT/CAREGIVER QUERIED FACE SOFT FACE APPROPRIATE PATIENT QUERIED AND AUTHOR PROJECT PALLS NO Auth Required PT/CAREGIVER QUERIED FACE PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER QUERIED FACE PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER QUERIED FACE PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER QUERIED FACE PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO Auth Required PT/CAREGIVER PATIENT SHETPY COUNSELD BASES NO AUTHOR PATIENT SHETPY S	6040F	APPRO RAD DS DVCS TECHS DOCD		No Auth Required			
PIRED DOCD   PIRED DOCD   PIRED DOCD   PIRED DOLD   PIRED DOCD   PIRED DOLD   PIRED PRODUCT   PIRED P	60455	DADVDS IN END DDDTAELLIDO DVD		No Auth Boquired			
PATENT QUENTS OUNSELING DELATED TALLS   PATENT QUENTS OMOUT FALLS   No Auth Required	6043F	RADAPS IN END RPR14FLORO PAD		No Autii Kequireu			
SIDE EFFECTS  6090 F PYCAREGIVER QUERIED FALLS PATENT SAFETY COUNSEL DASSES 6090 F PYCAREGIVER COUNSEL SAFETY PATENT SAFETY COUNSEL DASSES 6100 VERIEV FF STEE PED DOCD  VERIEV COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO Auth Required  TOTOP  FI NOTECVINGST ANTITINE TXMNT  THERAPY  FI NOTECVING SAFETY CALL SYSTEM  FI INFORMATION ENTERED INTO  AND AUTH REQUIRED  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAFETY COUNSELING DEMONTH  NO AUTH REQUIRED  SAF	6070F	PT ASKED/CNSLD AFD FEFFCTS		No Auth Required			
SPICATEGNIFE QUERIED FALLS   PATIENT OLDREID ABOUT FALLS   No Auth Required	00701	T T TOKE BY CHOLD THE ETTECTS		140 Matil Required			
MAJAND ASSESS CAT IN DRASE   MAJAND ASSESS CON & INF VIR A&& AG IA   MEDICAL CATO (DRAN REQUIRED   No Auth Required   No Auth	6080F	PT/CAREGIVER QUERIED FALLS		No Auth Required			
STAGE APPROPRIATE   STAGE APPROPRIATE   STAGE APPROPRIATE   VRITY COUNSELING DEMONITY   VRITY COUNSELING DEMONITY   VRITY COUNSELING DEMONITY   POWIDD   DOCUMENTED   DOCUME							
OOCUMENTED  ASETY COUNSELING DEMENTIA  SAFETY COUNSELING DEMENTIA  PROVIDED  ASETY COUNSELING DEM ORDER  SAFETY COUNSELING DEM ORDER  ASETY COUNSELING DEMENTIA  ORSERED  ASETY COUNSELING PROV RETIXES DEMENTIA  ORSERED  TOUNSELING PROV RETIXES DEMENTIA  ORSERED  ALT TO DRIVING  AND ALT AREASE FOR ATTE  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO THE ALT TO DRIVING  AND ALT AREASE FOR A THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT TO THE ALT			STAGE APPROPRIATE				
SAFETY COUNSELING DEMENTIA   SAFETY COUNSELING DEMENTIA   PROVIDED   PROVIDED	6100F	VERIFY PT SITE PXD DOCD	VERIFY CORRECT PT SITE PXD	No Auth Required			
PROVIDED   No Auth Required			DOCUMENTED				
610F COUNSELING DEM ORDER SAFETY COUNSELING DEMONDER SAFETY COUNSELING DEMONDER ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDERED ORDER SAFETY COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING ALT TO DRIVING ST COURSE OF ANTI-TIVE THERAPY PT NOT REVING IST COURSE OF ANTI-TIVE THERAPY PT NOT RECALL SYSTEM PT THO INTO RECALL SYSTEM PT NO Auth Required RECALL SYSTEM OD A REALL SYSTEM OR ARE SEEN AND A MASSESSMENT CAT IN DAY AND A MAD A MAD A SESSION AND	6101F	SAFETY COUNSELING DEMENTIA	SAFETY COUNSELING DEMENTIA	No Auth Required			
ORDERED ORDERED ORDERED ORDERED OUNSEL PROV DRIVING RISKS COUNSELUNG PROV RE RISKS DRIVING ALT TO DRIVING ALT TO DRIVING ALT TO DRIVING PT NOT RCVNG 1ST ANTITINE TXMNT PT NOT RCVNG 1ST COURSE OF ANTI- THE THERAPY OF PT INFO INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFOSYS ALARM 4 NXT MAMMO ASSESS CAT IN DBASE MAMMO ASSESSMENT CAT IN DATABASE FOR RATE ON A AUTH Required NIFE OF A SASCOV & INF VIR A&B AG IA INFO SYSTEM ANALYSIS ABNORMAL INFORMATION SASCOV & INFLUENZA VIRUS TYPES A&B INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS DISEASE (COVID-19)), AMPLIED PROBE TECHNIQUE ADDITION OF THE CONTROL OF THE CONTRO							
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ALT TO DRIVING 6150F PT NOTRCVNG1ST ANTITIFT XXMINT PT NOT RCVNG 1ST COURSE OF ANTI- TIPE THERAPY 7010F PT INFO INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO RECALL SYSTEM PT INFORMATION ENTERED INTO OATABASE FOR RATE 7020F MAMMO ASSESS CAT IN DBASE MAMMO ASSESSMENT CAT IN OATABASE FOR RATE 7025F PT INFOSYS ALARM 4 NXT MAMMO INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE 87428 SARSCOV & INF VIR A&B AG IA IADA OA SARSCOV & INFLUENZA VIRUS TYPES A&B INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATIONS YANDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE (COVID-19)), AMPLIFED PROBE TECHNIQUE 87821 SARS-COV-2 COVID19 W/OPTIC IADADOO SEVERE ACIT RESPIRS YND CORONAVIRUS DISEASE (COVID-19), AMPLIFED PROBE TECHNIQUE 1400 AORTIC ANEURYSM-S-CM DIAM AORTIC ANEURYSM-S-S-M DIAM AORTIC ANEURYSM-S-S-M DIAM AORTIC ANEURYSM-S-S-M DIAM AORTIC ANEURYSM-S-S-M DIAM AORTIC ANEURYSM-S-S-S-DCM DIAM AORTIC ANEURYSM 5-S-S-DCM DIAM AORTIC ANEURYSM 5-S-DCM DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC AND DIAM AORTIC A	C110F	COLINICEL DROW DRIVING DICKS		No Auth Doguined			
### PT NOTRCVNG IST ANTITIF TXMNT   PT NOT RCVNG IST COURSE OF ANTI- TNF THERAPY   No Auth Required	01106	COUNSEL PROV DRIVING RISKS		No Auth Required			
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RECALL SYSTEM				·			
MAMMO ASSESS CAT IN DBASE   MAMMO ASSESSMENT CAT IN DATABASE FOR RATE   No Auth Required   DATABASE FOR RATE	7010F	PT INFO INTO RECALL SYSTEM	PT INFORMATION ENTERED INTO	No Auth Required			
DATABASE FOR RATE  7025F PT INFOSYS ALARM 4 NXT MAMMO INFO SYSTEM ANALYSIS ABNORMAL INFORMATE  87428 SARSCOV & INF VIR A&B AG IA  IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B  INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS DISEASE (COVID-19), ACID (DNA OR RNA)  SARS-COV-2 COVID19 W/OPTIC  IAADIADOO SEVERE AQ TESPIR SYND CORONAVIRUS  40 AMPLIFED PROBE TECHNIQUE  87811 SARS-COV-2 COVID19 W/OPTIC  IAADIADOO SEVERE AQ TRESPIR SYND CORONAVIRUS  9001F AORTIC ANEURYSM-5-5-4CM DIAM  AORTIC ANEURYSM-5-5-4CM DIAM  AORTIC ANEURYSM-5-5-5.9CM DIAM  AORTIC ANEURYSM 5-5-5.9CM DIAM  AORTIC CANEURYSM 5-5-5.9CM DIAM  AORTIC ANEURYSM 6/> CM DIAM  AORTIC			RECALL SYSTEM				
PT INFOSYS ALARM 4 NXT MAMMO	7020F	MAMMO ASSESS CAT IN DBASE	MAMMO ASSESSMENT CAT IN	No Auth Required			
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87428 SARSCOV & INF VIR A&B AG IA  IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B  INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) AMPLIFIED PROBE TECHNIQUE  87811 SARS-COV-2 COVID19 W/OPTIC IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS  9001F AORTIC ANEURYSM-SCM DIAM CT CENTERLINE/AXIAL CT  9002F AORTIC ANEURYSM 5-5.4CM DIAM AORTIC ANEURYSM 5-5.4CM DIAM AORTIC ANEURYSM 5-5.5-9CM DIAM AORTIC ARYSM 5-5.9CM MAX DIAM CTRUN/AXIAL CT  9003F AORTIC ANRYSM 5-5.9CM DIAM AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRUN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM MAX DIAM ON Auth Required  TRUN/AXIAL CT  No Auth Required  No Auth Required  ON Auth Required  ON Auth Required  ON Auth Required  ON AUTH Required  ON AUTH Required  ON AUTH Required  ON AUTH Required  ON AUTH Required	7025F	PT INFOSYS ALARM 4 NXT MAMMO		No Auth Required			
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ACUT RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) ACID (DNA OR RNA) AMPLIFIED PROBE TECHNIQUE ACID (DNA OR RNA) AMPLIFIED PROBE TECHNIQUE ACID (DNA OR RNA) AMPLIFIED PROBE TECHNIQUE CORONAVIRUS AMPLIFIED PROBE TECHNIQUE	0,000						
CORONAVIRUS 2 (SARS-COV-2) (ICORONAVIRUS DISEASE [COVID-19]), ACID (DNA OR RNA)  87811 SARS-COV-2 COVID19 W/OPTIC IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS  9001F AORTIC ANEURYSM<8-5CM DIAM CT CENTERLINE/AXIAL CT  9003F AORTIC ANEURYSM 5-5.4CM DIAM AORTIC ANRUSM 5-5.9CM DIAM AORTIC ANRUSM 5-5.9CM DIAM AORTIC ANRUSM 5-5.9CM DIAM AORTIC ANRUSM 5-5.9CM MAX DIAM CTRLN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANRUSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM DIAM AORTIC ANRUSM 6/> CM MAX DIAM No Auth Required CTRLN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANRUSM 6/> CM MAX DIAM No Auth Required							
ACID (DNA OR RNA)  AMPLIFIED PROBE TECHNIQUE  87811  SARS-COV-2 COVID19 W/OPTIC  IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS  9001F  AORTIC ANEURYSM<5CM DIAM CT  AORTIC ANEURYSM-SCM MAX DIAM CENTERLINE/AXIAL CT  9002F  AORTIC ANEURYSM 5-5.4CM DIAM  AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN/AXIAL CT  9003F  AORTIC ANRYSM5.5-5.9CM DIAM  AORTIC ARVSM 5.5-5.9CM MAX DIAM CTRLN/AXIAL CT  9004F  AORTIC ANRYSM 6/> CM DIAM  AORTIC ANEURYSM 6/> CM MAX D							
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CENTERLINE/AXIAL CT  9002F AORTIC ANEURYSM 5-5.4CM DIAM AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN/AXIAL CT  9003F AORTIC ANRYSM5.5-5.9CM DIAM AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRLN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM MAX DIAM No Auth Required  CTRLN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM MAX DIAM No Auth Required							
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DIAM CTRLN/AXIAL CT	00025	AODTIC ANELIDYSM E E ACM DIAM		No Auth Required		1	
9003F AORTIC ANRYSM5.5-5.9CM DIAM AORTIC ARYSM 5.5-5.9CM MAX DIAM No Auth Required CTRLN/AXIAL CT 9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM MAX DIAM No Auth Required	90021	AONTIC AINEUNTSIVI 5-3.4CIVI DIAIVI		ivo Autii kequirea		1	
CTRLN/AXIAL CT  9004F AORTIC ANRYSM 6/> CM DIAM AORTIC ANEURYSM 6/> CM MAX DIAM No Auth Required	9003F	AORTIC ANRYSM5.5-5.9CM DIAM		No Auth Required			
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CTRLN/AXIAL CT	9004F	AORTIC ANRYSM 6/> CM DIAM		No Auth Required			
			CTRLN/AXIAL CT			]	

9005F	ASYMPT CAROT/VRTBRBAS STEN	ASYMPT CAROT STEN NO ISCHEM/STRK	No Auth Required				
9006F	SYMPT STEN-TIA/STRK<120DAYS	CAROT/VRTBROBAS SYMPT CAROT STENOS IPSIL CAROT	No Auth Required				
9006F	SYMPI SIEN-HAYSIRK<120DAYS	TIA/STRK<120DAYS	No Auth Required				
9007F	OTHER CAROT STEN 120 DAYS/>	OTHER CAROTID STENT IPSIL TIA/STRK	No Auth Required				
		120 DAYS/>	·				
91300	SARSCOV2 VAC 30MCG/0.3ML IM	SARSCOV2 VACCINE DIL RECON 30	No Auth Required				
		MCG/0.3 ML IM USE					
91301	SARSCOV2 VAC 100MCG/0.5ML IM	SARSCOV2 VACCINE 100 MCG/0.5 ML	No Auth Required				
		IM USE					
A0021	AMB SRVC OTSD STATE-MILE TRANSPORT	AMB SERVICE OUTSIDE STATE PER MILE	No Auth Required				
A0080	NONEMERG TRNSPRT VOLUN NOT VESTED	TRANSPORT NONEMERG TRNSPRT-MILE-VEH VOLUN	No Auth Required				
A0000	NONE WERG TRIVST RT VOLOR NOT VESTED	W/NO VESTED INT	No Auth Required				
A0090	NONEMERG TRNSPRT IND W/VESTED INT		No Auth Required				
	, ,	IND W/VESTED INT					
A0100	NONEMERGENCY TRANSPORTATION; TAXI	NONEMERGENCY TRANSPORTATION;	No Auth Required				
		TAXI					
A0110	NONEMERG TRNSPRT&BUS INTERSTATE	NONEMERG TRNSPRT&BUS INTRA-	No Auth Required				
		/INTERSTATE CARRIER					
A0120	NONEMERG TRNSPRT: MINI-BUS MTN/OTH	NONEMERG TRNSPRT: MINI-BUS MTN	No Auth Required				
40120	NONEMED CERNICOPE, WHIFE CHAIR WAN	AREA/OTH SYS	No Auth Doguined				
A0130	NONEMERG TRNSPRT: WHEELCHAIR VAN	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN	No Auth Required				
A0140	NONEMERG TRNSPRT & AIR TRAVEL	NONEMERG TRNSPRT & AIR TRAVEL	No Auth Required				
710140	NONEMENO TRIVISTRY QUAR TRIVINE	INTRA-/INTERSTATE	140 Matil Required				
A0160	NONEMERG TRNSPRT:MILE-CASE/SOCL WRK	NONEMERG TRNSPRT: PER MILE-	No Auth Required				
		CASE/SOCIAL WORKER	·				
A0170	TRNSPRT ANCILLRY: PARK FEE TOLL OTH	TRANSPORTATION ANCILLARY:	No Auth Required				
		PARKING FEES TOLLS OTH					
A0180	NONEMERG TRNSPRT: LODGING-RECIP	NONEMERG TRANSPORTATION:	No Auth Required				
		ANCILLARY: LODGNG-RECIP					
A0190	NONEMERG TRNSPRT: MEALS-RECIP	NONEMERG TRANSPORTATION:	No Auth Required				
A0200	NONEMERG TRNSPRT: LODGING-ESCORT	ANCILLARY: MEALS-RECIP NONEMERG TRANSPORTATION:	No Auth Required				
A0200	INDINEIVIERG TRINSPRT. LODGING-ESCORT	ANCILLRY: LODGNG-ESCORT	No Autii Kequireu				
A0210	NONEMERG TRNSPRT: MEALS-ESCORT	NONEMERG TRANSPORTATION:	No Auth Required				
		ANCILLARY: MEALS-ESCORT					
A0225	AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	AMB SRVC NEONAT TRNSPRT BASE	No Auth Required				
		RATE EMERG 1 WAY					
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	No Auth Required				
40200	ALC MILEACE	SUPPLIES; DEFIB	No Auth Booking				
A0390 A0392	ALS MILEAGE ALS SPCLIZED SRVC DISPBL SPL; DEFIB	ALS MILEAGE ALS SPECIALIZED SERVICE DISPBL	No Auth Required No Auth Required	1			
AU332	THE ST CLIZED SILVE DIST BE SEL, DET ID	SUPPLIES; DEFIB	Auth Required				
A0394	ALS SPCLIZED SRVC DISPBL SPL; IV RX	ALS SPECIALIZED SERVICE DISPBL SPL; IV	No Auth Required	1			
		DRUG TX					
A0396	ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	ALS SPCLIZED SERVICE DISPBL SPL;	No Auth Required				
		ESOPH INTUBAT					
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	No Auth Required				
40422	AMD OVVCENS OF CHEE CHEE AND CO	HOUR INCREMENTS	No Auth Dogudand				
A0422	AMB OXYGEN&O2 SPL LIFE SUSTAINING	AMB OXYGEN&O2 SUPPLIES LIFE	No Auth Required				
		SUSTAINING SITUATION	l .	<u> </u>	l	l	

A0422   EXTRA AMB STRUCALT ROUND/AIR;   EXTRA AMBULANCE ATTRICHANT   No Auth Required	
A0426 AMB SRVC ALS NONEMERG TRANSPORT LEVI. 1 AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVI. 1 AMB SERVICE ALS MERGENCY TRANSPORT LEVI. 1 AMB SERVICE ALS MERGENCY TRANSPORT LEVI. 1 AMB SERVICE ALS MERGENCY TRANSPORT LEVI. 1 AMB SERVICE BLS NONEMERGENCY TRANSPORT AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT TRANSPORT LEVI. 1 AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT TRANSPORT TRANSPORT TRANSPORT TRANSPORT 1 WAY FIX WING AMB SERVICE ALS MERGENCY TRANSPORT TRANSPORT 1 WAY AMB SERVICE ALS MERGENCY TRANSPORT TRANSPORT 1 WAY AMB SERVICE ALS MERGENCY TRANSPORT TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AUTHORIZED AMBULANCE SERVICE SERVICE ALS	
AMB SRVC ALS EMERG TRANSPORT LEVL 1  AMB SRVC ALS EMERGENCY TRANSPORT  AMB SRVC ALS TRANSPORT 1 WAY FIX WING  AMB SRVC ALS TRANSPORT 1 WAY  AMB SRVC ALS TRANSPORT 1 WAY FIX WING  AMB SRVC ALS TRANSPORT 1 WAY  AMB SRVC ALS TRANSPORT 1 WAY FIX WING ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  Authorization Required  General Medicine - other services and procedures  Full Clinical Review services and procedures  Full Clinical Review services and procedures  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  Authorization Required  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AND AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE CONVINTION ALS SRVC  TRANSPORT 1 WAY  AUTHORIZATION ALS SERVICE  AUTHORIZATION A	
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A0428 AMB SERVICE BLS NONEMERG TRANSPORT NONEMERGENCY TRANSPORT NONEMERGENCY TRANSPORT NONEMERGENCY TRANSPORT NONEMERGENCY TRANSPORT AMBULANCE SERVICE BLS EMERGENCY TRANSPORT TRANSPORT AMBULANCE SERVICE BLS EMERGENCY TRANSPORT TRANSPORT AMBULANCE SERVICE DIS EMERGENCY TRANSPORT TRANSPO	
A0430 AMB SERVICE BLS EMERGENCY TRANSPORT TRANSPORT A0430 AMB SRVC AIR TRNSPRT 1 WAY FIX WING AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AND SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY AND SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE OF THE SERVICE SIZE AIR MILE AGE PER STATUTE AD431 AD41 SERVICE AIR MILE AGE STATUTE MILE AD432 FIX WING AIR MILEAGE-STATUTE MILE FIXED WING AIR MILEAGE PER STATUTE AUTOFICE AIR MILEAGE SIZE AIR MILEAGE SIZE AIR MILEAGE PER STATUTE AUTOFICE AIR MILEAGE SIZE AIR MILEAGE SIZE AIR MILEAGE PER SIZE AIR MILEAGE PER SIZE AIR MILEAGE PER SIZE AIR MILEAGE PER MILE AD438 NONCOVERED AMB MILEAGE PER MILE AD598 AMBULANCE SERVICE UNILISTED AMBULANCE SERV	
A0430 AMB SRVC AIR TRNSPRT 1 WAY FIX WING RANS SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY  A0431 AMB SRVC AIR TRNSPRT 1 WAY ROTARY AMB SERVICE CONVINTION AIR SRVC TRANSPORT 1 WAY  A0432 PARAMED INTRCPT RURL NO 3 PARTY PAY  A0432 PARAMED INTRCPT RURL NO 3 PARTY PAY  A0433 ADVANCED LIFE SUPPORT LEVEL 2 ADVANCED LIFE SUPPORT LEVEL 2  A0434 SPECIALTY CARE TRANSPORT SPECIALTY CARE TRANSPORT NO Auth Required  A0435 FIX WING AIR MILEAGE-STATUTE MILE  FIXED WING AIR MILEAGE-STATUTE MILE  FOR DAY ON AUTH REQUIRED  A0436 ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE-STATUTE MILE  NO AUTH REquired  AUTHORIZED AND AUTHORIZED AMBULANCE MILEAGE  NO AUTH REquired  General Medicine - other services and procedures  Full Clinical Review services and procedures  Full Clinical Review services and procedures  Full Clinical Review services and procedures  AUTHORIZED AMBULANCE RESPONSE AND TRANSPORT  AND AUTHORIZED AMBULANCE BRILE A CC/C EACH  SYRINGE WITH NEEDLE STERILE 1 CC/C EACH  SYRINGE WITH NEEDLE STERILE 3 CC EACH  SYRINGE WITH NEEDLE STERILE 3 CC EACH  SYRINGE WITH NEEDLE STERILE 3 CC EACH  NO Auth Re	
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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 Authorization Required A0436 ROTARY WING AIR MILEAGE-STATUT MILE ROTARY WING AIR MILEAGE PER STATUTE Authorization Required General Medicine - other services and procedures  A0436 ROTARY WING AIR MILEAGE-STATUT MILE ROTARY WING AIR MILEAGE PER STATUTE MILE A0438 NONCOVERED AMB MILEAGE PER MILE A0598 AMBULANCE RSPN&TREATMENT NO TRNSPRT TREATMENT NO TRNSPORT TREATMENT NO TRANSPORT UNILSTED AMBULANCE SERVICE A0599 UNILSTED AMBULANCE SERVICE  A0699 UNILSTED AMBULANCE SERVICE  UNILSTED AMBULANCE SERVICE  A0799 UNILSTED AMBULANCE SERVICE  UNILSTED AMBULANCE SERVICE  A0790 SYRINGE W/NEEDLE STERILE 1 CC/< EACH SYRINGE WITH NEEDLE STERILE 1 CC OR NO Auth Required services and procedures  SYRINGE W/NEEDLE STERILE 2 CC EACH SYRINGE WITH NEEDLE STERILE 2 CC NO Auth Required EACH  A4200 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC NO Auth Required  SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC NO Auth Required  SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC NO Auth Required  SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC NO Auth Required  SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC NO Auth Required	
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A0435 FIX WING AIR MILEAGE-STATUTE MILE  FIXED WING AIR MILEAGE PER STATUTE MILE  A0436 ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  ROTARY WING AIR MILEAGE PER STATUTE  Authorization Required  STATUTE Multiple  Full Clinical Review  STATUTE  ROTARY WING AIR MILEAGE PER STATUTE  Authorization Required  STATUTE Multiple  Full Clinical Review  Authorization Required  STATUTE Multiple  Full Clinical Review  STATUTE Multiple  Full Clinical Review  No Auth Required  LESS EACH  No Auth Required  STATUTE Multiple  Full Clinical Review  Full Clinical Review  No Auth Required  LESS EACH  No Auth Required  STATUTE Multiple  Full Clinical Review	
A0436 ROTARY WING AIR MILEAGE-STATUT MILE  ROTARY WING AIR MILEAGE PER STATUTE MILE  A0888 NONCOVERED AMB MILEAGE PER MILE  NONCOVERED AMBULANCE MILEAGE PER MILE  A0998 AMBULANCE RSPN&TREATMENT NO TRNSPRT  A0999 UNLISTED AMBULANCE SERVICE  UNLISTED AMBULANCE SERVICE  UNLISTED AMBULANCE SERVICE  Authorization Required General Medicine - other services and procedures  Full Clinical Review  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  No Auth Required Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review  Services and procedures  Full Clinical Review	
A0888 NONCOVERED AMB MILEAGE PER MILE  NONCOVERED AMBULANCE MILEAGE PER MILE  A0998 AMBULANCE RSPN&TREATMENT NO TRNSPRT  AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT  A0999 UNLISTED AMBULANCE SERVICE  UNLISTED AMBULANCE SERVICE  UNLISTED AMBULANCE SERVICE  UNLISTED AMBULANCE SERVICE  Authorization Required Services and procedures  Full Clinical Review  LESS EACH  SYRINGE W/NEEDLE STERIL 1 CC/< EACH LESS EACH  SYRINGE W/NEEDLE STERILE 2 CC EACH SYRINGE WITH NEEDLE STERILE 2 CC EACH  SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required EACH  A4208 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required EACH  No Auth Required	
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TREATMENT NO TRANSPORT  A0999 UNLISTED AMBULANCE SERVICE UNLISTED AMBULANCE SERVICE Authorization Required Services and procedures  A4206 SYRINGE W/NEEDLE STERIL 1 CC/< EACH SYRINGE WITH NEEDLE STERILE 1 CC OR No Auth Required  LESS EACH SYRINGE W/NEEDLE STERILE 2 CC EACH SYRINGE WITH NEEDLE STERILE 2 CC  EACH SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required  EACH SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required	
A4206 SYRINGE W/NEEDLE STERIL 1 CC/< EACH SYRINGE WITH NEEDLE STERILE 1 CC OR No Auth Required LESS EACH  A4207 SYRINGE W/NEEDLE STERILE 2 CC EACH SYRINGE WITH NEEDLE STERILE 2 CC EACH  A4208 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required EACH  A4208 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required	
LESS EACH  A4207 SYRINGE W/NEEDLE STERILE 2 CC EACH SYRINGE WITH NEEDLE STERILE 2 CC No Auth Required  EACH  A4208 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required	
A4208 SYRINGE W/NEEDLE STERILE 3 CC EACH SYRINGE WITH NEEDLE STERILE 3 CC No Auth Required	
A4209 SYRINGE W/NEEDLE STERILE 5 CC/> EA SYRINGE WITH NEEDLE STERILE 5 CC OR No Auth Required  GREATER EACH	
A4210 NEEDLE-FREE INJECTION DEVICE EACH NEEDLE-FREE INJECTION DEVICE EACH No Auth Required	
A4211 SUPPLIES SELF-ADMINED INJECTIONS SUPPLIES FOR SELF-ADMINISTERED No Auth Required INJECTIONS	
A4212 NONCORING NEEDLE/STYLET W/WO CATH NONCORING NEEDLE OR STYLET W/WO No Auth Required CATHETER	
A4213 SYRINGE STERILE 20 CC/GREATER EACH SYRINGE STERILE 20 CC OR GREATER No Auth Required EACH	
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 No Auth Required	
DILUENT/FLUSH 10 ML	
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 No Auth Required DISPNS 10 ML	

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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				
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	SOLUTION/CHIPS	No Auth Required			
A4257	REPL LENS SHIELD CARTRIDGE LASR SKN	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC				
A4258	SPRING-POWERED DEVICE LANCET EACH	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			_

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A4264	PERM IMPL CONTRCPTV TUBAL OCCL DEV		No Auth Required				
		OCCL DEV & DEL SYS					
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	3			
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	1		
	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	No Auth Required		
		PER OUNCE			
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		
	OST POUCH DRNABLE FCEPLAT PLSTC EA	OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA	No Auth Required		
	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		
	OST POUCH URIN FCEPLAT HVY PLSTC EA	HEAVY PLSTC EA	No Auth Required		
	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		
	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		
	OST POUCH DRNABLE EXT W/CONVXITY EA	OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA	No Auth Required		
	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		
	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		

A4590 OS 300 MARRIEN WORD FATE A DISTORY DESCRIPTION MATERIAL OF STATE AND A DISTORY DESCRIPTION MATERIAL OR A PART PRODUCT OF STATE AND A PART PRODUCT OR A						Т	
According   Continue	A4399	OST IRRIG SPL; CONE/CATH W/WO BRUSH	OSTOMY IRRIGATION SUPPLY;	No Auth Required			
MANDRO   DESTINATION RESIDENCY   UNBIONNY PER OUNCE   No. Auth Required   No. Auth R							
Add							
A4407 OS SAN BARRIER NOPECTRI PASTE CZ OSCIAMO SON BARRIER ROUPECTRI.  A4407 OS SAN BARRIER WCONTYT KAR NY.  A4407 OS SAN BARRIER WCONTYT KAR NY.  A4407 OS SAN BARRIER WCONTYT KAR NY.  CONTYT SAN BARRIER WCONTYT KAR NY.  CONTYT SAN BARRIER WCONTYT KAR NY.  CONTYT SAN BARRIER WCONTYT KAR NY.  CONTYT SAN BARRIER WCONTYT SAN BA							
A4406   OST SAN BARRIER RETIN PAST-CZ   OSTSANS SAN BARRIER PECTIN FAST-CZ   OSTSAN BARRIER PECTIN FAST-CZ							
A4400   OST SAN BARRER MYCONXYTY AND IN	A4405	OST SKN BARRIER NONPECTIN PASTE-OZ		No Auth Required			
A4407   OS SAN BARRER W/CONXTY 4A4 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY 4A5 IN/-   OS SAN BARRER W/CONXTY-4A5 IN/							
A4400   OST SAN BARRIER W/CONVXTY ASK IN	A4406	OST SKN BARRIER PECTIN PASTE-OZ		No Auth Required			
CONVITY 14 AM   CONVITY 14 A							
A4409   OST SNR BARRIER W/DCONVIX SAX INV.	A4407	OST SKN BARRIER W/CONVXITY 4X4 IN/<	-	No Auth Required			
CONVITY 4-AM IN EAR   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN/CA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN/CA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARRE ET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVITY 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN   CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARREET W/O CONVX 4-AM IN EA   Add   O   STAN BARR							
Addition	A4408	OST SKN BARRIER W/CONVXITY > 4X4 IN	· ·	No Auth Required			
CONNYT MAIN   My Add							
05 T SNI BARRERY W/J CONYX = XN, IN	A4409	OST SKN BARR EXT W/O CONVX 4X4 IN/<		No Auth Required			
A4411 OST SIN BARRIER W/O CONV.XTV AVA IIIN.  A4412 OST POUCH DRINABL BARRIER FLINGE/FLITE AVAILAGE AND AUTH Required W/TINGE/FLITE EA AVAILAGE AND AUTHOR	11110	OCT CVAL DADD EVT MAJO COMBOY - AVAIN	•	N. Auth Desuited			
Add   OST DOUCH COLOR BARR FUNCE W/CONTY   OST SON BARRIER SOLID MAYER   No. Auth Required	A4410	OST SKN BARR EXT W/O CONVX >4X4 IN	-	No Auth Required			
WJBUILT-IN CONVISTY	11111	OCT CVAL DADD COLID AVAISO WIICONIVOTV		N. A. Ale D			
Add	A4411	OST SKN BARR SOLID 4X4/EQ W/CONVXTY		No Auth Required			
MYTINGE W/O FITR EA  A44131 ST POUCH DENABLE BARRIER FINGE/FITR EA  A4414 OST SYNE BARRIER W/O CONVX-44X IN/-  CONVOYT 4KE IN/-EA  A4415 OST SYNE BARRIER W/O CONVX-544X IN  CONVOYT 4KE IN/-EA  A4416 OST SYNE BARRIER W/O CONVX-544X IN  CONVOYT 4KE IN/-EA  A4417 OST POUCH CLO BARRIER W/O CONVX-544X IN  CONVOYT 4KE IN/-EA  A15 OST POUCH CLOS BARRIER W/O CONVX-544X IN  CONVOYT 4KE IN/-EA  A15 OST POUCH CLOS BARRIER W/O CONVX-544X IN  CONVOYT 54KE IN/-EA  A16 OST POUCH CLOS BARRIER W/O CONVX-544X IN  CONVOYT 54KE IN/-EA  A17 OST POUCH CLOS BARRIER W/D CONVOX 54XI IN EA  A18 OST POUCH CLO BARRIER W/D BARR	A 4 4 1 2	OCT DOLLCH DRAID, DADD FLACE W/O FLTD		No Auth Desuised			
Add   OST POUCH CONNO 4AVA INC   OST SIXIN BARRIER NU/O CONVX 4AVA INC   OST SIXIN BARRIER NU/O BUILT-IN CONVXITY AXIA IN EAR   OST SIXIN BARRIER NU/O CONVX 4AVA INC   OST SIXIN BARRIER NU/O BUILT-IN CONVXITY AXIA IN EAR   OST SIXIN BARRIER NU/O BUILT-IN CONVXITY AXIA IN EAR   OST POUCH CLOSED W/BARRIER ATTCH W/FILTE R A   OST POUCH CLOSED W/BARRIER ATTCH W/FILTE R A   OST POUCH CLOSED W/BARRIER ATTCH W/FILTE R A   OST POUCH CLOSED W/BARRIER ATTCH W/FILTE R B   OST POUCH CLOSE W/BARRIER ATTCH W/FILTE R B   OST POUCH CLOSE W/BARRIER ATTCH W/FILTE R B   OST POUCH CLOSE W/BARRIER ATTCH W/FILTE R B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE W/FILTE R B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE W/FILTE R B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE W/FILTE R B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE W/FILTE B   OST POUCH CLOSE, BARRIER W/NON-LOCK FLINGE W/FILTE B   OST POUCH DRIANBLE, BARR NON-LOCK FLINGE W/FILTE B   OST POUCH DRIANBLE, BARR NON-LOCK FLINGE W/FILTE B   OST POUCH DRIANBLE, BARR NON-LOCK FLINGE B   OST POUCH DRIANBLE, BARR NON-LOCK FLINGE W/FILTE B   OST POUCH DRIANBLE,	A4412	OST POUCH DRINBL BARK FLINGE W/O FLIR		No Auth Required			
Myllusceffite EA	A A A 1 2	OST BOLICH DRNABI BARRIER ELNIGE/ELTR		No Auth Poquired			
A4415 OST SKN BARRIER W/O CONVX 4X4 IN/C A4416 OST SKN BARRIER W/O CONVXT 4X4 IN CONVXTY 4X4 IN	A4415	OST POOCH DRIVABL BARRIER FLINGE/FLIR		No Autii Kequireu			
CONVXITY SAYA IN/SEA  A4415 OST SKN BARRIER W/O CONVX >>AX4 IN CONVXITY >AX4 IN LEA  A4416 OST POUCH CLO BARR ATTCH W/FILTR EA  A57 SWA BARRIER W/O CONVXITY >AX4 IN LEA  A4417 OST POUCH CLO BARR ATTCH W/FILTR EA  A4418 OST POUCH CLO BARR W/BLT-IN CONVXIT  A4418 OST POUCH CLOS, W/O BARR W/BLT-IN CONVXIT  A4418 OST POUCH CLOS, W/O BARR W/FILTR EA  A57 SWA BARRIER W/NON-LOCK  A4419 OST POUCH CLOS, BARRIER W/NON-LOCK CLOS, W/O BARRIER W/NON-LOCK FLING EW/FILTR EA  A4419 OST POUCH CLOS, BARRIER W/NON-LOCK CLOS, SARRIER W/NON-LOCK FLING EW/FILTR EA  A4420 OST POUCH CLOS, BARRIER W/NON-LOCK FLING EA  A4422 OST ABSORBM TH-HICKN LQD STOML OP  CLOS FLING EW/FILTR EA  A4422 OST ABSORBM ATL THICKN LQD STOML OP  CLOS STOML OP EA  A4422 OST ABSORBM W/LOCK FLING EA  OST POUCH CLOS, BARRIER W/LOCK FLING EA  CLOS STOML OP EA  CLOS STOML OP EA  CLOS STOML OP EA  A4422 OST POUCH CLOS, BARR W/LOCK FLING EA  OST POUCH CLOS, BARRIER W/LOCK FLING EA  CLOS STOML OP EA  CLOS STOML OP EA  CLOS STOML OP EA  CLOS STOML OP EA  CLOS STOML OP EA  A4422 OST POUCH CLOS, BARR W/LOCK FLING EA  OST POUCH CLOS, BARRIER W/LOCK  LOS STOML OP EA  CLOS  A 4 4 1 4	OST SKNI BYBDIED M/O COM/A AAA IM/S	·	No Auth Poquired				
A4412 OST POUCH CLO, SARRIER W/NO-LOCK FUNG EA  A4421 OST POUCH CLOS, BARRIER W/NO-LOCK FUNG EA  A4422 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4422 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4423 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4424 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4424 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4425 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4426 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4426 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4427 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4428 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4428 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4420 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4420 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4421 OST DAVID FUNG EA  A4421 OST DAVID FUNG EA  A4422 OST ABSORB MATL THICKIN LOD STOML OP  A4422 OST ABSORB MATL THICKIN LOD STOML OP  A4423 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4424 OST POUCH CLOS, BARRIER W/LOCK FUNG EA  A4426 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4426 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4426 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4427 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4428 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4429 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4429 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER W/LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER LOCK FUNG EA  A4420 OST POUCH DRINBLIS BARRIER LOCK FUNG EA  A4420 OST POUCH URIN W/FAUCET TAP W/VALVE  A4420 OST POUCH URIN W/FAUCET TAP W/VALVE  A4430 OST POUCH URIN W/FAUCET TAP W/VALVE  A4430 OST POUCH URIN W/FAUCET TAP W/VALVE  A4440 OST POUCH URIN W/FAUCET TAP W/VALVE  A4440 OST POUCH URIN W/FAUCET TAP WALVE  A4440 OST POUCH URIN W/FAUCET TAP WALVE  A4440 OST POUCH URIN W/FAUCET TAP WALVE  A4440	A4414	OST SKN BARRIER W/O CONVX 4X4 IN/C		No Autii Kequireu			
A4416 OST POUCH CLO BARR ATTCH W/FILTR EA  A4417 OST POUCH CLO BARR W/BLT-IN CONVXIT  OST POUCH CLO W/BARRIER ATTCH W/FILTE EA  A4418 OST POUCH CLOS; W/O BARR W/BLT-IN CONVXIT  W/BULT-IN CONVXIT  A4418 OST POUCH CLOS; W/O BARR W/BLT-IN CONVXIT  W/BULT-IN CONVXIT  A4418 OST POUCH CLOS; W/O BARR W/BLT-IN CONVXIT  W/BULT-IN CONVXIT  A4418 OST POUCH CLOS; W/O BARR W/BLT-IN CONVXIT  W/BULT-IN CONVXIT  A4419 OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  OST POUCH CLOS; BARRIER W/NON-LOCK  W/NOCK FINGE W/FITE  W/NOCK FINGE W/FITE  A4422 OST ABSORB MATL THICKIN LQD STOML OP  OST ABSORBN TMATL POUCH THICKEN  LQD STOMAL OP EA  OST POUCH CLOS; BARRIER W/LOCK  FINGE W/FITE EA  A4424 OST POUCH DRINBL BARR ATTCH HITLE EA  W/BARRIER W/LOCK  FINGE W/FITE EA  W/BARRIER W/LOCK  FINGE W/FITE EA  W/BARRIER W/LOCK  FINGE W/FITE EA  W/BARRIER ATTCH W/FITE EA  W/BARRIER W/BARRIER W/BARRIER W/BARRIER W/BARRIER W/BARRIER W/BARRIER W/	Δ///15	OST SKNI BARRIER W/O CONVY >474 IN		No Auth Required			
A4416 OST POUCH CLO BARR ATTCH W/FLITR EA AUTCH W/FLITR E	A4413	OST SKN BARRIER W/O CONVA 24A4 IN	· ·	No Auth Required			
A4417 OST POUCH CLO BARR W/BLT-IN CONVXIT OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT W/BUILT-IN CONVXIT OST POUCH CLOS; W/O BARR W/FILTE EA ATTCH W/BUILT-IN CONVXIT W/BUILT-IN CONVXIT OST POUCH CLOS; W/O BARR W/FILTE EA ATTCH W/FILTE EA E	Δ//16	OST POLICH CLO BARR ATTCH W/FILTR FA		No Auth Required			
A4417 OST POUCH CLO BARR W/BLT-IN CONYXIT W/BULT-IN CONYXIT W/BULT	714410	OST TOOCH CEO BANK ATTEN WATER EX	-	No riatii nequirea			
MyBuilt-In Comyxit A4418 OST POUCH CLOS; W/O BARR W/FILTR EA OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTR EA	A4417	OST POLICH CLO BARR W/BLT-IN CONVXIT		No Auth Required			
A4418 OST POUCH CLOS; W/O BARR W/FILTR EA ATCH EARL EARL EXCENSIBLE W/FILTR ATCH EARL EARL EXCENSIBLE W/FILTR ATCH EARL EXCENSIBLE W/FILTR EA ATCH EARL EXCENSIBLE EXCENSIBLE W/FILTR EA ATCH EARL EXCENSIBLE EXCEN							
A4419 OST POUCH CLOS; BARRIER W/NON-LOCK OST POUCH CLOS; SARRIER W/NON-LOCK OST POUCH CLOS; USE BARRIER W/NON-LOCK OST POUCH CLOS; USE BARRIER A4420 OST POUCH CLO; USE BARR LOCK FLING EA  A4421 OSTOMY SUPPLY; MISCELLANEOUS OSTOMY SUPPLY; MISCELLANEOUS OST ABSORB MATL THICKN LQD STOML OP OST ABSORBNT MATL POUCH THICKEN LQD STOML OP EA  A4422 OST POUCH CLOS; BARR W/LOCK FLING EA  A4423 OST POUCH CLOS; BARR W/LOCK FLING EA  A4424 OST POUCH DRNBL BARR ATTCH FILTR EA OST POUCH DRNBL; BARR NON-LOCK FLING EN W/BARRIER ATTCH W/FLTR EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLING EN W/BARRIER ATTCH W/FLTR EA  A4426 OST POUCH DRNBL; BARR NON-LOCK FLING EN W/BARRIER ATTCH W/FLTR EA  A4427 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4428 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FLING EA  A4429 OST POUCH URIN W/FAUCET TAP W/VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN RET BARR BLT-IN  No Auth Required  W/LOCK FLING EA  W/LOCK FLING EA  W/LOCK FLING EA  No Auth Required  W/LOCK FLING EA  NO Auth Required  W/LOCK FLING EA  NO Auth Required  NO Auth Required  W/LOCK FLING EA  NO Auth Required  NO Auth Required  W/LOCK FLING EA  NO Auth Required  NO Auth Required  W/LOCK FLING EA  NO Auth Required  W/LOCK FLING EA  NO Auth Required	A4418	OST POUCH CLOS: W/O BARR W/FILTR EA		No Auth Required			
A4419 OST POUCH CLOS; BARRIER W/NON-LOCK  A4420 OST POUCH CLOS; USE BARRIER W/NON-LOCK FING EA  A4421 OST POUCH CLO; USE BARR LOCK FING EA  A4422 OST ABSORB MATL THICKIN LQD STOMLOP  A4423 OST POUCH CLOS; BARRIER W/LOCK FING EA  A4424 OST POUCH CLOS; BARRIER W/LOCK FING EA  A4425 OST POUCH CLOS; BARRIER W/LOCK FING EA  A4426 OST POUCH DRNBL; BARR ATTCH FILTR EA  A4427 OST POUCH DRNBL; BARR NON-LOCK FING EA  A4427 OST POUCH DRNBL; BARR NON-LOCK FING EA  A4428 OST POUCH DRNBL; BARR W/LOCK FING EA  A4427 OST POUCH DRNBL; BARR W/LOCK FING EA  A4428 OST POUCH DRNBL; BARR W/LOCK FING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FING EA  A4429 OST POUCH DRNBL; BARR W/LOCK FING EA  A4429 OST POUCH URIN W/FAUCET TAP W/VALVE  A4430 OST POUCH URIN W/FAUCET TAP W/VALVE  A4430 OST POUCH URIN W/BLT-IN CONVX VALVE  A4430 OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX FAUCT VIV  OST POUCH URIN BLT-IN CNVX FAUC		, , ,		'			
LOCK FLNGE W/FLTR A4420 OST POUCH CLO; USE BARR LOCK FLNG EA OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA UD STOMAL OP EA WO Auth Required WO Auth Required W/BARRIER ATTCH FILTR EA OST POUCH DRNBL BARR ATTCH FILTR EA W/BARRIER ATTCH W/FLTR EA W/BARRIER W/LOCK FLNG EA W/BARRIER W/LOCK FLNG EA W/BARRIER W/LOCK FLNG EA W/BARRIER W/LOCK FLNG EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/LOCK FLNGE EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLNGE W/FLTR EA W/BARRIER ELOCK FLN	A4419	OST POUCH CLOS; BARRIER W/NON-LOCK		No Auth Required			
A4421 OST DUCH DRNBL; BARR NON-LOCK FLNG EA  A4426 OST POUCH DRNBL; BARR W/LOCK FLNG EA  A4427 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4428 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4429 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4420 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4421 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4422 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4426 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4427 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4428 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4429 OST POUCH DRNBL; BARR LOCK FLNG EA  A4429 OST POUCH DRNBL; BARR NON-LOCK FLNG EA  A4429 OST POUCH URIN W/FAUCET TAP W/VALVE  A4430 OST POUCH URIN W/BLT-IN CONVX VALVE  OST POUCH URIN EXT BARR W/FAUCET  TAP W/VALVE  A4430 OST POUCH URIN WBLT-IN CONVX VALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required  OST POUCH URIN W/FAUCET TAP W/VALVE  OST POUCH URIN EXT BARR W/FAUCET  TAP W/VALVE  OST POUCH URIN EXT BARR W/FAUCET  TAP W/VALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required  A4430 OST POUCH URIN BLT-IN CONVX ALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required				· ·			
M/LOCK FLNGE EA  A4421 OSTOMY SUPPLY; MISCELLANEOUS OSTOMY SUPPLY; MISCELLANEOUS Authorization Required  A4422 OST ABSORB MATL THICKN LQD STOML OP OST ABSORBM TMATL POUCH THICKEN LQD STOMAL OP EA  A4423 OST POUCH CLOS; BARR W/LOCK FLNGE A OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA  A4424 OST POUCH DRNBL BARR ATTCH FILTR EA OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG OST POUCH DRNABLE; BARR NON-LOCK FLNGE W/FILTR EA  A4426 OST POUCH DRNBL; BARR W/LOCK FLNGE A OST POUCH DRNABLE; BARR NON-LOCK FLNGE W/FLTR EA  A4427 OST POUCH DRNBL;BARR W/LOCK FLNGE EA  A4428 OST POUCH DRN,BARR LOCK FLNG FLTR  OST POUCH DRNABLE; BARR LOCK FLNG FLTR  OST POUCH DRNABLE; BARR LOCK FLNG FLTR  OST POUCH DRNABLE; BARR W/FAUCET TAP W/VALVE  OST POUCH URIN W/FAUCET TAP W/VALVE  OST POUCH URIN W/FAUCET TAP W/VALVE  OST POUCH URIN W/BLT-IN CONVX VALVE  OST POUCH URIN EXT-IN CONVX VALVE  OST POUCH URIN EXT-BARR BLT-IN  No Auth Required  A4430 OST POUCH URIN BLT-IN CONVX ALVE  OST POUCH URIN EXT-BARR BLT-IN  No Auth Required	A4420	OST POUCH CLO;USE BARR LOCK FLNG EA	OSTOMY POUCH CLOS; USE BARRIER	No Auth Required			
A4422 OST ABSORB MATL THICKN LQD STOML OP LQD STOMAL OP EA  A4423 OST POUCH CLOS; BARR W/LOCK FLNG EA  A4424 OST POUCH DRNBL BARR ATTCH FILTR EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG ENGE W/FLTR EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG ENGE W/FLTR EA  A4426 OST POUCH DRNBL; BARR W/LOCK FLNG EA  A4427 OST POUCH DRNBL; BARR W/LOCK FLNG EA  A4427 OST POUCH DRNSBL; BARR W/LOCK FLNG EA  A4428 OST POUCH DRNSBL; BARR LOCK FLNG FLTR ENGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE  A4430 OST POUCH URIN BLT-IN CONVX VALVE  A4430 OST POUCH URIN BLT-IN CONVX VALVE  A4430 OST POUCH URIN BLT-IN CONVX FAUCT VLV  OST POUCH URIN ET BARR BLT-IN  No Auth Required			W/LOCK FLNGE EA				
LQD STOMAL OP EA  A4423 OST POUCH CLOS; BARR W/LOCK FLNG EA  OST POUCH CLOS; BARR W/LOCK FLNG EA  OST POUCH DRNBL BARR ATTCH FILTR EA  OSTOMY POUCH DRNINABLE  W/BARRIER ATTCH W/FLTR EA  OST POUCH DRNBL; BARR NON-LOCK FLNG  A  OST POUCH DRNBLE; BARR W/LOCK FLNG EA  OST POUCH DRNBLE; BARR W/LOCK FLNG EA  OST POUCH DRNBLE; BARR W/LOCK FLNG EA  OST POUCH DRNBLE; BARRIER LOCK  FLNGE W/FLITR EA  W/LOCK FLNGE EA  OST POUCH DRNBARR LOCK FLNG FLTR  OST POUCH DRNBALE; BARRIER LOCK  FLNGE W/FLITR EA  A4427 OST POUCH URIN W/FAUCET TAP W/VALVE  OST POUCH URIN EXT BARR W/FAUCET  TAP W/VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required  W/FAUCET TAP VALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required  W/FAUCET TAP VALVE  OST POUCH URIN EXT BARR BLT-IN  No Auth Required  W/FAUCET TAP VALVE	A4421	OSTOMY SUPPLY; MISCELLANEOUS	OSTOMY SUPPLY; MISCELLANEOUS	Authorization Required		Full Clinical Review	
A4424 OST POUCH CLOS; BARR W/LOCK FLNG EA OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA OSTOW POUCH DRAINABLE W/BARRIER THTCH W/FLTR EA OSTOW POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA OST POUCH DRNABL; BARR NON-LOCK FLNG OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA OST POUCH DRNABL; BARRIER W/LOCK FLNGE EA OST POUCH DRNABLE; USE BARRIER W/LOCK FLNGE EA OST POUCH DRNABLE; USE BARRIER W/LOCK FLNGE EA OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA W/LOCK FLNGE W/FLTR EA OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVXI NO Auth Required W/FAUCET TAP VALVE A4430 OST POUCH URN BLT-IN CONVX VALVE OST POUCH URIN EXT BARR BLT-IN NO Auth Required	A4422	OST ABSORB MATL THICKN LQD STOML OP	OST ABSORBNT MATL POUCH THICKEN	No Auth Required			
FLNGE W/FLTR EA  A4424 OST POUCH DRNBL BARR ATTCH FILTR EA  OST POUCH DRNBL; BARR NON-LOCK FLNG OST POUCH DRNBL; BARR NON-LOCK FLNG FLNGE W/FILTR EA  A4425 OST POUCH DRNBL; BARR W/LOCK FLNG EA  A4426 OST POUCH DRNBL; BARR W/LOCK FLNG EA  OST POUCH DRNBLB; BARR W/LOCK FLNG EA  OST POUCH DRNBLB; BARR LOCK FLNG FLR W/LOCK FLNGE EA  A4427 OST POUCH DRN; BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required  W/SAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required			LQD STOMAL OP EA				
A4424 OST POUCH DRNBL; BARR ATTCH FILTR EA  OSTOMY POUCH DRAINABLE  W/BARRIER ATTCH W/FLTR EA  OST POUCH DRNBL; BARR NON-LOCK FLNG  OST POUCH DRNABL; BARR NON-LOCK  FLNGE W/FILTR EA  OST POUCH DRNBL;BARR W/LOCK FLNG EA  OST POUCH DRAINABLE; USE BARRIER  W/LOCK FLNGE EA  W/LOCK FLNGE W/FILTR EA  W/LOCK FLNGE W/LOCK F	A4423	OST POUCH CLOS; BARR W/LOCK FLNG EA	OST POUCH CLOS; BARRIER W/LOCK	No Auth Required			
M/BARRIER ATTCH W/FLTR EA  A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA  A4426 OST POUCH DRNBL;BARR W/LOCK FLNG EA OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA  A4427 OST POUCH DRN;BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FILTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required  W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV  OST POUCH URIN EXT BARR BLT-IN No Auth Required			FLNGE W/FLTR EA				
A4425 OST POUCH DRNBL; BARR NON-LOCK FLNG	A4424	OST POUCH DRNBL BARR ATTCH FILTR EA	OSTOMY POUCH DRAINABLE	No Auth Required			
A4426 OST POUCH DRNBL;BARR W/LOCK FLNG EA OST POUCH DRNABLE; USE BARRIER W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA W/LOCK FLNGE EA OST POUCH DRN;BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE W/FAUCET TAP VALVE OST POUCH URIN BLT-IN CONVX FAUCT TAP VALVE W/FAUCET TAP VALVE OST POUCH URIN BLT-IN CONVX FAUCT TAP VALVE W/FAUCET TAP VALVE OST POUCH URIN BLT-IN CONVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required W/FAUCET TAP VALVE OST POUCH URIN EXT BARR BLT-IN No Auth Required W/FAUCET TAP VALVE OST POUCH URIN EXT BARR BLT-IN No Auth Required			W/BARRIER ATTCH W/FLTR EA				
A4426 OST POUCH DRNBL;BARR W/LOCK FLNG EA W/LOCK FLNG EA W/LOCK FLNGE EA  A4427 OST POUCH DRN;BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required  W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required	A4425	OST POUCH DRNBL; BARR NON-LOCK FLNG	OST POUCH DRNABL; BARR NON-LOCK	No Auth Required			
M/LOCK FLNGE EA  A4427 OST POUCH DRN;BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP W/VALVE OST POUCH URIN BLT-IN CONVX VALVE W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required  W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required							
A4427 OST POUCH DRN;BARR LOCK FLNG FLTR OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required	A4426	OST POUCH DRNBL;BARR W/LOCK FLNG EA		No Auth Required			
FLNGE W/FLTR EA  A4428 OST POUCH URIN W/FAUCET TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX VALVE  OST POUCH URIN BLT-IN CONVX FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV  OST POUCH URIN EXT BARR BLT-IN  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 TAP W/VALVE OST POUCH URIN W/BLT-IN CONVX VALVE OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required	A4427	OST POUCH DRN;BARR LOCK FLNG FLTR		No Auth Required			
TAP W/VALVE  A4429 OST POUCH URIN W/BLT-IN CONVX VALVE OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required				1			
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 No Auth Required	A4428	OST POUCH URIN W/FAUCET TAP W/VALVE		No Auth Required			
W/FAUCET TAP VALVE  A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required				ļ			
A4430 OST POUCH URN BLT-IN CNVX FAUCT VLV OST POUCH URIN EXT BARR BLT-IN No Auth Required	A4429	OST POUCH URIN W/BLT-IN CONVX VALVE		No Auth Required			
			,				
CNVX FAUCT VLV EA	A4430	OST POUCH URN BLT-IN CNVX FAUCT VLV		No Auth Required			
	L		CNVX FAUCT VLV EA	l			

A4431	OST POUCH URIN;BARR FAUCT TAP VLV		No Auth Required			
		TAP W/VALVE EA				
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				
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	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	No Auth Required	General Medicine -		
		COVERING ANY TYPE		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	No Auth Required			
		W/ELECTRICAL DEVICE	·			

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A4559	COUPLING GEL/PASTE W/US DEVC PER OZ	COUPLING GEL/PASTE USE W/US	No Auth Required			
		DEVICE PER OZ				
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	No Auth Required			
		ANY TYPE EA				
A4565	SLINGS	SLINGS	No Auth Required			
A4566	SHOULDR SLING/VEST ABD RSTRN PREFAB	SHOULDER SLING/VEST ABDUCTION	No Auth Required			
		RESTRAINER PREFAB				
A4570	SPLINTS	SPLINTS	No Auth Required			
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	TOPICAL HYPERBARIC OXYGEN	Authorization Required	Hyperbaric Oxygen	Full Clinical Review	
		CHAMBER DISPOSABLE	•			
A4580	CAST SUPPLIES	CAST SUPPLIES	No Auth Required			
A4590	SPECIAL CASTING MATERIAL	SPECIAL CASTING MATERIAL	No Auth Required			
	ELEC STIM SUPPLIES 2 LEAD PER MONTH	ELECTRICAL STIMULATOR SUPPLIES 2	No Auth Required			
71.555	2220 31111 3011 2123 2 221 13 1 211 110 11111	LEAD PER MONTH	no man neganea			
A4600	SLEEVE INTERMITT LIMB COMP REPL EA	SLEEVE INTERMITTENT LIMB COMPRS	No Auth Required			
A4000	SELEVE INTERIOR TELIMID COMM RETERA	DEVC REPL EA	No Auth Required			
A4601	LIB RECHARG NONPROSTHETIC USE REPL	LITHIUM ION BATT RECHARG NONPROS	No Auth Poquired			
A4001	LIB RECHARG NONFROSTILLIE OSE REFE	USE REPLACEMENT	No Autii Required			
A4602	REPL BA EXT IP OWND PT LI 1.5 V EA	1	No Auth Doguisod			
A4602	REPL BA EXT IP OWIND PT LI 1.5 V EA	REPL BA EXT INFUS PUMP OWND	No Auth Required			
14604	TUDING WALLANTED LIEAT FLEAT ALLANDAD DEVE	PATIENT LI 1.5 V EA	No Acade Document			
A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC		No Auth Required			
1.1505	TD 4 01/5 41 01/07/04 04 TH 01/08 01/6 54	AIRWAY PRESS DEVC				
A4605	TRACHEAL SUCTION CATH CLOS SYS EA		No Auth Required			
		SYSTEM EACH				
A4606	O2 PROBE W/OXIMETER DEVICE REPLCMT	OXYGEN PROBE USE W/OXIMETER	No Auth Required			
		DEVICE REPLACEMENT				
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH	TRANSTRACHEAL OXYGEN CATHETER	No Auth Required			
		EACH				
A4611	BATTRY HEVY DUTY; REPL PT-OWND VENT	BATTRY HEAVY DUTY; REPL PT-OWNED	No Auth Required			
		VENTILATOR				
A4612	BATTRY CABLES; REPL PT-OWNED VENT	BATTRY CABLES; REPLACEMENT PT-	No Auth Required			
		OWNED VENTILATOR				
A4613	BATTRY CHARGER; REPL PT-OWNED VENT	BATTRY CHARGER; REPLACEMENT PT-	No Auth Required			
		OWNED VENTILATOR				
A4614	PEAK EXPIRATORY FLW METER HAND HELD	PEAK EXPIRATORY FLOW RATE METER	No Auth Required			
		HAND HELD				
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	No Auth Required			
		THAN CLOS SYS EA				
A4625	TRACHEOST CARE KIT NEW TRACHEOST	TRACHEOSTOMY CARE KIT FOR NEW	No Auth Required			
7023	The state of the s	TRACHEOSTOMY				
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	TRACHEOSTOWY TRACHEOSTOMY CLEANING BRUSH	No Auth Required			
A4020	THE CONTROL CELANING BROSH EACH	EACH	140 Addi Nequileu			
A4627	SPACR BAG/RESRVOR METRD DOSE INHAL	SPACR BAG/RESRVOR W/WO MASK	No Auth Required			
A4027	SI ACK BAG/ KLOK VOK IVIETKU DUSE IIVITAL	W/METRD DOSE INHAL	No Auth Required			
A4630	OROPHARYNGEAL SUCTION CATHETER EACH		No Auth Poguired			
A4628	ONOFHANTINGEAL SOCION CATHETER EACH		No Auth Required			
A 4 C 3 O	TRACHEGET CARE KIT FET TRACHEGET	TRACHEOGRAMY CARE MIT ESTABLISHED	No Auth Dogudand			
A4629	TRACHEOST CARE KIT EST TRACHEOST	TRACHEOSTOMY CARE KIT ESTABLISHED	ino Auth Kequirea			
		TRACHEOSTOMY	1	1	j	

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REPL BATTRY TRNSQ ELEC STIM OWND PT	REPLCMT BATTRY MED NECES TRNSQ	No Auth Required				
REPLCMT BULB/LAMP UV LGHT TX SYS EA	REPLCMT BULB/LAMP ULTRAVIOLET	No Auth Required				
REPLCMT BULB TX LGHT BOX TABOP MDL	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL	No Auth Required				
UNDERARM PAD CRUTCH REPLACEMENT EA	UNDERARM PAD CRUTCH REPLACEMENT EACH	No Auth Required				
REPL HANDGRIP CANE CRTCH/WALKER EA	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	No Auth Required				
REPL TIP CANE CRUTCH WALKER EA	REPLACEMENT TIP CANE CRUTCH WALKER EACH	No Auth Required				
REPL BATT PT-OWND EAR PULSE GEN EA	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA	Authorization Required	Hearing Aids		Full Clinical Review	
REPL PAD INFRARD HEATING PAD SYS EA	REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH	No Auth Required				
REPL PAD W/ALTRNAT PRSS PAD OWND PT	PRSS PAD OWND PT	,				
RADIOPHARMACEUTICAL DIAGNOSTIC NOC	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	No Auth Required				
IN-111 SATUMOMB PENDETID DX TO 6MCI	INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI	No Auth Required				
TISSUE MARKER IMPLANTBL ANY TYPE EA	TISSUE MARKER IMPLANTABLE ANY TYPE EACH	No Auth Required				
SURGICAL SUPPLY; MISCELLANEOUS	SURGICAL SUPPLY; MISCELLANEOUS	Authorization Required			Full Clinical Review	
IMPLANTABLE RADIATION DOSIMETER EA	IMPLANTABLE RADIATION DOSIMETER EACH	No Auth Required				
CALIBRATED MICROCAPILLARY TUBE EACH	CALIBRATED MICROCAPILLARY TUBE EACH	No Auth Required				
MICROCAPILLARY TUBE SEALANT	MICROCAPILLARY TUBE SEALANT	No Auth Required				
PERITON DIALYSIS CATH ANCHR BELT EA	PERITON DIALYSIS CATHETER ANCHR	No Auth Required				
SYRINGE WITH OR WITHOUT NEEDLE EACH	SYRINGE WITH OR WITHOUT NEEDLE	No Auth Required				
SPHYGMOMANOMETER/BP W/CUFF&STETH	SPHYGMOMANOMETER/BP	No Auth Required				
BLOOD PRESSURE CUFF ONLY	1	No Auth Required				
AUTOMATIC BLOOD PRESSURE MONITOR	AUTOMATIC BLOOD PRESSURE	No Auth Required				
DISPBL CYCLR SET USED W/CYCLR DIALY	DISPBL CYCLER SET USED W/CYCLER	No Auth Required				
DRAIN EXT LINE STERILE DIALYSIS EA	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH	No Auth Required				
EXT LINE W/EASY LOCK CNCTR DIALYSIS	EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS	No Auth Required				
CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 80Z	No Auth Required				
ACTIVATED CARBON FILTER HEMODIAL EA	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH	No Auth Required				
DIALYZER ALL TYPES SZS HEMODIAL EA	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH	No Auth Required				
BICARBONATE CONC SOL HEMODIAL-GAL	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON	No Auth Required				
BICARBONAT CONC PWDR HEMODIAL-PCKET	BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET	No Auth Required				
ACTAT CONC SOL HEMODIAL-GALLON	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON	No Auth Required				
	REPLEMT BULB/LAMP UV LGHT TX SYS EA  REPLEMT BULB TX LGHT BOX TABOP MDL  UNDERARM PAD CRUTCH REPLACEMENT EA  REPL HANDGRIP CANE CRTCH/WALKER EA  REPL TIP CANE CRUTCH WALKER EA  REPL BATT PT-OWND EAR PULSE GEN EA  REPL PAD INFRARD HEATING PAD SYS EA  REPL PAD W/ALTRNAT PRSS PAD OWND PT  RADIOPHARMACEUTICAL DIAGNOSTIC NOC  IN-111 SATUMOMB PENDETID DX TO 6MCI  TISSUE MARKER IMPLANTBL ANY TYPE EA  SURGICAL SUPPLY; MISCELLANEOUS IMPLANTABLE RADIATION DOSIMETER EA  CALIBRATED MICROCAPILLARY TUBE EACH  MICROCAPILLARY TUBE SEALANT PERITON DIALYSIS CATH ANCHR BELT EA  SYRINGE WITH OR WITHOUT NEEDLE EACH  SPHYGMOMANOMETER/BP W/CUFF&STETH  BLOOD PRESSURE CUFF ONLY  AUTOMATIC BLOOD PRESSURE MONITOR  DISPBL CYCLR SET USED W/CYCLR DIALY  DRAIN EXT LINE STERILE DIALYSIS EA  EXT LINE W/EASY LOCK CNCTR DIALYSIS  CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ  ACTIVATED CARBON FILTER HEMODIAL EA  BICARBONATE CONC PWDR HEMODIAL-PCKET	REPLCMT BULB/LAMP UV LGHT TX SYS EA  REPLCMT BULB/LAMP UV LGHT TX SYS EA  REPLCMT BULB TX LGHT BOX TABOP MDL  REPLCMT BULB TX LGHT BOX TABOP MDL  REPLCMT BULB TX LGHT BOX TABOP MDL  REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL  UNDERARM PAD CRUTCH REPLACEMENT EA  REPLABRAM PAD CRUTCH REPLACEMENT EACH  REPL HANDGRIP CANE CRTCH/WALKER EA  REPLACEMENT HANDGRIP CANE  REPL TIP CANE CRUTCH WALKER EA  REPLACEMENT TIP CANE CRUTCH  REPL BATT PT-OWND EAR PULSE GEN EA  REPLACEMENT TIP CANE CRUTCH  REPL BATT PT-OWND EAR PULSE GEN EA  REPLACEMENT PAD INFRARD HEATING PAD SYS EA  REPLACEMENT PAD INFRARD HEATING PAD SYS EA  REPLACEMENT PAD INFRARD HEATING PAD SYS EA  REPLACEMENT PAD INFRARD HEATING PAD SYS EA  REPLACEMENT PAD W/MED NECES ALTRNAT  PRES PAD OWND PT  RADIOPHARMACEUTICAL DIAGNOSTIC NOC  IN-111 SATUMOMB PENDETID DX TO GMCI  IN-111 SATUMOMB PENDETID DX TO GMCI  TISSUE MARKER IMPLANTBL ANY TYPE EA  TISSUE MARKER IMPLANTBL ANY TYPE EA  TISSUE MARKER IMPLANTBL ANY TYPE EA  TISSUE MARKER IMPLANTBLE ANY  TYPE EACH  SURGICAL SUPPLY, MISCELLANEOUS  IMPLANTABLE RADIATION DOSIMETER EA  CALIBRATED MICROCAPILLARY TUBE EACH  CALIBRATED MICROCAPILLARY TUBE EACH  CALIBRATED MICROCAPILLARY TUBE EACH  CALIBRATED MICROCAPILLARY TUBE EACH  SYRINGE WITH OR WITHOUT NEEDLE EACH  BIOOD PRESSURE CUFF ONLY  AUTOMATIC BLOOD PRESSURE MONITOR  DISPBL CYCLR SET USED W/CYCLR DIALY  BIOOD PRESSURE CUFF ONLY  AUTOMATIC BLOOD PRESSURE MONITOR  DISPBL CYCLR SET USED W/CYCLR DIALYSIS EACH  EXT LINE W/EASY LOCK CNCTR DIALYSIS EA  DRAINAGE EXTENSION LINE STERILE  DIALYSIS EACH  EXT LINE W/EASY LOCK CNCTR DIALYSIS  CHEMS/ANTISPTICS SOL  CLEAN/STERILIZE DIALYSIS CA  HEMODIALYSIS EACH  BICARBONATE CONCENTRATE SOL  HEMODIAL-PACKET  ACTAT CONC SOL HEMODIAL-GALLON  ACTAT CONCENTRATE SOLUTION	REPLCMT BULB/LAMP UV LGHT TX SYS EA REPLCMT BULB/LAMP ULTRAVIOLET REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLCMT BULB TX LGHT BOX TABOP MDL REPLCMT BULB THERAPEUTIC LIGHT REPLACEMENT BULB CRUTCH REPLACEMENT TIP CAPIC RUTCH WALKER EACH REPLACEMENT TIP CAPIC RUTCH REPLACEMENT TIP CAPIC RUTCH WALKER EACH REPLACEMENT TIP CAPIC RUTCH REPLACEMENT TIP CAPIC RUTCH WALKER EACH REPLACEMENT TIP CAPIC RUTCH REPLACEMENT TIP CAPIC RUTCH WALKER EACH REPLACEMENT TIP CAPIC RUTCH REPLACEMENT	ELEC STIM OWND PT  REPLEMT BULB/LAMP UV LIGHT TX STSEA  REPLEMT BULB/LAMP UV LIGHT TX STSEA  REPLEMT BULB TX LIGHT BOX TABOP MDL  REPLEMT BOX TABOP MODEL  REPLEMT BOX TABOP MDL  REPLEMT BOX TABOP  REPLEMT BOX TABOP MDL  REPLEMT BOX TABOP  REPLEMT BOX TABOP MDL  REPLEMT BOX TABOP  REP	REPLAMT BUILBILAMM DVI LIGHT TX YST EA  REPLAMT BUILBILAMM DVI LIGHT TX YST EA  REPLAMT BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMT BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMT BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT TX SYSTEM AA  REPLAMD BUILBILAMM DVI LIGHT AAA    REPLAMD BUILBILAMM DVI LIGHT AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	REPECTAT BUBLIA TALENT TO STAGE  REPECTAT BUBLIA TALENT TALENT TAL

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A4709	ACID CONC SOL HEMODIAL-GALLON	ACID CONCENTRATE SOLUTION	No Auth Required				
		HEMODIAL PER GALLON					
A4714	TREATED H2O PERITON DIALYSIS-GALLON	TREATED WATER FOR PERITONEAL	No Auth Required				
		DIALYSIS PER GALLON					
A4719	Y SET TUBING PERITONEAL DIALYSIS	Y SET TUBING FOR PERITONEAL	No Auth Required				
		DIALYSIS					
A4720	DIALYSATE FL>249<=999 CC DIALYSIS		No Auth Required				
		PERITON DIALYS					
A4721	DIALYSATE FL>999<=1999CC DIALYSIS		No Auth Required				
		PERITON DIALYS					
A4722	DIALYSATE FL>1999<=2999CC DIALYSIS	DIALYSATE DXTROS FL>1999 =2999CC</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		PERITON DIALYS					
A4723	DIALYSATE FL>2999<=3999CC DIALYSIS	DIALYSATE DXTROS FL>2999 =3999CC</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		PERITON DIALYS					
A4724	DIALYSATE FL>3999<=4999CC DIALYSIS	DIALYSATE DXTROS FL>3999 =4999CC</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		PERITON DIALYS					
A4725	DIALYSATE FL>4999<=5999CC DIALYSIS	DIALYSATE DXTROS FL>4999 =5999CC</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		PERITON DIALYS					
A4726	DIALYSATE DEXTROSE FL>5999 CC PD		No Auth Required				
		PD					
A4728	DIALYSAT SOL NO-DXTRS CNTAIN 500 ML	DIALYSATE SOLUTION NON-DXTROS	No Auth Required				
		CONTAINING 500 ML					
A4730	FIST CANNULAT SET HEMODIALYSIS EA	FISTULA CANNULATION SET FOR	No Auth Required				
		HEMODIALYSIS EACH					
A4736	TOPICAL ANESTHETIC DIALYSIS PER G	TOPICAL ANESTHETIC FOR DIALYSIS PER	No Auth Required				
		G					
A4737	INJ ANESTHETIC DIALYSIS PER 10 ML	INJECTABLE ANESTHETIC FOR DIALYSIS	No Auth Required				
		PER 10 ML					
A4740	SHUNT ACCESSRY HEMODIAL ANY TYPE EA	SHUNT ACCESSORY HEMODIALYSIS ANY	No Auth Required				
		TYPE EACH					
A4750	BLD TUBING ART/VENOUS HEMODIAL EA	BLOOD TUBING ARTERIAL/VENOUS	No Auth Required				
		HEMODIALYSIS EACH					
A4755	BLD TUBING ART&VENOUS HEMODIAL EA	BLOOD TUBING ART&VENOUS	No Auth Required				
		COMBINED HEMODIALYSIS EA					
A4760	DIALYSATE SOL TST KIT PERITON EA	DIALYSATE SOL TST KIT PERITON	No Auth Required				
		DIALYSIS TYPE EA					
A4765	DIALYSATE POWDER PERITON DIALYSIS	DIALYSATE CONC POWDER ADD	No Auth Required				
		PERITON DIALYSIS-PCKET					
A4766	DIALYSATE SOL PERITON DIALYSIS-10ML	DIALYSATE CONC SOL ADD PERITON	No Auth Required				
		DIALYSIS-10 ML					
A4770	BLD COLLECTION TUBE VAC DIALYSIS-50	BLOOD COLLECTION TUBE VACUUM	No Auth Required				
	CEDURA CLOT TIME TURE SUCCESS	FOR DIALYSIS PER 50	No. Acade Dec. 1				
A4771	SERUM CLOT TIME TUBE DIALYSIS-50	SERUM CLOTTING TIME TUBE FOR	No Auth Required				
	DIR CHIEFET CTRIPS BY	DIALYSIS PER 50					
A4772	BLD GLU TEST STRIPS DIALYSIS PER 50	BLOOD GLUCOSE TEST STRIPS FOR	No Auth Required				
	0.001117 010 7707 07017	DIALYSIS PER 50					
A4773	OCCULT BLD TEST STRIPS DIALYSIS-50	OCCULT BLOOD TEST STRIPS FOR	No Auth Required				
	ANAMAONIA TEGT CTRIDG CONVEGE CO.	DIALYSIS PER 50	N. A. H. D				
A4774	AMMONIA TEST STRIPS DIALYSIS PER 50	AMMONIA TEST STRIPS FOR DIALYSIS	No Auth Required				
	2222	PER 50					
A4802	PROTAMINE SULFATE HEMODIAL-50 MG	PROTAMINE SULFATE FOR	No Auth Required				
		HEMODIALYSIS PER 50 MG					
A4860	DISPBL CATH TIP PERITON DIALYSIS-10	DISPBL CATHETER TIPS PERITONEAL	No Auth Required				
		DIALYSIS PER 10					
A4870	PLUMB &/ ELEC WRK HOM HEMODIAL EQP	PLUMBING &OR ELEC WORK HOME	No Auth Required				
		HEMODIAL EQUIPMENT					

AGEST   CONTRACTS (SPEMANINE) THOUGHOUS CONTROLS (SPOMANINE) THOUGH   CONTROLS (SPOMANINE) THOUGH   CONTROLS (SPOMANINE) THOUGH   CONTROLS (SPOMANINE) THOUGH   CONTROLS (SPOMANINE)			T	1	1	1	1
### AMERICAN PROJECT HE STOR MANUS REAL SECTION DIAM SECURITY SECTION ACCOUNTS ACCOUNT ON THE PROJECT ACCOUNTS	A4890	CONTRACTS REPR&MAINT HEMODIAL EQP	CONTRACTS REPAIR&MAINTENANCE	No Auth Required			
MSCELLANEOUS DIALYSS SUPPLES NOS MISCELLANEOUS DIALYSS SUPPLES NOS MISCELLANEOUS DIALYSS SUPPLES NOS MISCELLANEOUS PRESURE CLAMP HEMODIAL 54 SECULOS PRESURE CLAMP HEMODIAL 55 SECULOS PRESURE CLAMP HEMODIAL 54 SECULOS PRESURE CLAMP HEMODIAL 55 S		DD 4 10 / D 0 77 / 5 5 0 D D 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
NO.   No.   No.	A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	No Auth Required			
NO.   No.   No.	A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	MISCELLANEOUS DIALYSIS SUPPLIES	Authorization Required		Full Clinical Review	
MADDIALYSSERICH   MISSING MI							
A0227   COLVES NON-STERLE PER 100   SUDICAL MARK PER 20   No Auth Required	A4918	VENOUS PRESSURE CLAMP HEMODIAL EA	VENOUS PRESSURE CLAMP FOR	No Auth Required			
ASSESSED   ALMASS PRE 20   SURSECUL MASS PRE 20   PO AUTH Required			HEMODIALYSIS EACH				
A00200   DUANNIQUE FOR DRAYSS EACH   DUANNIQUE FOR DRAYSS EACH   No Auth Required	A4927	GLOVES NON-STERILE PER 100	GLOVES NON-STERILE PER 100	No Auth Required			
A0930   GOVES STRILLE PER PARIN   GLOVES STRILLE PER PARIN   No Auth Required	A4928						
A932   OR. THERMOMETER REUSBLANY TYPE A   PECAL   THERMOMETER REUSBLANE AND   PROJUCE   PECAL   PERMOMETER REUSBLANE AND   PROJUCE   PECAL   PERMOMETER REUSBLANE AND   PROJUCE   PECAL   PERMOMETER REUSBLANE AND   PECAL   PECAL   PERMOMETER REUSBLANE AND   PECAL   PECAL   PERMOMETER REUSBLANE AND   PECAL   PERMOMETER REUSBLANE AND   PECAL   PE							
TYPE EACH							
TYPE EACH	A4931	ORL THERMOMETER REUSBL ANY TYPE EA		No Auth Required			
A3051 OF POUCH CLOS, W/BARRIER ATTOCHE A A3052 OF POUCH CLOS, W/O BARR ATTOCHE A A3053 OF POUCH CLOS, W/O BARR ATTOCHE A A3054 OF POUCH CLOS, USE FACEPIATE EA A3055 OF POUCH CLOS, USE FACEPIATE EA A3056 OF POUCH CLOS, USE FACEPIATE EA A3057 OF POUCH CLOS, BARRIER W/FLINGE EA A3058 OF POUCH CLOS, BARRIER W/FLINGE EA A3059 OF POUCH CLOS, BARRIER W/FLINGE EA A3050 OF POUCH DRAIN RET BARRIER ATTOCHE EA A3050 OF POUCH DRAIN RET BARRIER ATTOCHE EA A3050 OF POUCH DRAIN RET BARRIER ATTOCHE EA A3050 OF POUCH DRAIN BARR CRONX X LTRE EA CONVEY FLIT EA A3051 OF POUCH DRAIN BARR ATTOCHE EA A3052 OF POUCH DRAIN BARR ATTOCHE EA A3053 OF POUCH DRAIN BARR ATTOCHE EA A3054 OF POUCH DRAIN BARR ATTOCHE EA A3055 OF POUCH DRAIN BARR ATTOCHE EA A3056 OF POUCH DRAIN BARR ATTOCHE EA A3067 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH DRAIN BARR ATTOCHE EA A3068 OF POUCH URIN, W/O BARR ATTOCHE A3068 OF POUCH URIN, W/O BARR ATTOCHE A3068 OF POUCH URIN, W/O BARR ATTOCHE A3068 OF POUCH URINARY, WITH A3068 OF POUCH URINARY, WITH A3068 OF POUCH URINARY, WITH A3068 OF POUCH URINARY, WITH A3068 OF POUCH URINARY, WITHOUT A3068 OF POUCH URINARY, WITH A3068 OF POUCH URINARY, WITHOUT A3068 OF POUCH URINARY,	A4932	RECTAL THERMOMETER REUSBL TYPE EA		No Auth Required			
SARIER ATTACHE DE ACH   No Auth Required	A5051	OST POUCH CLOS; W/BARRIER ATTCH EA		No Auth Required			
ASD52   OST POUCH CLOSS, WJG BARR ATTACH A BARRIER ATTACHED EACH		, ,					
BARRIER ATTACHED EA A0503 OSTOMY POUCH CLOS; USE FACEPLATE EA A6054 OST POUCH CLOS; BARRIER W/TLNGE EAC W/FLANGE EACH W/FLANGE E	A5052	OST POUCH CLOS; W/O BARR ATTACH EA	1	No Auth Required			
ASSSS STOWLCH CLOS, BARRIER W/FLINGE EAR ASSSS STOWLA CAP ASSOS STOWLA DRAIN BARR CONNY FLITR EA ASSOS STOWLA CAP ASSON STOWLA CAP ASSON STOWL			BARRIER ATTACHED EA				
A5056 ST POUCH CLOS; BARRIER W/FLINGE EA W/FLINGE EA STOMA CAP STO	A5053	OSTOMY POUCH CLOS; USE FACEPLATE EA	OSTOMY POUCH CLOSED; FOR USE ON	No Auth Required			
MyFLANGE EACH   Module Required   Module Requi			FACEPLATE EACH				
ASOSS STONA CAP STOMA CAP NO AUTH Required SARRIER WITHOUT DRAIN BARR COVIN FITTE FA BARRIER WITHOUT DRAIN BARR COVIN FITTE FA BARRIER WITHOUT	A5054	OST POUCH CLOS; BARRIER W/FLNGE EA	OSTOMY POUCH CLOSED; USE BARRIER	No Auth Required			
ASOST POUCH DRAIN EXT BARRIER FLITE EA ST POUCH DRAINABLE EXT WEAR BARRER W/FLITE REA ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER ATTACHED EACH SARRIER W/FLINEE EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER WISHER WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER WISHER WISHER WISHER WISHER WISHER EAST ST POUCH DRAINABLE; WISHER EAST WISHER EAST ST POUCH DRAINABLE; WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHER EAST WISHE							
ASOST POUCH DRAIN BARR CONVX FLTR EA OST POUCH DRAINABLE, WHO BARNAR LAT WEAR BARR NO Auth Required CONVXTY FLTR EA OST POUCH DRAINABLE; WHO BARR ATTCH EA OST POUCH DRAINABLE; WHO EAR ATTCH EA OST POUCH DRAINABLE; WHO EAR ATTCH EA OST POUCH DRAINABLE; WHO BARR ATTCH EA OSTOW POUCH DRAINABLE; WITHOUT NO Auth Required BARRIER MYFLANGE EA SOST ON STOWN POUCH DRAINABLE; USE BARRIER WHO BARR ATTCH EA SOSTOM POUCH DRAINABLE; USE BARRIER WHO BARRIER ATTCH EA SOSTOM POUCH DRAINABLE; USE BARRIER WHO BARRIER ATTCH EA SOSTOM POUCH DRAINABLE; USE BARRIER WHO BARRIER ATTCH EA SOSTOM POUCH DRAINABLE; USE BARRIER WHO BARRIER ATTCH EA SOSTOM POUCH DRINARY; WITH BARRIER ATTCH EA SOSTOM POUCH DRINARY; WITH BARRIER ATTCH EA SOSTOM POUCH URINARY; WITH BARRIER ATTCH EA SOSTOM POUCH URINARY; WITH BARRIER ATTCH EA SARRIER WHO BARRIER WHO BARRIER WHO BARRIER ATTCH EA SARRIER WHO BARRIER BARRIER WHO BARRIER WHO BARRIER WHO BARRIER WHO BARRIER BARRIER WHO BARRIER BARRIER WHO BARRIER BARRIER WHO BARRIER BARRIER WH				·			
A5061 OST POUCH DRNABLE; W/BARR ATTCH EA OSTOMY POUCH DRAINABLE; W/BARR ATTCH EA OSTOMY POUCH DRAINABLE; W/BARR ATTCH EA BARRIER W/FLANGE EACH BARRIER W/FLANGE EACH BARRIER W/FLA	A5056	OST POUCH DRAIN EXT BARRIER FLTR EA		No Auth Required			
A5061 OST POUCH DRNABLE; W/BARR ATTCH EA W/BARRIER ATTACHED EACH W/BARRIER ATTACHED EACH W/BARRIER ATTACHED EACH OSTOMY POUCH DRNANBLE; WITHOUT BARRIER ATTCH EA OSTOMY POUCH DRNANBLE; WITHOUT BARRIER ATTCH EA OSTOMY POUCH DRNANBLE; WITHOUT BARRIER ATTCH EA OSTOMY POUCH DRNANBLE; WITHOUT BARRIER ATTCH EA OSTOMY POUCH DRNANBLE; USE BARRIER W/FLANGE EA OSTOMY POUCH DRNANBLE; USE BARRIER W/FLANGE EA OSTOMY POUCH DRNANBLE; USE BARRIER W/FLANGE EA OSTOMY POUCH DRNANBLE; USE BARRIER W/FLANGE EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH WITHOUT BARRIER W/FLANGE EACH WITHOUT BARRIER W/FLANGE EACH WITHOUT BARRIER W/FLANGE EACH WITHOUT BARRIER W/FLANGE EACH WITHOUT BARRIER W/FLANGE EACH ON A with Required DRNAN PUG OR SEAL ANY TYPE BARRIER W/FLANGE EACH NO A with Required CONTINENT DEVICE; CATHER FOR CONTINENT DEVICE; CATHER FOR CONTINENT DEVICE; CATHER FOR CONTINENT DEVICE; CATHER FOR CONTINENT DEVICE; CATHER FOR CONTINENT DEVICE STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA RIGIO/X/PNOABLE EA W/WO TUBING EA BEDSID DRING THE W/WO TUBING EA BEDSID DRING THE W/WO TUBING EA RIGIO/X/PNOABLE EA URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH W/W	A5057	OST POUCH DRAIN BARR CONVX FLTR EA	OST POUCH DRAINABL EXT WEAR BARR	No Auth Required			
Mybarrier attached Each STOPUCH DRNABL; W/O BARR ATTCHEA SOFT POUCH DRNABL; W/O BARR ATTCHEA SOFT POUCH DRNABLE; BARR W/FLNGE EA SOFT POUCH DRNABLE; BARR W/FLNGE EA SOFT POUCH URIN; W/BARRIER ATTCHEA SOFT POUCH URIN; W/BARRIER W/FLNGE EA H SARRIER W/FLNGE EA SOFT POUCH URIN; W/BARRIER							
A5062 OST POUCH DRNABL; W/O BARR ATTCH EA  A5063 OST POUCH DRNABLE; BARR W/FLNGE EA  A5071 OST POUCH URIN; W/BARRIER ATTCH EA  A5072 OST POUCH URIN; W/BARRIER ATTCH EA  A5073 OST POUCH URIN; W/D BARR ATTCH EA  A5074 OST POUCH URIN; W/D BARR ATTCH EA  A5075 OST POUCH URIN; W/D BARR ATTCH EA  A5076 OST POUCH URIN; W/D BARR ATTCH EA  A5077 OST POUCH URIN; W/D BARR ATTCH EA  BARRIER ATTCHED EACH  BARRIER W/FLANGE EACH  STOMA PLUG OR SEAL ANY TYPE  NO AUth Required  CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA  ASSORPHIVE COVER STOMA	A5061	OST POUCH DRNABLE; W/BARR ATTCH EA	· ·	No Auth Required			
ASO63 OST POUCH DRNABLE; BARR W/FLNGE EA OSTOMY POUCH URINARY; WITH BARRIER M/FLANGE EA OSTOMY POUCH URINARY; WITH BARRIER ATTCH EA OSTOMY POUCH URINARY; WITH BARRIER ATTCH EA OSTOMY POUCH URINARY; WITH BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; USE BARRIER ATTCH EA OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE BARRIER M/FLANGE EACH OSTOMY POUCH URINARY; USE WALL Required CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR ADAUTH REquired CONTINENT DEVICE; CATHETER FOR CONTINENT DEVICE; CATHETER FOR ABORRTITIE COVER TOMA ASSORTITIE COVER TOMA ABSORTITIE COVER TOMA ABORRTITE W/WO TUBING FOR RIGOD/XPNOABLE EA URINARY SUSPENSORY WITH LEG BAG RIGOD/XPNOABLE EACH URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX EACH ABOOMEN LATEX	Δ5062	OST POLICH DRNABI : W/O BARR ATTCH FA		No Auth Required			
AS071 OST POUCH DRINABLE; BARR W/FLNGE EA BARRIER W/FLANGE EA BARRIER W/FLANGE EA BARRIER W/FLANGE EA OSTOMY POUCH DRINNABLE; USE BARRIER W/FLANGE EA OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EACH BARRIER W/FL	A3002	OST TOOCH DINNABL, W/O BARK ATTENLA		No Auth Required			
A5071 OST POUCH URIN; W/BARRIER ATTCH EA OSTOMY POUCH URINARY; WITH A5072 OST POUCH URIN; W/O BARR ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA BARRIER ATTCH EA BARRIER ATTCH EA BARRIER ATTCH EA BARRIER ATTCH EA BARRIER W/FLNGE EACH BARRIER	A5063	OST POUCH DRNABLE; BARR W/FLNGE EA		No Auth Required			
A5072 OST POUCH URIN; W/BARRIER ATTCHEA DSTOMY POUCH URINARY; WITH BARRIER ATTCHEO EACH A5072 OST POUCH URIN; W/O BARR ATTCH EA A5073 OST POUCH URIN; BARRIER W/FLNGE EA A5074 OST POUCH URIN; BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EA BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER W/FLNGE EACH BARRIER ATTCH EA BARRIER W/FLNGE EACH BARRIER ATTCH EA BARRIER W/FLNGE BARRIER ATTCH EA BARRIER W/FLNGE BARRIER W/FLNGE BARRIER ATTCH EA BA		, ,	-				
A5072 OST POUCH URIN; W/O BARR ATTCH EA  A5073 OST POUCH URIN; BARRIER W/FLNGE EA  A5073 OST POUCH URIN; BARRIER W/FLNGE EA  A5081 STOMA PLUG OR SEAL ANY TYPE  STOMA PLUG OR SEAL ANY TYPE  STOMA PLUG OR SEAL ANY TYPE  A5082 CONTINENT DEVC; CATH CONTINENT STOMA  CONTINENT STOMA  CONTINENT STOMA  A5083 CONT DEVICE STOMA ABSORPTIVE COVER  CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA  ABSOR	A5071	OST POUCH URIN; W/BARRIER ATTCH EA	1	No Auth Required			
BARRIER ATTCH EA  A5073 OST POUCH URIN; BARRIER W/FLNGE EA  A5081 STOMA PLUG OR SEAL ANY TYPE  A5082 CONTINENT DEVC; CATH CONTINENT STOMA  CONTINENT DEVICE STOMA ABSORPTIVE COVER  CONTINENT DEVICE STOMA  A5083 CONT DEVICE STOMA ABSORPTIVE COVER  CONTINENT DEVICE STOMA  ABSORPTIVE COVER STOMA			BARRIER ATTACHED EACH				
A5073 OST POUCH URIN; BARRIER W/FLNGE EA BARRIER W/FLANGE EACH  A5081 STOMA PLUG OR SEAL ANY TYPE STOMA PLUG OR SEAL ANY TYPE ON A AUTH Required CONTINENT DEVC; CATH CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA ABSORPTIVE COVER STOMA ABSORPTIVE COVER STOMA ABSORPTIVE COVER STOMA ABSORPTIVE COVER OSTOMA ABSORPTIVE COVER STOMA ABSORPTIVE	A5072	OST POUCH URIN; W/O BARR ATTCH EA	OSTOMY POUCH URINARY; WITHOUT	No Auth Required	 		
BARRIER W/FLANGE EACH A5081 STOMA PLUG OR SEAL ANY TYPE STOMA PLUG OR SEAL ANY TYPE No Auth Required A5082 CONTINENT DEVC; CATH CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA CONTINENT STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA ABSORPTIVE COV							
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 A5083 CONT DEVICE STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER STO	A5073	OST POUCH URIN; BARRIER W/FLNGE EA		No Auth Required			
A5082 CONTINENT DEVC;CATH CONTINENT STOMA CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA  A5083 CONT DEVICE STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  ABSORPTIVE COVER STOMA  No Auth Required  BEDSID DRAIN BOTTLE W/WO TUBING EA  RIGD/XPNDABLE EA  AS1102 URIN SUSPENSRY LEG BAG W/WO TUBE EA  URINARY SUSPENSORY WITH LEG BAG  W/WO TUBE EACH  URINARY DRAIN BAG LEG/ABD LATEX EA  URINARY DRAINAGE BAG LEG OR  ABDOMEN LATEX EACH  ABDOMEN LATEX EACH  ABDOMEN LATEX EACH  ABDOMEN LATEX REPLACEMENT ONLY  No Auth Required  ABDOMEN LATEX EACH  ABDOMEN LATEX EACH  ABDOMEN LATEX REPLACEMENT ONLY  No Auth Required							
CONTINENT STOMA A5083 CONT DEVICE STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER STOMA ASSORPTIVE COVER STOMA ABSORPTIVE COVER STOMA ABSORPTIVE							
A5083 CONT DEVICE STOMA ABSORPTIVE COVER CONTINENT DEVICE STOMA ABSORPTIVE COVER 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 RIGD/XPNDABLE EA URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH A5105 URIN SUSPENSRY LEG BAG W/WO TUBE EA W/WO TUBE EACH A5112 URINARY DRAIN BAG LEG/ABD LATEX EA URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH A5113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required	A5082	CONTINENT DEVC;CATH CONTINENT STOMA	· ·	No Auth Required			
ABSORPTIVE COVER STOMA ABSORPTIVE COVER STOMA ASD93 OSTOMY ACCESSORY; CONVEX INSERT OSTOMY ACCESSORY; CONVEX INSERT No Auth Required AS102 BEDSIDE DRN BOTTLE W/WO TUBING EA RIGD/XPNDABLE EA RIGD/XPNDABLE EA W/WO TUBE EA W/WO TUBE EA W/WO TUBE EA W/WO TUBE EACH AS105 URIN SUSPENSRY LEG BAG W/WO TUBE EA W/WO TUBE EACH AS112 URINARY DRAIN BAG LEG/ABD LATEX EA URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH AS113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required ASOUND TO A CONTROL OF THE W/WO TUBE AND A CONTROL OF THE W/WO TUBE ACCH ASD00 MEN LATEX ERPLACEMENT ONLY NO Auth Required ABOUND TO A CONTROL OF THE W/WO TUBE ACCH ASD00 MEN LATEX ERPLACEMENT ONLY NO AUTH REQUIRED  AST113 LEG STRAP; LATEX REPLACEMENT ONLY NO AUTH REQUIRED	45002	CONT. DEVICE CTOMAN ADCORDANGE COVER		No. A. Ale De contra d			
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 EA  RIGD/XPNDABLE EA  URINARY SUSPENSRY LEG BAG W/WO TUBE EA  URINARY SUSPENSRY LEG BAG W/WO TUBE EA  URINARY DRAIN BAG LEG/ABD LATEX EA  URINARY DRAIN BAG LEG/ABD LATEX EA  URINARY DRAIN BAG LEG/ABD LATEX EA  LEG STRAP; LATEX REPLCMT ONLY-SET  LEG STRAP; LATEX REPLACEMENT ONLY  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required	A5083	CONT DEVICE STOMA ABSORPTIVE COVER		No Auth Required			
A5102 BEDSIDE DRN BOTTLE W/WO TUBING EA BEDSID DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE	Δ5002	OSTOMY ACCESSORY: COMIVEY INICEDT		No Auth Required			
RIGD/XPNDABLE EA  A5105 URIN SUSPENSRY LEG BAG W/WO TUBE EA  W/WO TUBE EACH  A5112 URINARY DRAIN BAG LEG/ABD LATEX EA  URINARY DRAIN BAG LEG/ABD LATEX EA  ABDOMEN LATEX EACH  A5113 LEG STRAP; LATEX REPLCMT ONLY-SET  LEG STRAP; LATEX REPLACEMENT ONLY  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required	A3033	OSTOWN ACCESSORT, CONVEX INSERT	OSTOWN ACCESSORT, CONVEX INSERT	No Auth Nequireu			
RIGD/XPNDABLE EA  A5105 URIN SUSPENSRY LEG BAG W/WO TUBE EA  W/WO TUBE EACH  A5112 URINARY DRAIN BAG LEG/ABD LATEX EA  URINARY DRAIN BAG LEG/ABD LATEX EA  ABDOMEN LATEX EACH  A5113 LEG STRAP; LATEX REPLCMT ONLY-SET  LEG STRAP; LATEX REPLACEMENT ONLY  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required  No Auth Required  ABOMEN LATEX REPLACEMENT ONLY  No Auth Required	A5102	BEDSIDE DRN BOTTLE W/WO TUBING EA	BEDSID DRAIN BOTTLE W/WO TUBING	No Auth Required			
A5105 URIN SUSPENSRY LEG BAG W/WO TUBE EA URINARY SUSPENSORY WITH LEG BAG W/WO TUBE EACH  A5112 URINARY DRAIN BAG LEG/ABD LATEX EA URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH  A5113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required  A5114 No Auth Required  A5115 No Auth Required  A5116 No Auth Required  A5117 No Auth Required		,					
M/WO TUBE EACH  A5112 URINARY DRAIN BAG LEG/ABD LATEX EA URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX EACH  A5113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required  No Auth Required No Auth Required	A5105	URIN SUSPENSRY LEG BAG W/WO TUBE EA		No Auth Required			
ABDOMEN LATEX EACH A5113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required			W/WO TUBE EACH		 		
A5113 LEG STRAP; LATEX REPLCMT ONLY-SET LEG STRAP; LATEX REPLACEMENT ONLY No Auth Required	A5112	URINARY DRAIN BAG LEG/ABD LATEX EA	URINARY DRAINAGE BAG LEG OR	No Auth Required			
PER SET PER SET	A5113	LEG STRAP; LATEX REPLCMT ONLY-SET		No Auth Required			
			PER SET				

ADJACE   March Application (Charles)   March Application (Charle					1			T
MATERIAN   MATERIAN	A5114	LEG STRAP; FOAM/FABRIC REPL-SET		No Auth Required				
AND   AND								
MILESTON   MARKETS, SOLID REAFFCOVANT FA   SOR NAMES, SOLID X SO   SOLANDAST EACH   SOLID X SOR   SOLANDAST EACH   SOLID X SOR   SOLANDAST EACH   SOLID X SOR   SOLANDAST EACH	A5120	SKIN BARRIER WIPES OR SWABS EACH	SKIN BARRIER WIPES OR SWABS EACH	No Auth Required				
ASTABLE   A DIA MARRIER'S SOUD BRIGHTOWN ATT AS   SINE BRORRER'S SOUD BY A DOB No. AND Required	A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	SKIN BARRIER; SOLID 6 X 6 OR	No Auth Required				
COUNTY   C			EQUIVALENT EACH					
A3131 APPLICATION DISTORTANIA PRO BYTE CONTROL AND PRODUCTION OF THE CONTROL OF T	A5122	SKN BARRIER; SOLID 8X8/EQUVALNT EA	SKIN BARRIER; SOLID 8 X 8 OR	No Auth Required				
TOMAN PAND   NO. 1332   PEPINOC LURR INCONTRODOT APPLAY-16 OZ   PEPINOC LURR INCONTRODOT APPLAY-16 OZ   PEPINOC LURR INCONTRODOT APPLAY PAT NOS PER 16 UZ   PEPINOC LURR INC			EQUIVALENT EACH					
APPLINCE CURR INCOME BOTO APPLY-16 OZ   APPLINCE CURR INCOMES OF PRE 5 DC   APPLINCE CURR INCOME BOTO   APPLY   APPL	A5126	ADHES/NON-ADHES; DISK/FOAM PAD	ADHESIVE OR NON-ADHESIVE; DISK OR	No Auth Required				
APPLICACE PRE LOCATIVITUE ANCHER DEVC ADRESS SN     ACODO PERO CATIVITUE			FOAM PAD	·				
APPLICACE PRE LOCATIVITUE ANCHER DEVC ADRESS SN     ACODO PERO CATIVITUE	A5131	APPLINC CLNR INCONT&OST APPLN-16 OZ	APPLINC CLNR INCONT&OSTOMY	No Auth Required				
AP-200   PREDICATE/TUBE AND REPORT BEYER AND SHORT   ADDRES NA ATTCH   ADDRES NA A								
ASSON   DM ONLY CSTM PREP SHOE NK DNS INSET   DM ONLY CSTM PREP SHOE NO DN YET CSTM PREP SHOE NO NO DN YET CSTM PREP SHOE NO NO DN YET CSTM PREP SHOE NO NO DN YET CSTM PREP SHOE NO NO NO NO NO NO NO NO NO NO NO NO NO	A5200	PERO CATH/TUBE ANCHR DEVC ADHES SKN		No Auth Required				
MO NOLY CETT MERE SHOE MX INS INSETT								
M. DOLITY CSTM PREP SHOE MOLD PTSF   DA ADM Required	A5500	DM ONLY CSTM PREP SHOE MX DNS INSRT		No Auth Required				
ASSOID   DAY ONLY CSTM MORE SPICE MOUD PSF FF   DUAS ONLY FIT CSTM REPRESS/S SIVE   No Auth Required	7.5500	DIN ONE! COMMENCE SHOE HIS BROWNSKI		no man neganica				
MODIFISE   MODIFISE	Δ5501	DM ONLY CSTM PREP SHOE MOLD PTS ET		No Auth Required				
ASSO   DN ONLY MOD SHCK/STM W/WEDGE SHC   DNAB ONLY MOD SHCK/STM WOLD   No Auth Required	A3301	DIVIONEL CONVENCE SHOE MIGLET 1511		No Auth Required				
MACHINA MOUNT MOD SHOE/CSTM W/WEDGE SHOE   SHOE W/WEDGE SHOE W/WEDGE SHOE W/WEDGE SHOE   SHOE W/WEDGE SHOE W/WEDGE SHOE   SHOE W/WEDGE	VEEU5	DM ONLY MOD SHOE/CSTM BOLLED/BOCKED		No Auth Poquired				
ASSOL   DM ONLY MOD SHOE/CSTM W/WEIGE SHOE   DIAB ONLY MOD SHOE/CSTM MOLD   SHOE   W/WEIGE SHOE	A3303	DIVI ONET WIOD SHOE/CSTW ROLLER, ROCKER		No Auth Required				
SHOE WAVEFOCE SHOE   No Auth Required   SHOE WAVEFOCE SHOE   No Auth Required   SHOE WAVEFOCE SHOE   No Auth Required   SHOE WAVEFOCE SHOE   No Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   SHOE WAVEFOCE SHOE   NO Auth Required   NO Auth Requi	AFEO&	DNA ONLLY MOD SHOE/CSTNA W/\WEDGE SHOE		No Auth Required		+		+
AB506   MONLY MOD SHOE/CSTM W/MT BAR SHOE   DIAG ONLY MOD SHOE/CSTM MOLD   No Auth Required   No Auth Requ	A3304	DIVI ONLY MOD SHOE/CSTIVI W/WEDGE SHOE	1	No Auth Required				
SHOR WMT BARS HORE   SHOR WMT BAR SHORE   DABS ONLY MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE/CSTM MOD SHORE FEB SHORE   SHORE FEB SHORE FEB SHORE   SHORE FEB SHORE   SHORE FEB SHORE FEB SHORE   SHORE FEB SHORE FEB SHORE   SHORE FEB SHORE FEB SHORE   SHORE FEB SHORE FEB SHORE FEB SHORE   SHORE FEB SHORE F	AFFOF	DNA ONLY MAOD SHOE/CSTMA W/MAT DAD SHOE	,	No Auth Boguired				
ASSOR DM ONLY MOD SHOE/CSTM MOLD SHOE MON'T MON DO SHOE/CSTM MOLD SHOE MORE STET HEEL SHOE WORTH AND AUTH Required DM Auth DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM Auth Required DM	A3303	DIVI ONLY WOOD SHOE/CSTIVI W/WIT BAR SHOE		No Auth Required				
SHOE W/OFE SET HEEL  MONLY YOR MOD SHOE/CSTM MOLD SHOE DIAG DOILY NOS MOD SHOE/CSTM MOLD SHOE PER SHOE  MONLY DELUX FEATUR SHOE/CSTM MOLD SHOE PER SHOE  MONLY DELUX FEATUR SHOE/CSTM MOLD SHOE PER SHOE  MORLY DELUX FEATUR SHOE/CSTM MOLD SHOE PER SHOE  MORLY DELUX FEATUR SHOE/CSTM MOLD SHOE PER SHOE  MORLY DELUX FEATUR SHOE/CSTM MOLD SHOE WITH MOLD SHOE  MORLY DELUX FEATUR SHOE/CSTM MOLD SHOE SHOE/CSTM MOLD SHOE  MORLY DELUX FEATUR SHOE/CSTM MOLD SHOE SHOE SHOE SHOE SHOE SHOE SHOE SHOE	٨٢٢٥٢	DAA ONUVAAOD CUOF/CCTAA OFF CET UFFU		No Auth Dogwined				
ASSIST   MAINLY NOS MOD SHOE/CSTM MOLD   SHOE   MOLD SHOE   PER SHOE   MOLD SHOE   SHOE   MOLD SHOE   SHOE   MOLD SHOE   SHOE   MOLD SHOE   SHOE   MOLD SHOE   SHOE   MOLD SHOE   SHOE   MOLD SHOE	ASSUB	DIVI ONLY MOD SHOE/CSTWI OFF SET HEEL		No Auth Required				
MONLY DELLY FEATUR SHOE/CSTM MOLD   DIAB ONLY DELWE FEATURE   SHOE/CSTM MOLD SHOE   SHOE CASE   SHOE C	45507	DA A DAVINA DE LA COMPTA DA						
A5510 DIAB ONLY DELUX FEATUR SHOE/CSTM MOID DIAB ONLY DELUXE FEATURE SHOE/CSTM MOID SHOE SHOE SHOE/CSTM MOID SHOE SHOE SHOE SHOE SHOE SHOE SHOE SHOE	A5507	DM ONLY NOS MOD 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 A5512 FOR DIAB ONLY MX DNSTY INSRT PRFAB FOR DIAB ONLY MX DNSTY INSRT PRFAB FOR DIAB ONLY MX DNSTY INSRT PRFAB FOR DIAB ONLY MX DNSTY INSRT PRFAB FOR DIAB ONLY MX DN INSRT CSTM MID P F DIA ONLY MX DN INSRT CSTM MID P F DIA ONLY MX DN INSRT CSTM MID P F DIA ONLY MX DN INSRT CSTM MID P F DIA ONLY MX DN INSRT CSTM MID P F DIA ONLY MX DN INSRT DRECT CARV NO Auth Required CUSTOM FAB EA CULSTOM FAB EA CULSTOM FAB EA CULSTOM FAB EA CULSTOM FAB EA COLLAGEN WOUND FILLER DRY FORM PER G FORM STERL PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLAGEN BASED WOUND FILLER FOR MS TERL PER G COLLAGEN DRESSING STERILE SIZE 16 SOL IN/LESS EA COLLAGEN DRESSING STERILE SIZE 16 SOL IN/LESS EA COLLAGEN DRESSING STERILE SIZE 16 SOL IN/LESS EA COLLAGEN DRESSING STERILE SIZE 18 SOL IN/LESS EA COLLAGEN DRESSING STERILE SIZE 18 SOL IN/LESS EA COLLAGEN DRESSING STERILE SIZE 248 SOL IN/LESS EA COLLAGEN DRESSING STE	15500	DA. 0.11. V D. 51. 1. V D. 51.						
A5512 FOR DIAB ONLY DIR FORM COMPRS MOLD PS F W/O HEAT FOR DIAB ONLY MX DNSITY INSRT DRA FOR DIAB ONLY MX DNSITY INSRT DRA FOR DIAB ONLY MX DN INSRT CSTM FRAB FOR DIAB ONLY MX DN INSRT CSTM FRAB A5513 DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DR INSRT CSTM FRAB MDL PT FT C F EA MDL PT FT C F EA MDL PT FT C F EA MDL PT FT C F EA MDL PT FT C F EA CUSTOM FAB EA CUSTOM FAB EA CUSTOM FAB EA CUSTOM FAB EA COLLEGEN WOUND FILLE DRY FORM PER G COLLEGEN WOUND FILLE DRY FORM PER G COLLEGEN WOUND FILLE DRY FORM PER G COLLEGEN WOUND FILLE DRY FORM PER G COLLEGEN WOUND FILLE DRY FORM STERL PER G COLLEGEN WOUND FIL GEL/PASTE PER G COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILLE DRY FORM PER G COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILLE DRY FORM PER G COLLEGEN DRASED WOUND FILLE DRY FORM PER G COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILE COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FIL GEL/PASTE STERL PER G COLLEGEN DRASED WOUND FILE COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILE COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILE COLLEGEN DRASED WOUND FILLE DRY FORM STERL PER G COLLEGEN DRASED WOUND FILE COLLE	A5508	DM ONLY DELUX FEATUR SHOE/CSTM MOLD		No Auth Required				
A5512   FOR DIAB ONLY MX DNSITY INSRT PREAB   FOR DIAB ONLY MX DNSITY INSRT DIR FORMD PREAB EA   FORMD PREAB EA   FORMD PREAB EA   FORMD PREAB EA   FORMD PREAB EA   FORMD PREAB EA   DIA ONLY MX DN INSRT CSTM MLD P F E   DIA ONLY MX DEN INSRT CSTM FRM MOLD PT FT C EAA   MOLD PT FT C EAA   MOLD PT FT C EAA   MOLD PT FT C EAA   DIAB ONLY MX DEN INSRT DIRECT CARV ON A JUTH Required   CUSTOM FAB EA   CUSTOM FAB EA   CUSTOM FAB EA   CUSTOM FAB EAA   CUSTOM FAB EA   CUSTOM FAB EA   CUSTOM FAB EA   CUSTOM FAB EAA   CUSTOM FAB EA   CUSTOM FAB	15510	D. A. D.						
A5512 FOR DIAB ONLY MX DNSITY INSRT PRFAB FOR DIAB ONLY MX DNSITY INSRT DIR FORM PRFAB EA  A5513 DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DN INSRT CSTM MID P F E DIA ONLY MX DN INSRT DIR CARV CSTM FAB EA  A5514 DIA MX DER INS DIR CARV CSTM FAB EA  A6000 NON-CNTC WND WARMING COVR W/DEVC CUSTOM FAB EA  A6001 COLLEGEN WOUND FILLR DRY FORM PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN BASED WOUND FILLE DRY FORM STERL PER G COLLAGEN DRESSING STERL ESIZE 16 SQ. IN LESS EA SQ. IN EACH AFOLIA SQ. IN EA COLLAGEN DRESSING STERL ESIZE 18 SQ. IN EACH AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER STERILE PER G IN STERL PER G IN STERL PER G IN STERL PER G IN AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER STERL PER G IN STERL PER G IN AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA COLLAGEN DRESSING STERL ESIZE 18 COLL DRESS STERL PER G IN COLLAGEN DRESSING WOUND FILLER AFOLIA SQ. IN EA	A5510	DIAB ONLY DIR FORM COMPRS MOLD FI		No Auth Required				
A5513 DIA ONLY MX DI INSRT CSTM MLD P F E DIA ONLY MX DEN INSRT DIRECT CARV MDL PT FT CF EA DIA ONLY MX DEN INSTER DEN INSTERDE CARV MDL PT FT CF EA DIA ONLY MX DEN INSTERD EN EA DIA ONLY MX DEN INSTERD EN EA DIA ONLY MX DEN INSTER DEN EA DIA ONLY MX DEN INSTERD EN EA DIA ONLY MX DEN INSTERDE CA	AFF43	FOR DIAD ONLY MAY DAIGITY INCOT DREAD		No Auth Described				
A5513 DIA ONLY MX DN INSRT CSTM MLD P FE DIA ONLY MX DEN INSRT CSTM FRM MOLP FT CF CA MOLY MX DEN INSRT DIRECT CARY NO Auth Required CUSTOM FAB EA CUSTOM FAB EA CUSTOM FAB EA COVE W/DEVC COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD COVE W/DEVC&CARD Authorization Required Applies to All Codes within Specific Group Applies to All Codes within Specific Grou	A5512	FOR DIAB ONLY MX DNSITY INSKT PRFAB		No Auth Required				
A5514 DIA MX DEN INS DIR CARV CSTM FAB EA DIAB ONLY MX DEN INSTDIRECT CARV No Auth Required COSTOM FAB EA A6000 NON-CNTC WND WARMING COVR W/DEVC COVR W/DEVC&CARD COVR W/DEVC&CA	15510	D. A. O						
A5010 COLLEGEN WOUND FILLER DRY FORM PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLAGEN BASED WOUND FILER DRY FORM STERL PER G COLLAGEN DRESSING STERILE SIZE > 48 SQ IN EA COLLAGEN DRESSING STERILE SIZE > 48 SQ IN EA COLLAGEN DRESSING STERILE SIZE > 48 SQ IN EA COLLAGEN DRESSING STERILE SIZE > 48 SQ IN EA COLLAGEN DRESSING WOUND FILLER SIZE > 48 SQ IN EA COLLAGEN DRESSING WOUND FILLER SIZE > 48 SQ IN EA COLLAGEN DRESSING WOUND FILLER SIZE > 48 SQ IN EA COLLAGEN DRESSING WOUND FILLER SIZE > 48 SQ IN EA COLLAGEN DRESSING WOUND FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DRY FOR DRY FILLER DR	A5513	DIA ONLY MX DN INSKT CSTM MLD P F E		No Auth Required				
A6000 NON-CNTC WND WARMING COVR W/DEVC COVR W/DEVC&CARD NON-CNTC WND WARMING WND COVR W/DEVC&CARD Authorization Required COVR W/DEVC&CARD Authorization Required A6010 COLLEGEN WOUND FILLR DRY FORM PER G COLLEGEN BASED WOUND FILLER DRY FORM STERL PER G COLLEGEN BASED WOUND FILLR GEL/PASTE STERL PER G GEL/PASTE STERL PER G COLLAGEN DRESSING STERLE SIZE 16 SQ. IN/LESS EA COLL DRESS PAD SIZE 16 SQ/LESS EA COLL DRSG STRL>16 BUTK-/=48 SQ. IN EA COLL DRSG STRL>16 BUTK-/=48 SQ. IN EA COLLAGEN DRESSING STERILE SIZE >48 SQ. IN EACH COLL DRSG STERILE SIZ >48 SQ. IN EA COLLAGEN DRESSING WOUND FILLER SQ. IN EACH A6023 COLL DRSG STERILE SIZ ER FER G COLLAGEN DRESSING WOUND FILLER SQ. IN EACH A6024 COLL DRSG STERILE SIZ ER FER G COLLAGEN DRESSING WOUND FILLER SQ. IN EACH A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA A6154 WOUND POUCH EACH A6154 WOUND POUCH EACH A6156 ALGINAT/OTH FIBER GELL DRSS STERIL A6026 ALGINAT/OTH FIBER GELL DRSS STERIL A6027 AGINA ACTION AND AUTH Required A6156 ALGINAT/OTH FIBER GELL DRSS STERIL A6027 ALGINAT/OTH FIBER GELL DRSS STERIL A6028 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6020 ALGINAT/OTH FIBER GELL DRSS STERIL A6021 ALGINAT/OTH FIBER GELL DRSS STERIL ACTION AUTH Required A6156 ALGINAT/OTH FIBER GELL DRSS STERIL A6027 ALGINAT/OTH FIBER GELL DRSS STERIL A6028 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GELL DRSS STERIL A6029 ALGINAT/OTH FIBER GE								
A6000 NON-CNTC WND WARMING COVR W/DEVC NON-CNTC WND WARMING WND COVR W/DEVC&CARD  Authorization Required Wound Therapy Applies to All Codes within Specific Group  Activity Specific Specific Specific Specific Specific Specific Specific Specific Sp	A5514	DIA MX DEN INS DIR CARV CSTM FAB EA		No Auth Required				
A6010 COLLEGEN WOUND FILLER DRY FORM PER G COLLAGEN BASED WOUND FILLER DRY PORM STERL PER G FORM STERL PER G COLLEGEN WOUND FIL GEL/PASTE PER G COLLEGEN BASED WOUND FILL RE DRY PORM STERL PER G COLLEGEN BASED WOUND FILL RE DRY PORM STERL PER G COLLAGEN BASED WOUND FILL RE DRY PORM STERL PER G COLLAGEN BASED WOUND FILL RE DRY PORM STERL PER G COLL DRESS PAD SIZE 16 SQ/LESS EA COLLAGEN DRESSING STERLE SIZE 16 SQ IN/LESS EA COLL DRESS STRI>16 BUT =48 SQ IN EA COLL DRSG STERL PAD SIZE 16 SQ IN NO Auth Required SQ IN/LESS EA A6022 COLL DRSG STERLS SZ >48 SQ IN EA COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH A6024 COLL DRESS WND FIL STERL PER G IN COLLAGEN DRESSING WOUND FILLER STERILE PER G IN A6025 GEL SHEET DERMAL/EPIDERMAL APPLIC EA A6154 WOUND POUCH EACH A6154 WOUND POUCH EACH A6156 ALGINAT/OTH FIBR GELL PAD 16 SQ/SEA ALGINAT/OTH FIBR GELL PAD 16 SQ/SEA ALGINAT/OTH FIBR GELL DAD 1								
A6010 COLLEGEN WOUND FILLR DRY FORM PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLAGEN BASED WOUND FILL R GEL/PASTE STERL PER G COLLAGEN BASED WOUND FILL R GEL/PASTE STERL PER G COLLAGEN DRESSING STERILE SIZE 16 SQ IN LEAST SQ IN LE	A6000	NON-CNTC WND WARMING COVR W/DEVC		Authorization Required	Wound Therapy		Full Clinical Review	
A6010 COLLEGEN WOUND FILER DRY FORM PER G FORM STERL PER G FORM STERL PER G COLLAGEN BASED WOUND FILLER DRY FORM STERL PER G COLLEGEN WOUND FIL GEL/PASTE PER G COLLEGEN BASED WOUND FILLR GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL PER G GEL/PASTE STERL SIZE 16 SQ/IN Auth Required SQ/IN EACH SQ/IN EACH SCILL PER G IN GEL/PASTE STERL PER G IN GEL/PASTE STERL PER G GEL/PASTE STERL			COVR W/DEVC&CARD			* *		
FORM STERL PER G  A6011 COLLEGEN WOUND FIL GEL/PASTE PER G  COLLEGEN BASED WOUND FILLR A6021 COLL DRESS PAD SIZE 16 SQ/LESS EA  COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA  COLL DRSG STRL>16 BUT -48 SQ IN EA  COLL DRSG STERL PAD SIZE NA SQ EA  COLL DRSG STERILE SZ 48 SQ IN EA  COLL DRSG STERILE SIZE >48 SQ IN EACH  A6024 COLL DRSG STERILE SZ >48 SQ IN EA  COLL DRSG STERILE SIZE >48 SQ IN EACH  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA  GEL SHEET FOR DERMAL/EPIDREMAL A6154 WOUND POUCH EACH  WOUND POUCH EACH  WOUND POUCH EACH  A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/SEA  COLL DRSS STERILE SIZE AB A0 AUTH Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  A6154 WOUND POUCH EACH  WOUND POUCH EACH  WOUND POUCH EACH  ALGINAT/OTH FIBR GELL DRESS STERIL  No Auth Required  No Auth Required  No Auth Required  No Auth Required  A0 Auth Required  A0 Auth Required  A0 AUTH Required  A0 AUTH REquired  No Auth Required  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired  A0 AUTH REquired						within Specific Group		
A6021 COLL DRESS PAD SIZE 16 SQ/LESS EA COLLAGEN DRESSING STERILE SIZE 16 SQ IN/LESS EA COLL DRESS PAD SIZE 16 SQ/LESS EA COLL DRESS PAD SIZE 16 SQ IN LESS EA COLL DRESS FAD SIZE 16 SQ IN LESS EA COLL DRESS STRL > 16 BUT -48 SQ IN EA BUT</-48 SQ IN EA COLL DRESS STRL 16 BUT -48 SQ IN EA BUT</-48 SQ IN EA BUT</-48 SQ IN EA COLL DRESS STERILE SIZE 18 No Auth Required SQ IN EA BUT -48 SQ IN EACH NO Auth Required SQ IN EACH NO Auth Required SQ IN EACH NO Auth Required SQ IN EACH NO Auth Required STERILE PER 6 IN COLLAGEN DRESSING WOUND FILLER STERILE FIRE FIRE FIRE STERILE FIRE FIRE FIRE FIRE FIRE STERILE FIRE FIRE FIRE FIRE FIRE FIRE FIRE FIR</td <td>A6010</td> <td>COLLEGEN WOUND FILLR DRY FORM PER G</td> <td></td> <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	A6010	COLLEGEN WOUND FILLR DRY FORM PER G		No Auth Required				
GEL/PASTE STERL PER G  A6021 COLL DRESS PAD SIZE 16 SQ/LESS EA  COLLAGEN DRESSING STERILE SIZE 16 SQ IN EA COLL DRESSING STERILE SIZE 16 SQ IN/LESS EA  COLL DRSG STRL>16 BUT -48 SQ IN EA  COLL DRSG STRL 16 BUT -48 SQ IN EA  COLL DRSG STERILE SZ 48 SQ IN EA  COLLAGEN DRESSING STERILE SIZE >48 No Auth Required  SQ IN EACH  COLL DRSG STERILE SZ >48 SQ IN EA  COLLAGEN DRESSING WOUND FILLER No Auth Required  STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER No Auth Required  STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER No Auth Required  STERILE PER 6 IN  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA  APPLICATION EACH  APPLICATION EACH  A0 AUTH REquired  A6154 WOUND POUCH EACH  WOUND POUCH EACH  WOUND POUCH EACH  WOUND POUCH EACH  ALGINAT/OTH FIBR GELL PAD 16 SQ/EA  ALGINAT/OTH FIBR GELL PAD 16 SQ/EA  ALGINAT/OTH FIBR GELL PAD 16 SQ/EA  ALGINAT/OTH FIBR GELL DRESS STERIL  No Auth Required								
A6021 COLL DRESS PAD SIZE 16 SQ/LESS EA COLLAGEN DRESSING STERILE SIZE 16 SQ IN /LESS EA COLL DRSG STRL>16 BUT A6022 COLL DRSG STRL>16 BUT A6023 COLL DRSG STERILE SZ >48 SQ IN EA COLLAGEN DRESSING STERILE SIZE >48 SQ IN EA COLLAGEN DRESSING STERILE SIZE >48 SQ IN EA COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH SQ IN EACH STERILE SIZE >48 SQ IN EACH STERILE SIZE >48 SQ IN EACH STERILE PER 6 IN COLLAGEN DRESSING WOUND FILLER NO Auth Required STERILE PER 6 IN STERILE PE	A6011	COLLEGEN WOUND FIL GEL/PASTE PER G		No Auth Required				
SQ IN/LESS EA  A6022 COLL DRSG STRL>16 BUT -48 SQ IN EA  COLL DRSG STERILE SZ 48 SQ IN EA  COLLAGEN DRESSING STERILE SIZE >48  SQ IN EACH  A6024 COLL DRESS WND FIL STERL PER 6 IN  COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER SQ IN EACH  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA  GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH  A6154 WOUND POUCH EACH  WOUND POUCH EACH  A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea 16="" <ea="" alginat="" auth="" dress="" fiber="" fibr="" gell="" no="" oth="" pad="" required="" required<="" sq="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
A6022 COLL DRSG STRL>16 BUT =48 SQ IN EA  COLL DRSG STERL PAD SIZE 16 SQ IN No Auth Required  BUT/=48 SQ EA  No Auth Required  SQ IN EACH  COLLAGEN DRESSING STERILE SIZE >48 SQ IN EA  COLLAGEN DRESSING WOUND FILLER SQ IN EA  COLLAGEN DRESSING WOUND FILLER NO Auth Required  STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER NO Auth Required  STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER NO Auth Required  STERILE PER 6 IN  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA  GEL SHEET FOR DERMAL/EPIDERMAL  APPLICATION EACH  APPLICATION EACH  NO Auth Required  A6154 WOUND POUCH EACH  WOUND POUCH EACH  NO Auth Required  ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required<="" steril="" td=""><td>A6021</td><td>COLL DRESS PAD SIZE 16 SQ/LESS EA</td><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea>	A6021	COLL DRESS PAD SIZE 16 SQ/LESS EA		No Auth Required				
BUT/=48 SQ EA  A6023 COLL DRSG STERILE SZ >48 SQ IN EA  COLLAGEN DRESSING STERILE SIZ >48 SQ IN EA  COLLAGEN DRESSING WOUND FILLER SQ IN EACH  COLL DRESS WND FIL STERL PER 6 IN  COLLAGEN DRESSING WOUND FILLER SIZ >48 SQ IN EACH  No Auth Required  STELLE PER 6 IN  COLLAGEN DRESSING WOUND FILLER SIZ >48 SQ IN EACH  No Auth Required  AFDLICATION EACH  APPLICATION EACH  NO Auth Required  ACISE  ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea 16="" <ea="" alginat="" auth="" dress="" fiber="" fibr="" gell="" no="" oth="" pad="" required="" required<="" sq="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
A6023 COLL DRSG STERILE SZ >48 SQ IN EA  COLLAGEN DRESSING STERILE SIZE >48 SQ IN EACH  COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN  COLLAGEN DRESSING WOUND FILLER No Auth Required APPLIC APPLICATION EACH APPLICATION EACH NO Auth Required A6154 WOUND POUCH EACH WOUND POUCH EACH ACINAT/OTH FIBR GELL PAD 16 SQ/ <ea 16="" <ea="" a6196="" alginat="" auth="" dress="" fiber="" fibr="" gell="" no="" oth="" pad="" required="" required<="" sq="" steril="" td=""><td>A6022</td><td>COLL DRSG STRL&gt;16 BUT<!--=48 SQ IN EA</td--><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></td></ea>	A6022	COLL DRSG STRL>16 BUT =48 SQ IN EA</td <td></td> <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>		No Auth Required				
SQ IN EACH  A6024 COLL DRESS WND FIL STERL PER 6 IN  COLLAGEN DRESSING WOUND FILLER No Auth Required STERILE PER 6 IN  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH  A6154 WOUND POUCH EACH WOUND POUCH EACH No Auth Required  A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required<="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
A6024 COLL DRESS WND FIL STERL PER 6 IN  COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA GEL SHEET FOR DERMAL/EPIDRMAL APPLICATION EACH A6154 WOUND POUCH EACH A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea 16="" <ea="" <ea<="" alginat="" fibr="" gell="" oth="" pad="" sq="" td=""><td>A6023</td><td>COLL DRSG STERILE SZ &gt;48 SQ IN EA</td><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea>	A6023	COLL DRSG STERILE SZ >48 SQ IN EA		No Auth Required				
STERILE PER 6 IN  A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH  A6154 WOUND POUCH EACH WOUND POUCH EACH NO Auth Required A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required="" required<="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
A6025 GEL SHEET DERMAL/EPIDRMAL APPLIC EA GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH A6154 WOUND POUCH EACH WOUND POUCH EACH WOUND POUCH EACH No Auth Required A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required<="" steril="" td=""><td>A6024</td><td>COLL DRESS WND FIL STERL PER 6 IN</td><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea>	A6024	COLL DRESS WND FIL STERL PER 6 IN		No Auth Required				
APPLICATION EACH A6154 WOUND POUCH EACH WOUND POUCH EACH No Auth Required A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required="" required<="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
A6154 WOUND POUCH EACH WOUND POUCH EACH NO Auth Required A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required<="" steril="" td=""><td>A6025</td><td>GEL SHEET DERMAL/EPIDRMAL APPLIC EA</td><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea>	A6025	GEL SHEET DERMAL/EPIDRMAL APPLIC EA		No Auth Required				
A6196 ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea alginat="" auth="" dress="" fiber="" gell="" no="" oth="" required<="" steril="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ea>								
PAD 16 SQ/<	A6196	ALGINAT/OTH FIBR GELL PAD 16 SQ/ <ea< td=""><td></td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea<>		No Auth Required				
			PAD 16 SQ/<	1				

		_					
A6197	ALGINAT/OTH FIBR GELL >16<=48 SQEA	ALGINATE/OTH FIBER GELL DRESS PAD >16 =48 SQ EA</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A6198	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	ALGINATE/OTH FIBER GELL DRESS WND	No Auth Required				
710150	7120117117011111011101110111011101110111	PAD > 48 SQ EA	nto / tatir riequirea				
A6199	ALGINAT/OTH FIBR GELL DRESS FIL-6IN	ALGINATE/OTH FIBER GEL DRESS WND	No Auth Required				
		FIL STERL 6 IN					
A6203	COMPOS DRESS 16 SQ/< W/ADHES BORDR	COMPOS DRESS STERL PAD 16 SQ/<	No Auth Required				
A6204	COMPOS DRESS >16 <=48 SQ W/ADHES	W/ADHES BORDR EA COMPOS DRESS >16SQ BUT =48 SQ</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A0204	CONPOS DRESS > 16 < -46 SQ W/ADRES	W/ADHES BORDR EA	No Autii Kequireu				
A6205	COMPOS DRESS >48SQ W/ADHES BORDR EA	COMPOS DRESS STERL PAD > 48 SQ	No Auth Required				
	, , ,	W/ADHES BORDR					
A6206	CNTCT LAYR STERL 16 SQ IN/ <ea dress<="" td=""><td>CONTACT LAYER STERL 16 SQ IN/LESS</td><td>No Auth Required</td><td></td><td></td><td></td><td></td></ea>	CONTACT LAYER STERL 16 SQ IN/LESS	No Auth Required				
		EA DRESSING					
A6207	CNTC LAYER > 16 SQ BUT <= 48 SQ EA	CNTC LAYER > 16 SQ BUT <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A6208	CONTACT LAYER > 48 SQ EACH DRESSING	SQ EA DRESSING  CONTACT LAYER STERL > 48 SQ IN EACH	No Auth Boquired				
AUZUO	CONTACT LATER > 40 SQ EACH DRESSING	DRESSING	No Auth Nequileu				
A6209	FOAM DRESS STERL 16 SQ/< NO ADHES	FOAM DRESS STERL PAD 16 SQ/< NO	No Auth Required				
		ADHES BORDR EA	·				
A6210	FOAM DRESS >16 <=48SQ W/O ADHES EA	FOAM DRESS > 16 BUT = 48 SQ W/O</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		ADHES BORDR EA					
A6211	FOAM DRESS STERL > 48 SQ NO ADHES	FOAM DRESS STERL PAD >48 SQ NO	No Auth Required				
A6212	FOAM DRESS 16 SQ/< W/ADHES BORDR EA	ADHES BORDR EA FOAM DRESS STERL PAD SZ 16 SQ/>	No Auth Required				
AUZIZ	TOAIN DRESS TO SQ/ W/ADITES BONDN EA	W/ADHES BORDR EA	No Auth Required				
A6213	FOAM DRESS >16 <= 48 SQ W/ADHES EA	FOAM DRESS >16 SQ BUT = 48 SQ</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
	·	W/ADHES BORDR EA	·				
A6214	FOAM DRESS > 48 SQ W/ADHES BORDR EA	FOAM DRESS STERL PAD SZ > 48 SQ	No Auth Required				
		W/ADHES BORDR EA					
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	No Auth Required				
710210	GAGZE NON INI NEG NONSTERE 10 3Q	SQ/< W/O ADHES EA	nto Auth Required				
A6217	GAUZE NON-IMPREG NONSTRL >16<=48SQ	GAUZE NON-IMPREG NONSTERL >16	No Auth Required				
		=48 SQ W/O ADHES</td <td></td> <td></td> <td></td> <td></td> <td></td>					
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ	GAUZE NON-IMPREG NONSTERL > 48	No Auth Required				
16240	CALLEE NON INAPPEC CEEPL ACCO. APPLIES	SQ W/O ADHES EA	No Anth Donning d				
A6219	GAUZE NON-IMPREG STERL 16 SQ/ <adhes< td=""><td>GAUZE NON-IMPREG STERL 16 SQ/LESS W/ADHES BORDR</td><td>No Auth Required</td><td></td><td></td><td></td><td></td></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</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
710220	0.1022 11011 1111 1120 120 1 10 0Q 1121120	W/ADHES BORDR EA	nto / tatir riequirea				
A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES	GAUZE NON-IMPREG STERL > 48 SQ	No Auth Required				
		W/ADHES BORDR EA					
A6222	GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	GAUZE IMPREG NOT H2O NL	No Auth Required				
A6222	GAUZ IMPREG NOT H2O/HYDRGL >16<=48	SALINE/HYDROGEL 16 SQ/< GAUZE IMPREG NOT H2O	No Auth Booking				
A6223	DAUZ IIVIPKEG NUT FIZU/HYDKGL >16<=48	SALINE/HYDRGEL >16 =48 SQ</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A6224	GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	GAUZE IMPREG NOT H20 NL	No Auth Required				
		SALINE/HYDROGEL > 48 SQ					
A6228	GAUZ IMPREG WATR/NL SALINE > 16 SQ		No Auth Required				
		>16 SQ NO ADHES					
A6229	GAUZ IMPREG WATR/SALINE >16<=48 SQ	GAUZE IMPREG H2O/NL SALINE	No Auth Required				
A6230	GAUZ IMPREG H2O/SALINE STERL >48 SQ	STERL>16 BUT =48 SQ GAUZE IMPREG H2O/NL SALINE STERL	No Auth Poquired				
A023U	DAUZ IIVIPNEU FIZU/ SALINE STEKL >48 SQ	48 SQ NO ADHES	ivo Autii kequirea				
	I .	TO SQ NO ADITES	L	L	l .	1	l

A6231	GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	GAUZE IMPREG HYDROGEL DIR WND	No Auth Required				
		CNTC STERL 16 SQ/<					
A6232	GAUZ IMPREG HYDRGEL DIR >16 <= 48	GAUZE IMPREG HYDROGEL DIR WND	No Auth Required				
		CNTC >16 = 48 SQ</td <td></td> <td></td> <td></td> <td></td> <td></td>					
A6233	GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	GAUZE IMPREG HYDROGEL DIR WND	No Auth Required				
		CNTC STERL>48 SQ					
A6234	HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	HYDROCOLLOID DRESS STERL 16 SQ/<	No Auth Required				
	UNDERGO OF DEECE AS AS AS AS ASSESSED.	NO ADHES BORDR					
A6235	HYDRCOLLOID DRESS >16<=48 NO ADHES	HYDROCOLLOID DRESS >16 BUT =48</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
16226	LIVERDOCOLLOID DEFECT - 40 CO M/O ADUFC	SQ W/O ADHES EA	No. Acade Described				
A6236	HYDROCOLLOID DRESS >48 SQ W/O ADHES	HYDROCOLLOID DRESS STERL >48 SQ	No Auth Required				
A6237	HYDROCOLLOID DRESS 16 SQ/< W/ADHES	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		No Auth Required				
A0230	THE RECEIPTION OF THE STATE OF	SQ W/ADHES EA	No Auth Required				
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES	HYDROCOLLOID DRESS STERL >48 SQ	No Auth Required				
710233	THE NO COLLOID BRESS 7 40 SQ W/NETIES	W/ADHES BORDR	No Auth Required				
A6240	HYDROCOLLOID DRESS FIL PASTE-FL OZ	HYDROCOLLOID DRESSING WND FIL	No Auth Required				
7.02.10		PASTE STERL PER OZ	no nati neganea				
A6241	HYDROCOLLOID DRESS DRY FORM PER G	HYDROCOLLOID DRESS WND FIL DRY	No Auth Required				
7.02.12	THE NO COLLOND BRIESS BILL FOR HIT EN C	FORM STERL PER G	no nati neganea				
A6242	HYDROGEL DRESS 16 SQ/< W/O ADHES EA	HYDROGEL DRESS STERL PAD 16 SQ/<	No Auth Required				
	,	NO ADHES BORDR					
A6243	HYDROGEL DRESS >16 <=48SQ NO ADHES	HYDROGEL DRESS >16 SQ BUT = 48</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
	·	SQ W/O ADHES EA					
A6244	HYDROGEL DRESS > 48 SQ W/O ADHES EA	HYDROGEL DRESS STERL PAD > 48 SQ	No Auth Required				
		NO ADHES BORDR	·				
A6245	HYDROGEL DRESS 16 SQ/< W/ADHES EA	HYDROGEL DRESS STERL PAD 16 SQ/<	No Auth Required				
		ADHES BORDR					
A6246	HYDROGEL DRESS >16 <=48 SQ W/ADHES	HYDROGEL DRESS > 16 SQ BUT = 48</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		SQ W/ADHES EA					
A6247	HYDROGEL DRESS STERL >48 SQ ADHES	HYDROGEL DRESS STERL PAD > 48 SQ	No Auth Required				
		ADHES BORDR					
A6248	HYDROGEL DRESS WOUND FIL GEL FL OZ	HYDROGEL DRESSING WOUND FILLER	No Auth Required				
		GEL PER FL OZ					
A6250	SKN SEALNT PROTCT MOISTURZR OINTMNT	SKIN SEALNT PROTECT MOISTURIZER	No Auth Required				
		OINTMNT TYPE SZ					
A6251	SPCLTY ABSORB DRESS 16SQ/< NO ADHES	SPCLTY ABSORB DRESS STERL 16	No Auth Required				
		SQ/ <no adhes="" bordr<="" td=""><td></td><td></td><td></td><td></td><td></td></no>					
A6252	SPCL ABSORB DRESS >16<=48 NO ADHES	SPCLTY ABSORB DRESS >16 =48 SQ</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
1.0050	CDC/T/ ABCORD DD500 40 CO NO ABUSO	W/O ADHES BORDR					
A6253	SPCLTY ABSORB DRESS >48 SQ NO ADHES	SPCLTY ABSORB DRESS STERL >48 SQ	No Auth Required				
A C 3 F 4	CDCLTV ADCORD DDECC 4C CO / 14/4 DUES	NO ADHES BORDR	No Auth Decition				
A6254	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	SPCLTY ABSORB DRESS STERL 16 SQ/<	No Auth Required				
۸۶۵۲۲	CDCL ADCORD DRECC >1C <= 40 M/ADUEC	ADHES BORDR EA	No Auth Boguired				
A6255	SPCL ABSORB DRESS >16<= 48 W/ADHES	SPCLTY ABSORB DRESS STERL >16 = 48 SQ W/ADHES</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES	SPCLTY ABSORB DRESS STERL > 48 SQ	No Auth Required				
AUZJU	SI CELL ADSORD DIVESS > 40 SK M/ADITES	ADHES BORDR	No Autil Nequileu				
A6257	TRNSPRT FILM STERL 16 SQ/< EA DRESS	TRANSPARENT FILM STERL 16 SQ IN OR	No Auth Required				
70237	THE STERE TO SQUE EN DILESS	LESS EA DRESS	140 Addi Nequired				
A6258	TRNSPRT FILM >16 SQ BUT <=48 SQ EA	TRNSPRT FILM STERL >16 SQ BUT = 48</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
		SQ EA DRESS					
A6259	TRNSPRT FILM STERL > 48 SQ EA DRESS	TRANSPARENT FILM STERL > 48 SQ IN	No Auth Required				
		EA DRESSING	1				
			C.	1	1	1	I.

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	1	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<br 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			
				<del> </del>		
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				
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</td <td>SELF-ADHERENT BANDGE WDTH <!--= 3 IN PER YARD</td--><td>No Auth Required</td><td></td><td></td><td></td></td>	SELF-ADHERENT BANDGE WDTH = 3 IN PER YARD</td <td>No Auth Required</td> <td></td> <td></td> <td></td>	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			

		T	1	1		1	T
A6461	S RSRB ST PD SZ >16 SI = 48 SI E</td <td>SYN RSRB STR PAD SZ &gt;16 SI BUT<!--= 48</td--><td>No Auth Required</td><td></td><td></td><td></td><td></td></td>	SYN RSRB STR PAD SZ >16 SI BUT = 48</td <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	No Auth Required				
A6501	COMPRS BURN GARMNT BDYSUIT CSTM FAB	SI NO A B E COMPRS BURN GARMENT BODYSUIT	No Auth Doguined				
AbSUI	COMPRS BURN GARMINT BUTSUIT CSTM FAB	CUSTOM FABRICATED	No Auth Required				
A6502	COMPRS BRN GARMNT CHIN STRAP CSTM	COMPRS BURN GARMENT CHIN STRAP	No Auth Required				
		CUSTOM FABRICATED	,				
A6503	COMPRS BRN GARMNT FCE HOOD CSTM FAB	COMPRS BURN GARMENT FACIAL	No Auth Required				
		HOOD CUSTOM FAB					
A6504	COMPRS BRN GARMNT GLOV WRST CSTM	COMPRS BURN GARMENT GLOVE	No Auth Required				
		WRIST CUSTOM FAB					
A6505	COMPRS BRN GARMNT GLOV ELB CSTM FAB	COMPRS BURN GARMENT GLOVE ELB	No Auth Required				
		CUSTOM FABRICATED					
A6506	COMPRS BURN GARMNT GLOV AX CSTM FAB	COMPRS BURN GARMENT GLOVE	No Auth Required				
		AXILLA CUSTOM FAB					
A6507	COMPRS BRN GARMNT FT KNEE LEN CSTM	COMPRS BURN GARMENT FT KNEE	No Auth Required				
1.0500	0044000 0004 0404 047 57 744 574 6674	LENGTH CUSTOM FAB					
A6508	COMPRS BRN GARMNT FT THI LEN CSTM	COMPRS BURN GARMENT FT THIGH	No Auth Required				
A6509	COMPRS BRN GARMNT TRNK WAIST CSTM	LENGTH CUSTOM FAB COMPRS BRN GARMNT UP TRNK WAIST	No Auth Boquired				
A0309	COMPAS BAN GARININI TANA WAIST CSTM	ARM OPENING CSTM	No Auth Required				
A6510	COMPRS BRN GARMNT TRNK ARM LEG OPN		No Auth Required				
MOSTO	CONTRO DATA GARINIA LIVIN ARIVI LEG OPIN	LEG OPENING CSTM	No Auth Nequileu				
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN	COMPRS BRN GARMNT LW TRNK	No Auth Required				
710311	CONTRO BIAN GARANTI EW TRINK EEG OF IN	W/LEG OPENING CSTM FAB	No riadi nequired				
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	No Auth Required				
	, , ,	PLSTC/EQUL CSTM FAB					
A6530	GRADIENT COMPRS STK BK 18-30 MMHG	GRADIENT COMPRESSION STK BELW	No Auth Required				
		KNEE 18-30 MMHG EA					
A6531	GRADIENT COMPRS STK BK 30-40 MMHG	GRADIENT COMPRESSION STK BELW	No Auth Required				
		KNEE 30-40 MMHG EA					
A6532	GRADIENT COMPRS STK BK 40-50 MMHG	GRADIENT COMPRESSION STK BELW	No Auth Required				
		KNEE 40-50 MMHG EA					
A6533	GRADENT COMPRS STK THIGH 18-30 MMHG	GRADIENT COMPRESSION STK THIGH	No Auth Required				
		LEN 18-30 MMHG EA					
A6534	GRADENT COMPRS STK THIGH 30-40 MMHG	GRADIENT COMPRESSION STK THIGH	No Auth Required				
16525	CDADENT CONADDC CTV TUICU 40 FO MANUC	LEN 30-40 MMHG EA	N. A. Ali D. a. Justina d				
A6535	GRADENT COMPRS STK THIGH 40-50 MMHG	GRADIENT COMPRESSION STK THIGH	No Auth Required				
A6536	GRADENT COMPRS STK FULL 18-30 MMHG	LEN 40-50 MMHG EA GRADIENT COMPRS STK FULL LEN/CHAP	No Auth Poquirod				
AUJJU	GUADEM COMENS SIX FOLL TO-20 MINING	18-30 MMHG EA	No Auth Required				
A6537	GRADENT COMPRS STK FULL 30-40 MMHG	GRADIENT COMPRS STK FULL LEN/CHAP	No Auth Required				
,,	2 25 1.5 5 1 5EE 50 40 MM///	30-40 MMHG EA					
A6538	GRADENT COMPRS STK FULL 40-50 MMHG	GRADIENT COMPRS STK FULL LEN/CHAP	No Auth Required				
		40-50 MMHG EA					
A6539	GRADENT COMPRS STK WAIST 18-30 MMHG	GRADIENT COMPRESSION STK WAIST	No Auth Required				
		LEN 18-30 MMHG EA	· .				
A6540	GRADENT COMPRS STK WAIST 30-40 MMHG	GRADIENT COMPRESSION STK WAIST	No Auth Required				
		LEN 30-40 MMHG EA					
A6541	GRADENT COMPRS STK WAIST 40-50 MMHG	GRADIENT COMPRESSION STK WAIST	No Auth Required				
		LEN 40-50 MMHG EA					
A6544	GRADENT COMPRESSION STK GARTER BELT	GRADIENT COMPRESSION STOCKING	No Auth Required				
		GARTER BELT					
A6545	GRD CMPRS WRP NONELST BK 30-50 MMHG	GRADIENT COMPRS WRAP NONELAST	No Auth Required				
4.65.46	CDA DIENT COMB CTOCKING (CLEENE 1100	BK 30-50 MM HG EA	No Auth Desciond				
A6549	GRADIENT COMP STOCKING/SLEEVE NOS	GRADIENT COMPRESSION	No Auth Required				
L		STOCKING/SLEEVE NOS	1	1	l	L	

A7000 CARLSET NEG PRSS WND TX PUMP PUMP SPUMP SPUMP SPUMP SPUM SPUMP SPU	
SUCTION PUMP EACH  A7001 CANISTR NONDISPBL USED W/SUCTN PUMP CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH  A7002 TUBING USED WITH SUCTION PUMP EACH W/SUCTION PUMP EACH  A7003 ADMN SET SM VOL NONFILTR NEB DISPBL A7004 SM VOL NONFILTR NEB DISPBL A7004 SM VOL NONFILTR PNEUMAT NEB DISPBL  A7005 ADMN SET SM VOL NONFILTR PNEUMAT NEB NONDISP A7006 ADMN SET SM VOL NONFILTR NEB NONDISP A7006 ADMN SET W/SM VOL FILTR NEBULIZR A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PRFIL COMPRS NO Auth Required W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE LG NO Auth Required	
A7001 CANISTR NONDISPBL USED W/SUCTN PUMP CANISTER NON-DISPOSABLE USED W/SUCTION PUMP EACH  A7002 TUBING USED WITH SUCTION PUMP EACH  TUBING USED WITH SUCTION PUMP EACH  TUBING USED WITH SUCTION PUMP No Auth Required EACH  A7003 ADMN SET SM VOL NONFILTR NEB DISPBL  A7004 SM VOL NONFILTR PNEUMAT NEB DISPBL  A7005 SM VOL NONFILTR PNEUMAT NEB NONDISP  A7005 ADMN SET SM VOL NONFILTR NEB NONDISP  A7006 ADMN SET W/SM VOL FILTR NEBULIZR  A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS  LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS  LG VOL NEBULIZR DISPBL PRFIL COMPRS  LG VOL NEBULIZR DISPBL PRFIL COMPRS  W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR  RESRVOR BOTTLE	
A7002 TUBING USED WITH SUCTION PUMP EACH EACH  A7003 ADMN SET SM VOL NONFILTR NEB DISPBL ADMN SET SM VOL NONFILTR NEB DISPBL  A7004 SM VOL NONFILTR PNEUMAT NEB DISPBL  A7005 ADMN SET SM VOL NONFILTR NEB NONDISP  A7006 ADMN SET SM VOL NONFILTR NEB NONDISP  A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS  LG VOL NEBULIZR DISPBL UNFIL COMPRS  LG VOL NEBULIZR DISPBL UNFIL COMPRS  LG VOL NEBULIZR DISPBL UNFIL COMPRS  LG VOL NEBULIZR DISPBL PRFIL COMPRS  NO Auth Required  W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR  RESRVOR BOTTLE NON-DISPBL W/LG  NO Auth Required	
A7003 ADMN SET SM VOL NONFILTR NEB DISPBL ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL A7005 ADMN SET SM VOL NONFILTR NEB NONDISP ADMN SET W/SM VOL NONFILTR NO Auth Required NEBULIZER NON-DISPBL NEBULIZER NON-DISPBL A7006 ADMN SET W/SM VOL FILTR NEBULIZER ADMIN SET W/SMALL VOLUME FILTR NO Auth Required PNEUMAT NEBULIZER ADMIN SET W/SMALL VOLUME FILTR NO Auth Required PNEUMAT NEBULIZER DISPBL UNFIL USED NO Auth Required W/AROSL COMPRS LG VOL NEBULIZER DISPBL PREFIL NO Auth Required W/AROSL COMPRS LG VOL NEBULIZER DISPBL PREFIL NO Auth Required W/AROSL COMPRS RESRVOR BOTTLE LG VOL US NEBULIZER RESRVOR BOTTLE NON-DISPBL W/LG NO Auth Required	
A7004 SM VOL NONFILTR PNEUMAT NEB DISPBL SMALL VOLUME NONFILTR PNEUMATIC NO Auth Required  A7005 ADMN SET SM VOL NONFILTR NEB NONDISP ADMN SET W/SM VOL NONFILTR NO Auth Required  NEBULIZR NON-DISPBL  A7006 ADMN SET W/SM VOL FILTR NEBULIZR ADMIN SET W/SMALL VOLUME FILTR NO Auth Required  PNEUMAT NEBULIZR NO Auth Required  PNEUMAT NEBULIZR NO Auth Required  PNEUMAT NEBULIZR NO Auth Required  W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PREFIL NO Auth Required  W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG NO Auth Required	
A7005 ADMN SET SM VOL NONFLTR NEB NONDISP ADMN SET W/SM VOL NONFILTR NEBULIZR NON-DISPBL  A7006 ADMN SET W/SM VOL FILTR NEBULIZR ADMIN SET W/SMALL VOLUME FILTR NO Auth Required PNEUMAT NEBULIZR  A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PREFIL NO Auth Required W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG NO Auth Required	
A7006 ADMN SET W/SM VOL FILTR NEBULIZR ADMIN SET W/SMALL VOLUME FILTR No Auth Required PNEUMAT NEBULIZR  A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG No Auth Required	
A7007 LG VOL NEBULIZR DISPBL UNFIL COMPRS LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS  A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG No Auth Required	
A7008 LG VOL NEBULIZR DISPBL PRFIL COMPRS LG VOL NEBULIZR DISPBL PREFIL No Auth Required W/AROSL COMPRS  A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG No Auth Required	
A7009 RESRVOR BOTTLE LG VOL US NEBULIZR RESRVOR BOTTLE NON-DISPBL W/LG No Auth Required	
VOL US NEBULIZR	
A7010 CORUG TUBE DISPBL LG VOL NEB 100 FT CORUGATD TUBING DISPBL W/LG VOL No Auth Required NEBULIZR 100 FT	
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 No Auth Required COMPRESS/US GENERATOR	
A7014 FLTR NON-DISPBL AROSL COMPRS/US GEN FILTER NON-DISPBL USED W/AROSL No Auth Required COMPRS/US GEN	
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 No Auth Required VOLUME US NEBULIZR	
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 No Auth Required REPLACEMENT ONLY	
A7025 HI FREQ CHST WALL OSCILAT VEST REPL HI FREQ CHST WALL OSCILLAT SYS VEST Authorization Required DME Full Clinical Review	
A7026 HI FREQ CHST WALL OSCILAT HOSE REPL HI FREQ CHST WALL OSCILLAT SYS HOSE Authorization Required DME Full Clinical Review	
A7027 COMB ORAL/NASAL MASK W/CPAP EACH COMB ORAL/NASAL MASK USED No Auth Required  W/CPAP DEVICE EACH	
A7028 ORAL CUSH ORAL/NASAL MASK REPL EA ORAL CUSHION COMB ORAL/NASAL No Auth Required  MASK REPL ONLY EACH	
A7029 NASL PILLOW ORL/NASL MASK REPL PAIR NASAL PILLOWS COMB ORAL/NASL No Auth Required  MASK REPL ONLY PAIR	
A7030 FULL FCE MASK POS ARWAY PRSS DEV EA FULL FACE MASK USED W/POS ARWAY No Auth Required PRESS DEVICE EA	
A7031 FCE MASK INTERFCE REPL FULL MASK EA FACE MASK INTERFACE REPLCMT FULL No Auth Required FACE MASK EA	
A7032 CUSHN NASAL MASK INTF REPL ONLY EA CUSHN NASAL MASK INTERFACE NO Auth Required REPLACEMENT ONLY EACH	
A7033 PILLW NASL CANNULA TYPE INTF REPL PILLW NASL CANNULA TYPE INTERFCE No Auth Required REPL ONLY PAIR	

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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		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	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			
	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			
	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			
	TRACHEOST/LARYNGECT TUBE STNLESS ST	TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA	·			
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	EACH	No Auth Required			
	TRACHEOSTOMA STENT/STUD/BUTTON EACH	TRACHEOSTOMA STENT/STUD/BUTTON EACH	·			
A7525	TRACHEOSTOMY MASK EACH	TRACHEOSTOMY MASK EACH	No Auth Required			
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EA	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	No Auth Required			

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MILLION   PROTECTION SIDE PREPARED   MILLION PROTECTION SIDE PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PROTECTION PASSAD PREPARED   MILLION PASSAD PREPARED PASSAD PREPARED   MILLION PASSAD PREPARED PASSAD PREPARED PREPARED PASSAD PASSAD PREPARED PASSAD PA	A7527	TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	TRACHEOSTOMY/LARYNGECTOMY	No Auth Required				
COMPONENT ACCOUNTS  COMPONENT ACCOUNTS  HEART PROTECTIVE HAND DREAM  HEART PROTECTIVE HAND CUSTOM FAB  AND COMPONENT HAND CUSTOM FAB  AND COMPONEN			TUBE PLUG/STOP EACH					
MEMORY PROTECTION PASSED PREPAIRS   MEMORY PROTECTIVE MADD REPAIRS   COMPANIES AND C	A8000	HELMET PROTECTIVE SOFT PREFAB	HELMET PROTECTVE SOFT PREFAB	No Auth Required				
COMPONENT ACCESSES   No. Auth Required   No.			COMPONENT ACCSSRIES					
MELMET PROTECTIVE SOFT CUSTOM FAQ   MELMET PROTECTIVE HASP CUSTOM FAQ   MAN HASP CUSTOM FAQ	A8001	HELMET PROTECTIVE HARD PREFAB	HELMET PROTECTVE HARD PREFAB	No Auth Required				
ABOOS  HEMSE PROTECTIVE HARD CLISTOM NO   HEMSE PROTECTIVE HARD CLISTOM NO Auth Required			COMPONENT ACCSSRIES					
MEMORY PROTECTIVE HARD CUSTOM FAS   PERMATER PROTECTIVE HARD CUSTOM   PACK ACCESSING	A8002	HELMET PROTECTIVE SOFT CUSTOM FAB	HELMET PROTECTIVE SOFT CUSTOM	No Auth Required				
FAS COMPARES OF INTERFACE FOR HELMET REPL ONLY   PROFESSION   PROPERTY   PROFESSION   PROPERTY   PROFESSION   PROPERTY   PROFESSION   PROPERTY   PROFESSION   P			FAB COMP ACCSSRIES					
A9150   NORTHER PER ONLY   SPIT INTERFACE FOR HELMET   REPLACEMENT ONLY	A8003	HELMET PROTECTIVE HARD CUSTOM FAB	HELMET PROTECTIVE HARD CUSTOM	No Auth Required				
APPLICATION DRUG			FAB COMP ACCSSRIES					
NONPRESCRIPTION DRUG	A8004	SOFT INTERFACE FOR HELMET REPL ONLY	SOFT INTERFACE FOR HELMET	No Auth Required				
1. STYTEMINERUTRACE ELEMO NOLDOSE NOS  SINGLE WITNINSERUTRACE ELEMON ON JUNI Required  A9153 MULTIPLE VITAMINS ORAL PER DOSE NOS  MAY VIT WAVAO MINERLEST RACE ELEMS NO Auth Required  A9154 A9155 MULTIPLE VITAMINS ORAL PER DOSE NOS  MAY VIT WAVAO MINERLEST RACE ELEMS NO Auth Required  A9156 A9157 A9156 MAY VIT WAVAO MINERLEST RACE ELEMS NO Auth Required  A9157 MONOCHRED ITEM ON SERVICE  WIND SCTN DISPIEL DOS SERVICE  WIND SCTN DISPIEL DOS SERVICE  A9277 WIND SCTN DISPIEL DOS ACC ANY TYP EA  COMPUT ANY TYP EA  COLUMN THE STRUCK OF			REPLACEMENT ONLY					
ORAL DOES NOS	A9150	NONPRESCRIPTION DRUG	NONPRESCRIPTION DRUG	No Auth Required				
MILTIPLE VITAMINS DRAIL PER DOSE NOS   MX VIT W/NO MINREISSTRACE ELEMS No Auth Required	A9152	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	SINGLE VIT/MINERAL/TRACE ELEMENT	No Auth Required				
ARTICIAL SALINA 30 ML			ORAL-DOSE NOS					
ASTOR ASTRUCIOS TX TOP ADMN PTCARETAKE ASTOR ADMONOVERED ITEM OR SERVICE NONCOVERED ITEM OR SERVICE NONCOVER ITEM OR S	A9153	MULTIPLE VITAMINS ORAL PER DOSE NOS	MX VIT W/WO MINERLS&TRACE ELEMS	No Auth Required				
Page   Page			ORL PER DOSE NOS					
A2727 NONCOVERED ITEM OR SERVICE  NONCOVERED ITEM OR SERVICE  NONCOVERED TO NONCOVERED	A9155	ARTFICIAL SALIVA 30 ML	ARTFICIAL SALIVA 30 ML	No Auth Required				
A9272   NONCOUTERD TITEM OR SERVICE   NONCOUTERD TITEM OR SERVICE   No Auth Required   Wound Therapy   PA for Code in Group Applies to All Codes   Within Specific Group   Wound Therapy   PA for Code in Group Applies to All Codes   Within Specific Group   Wound Therapy   PA for Code in Group Applies to All Codes   Within Specific Group   Wound Therapy   PA for Code in Group Applies to All Codes   Within Specific Group   Wound Therapy   PA for Code in Group Applies to All Codes   Within Specific Group   W	A9180	PEDICULOSIS TX TOP ADMN PT/CARETAKR	PEDICULOSIS TX TOPICAL ADMIN	No Auth Required				
Ag277   COLD/HOT FLIBTLIC/C HTR/CLD W ANY COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY COLD MAP			PATIENT/CARETAKER					
Ag277   COLD/HOT FLIBTLIC/C HTR/CLD W ANY COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY TYPE A COLD MAP ANY COLD MAP	A9270	NONCOVERED ITEM OR SERVICE	NONCOVERED ITEM OR SERVICE	No Auth Required				
A2773 COLD/HOT FL BTL (C/C HT R)/CLD W ANY COLD/HOT FL BTL (CE CAP/C HEAT R/ COLD WRAP ANY COLD WRAP	A9272	WND SCTN DISPBL DRSG ACC ANY TYP EA	WND SUCT DISPBL DSG ALL ACC &	Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
A9274   EXT AMB INSULIN DEL SYS DISPOSBLEA   EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA   COLD WARP ANY			CMPNT ANY TYP EA			Applies to All Codes		
A9274 EXT AMB INSULIN DEL SYS DISPOSBLE AS EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA DISPOSABLE						within Specific Group		
A9275 HOME GLU DISPBL MON W/TEST STRIPS DISPOSABLE A CITERNAL AMB INSULIN DEL SYSTEM DISPOSABLE A DISPOSABLE	A9273	COLD/HOT FL BTL IC/C HT&/CLD W ANY	COLD/HOT FL BTL ICE CAP/C HEAT &/	No Auth Required				
DISPOSABLE EA  A9275 HOME GLU DISPBL MON W/TEST STRIPS  HOME GLU DISPBL MON W/TEST STRIPS  A9276 SENSOR: INVSV INTRSTI. GLU MON SYS  SENSOR; INVSV INTRSTI. GLU MON SYS  SENSOR; INVSV INTRSTI. GLU MON  A9277 TRANSMITE; EXT INTRSTL CONT GLU MON  GLU MON SYS  A9278 RECEIVER MON; EXT INTRSTI. GLU MON  RECEIVER MON; EXT INTRSTI. GLU MON  RECEIVER MON; EXT INTRSTI. GLU MON  RECEIVER MON; EXT INTRSTI. GLU MON  RECEIVER MON; EXT INTRSTI. GLU MON  A9279 MON FEATURE/DEV. CALONE/INTEGRAT NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM NOT YPE EACH  A9282 WIG ANY TYPE EACH  MIG ANY TYPE EACH  MIG ANY TYPE EACH  MIG ANY TYPE EACH  A9283 FOOT PRESSURE OF LOAD/SUPP DEV EA  BOOT PRESSURE OF LOAD/SUPP DEV EACH  BOOT PRESSURE OF LOAD/SUPP NO Auth Required  CACCESSORIES  SEROMETER NONELECTRONIC INCL ACCESS  SEROMETER NONELECTRONIC INCL ACCESS  SEROMETER NONELECTRONIC INCL ALL NO Auth Required  CACCESSORIES  NO Auth Required  General Medicine health and behavior assessment/intervention  assessment/intervention  A9300 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX  NO Auth Required  NO Auth Required  NO Auth Required  A9300 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX  NO Auth Required			COLD WRAP ANY					
A9276 SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVSV INTRSTI, GLU MON GLU MON SYS SENSOR; INVERSION DEVICE MON; EXT INTERSTITIAL CONT ON A AUTH Required OTHERWINE CLASSIFIED OTHERWINE CLAS	A9274	EXT AMB INSULIN DEL SYS DISPOSBL EA	EXTERNAL AMB INSULIN DEL SYSTEM	No Auth Required				
NCLUDES TEST STRIPS   NO Auth Required			DISPOSABLE EA					
A9276 SENSOR; INVSV INTRSTL GLU MON SYS SENSOR; INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D MON SYS 1U=1D MON SYS 1U=1D MON SYS 1U=1D GLU MON SYS GLU MO	A9275	HOME GLU DISPBL MON W/TEST STRIPS	HOME GLUCOSE DISPBL MONITOR	No Auth Required				
A9277 TRANSMTR; EXT INTRSTL CONT GLU MON TRANSMITER; EXT INTRSTL CONT GLU MON TRANSMITER; EXT INTRSTL GLU MON TRANSMITER; EXT INTRGTL GLU MON TRANSMITER; EXT INTRGTL GLU MON TRANSMITER; EXT INTRGTL GLU TRANSMITER; EXT INTR			INCLUDES TEST STRIPS					
A9277 TRANSMTR; EXT INTRSTL CONT GLU MON  A9278 RECEIVER MON; EXT INTRSTL GLU MON  RECEIVER MON; EXT INTERSTL GLU MON SYS  MON FEATURE/DEVC ALONE/INTEGRAT NOC  MONITOR FEATURE/DEVC STAND- ALONE/INTEGRATED NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOT  OTHERWISE CLASSIFIED  A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA  REACH/GRABBING DEVC ANY TYPE/LEN EA  REACH/GRABBING DEVC ANY TYPE/LEN EA  REACH/GRABBING DEVC ANY TYPE EACH  MIG ANY TYPE EACH  MIG ANY TYPE EACH  A9283 FOOT PRESSURE OFF LOAD/SUPP DEV EA  FOOT PRESSURE OFF LOAD/SUPP DEV EA  FOOT PRESSURE OFF LOAD/SUPP DEV EA  FOOT PRESSURE OFF LOAD/SUPP DEV EA  FOOT PRESSURE OFF NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC ORRECTION DEVC  DEVICE  ANY TYPE EACH  A9286 HYG I/DVC DISPBL/NON-DISPBL ANY TE  HYG I/DVC DISPBL/NON-DISPBL ANY TE  HYG I/DVC DISPBL/NON-DISPBL ANY TE  HYG I/DVC DISPBL/NON-DISPBL ANY TE  HYG I/DVC DISPBL/NON-DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  No Auth Required  A9400 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX  No Auth Required  A9500 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX  No Auth Required	A9276	SENSOR; INVSV INTRSTL GLU MON SYS	SENSOR; INVSV DISP INTRSTL CONT GLU	No Auth Required				
A9278 RECEIVER MON; EXT INTRSTL GLU MON ACCEIVER MON; EXT INTRSTL GLU MON ACUT GLU MON SYS AND AUTH Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT REQUIRED ACCEIVER MON; EXT INTRSTL GLU MON ACUT REQUIRED ACCEIVER MON; EXT INTRSTL GLU MON ACUT REquired ACCEIVER MON; EXT INTRSTL GLU MON ACUT REquired ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON; EXT INTRSTL GLU MON ACUT Required ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED ACCEIVER MON ACUT REQUIRED			MON SYS 1U=1D					
A9278 RECEIVER MON; EXT INTRSTI GLU MON RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS MON FEATURE/DEVC ALONE/INTEGRAT NOC MONITOR FEATURE/DEVC STAND- ALONE/INTEGRATED NOC ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA REACH/GRABBING DEVC ANY TYPE/LEN EA REACH/ING/GRABBING DEVICE ANY TYPE ANY LENGTH EA  A9282 WIG ANY TYPE EACH WIG ANY TYPE EACH NO Auth Required POOT PRESSURE OF FLOAD/SUPP DEV EA DEVICE ANY TYPE EACH A9284 SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRON DEVC ACCESSORIES INVERSION/EVERSION CORRECTION DEVC NO Auth Required DEVICE ANY TYPE EACH A9286 HYG J/DVC DISPBL/NON-DISPBL ANY TE HYGIEN/DEVC DISPBL/NON- DISPBL ANY TYPE EA HYGIEN/DEVC DISPBL/NON- DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT NO Auth Required NO Auth Required NO Auth Required	A9277	TRANSMTR; EXT INTRSTL CONT GLU MON	TRANSMITTER; EXT INTERSTITIAL CONT	No Auth Required				
A9279 MON FEATURE/DEVC ALONE/INTEGRAT NOC  A9280 ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOC  ALERT OR ALARM DEVICE NOT  OTHERWISE CLASSIFIED  A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA  REACHING/GRABBING DEVICE ANY  TYPE ANY LENGTH EA  A9282 WIG ANY TYPE EACH  MIG ANY TYPE EACH  A9283 FOOT PRESSURE OFF LOAD/SUPP DEV EA  FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH  A9284 SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRON CORRECTION DEVC  A9285 INVERSION/EVERSION CORRECTION DEVC  BYERSON/EVERSION CORRECTION DEVC  DEVICE  AP366 HYG J/DVC DISPBL/NON-DISPBL ANY TE  HYGIENIC ITEM/DEVC DISPBL/NON- DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  NO Auth Required  assessment/intervention  NO Auth Required  health and behavior assessment/intervention  A9300 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX  NO Auth Required			GLU MON SYS					
A9279 MON FEATURE/DEVC ALONE/INTEGRAT NOC ALONE/INTEGRAT NOC ALONE/INTEGRATED NOC ALONE/INTEG	A9278	RECEIVER MON; EXT INTRSTL GLU MON	RECEIVER MON; EXT INTERSTITIAL	No Auth Required				
AJERT OR ALARM DEVICE NOC ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED AJERT OR ALARM DEVICE NOC OTHERWISE CLASSIFIED AJERT OR ALARM DEVICE NOC OTHERWISE CLASSIFIED AJERT OR ALARM DEVICE NOC OTHERWISE CLASSIFIED AJERT OR ALARM DEVICE NOC OTHERWISE CLASSIFIED  NO Auth Required NO Auth Required NO Auth Required DEVICE ANY TYPE EACH AJERT OR ALERT OR ALARM DEVICE ANY OTHER NONELECTRONC INCL ACCESS AJERT OR ALERT OR AL			CONT GLU MON SYS					
A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA  A9281 WIG ANY TYPE EACH WIG ANY TYPE EACH No Auth Required  A9283 FOOT PRESSURE OFF LOAD/SUPP DEV EA  A9284 SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC CORRECTION DEVC  A9285 INVERSION/EVERSION CORRECTION DEVC  A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E  HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY T E  HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  No Auth Required  ON Auth Required  General Medicine - health and behavior assessment/intervention  No Auth Required  ON Auth Required	A9279	MON FEATURE/DEVC ALONE/INTEGRAT NOC	MONITOR FEATURE/DEVC STAND-	No Auth Required				
A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA TYPE ANY LENGTH EA NO Auth Required POTOT PRESSURE OFF LOAD/SUPP DEV EA POTOT PRESSURE OFF LOAD/SUPP DEV EA DEVICE ANY TYPE EACH NO Auth Required DEVICE ANY TYPE EACH NO Auth Required DEVICE ANY TYPE EACH NO Auth Required DEVICE ANY TYPE EACH NO Auth Required ACCESSORIES PIROMETER NONELECTRONIC INCL ACCESS ORIES ACCESSORIES NOVELECTRONIC INCL			ALONE/INTEGRATED NOC					
A9281 REACH/GRABBING DEVC ANY TYPE/LEN EA REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA TYPE ANY LENGTH EA NO Auth Required POOT PRESSURE OFF LOAD/SUPP DEV EA FOOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH NO Auth Required DEVICE ANY TYPE EACH NO Auth Required DEVICE ANY TYPE EACH NO Auth Required No Auth Required DEVICE ANY TYPE EACH NO Auth Required NO Au	A9280	ALERT OR ALARM DEVICE NOC	ALERT OR ALARM DEVICE NOT	No Auth Required				
A9282 WIG ANY TYPE EACH WIG ANY TYPE EACH No Auth Required A9283 FOOT PRESSURE OFF LOAD/SUPP DEV EA POOT PRESSURE OFF LOAD/SUPP DEVICE ANY TYPE EACH A9284 SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRONC ORRECTION DEVC A9285 INVERSION/EVERSION CORRECTION DEVC DEVICE A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY T YPE EA  A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required  No Auth Required  No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE  TECHNETIUM TC-99M SESTAMIBI DX No Auth Required			OTHERWISE CLASSIFIED					
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A9283 FOOT PRESSURE OFF LOAD/SUPP DEV EA  A9284 SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONC INCL ACCESS  SPIROMETER NONELECTRONIC INCL ACCESS  SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES  A9285 INVERSION/EVERSION CORRECTION DEVC  INVERSION/EVERSION CORRECTION DEVC  DEVICE  A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E  HYGIENIC ITEM/DEVC DISPBL/NON- DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT  EXERCISE EQUIPMENT  A9500 TC-99M SESTAMIBI DX PER STUDY DOSE  FOOT PRESSURE OFF LOAD/SUPP  No Auth Required  No Auth Required  General Medicine - health and behavior assessment/intervention			TYPE ANY LENGTH EA					
DEVICE ANY TYPE EACH  A9284 SPIROMETER NONELECTRONC INCL ACCESS SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES  A9285 INVERSION/EVERSION CORRECTION DEVC INVERSION/EVERSION CORRECTION DEVC DEVICE  A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT EXERCISE EQUIPMENT A9500 TC-99M SESTAMIBI DX PER STUDY DOSE  DEVICE No Auth Required Seneral Medicine - health and behavior assessment/intervention	A9282			No Auth Required				
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A9285 INVERSION/EVERSION CORRECTION DEVC INVERSION/EVERSION CORRECTION DEVICE  A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA  A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required  A9400 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required			DEVICE ANY TYPE EACH					
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A9286 HYG I/DVC DISPBL/NON-DISPBL ANY T E HYGIENIC ITEM/DEVC DISPBL/NON-DISPBL ANY TYPE EA 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 No Auth Required	A9285	INVERSION/EVERSION CORRECTION DEVC		No Auth Required				
A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required				ļ	ļ			
A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required	A9286	HYG I/DVC DISPBL/NON-DISPBL ANY T E		No Auth Required				
A9300 EXERCISE EQUIPMENT EXERCISE EQUIPMENT No Auth Required A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required			DISPBL ANY TYPE EA		health and behavior			
A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required				1	assessment/intervention	1		
A9500 TC-99M SESTAMIBI DX PER STUDY DOSE TECHNETIUM TC-99M SESTAMIBI DX No Auth Required								
	A9300			No Auth Required	ļ			
PER STUDY DOSE	A9500	TC-99M SESTAMIBI DX PER STUDY DOSE		No Auth Required				
			PER STUDY DOSE	<u>l</u>	<u>l</u>	j		

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	No Auth Required		
		UP TO 30 MCI	·		
A9504	TC-99M APCITIDE DX UP TO 20 MCI		No Auth Required		
A9505	TL-201 THALLOUS CHLORID DX PER MCI	TO 20 MCI THALLIUM TL-201 THALLOUS CHLORID	No Auth Required		
		DX PER MCI			
A9507	IN-111 CAPROMB PENDETD DX TO 10 MCI	INDIUM IN-111 CAPROMAB PENDETIDE	No Auth Required		
A9508	I-131 IOBENGUANE SULFATE DX 0.5 MCI	DX UP TO 10 MCI IODINE I-131 IOBENGUANE SULFATE DX	No Auth Poquired		
A3308	IF131 IOBENGOANE SOLFATE DX 0.5 IVICI	PER 0.5 MCI	No Auth Required		
A9509	IODINE I-123 SODIM IODIDE DX MCI	IODINE I-123 SODIUM IODIDE DX PER	No Auth Required		
		MILLICURIE			
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	No Auth Required		
		DX PER MILLICURIE	·		
A9513	LUTETIUM LU 177 DOTATATE THER 1 MCI	LUTETIUM LU 177 DOTATATE	No Auth Required		
A9515	CHOLINE C-11 DX STUDY DOS TO 20 MCI	THERAPEUTIC 1 MCI CHOLINE C-11 DX PER STUDY DOSE UP	No Auth Required		
A3313	CHOLINE C-11 DX 310D1 DO3 10 20 WCI	TO 20 MCI	No Auti Required		
A9516	I-123 SODIUM IODIDE DX TO 999 UCI	IODINE I-123 SODIUM IODIDE DX PER	No Auth Required		
		100 UCI TO 999			
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	No Auth Required		
		DX TO 0.5 MCI	·		
A9521	TC-99M EXETAZIME DX UP TO 25 MCI	TECHNETIUM TC-99M EXETAZIME DX	No Auth Required		
A9524	I-131 IODINATD SERUM ALB DX 5 UCI	UP TO 25 MCI IODINE I-131 IODINATD SERUM	No Auth Required		
713324	T 151 TODINATE SENGMENTED DA 5 GET	ALBUMIN DX PER 5 UCI	No Natir Required		
A9526	NITRO N-13 AMMONIA DX UP TO 40 MCI	NITROGEN N-13 AMMONIA DX STDY	No Auth Required		
10527	IODINE LASE NA IODIDE COL TV MCI	DOSE UP TO 40 MCI	No. Acade Described		
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	No Auth Required		
		DX PER MCI			
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	No Auth Required		
		SOLUTION TX PER MCI	,-		
A9531	I-131 SODIM IODIDE DX UP TO 100 UCI		No Auth Required	 	
A9532	I-125 SERUM ALB DX PER 5 MICROCURIE	MICROCURIE  IODINE I-125 SERUM ALBUMIN DX PER	No Auth Required		
M3332	1-123 SEVOIN WER DV LEV 3 MICKOCOME	5 MICROCURIES	No Auth Required		
A9536	TC-99M DEPREOTIDE DX UP TO 35 MCI	TECHNETIUM TC-99M DEPREOTIDE DX	No Auth Required		
10505		UP TO 35 MCI			
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	No Auth Required		
		DX UP TO 25 MCI	·		
A9539	TC-99M PENTETATE DX UP TO 25 MCI	TECHNETIUM TC-99M PENTETATE DX	No Auth Required		
		UP TO 25 MCI			

			1	1	1	1	1
A9540	TC-99M MAA DX UP TO 10 MCI		No Auth Required				
		DOSE UP TO 10 MCI					
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	No Auth Required				
713342	IN TIT IBRITORING HOXING BY TO STRICE	TIUXETAN DX TO 5 MCI	No riadi nequired				
A9543	Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI	YTTRIUM Y-90 IBRITUMOMAB	No Auth Required				
		TIUXETAN TX TO 40 MCI					
A9546	CO-57/58 CYANOCOBALAMIN DX TO 1 UCI		No Auth Required				
	,	DX TO 1 MICROCURIE					
A9547	IN-111 OXYQUINOLIN DX 0.5 MILLICURE	INDIUM IN-111 OXYQUINOLINE DX PER	No Auth Required				
		0.5 MILLICURIE					
A9548	INDIUM IN-111 PENTETATE DX 0.5 MCI	INDIUM IN-111 PENTETATE DX PER 0.5	No Auth Required				
		MILLICURIE					
A9550	TC-99M SODIM GLUCEPTAT DX TO 25 MCI	TECHNETIUM TC-99M SODIUM	No Auth Required				
		GLUCEPTATE DX TO 25 MCI					
A9551	TC-99M SUCCIMER DX UP TO 10 MCI	TECHNETIUM TC-99M SUCCIMER DX UP	No Auth Required				
		TO 10 MCI					
A9552	FDG F-18 FDG DX UP TO 45 MCI	FLUORODEOXYGLUCOSE F-18 FDG DX	No Auth Required				
		UP TO 45 MCI					
A9553	CR-51 SODIUM CHROMATE DX TO 250 UCI	CHROMIUM CR-51 SODIUM CHROMATE	No Auth Required				
40554	LAGE CODURA IOTUAL ANATE DV TO 40 U.C.	DX UP TO 250 UCI	N. A. Ale D. a. de de				
A9554	I-125 SODUM IOTHALAMTE DX TO 10 UCI	IODINE I-125 SODIUM IOTHALAMATE	No Auth Required				
A9555	RUBIDIUM RB-82 DX UP TO 60 MCI	DX UP TO 10 UCI RUBIDIUM RB-82 DX PER STUDY DOSE	No Auth Boquired				
A9555	ROBIDIONI RB-82 DX OP TO 60 IVICI	UP TO 60 MCI	No Auth Required				
A9556	GALLIUM GA-67 CITRATE DX PER MCI	GALLIUM GA-67 CITRATE DIAGNOSTIC	No Auth Required				
A3330	GALLIOW GA-07 CITRATE DXT ER WCI	PER MILLICURIE	No Auth Required				
A9557	TC-99M BICISATE DX UP TO 25 MCI		No Auth Required				
		TO 25 MCI					
A9558	XENON XE-133 GAS DX PER 10 MCI	XENON XE-133 GAS DIAGNOSTIC PER 10	No Auth Required				
		MILLICURIES	,				
A9559	CO-57 CYANOCOBALAMN ORL DX TO 1 UCI	COBALT CO-57 CYANOCOBALAMIN	No Auth Required				
		ORAL DX UP TO 1 UCI					
A9560	TC-99M LABELED RBC DX UP TO 30 MCI	TECHNETIUM TC-99M LABELED RBC DX	No Auth Required				
		UP TO 30 MCI					
A9561	TC-99M OXIDRONATE DX UP TO 30 MCI	TECHNETIUM TC-99M OXIDRONATE DX	No Auth Required				
		UP TO 30 MCI					
A9562	TC-99M MERTIATIDE DX UP TO 15 MCI		No Auth Required				
10563	CODUINA BUOCHATE B 22 TV DEB AACI	UP TO 15 MCI	N. A. Ale D. a. de de				
A9563	SODIUM PHOSHATE P-32 TX PER MCI	SODIUM PHOSPHATE P-32	No Auth Required				
A9564	CHROMIC PHOSHATE P-32 SUSP TX MCI	THERAPEUTIC PER MILLICURIE CHROMIC PHOSHATE P-32 SUSP	No Auth Required				
A9304	CHROWIC PHOSHATE P-52 303P TX WICE	THERAPEUTIC PER MCI	No Auth Required				
A9566	TC-99M FANOLESOMAB DX UP TO 25 MCI	TECHNETIUM TC-99M FANOLESOMAB	No Auth Required				
A3300	TO SSIN TANGELSONIAD DA OF TO 25 MICE	DX UP TO 25 MCI	140 Matil Nequileu				
A9567	TC-99M PENTETATE DX AROSL TO 75 MCI	TECHNETIUM TC-99M PENTETATE DX	No Auth Required				
		AEROSOL TO 75 MCI					
A9568	TC-99M ARCITUMOMAB DX TO 45 MCI	TECHTM TC-99M ARCITUMOMAB DX	No Auth Required				
		STDY DOSE TO 45 MCI					
A9569	TC-99M EXAMETAZIME AUTOLG WBC DX	TECHNETIUM TC-99M EXAMETAZIME	No Auth Required				
		AUTOLG WBC DX DOSE					
A9570	INDIUM IN-111 AUTOLG WBC DX DOSE	INDIUM IN-111 AUTOLOGOUS WBC DX	No Auth Required				
		PER STUDY DOSE					
A9571	INDIUM IN-111 AUTOLG PLATELETS DX	INDIUM IN-111 AUTOLOGOUS	No Auth Required				
		PLATELETS DX STUDY DOSE					

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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		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		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	·			
	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	HCPCS	No Auth Required			
A9901	DME DEL SET&/DSPNS SRVC ANOTH HCPCS	DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS	No Auth Required			

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MISCELLANEOUS DME SUPPLY/ACCESS NOS	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Authorization Required		Full Clinical Review
ENTERAL FEED SPL KIT; SYRINGE DAY	ENTERAL FEEDING SUPPLY KIT; SYRINGE	Authorization Required	DME	Full Clinical Review
ENTERAL FEED SPL KIT; PUMP FED-DAY	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	No Auth Required		
ENTERAL FD SPL KIT; GRAVITY FED-DAY	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Authorization Required	DME	Full Clinical Review
NASOGASTRIC TUBING WITH STYLET	NASOGASTRIC TUBING WITH STYLET	No Auth Required		
NASOGASTRIC TUBING WITHOUT STYLET	NASOGASTRIC TUBING WITHOUT STYLET	No Auth Required		
STOMACH TUBE - LEVINE TYPE	STOMACH TUBE - LEVINE TYPE	No Auth Required		
GASTROSTOMY/J-TUBE STANDARD EACH	GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA	No Auth Required		
GASTROSTOMY/J-TUBE LOW-PROFILE EA	GASTROSTOMY/J-TUBE LOW-PROFILE ANY MAT/TYPE EACH	No Auth Required		
FOOD THICKENER ADMINED ORALLY-OUNCE	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	No Auth Required		
ENTRAL F ADLT REPL FL&LYTES 500 ML	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U	Authorization Required	DME	Full Clinical Review
ENTRAL F PED REPL FL&LYTES 500 ML	500 ML = 1 U		DME	Full Clinical Review
ADDITIVE FOR ENTERAL FORMULA	ADDITIVE FOR ENTERAL FORMULA	No Auth Required		
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
ENTRAL F MANF BLNDRIZD NAT FOODS	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS	Authorization Required	DME	Full Clinical Review
ENTRAL F NUTRITIONALLY COMPLETE	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS	Authorization Required	DME	Full Clinical Review
ENTRAL F NUTRITION CMPL CAL DENSE	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Authorization Required	DME	Full Clinical Review
ENTRL F NUTRTN CMPL HYDROLYZD PROTS	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Authorization Required	DME	Full Clinical Review
	INHERITED DZ METAB	Authorization Required		Full Clinical Review
,	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	·	DME	Full Clinical Review
	DZ METAB		DME	Full Clinical Review
	W/INTACT NUTRNTS			Full Clinical Review
	BASD INTCT NUTRNTS	·		Full Clinical Review
	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Authorization Required		Full Clinical Review
ENTRAL F PED HYDROLYZED/AA PROTEINS	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	Authorization Required	DME	Full Clinical Review
ENTRAL F PED INHERITED DZ METAB	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Authorization Required	DME	Full Clinical Review
PARNTRAL NUT SOL; CARBS 50%/< HOM	PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX	Authorization Required	DME	Full Clinical Review
PARNTRAL NUT SOL; AMINO ACID 3.5%	PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX	Authorization Required	DME	Full Clinical Review
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
	ENTERAL FEED SPL KIT; SYRINGE DAY  ENTERAL FEED SPL KIT; PUMP FED-DAY  ENTERAL FD SPL KIT; GRAVITY FED-DAY  ENTERAL FD SPL KIT; GRAVITY FED-DAY  NASOGASTRIC TUBING WITH STYLET  NASOGASTRIC TUBING WITHOUT STYLET  STOMACH TUBE - LEVINE TYPE GASTROSTOMY/J-TUBE STANDARD EACH  GASTROSTOMY/J-TUBE LOW-PROFILE EA  FOOD THICKENER ADMINED ORALLY-OUNCE  ENTRAL F ADLT REPL FL&LYTES 500 ML  ENTRAL F PED REPL FL&LYTES 500 ML  ADDITIVE FOR ENTERAL FORMULA  IN-LINE CART CTG DIG ENZYME EF EACH  ENTRAL F MANF BLNDRIZD NAT FOODS  ENTRAL F NUTRITIONALLY COMPLETE  ENTRAL F NUTRITION CMPL CAL DENSE  ENTRAL F NUTRITN CMPL HYDROLYZD PROTS  ENTRAL F CMPL NO INHERITED DZ METAB  ENTRAL F CMPL INHERITED DZ METAB  ENTRAL F CMPL INHERITED DZ METAB  ENTRAL F PED NUTRITN CMPL SOY BASD  ENTRAL F PED NUTRITN CMPL CAL DENSE  ENTRAL F PED NUTRITN CMPL CAL DENSE  ENTRAL F PED NUTRITN CMPL CAL DENSE  ENTRAL F PED HYDROLYZED/AA PROTEINS  ENTRAL F PED INHERITED DZ METAB  PARNTRAL NUT SOL; CARBS 50%/< HOM  PARNTRAL NUT SOL; CARBS 50%/< HOM	ACCESSORY NOS ENTERAL FEEDING SUPPLY KIT; SYRINGE DAY ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY ENTERAL FEDING SUPPLY KIT; PUMP FED PER DAY ENTERAL FEDING SUPPLY KIT; GRAVITY FED-DAY ENTERAL FEDING SUPPLY KIT; GRAVITY FED PER DAY  ENTERAL FEDING SUPPLY KIT; GRAVITY FED PER DAY  NASOGASTRIC TUBING WITH STYLET NASOGASTRIC TUBING WITH STYLET NASOGASTRIC TUBING WITHOUT STYLET STOMACH TUBE - LEVINE TYPE GASTROSTOMY/J-TUBE STANDARD EACH GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL/TYPE EA GASTROSTOMY/J-TUBE LOW-PROFILE AA ANY MAT/TYPE EACH FOOD THICKENER ADMINISTERED ORALLY PER OUNCE ENTRAL F ADLT REPL FL&LYTES 500 ML ENTRAL F GRMULA ADLT REPL ELS&LYTES 500 ML = 1 U ENTRAL F PED REPL FL&LYTES 500 ML SOOM ML = 1 U ADDITIVE FOR ENTERAL FORMULA IN-LINE CART CTG DIG ENZYME EF EACH IN-LINE CART CTG DIG ENZYME EF EACH ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS ENTRAL F NUTRITIONALLY COMPLETE ENTRAL F NUTRITIONALLY COMPLETE ENTRAL F NUTRITIONALLY COMPLETE ENTRAL F NUTRITIONALLY COMPLETE ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRINTS ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRINTS ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRINTS ENTRAL F NUTRITION CMPL CAL DENSE ENTRAL F NUTRITION CMPL CAL DENSE ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRITION CMPL NO INHERITED DZ METAB ENTRAL F PED NUTRITION CMPL CAL DENSE INTACT NUTRITION CMPL NO INHERITED DZ METAB ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F PED NUTRITION CMPL CAL DENSE ENTRAL F	ACCESSORY MOS  ENTERAL FEED SPL KIT; SYRINGE DAY  ENTERAL FEEDING SUPPLY KIT; SYRINGE ENTERAL FEEDING SUPPLY KIT; SYRINGE ENTERAL FEEDING SUPPLY KIT; SYRINGE ENTERAL FEEDING SUPPLY KIT; PUMP FED-DAY  ENTERAL FEEDING SUPPLY KIT; PUMP FED-DAY  ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY AUthorization Required ENTERAL FEEDING SUPPLY KIT; GRAVITY ENTERAL FEEDING SUPPLY KIT; GRAVITY AUTHORIZED FEEDING  NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING SUPPLY KIT; GRAVITY AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING SUPPLY KIT; GRAVITY AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING SUPPLY KIT; GRAVITY AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING NA AUTHORIZED FEEDING SON ONL ENTERAL FORMULA AUTHORIZED SON ONL = 1 U AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U ADDITIVE FOR ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL = 1 U SON ONL ENTERAL FORMULA NA AUTHORIZED FEEDING SON ONL = 1 U SON ONL = 1 U SO	ACCESSORY NOS  ENTREAL FEED SPLKIT, SYRINGE DAY  ENTREAL FEED SPLKIT, FUMP FED DAY  ENTREAL FEED SPLKIT, FUMP FED DAY  ENTREAL FEED SPLKIT, FUMP FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  ENTREAL FEED SPLKIT, GRAVITY FED DAY  NASOGASTRIC TUBING WITH STYLET  NASOGASTRIC TUBING WITH STYLET  NASOGASTRIC TUBING WITH SITHLET  NASOGA

B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	PARNTRAL NUT SOL; AMINO ACID 7	Authorization Required	DME	Full Clinical Review	
		THRU 8.5%-HOM MIX				
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	Authorization Required	DME	Full Clinical Review	
5 1205	•	ACID&CARB 10-51 GMS PROT	riamonization nequirea	J	, an emiliar nerven	
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	Authorization Required	DME	Full Clinical Review	
04137	FARNTRE NOT, AMINOACIDACARD 74-1000W	ACID&CARB 74-100 GM PROT	Authorization Required	DIVIE	ruii Ciinicai Keview	
B4199	PARNTRAL NUT;AMINO ACID&CARB >100GM	PARNTRAL NUT SOL; AMINO	Authorization Required	DME	Full Clinical Review	
04133	FARNTRAL NOT, ANIMO ACIDACARD > 1000N	ACID&CARB > 100 GMS PPAR	Authorization Required	DIVIE	ruii Ciiilicai Review	
B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	PARNTRAL NUTRITION; ADDITIVES -	Authorization Required	DME	Full Clinical Review	
54210	TANNINAL NOT, ADDITIVES-HOW WIX-DAT	HOME MIX PER DAY	Authorization Required	DIVIL	Tull cliffical Neview	
B4220	PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	PARENTERAL NUTRITION SUPPLY KIT;	No Auth Required			
		PREMIX PER DAY	·			
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	Authorization Required	DME	Full Clinical Review	
04224	TAKITIAL NOTKITION ADMIN KIT-DAT	ADMINISTRATION KIT PER DAY	Authorization Required	DIVIE	Tuli clinical Review	
B5000	PARNTRAL NUT; AMINO ACID&CARBS RENL	PARNTRAL NUT SOL; AMINO	Authorization Required	DME	Full Clinical Review	
B3000	FARNTRAL NOT, AMINO ACIDACARDS RENE	ACID&CARBS RENL-AMIROSYN	Authorization Required	DIVIL	Tuli Cililical Review	
B5100	PARENTERL NUT SOL AMINO ACID & CARB	PARENTERAL NUT SOL AMINO ACID	Authorization Required	DME	Full Clinical Review	
		AND CARBOHYDRATES	·			
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	No Auth Required			
C1062	INTRAVERTEBRAL BODY FX AUG IMPLANT	GASTROINTESTINAL TOPICAL INTRAVERTEBRAL BODY FRACTURE AUG	No Auth Boquired			
C1062	INTRAVERTEBRAL BODY FX AUG IMPLANT	WITH IMPLANT	No Auth Required			
C1713	ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	ANCHOR/SCREW OPPOSING BN-TO-	No Auth Required			
C1714	CATH TRAICHINA ATHERECT DIRECTIONAL	BN/SOFT TISSUE-TO-BN	No Auth Booking			
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				
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	No Auth Required			
64724	CARRIOVERT REFIREM ATOR RUAL COMMO	IRIDIUM-192 PER SRC	N. A. Al- D			
C1721	CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER	No Auth Required			
C1721	CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER	No Auth Required			

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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			
C1723	CATH EP DX OTH THAN 3D MAP 19/<	CATH ELECTROPHYSIOLOGY DX OTH	No Auth Required			
C1730	CATTEL BY OTH THAN 3D WAI 13/	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	No Auth Required			
C1//1	THE REPORT OF THE STATE OF THE	INCONTINENCE W/SLING GRAFT	No riati nequired			
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	No Auth Required			
		ENDOCARDIAL SINGLE COIL				
C1778	LEAD NEUROSTIMULATOR	LEAD NEUROSTIMULATOR	No Auth Required			
C1779	LEAD PACEMKR TRNS VDD SINGLE PASS	LEAD PACEMAKER TRANSVENOUS VDD	No Auth Required			
		SINGLE PASS				
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	No Auth Required			
04704	00000 05000 055000 055000	ASSIST DEVICE				
C1784	OCULR DEVC INTRAOP DETACHED RETINA	OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA	No Auth Required			
C1785	PACEMKR DUAL CHAMB RATE-RESPONSIVE	PACEMAKER DUAL CHAMBER RATE-	No Auth Required			
C1783	PACLIVIKY DOAL CHAIVIB KATE-KESFONSIVE	RESPONSIVE	No Auth Required			
C1786	PACEMKR 1 CHAMB RATE-RESPONSIVE	PACEMAKER SINGLE CHAMBER RATE-	No Auth Required			
C1700	THEE WING TO WIND TO THE REST CHOIVE	RESPONSIVE	No riati nequirea			
C1787	PATIENT PROGRAMMER NEUROSTIMULATOR	PATIENT PROGPATIENT PROGRAMMER	No Auth Required			
		NEUROSTIMULATOR				
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	No Auth Required			
		OIL				
C1815	PROSTHESIS URINARY SPHINCTER	PROSTHESIS URINARY SPHINCTER	No Auth Required			
C1816	RECV &OR TRANSMITTER NEUROSTIM	RECEIVER AND/OR TRANSMITTER	No Auth Required			
		NEUROSTIMULATOR				
C1817	SEPTAL DEFEC IMPL SYSTEM INTRACARD	SEPTAL DEFECT IMPLANT SYSTEM	No Auth Required			
C1010	INTEGRATED VERATORROCTUESIS	INTRACARDIAC	N. A. All D. a. Jane			
C1818 C1819	INTEGRATED KERATOPROSTHESIS SURG TISSUE LOC & EXC DEVICE	INTEGRATED KERATOPROSTHESIS SURGICAL TISSUE LOCALIZATION AND	No Auth Required No Auth Required			
C1019	SONG TISSUE LOC & EXC DEVICE	EXCISION DEVICE	No Auth Required			
C1820	GEN NEUROSTIM RECHRG BATT&CHARG SYS	GEN NEUROSTIM W/RECHRG BATTERY	No Auth Required			
C1020	den Neorostiivi Reciina battaciiana 313	& CHARGING SYSTEM	No Auth Required			
C1821	INTERSPINOUS PRC DISTRACT DEVC IMPL	INTERSPINOUS PROCESS DISTRACTION	Authorization Required	Spine Care relating to	Full Clinical Review	
		DEVICE IMPL		neck and back		
				conditions, including:		
C1822	GEN NEUROSTIM HI FREQ RECHARG BATT	GEN NEUROSTIM HIGH FREQ RECHARG	No Auth Required			
		BATT & CHARG SYS				
C1823	GEN NEUROSTM NON-RECHRG TV S&STM LD	GENERATR NEUROSTIM NON-	No Auth Required			
		RECHRGABL TV S&STIM LEADS				
C1824	GENERATOR CARDIAC CONTRACTILITY MOD	GENERATOR CARDIAC CONTRACTILITY	No Auth Required			
		MODULATION				
C1825	GN NROSTM NONRCHRGBL CR SN BR STM L	GEN NEUROSTIM NONRCHRGBL W/CAR	No Auth Required			
04		SIN BR STIM LEAD				
C1830	POWERED BONE MARROW BIOPSY NEEDLE	POWERED BONE MARROW BIOPSY	No Auth Required			
C1920	IDIS DEOSTHESIS	NEEDLE IDIS DEOSTHESIS	No Auth Poguired			
C1839 C1840	IRIS PROSTHESIS LENS INTRAOCULAR TELESCOPIC	IRIS PROSTHESIS LENS INTRAOCULAR TELESCOPIC	No Auth Required No Auth Required			
C1840 C1841	RETINAL PROSTH INCL INTRL&EXT CMPNT	RETINAL PROSTH INCL ALL INTRL &	No Auth Required			
C1041	THE THOUSE IN TREACT COMPANY	EXTERNL CMPNT	No Auth Nequileu			
C1842	RET PROS ALL I&EX CMPNT;AO TO C1841	RETINAL PROS ALL INT&EXT CMPNT;	No Auth Required	Surgery of eye and ocular		
1		ADD-ON TO C1841		adnexa		
<b>.</b>	i .					1

		1	1	I	I	ı	T
C1849	SKIN SUBST SYNTH RESORB PER SQ CM	SKIN SUBSTITUTE SYNTHETIC	No Auth Required				
64074	CTENT COATED (COVER MAIDELINEDY CYCTERA	RESORBABLE PER SQ CM	N. A. Al- D				
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	No Auth Required				
		DELIVERY SYSTEM	·				
C1876	STNT NON-COATED/NON-COVR DELIV SYS	STENT NON-COATED/NON-COVERED	No Auth Required				
		W/DELIVERY SYSTEM					
C1877	STNT NON-COAT/NON-COVR W/O DEL SYS	STENT NON-COATED/NON-COVR	No Auth Required				
		WITHOUT DELIV SYSTEM					
C1878	MATL VOCAL CORD MEDIZATION SYNTH	MATERIAL FOR VOCAL CORD	No Auth Required				
		MEDIALIZATION SYNTHETIC					
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	No Auth Required				
		SINGLE/DUAL CHAMB					
C1883	ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD	ADAPTOR/EXT PACING	No Auth Required				
04004	514D01/314T01/DD07F07F0/5	LEAD/NEUROSTIMULATOR LEAD					
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	No Auth Required				
C1880	CATTI EXTRAVASCOLAR 1133 ABEAT MODAL	MODAL INSERTABLE	No Auth Required				
C1887	CATHETER GUIDING	CATHETER GUIDING	No Auth Required				
C1888	CATH ABLATION NON-CARDIAC ENDOVASC	CATHETER GOIDING  CATHETER ABLATION NON-CARDIAC	No Auth Required				
02000	anning the transfer of the tra	ENDOVASCULAR	- To riadir Regained				
C1889	IMPLANTABLE/INSERTABLE DEVICE NOC	IMPLANTABLE/INSERTABLE DEVICE NOT	No Auth Required				
	, .	OTRW CLASS					
C1890	NO IMPL/INSRT DEVC U DEVC-INT PROC	NO IMPLANT/INSERTABLE DEVC USED	No Auth Required				
		W/DEVC-INT PROC					
C1891	INFUS PUMP NON-PROGMMABLE PERMANENT	INFUSION PUMP NON-	No Auth Required				
		PROGRAMMABLE PERMANENT					
C1892	INTRDUCR/SHEATH EP CURVE PEEL-AWAY	INTRDUCR/SHEATH INTRCARD EP FIX-	No Auth Required				
		CURVE PEEL-AWAY					
C1893	INTRDUCR/SHEATH EP CURVE NOT PEEL	INTRDUCR/SHEATH INTRCARD EP	No Auth Required				
		CURVE NOT PEEL-AWAY					
C1894	INTRDUCR/SHEATH NOT GUID NON-LASR	INTRDUCR/SHEATH NOT GUID	No Auth Required				
		INTRACARD EP NON-LASR					
C1895	LEAD CARDIOVRT-DFIB ENDOCARD DUL	LEAD CARDIOVERT-DEFIB	No Auth Required				
C4.00C	LEAD CARRIOVET DEID NOT ENDOCARD	ENDOCARDIAL DUAL COIL	N. A. Ale D. A. Ale de la constant				
C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARD	LEAD CARDIAL 1 / DUIL COU	No Auth Required				
C1897	LEAD NEUROSTIMULATOR TEST KIT	ENDOCARDIAL 1/DUL COIL LEAD NEUROSTIMULATOR TEST KIT	No Auth Required				
C1897	LEAD NEOROSTIMULATOR TEST KIT LEAD PACEMKR NOT TRNS VDD 1 PASS	LEAD PACEMER OTH THAN TRNS VDD	No Auth Required				
C1030	LEGISTACEMINITION THAT THE TAGS	SINGLE PASS	140 Addi Nequired				
C1899	LEAD PACEMKR/CARDIOVERT-DEFIB COMB	LEAD PACEMAKER/CARDIOVERT-DEFIB	No Auth Required				
02000	The state of the s	COMBINATION					
C1900	LEAD LT VENTRICULAR CORON VENUS SYS	LEAD LEFT VENTRICULAR CORONARY	No Auth Required				
		VENOUS SYSTEM					
C1982	CATH PRES GEN O/W VALV INTRMIT OCCL		No Auth Required				
		INTERMIT OCCL					
C2596	PROBE IMAG GUID ROBOTC WATERJET ABL	PROBE IMAGE GUIDED ROBOTIC	No Auth Required				
		WATERJET ABLATION					
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYST	LUNG BIOPSY PLUG WITH DELIVERY	No Auth Required				
		SYSTEM					
C2614	PROBE PERCUT LUMBAR DISCECTOMY	PROBE PERCUTANEOUS LUMBAR	No Auth Required				
		DISCECTOMY					

SEACHTY FORDISTRATION THILM STOKE   SEACHTFEATH FORDISTRATION   SEACHT SEQUENCE   SEACHTFEATH FORDISTRATION   SEACHT SEQUENCE   SEACHTFEATH FORDISTRATION   SEACHT SEQUENCE   SEACHTFEATH FORDISTRATION   SEACHTFEATH FORDISTRAT	C2615	SEALANT PULMONARY LIQUID	SEALANT PULMONARY LIQUID	No Auth Required		
THE INTERNAL CONTROL PROPERTY OF THE PROPERT						
STATE FORCE COST PART MY DELITY SYSTEMS   MYTHOUGH CORE PART SYSTEMS   MYTHOUGH SYSTEMS	C2010	DUC OE-IMOINT I TAINENION VI ITSEVICE		No Auth Nequileu		
MITHOUT DELINEATION   MITHOUT DELINEATION   MAINT REQUIRED	C2617	STENT NON-COR TEMP W/O DELIV SYSTEM		No Auth Required		
ROBER/REDIX CROWN AND INTERESPONS   ROBER PREFERIC KONDAR FROM   No. Auch Required	C2017	STEWN WON-COR TEINI W/O DELIV STSTEW		No Auth Required		
PACEMINE DULL CHAMBE NOR NATE-RESPONS   PACEMINES DULL CHAMBER NON   No. Auth Required	C2618	PROBE/NEEDLE CRYOARI ATION		No Auth Required		
AFT-RESPONSIVE   AFT-						
PACCEMBER 2 CHAMBER ROW   APT-RESPONSIVE   APT-RESPONSI	C2013	TACEIVICIO DOL CHANDINON NATE-RESI ONS		No Auth Required		
BATE - RESPONSIVE	C2620	PACEMER 1 CHAMB NON RATE-RESPONSIVE		No Auth Required		
PACEMINE OF THE NAT SINGLE/OUR LEARNING   PACEMINES OF LOCATION   PACEMINES OF LOCATION   PACEMINES   PROSTITES SEVENILE NOW INFICATION   PACEMINES   PROSTITES SEVENILE NOW INFICATION   PACEMINES	CZOZO	TACEMINATE OF THE REST ON SIVE		140 Matil Required		
CA22   PROSTHESS YENLE NON-INVLATABLE   PROSTHESS PENILE NON-INVLATABLE	C2621	PACEMER OTH THAN SINGLE/DUAL CHAMB		No Auth Required		
PROSTHESS PNILE RON-INSTATABLE	CZUZI	TAGENTIAN OTT THAT SINGLE, BOAL CHAND		140 Auth Required		
CATHETER TA DRUG COATED NON-LASE   CATHETER TRISUMM ANGREAST PORUS   No Auth Required	C2622	PROSTHESIS PENII E NON-INFLATABLE		No Auth Required		
CA254   MPL NUL PLUM ART PRSS SISSE DEL CATH   MPL WIRELESS PULM ARTERY PRSS   SENSOR DEL CATH   MPL WIRELESS PULM ARTERY PRSS   SENSOR DEL CATH   MPL WIRELESS PULM ARTERY PRSS   SENSOR DEL CATH   MPL WIRELESS PULM NON-CORNANY TEMPORARY   WORLDWAY WORLDWAY SYSTEM   MPL NON-CORNANY TEMPORARY   WORLDWAY SYSTEM   MPL NON-CORNANY TEMPORARY   WORLDWAY WORLDWAY SYSTEM   MPL NON-CORNAN TEMPORARY   WORLDWAY SYSTEM   MPL NON-CORNAN TEMPORARY   WORLDWAY SYSTEM   MPL NON-CORNAN TEMPORARY   WORLDWAY MARKET TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNAN TEMPORARY   MPL NON-CORNA TEMPORARY   MPL NON-						
MPL WL PULM AFT PRSS SNS DEL CATH   MPL WRIEESS PULM AFTER PRESS   No Auth Required	CZUZS	CATHETER TA BROOK COATED NOW ENDER		140 Auth Required		
SENSOR DE LOTH	C2624	IMPL WLPULM ART PRSS SNSR DELCATH		No Auth Required		
SENT NON-COR TEMP W/DELPY SYSTEM	0202.	2 1121 02117111 1 1100 311011 322 071111				
Wideliner System   No. Auth Required	C2625	STENT NON-COR TEMP W/DELIV SYSTEM		No Auth Required		
ATTEMPT   No. PROCRAMMABLE TEMPORARY   No. 1   No. 2   Auth Required   No. 2   Author Required	CZOZS	STERVINGIN CONTENT WYDEEN STSTEM		140 Matil Required		
PROGRAMMABIL TEMPORARY   No Auth Required	C2626	INFLIS PLIMP NON-PROGMMABLE TEMPORARY		No Auth Required		
ATHETER SURPAPUBIC/CYSTOSCOPIC   CATHETER OCCULSION   No Auth Required	02020	65 . 6 1.61 . 1.66				
ATHERE OCCLUSION	C2627	CATHETER SUPRAPUBIC/CYSTOSCOPIC		No Auth Required		
NTROCR/SHIT NOT GUID NO IC EEG LSR						
NTROCR/SHIT NOT GUID NO IC EEG LSR	C2628	CATHETER OCCLUSION	CATHETER OCCLUSION	No Auth Required		
THAM IC EEG LASE   CATH EP DX/ABLAT NOT MAP COOL-TIP   CATH EP DX/ABLAT NOT 30/VECTOR   MAP COOL-TIP   MAP CO						
C2631   REPR DEVC URIN INCONT W/O SLING GFT   REPRIA DEVCE URINARY INCONT   MAP COOL-TP   MAP COOL						
MAP COOL-TIP   No Auth Required	C2630	CATH EP DX/ABLAT NOT MAP COOL-TIP	1	No Auth Required		
REPAR DEVC URIN INCONT W/O SLING GFT		,				
WITHOUT SLING GRAFT	C2631	REPR DEVC URIN INCONT W/O SLING GFT		No Auth Required		
BRACHYTX NONSTRAND   1-125 > 1.01 MC    BRACHYTX NONSTRAND   OLONE   SERCE			WITHOUT SLING GRAFT	,		
C2635   BRACHYTX NONSTRAND PD-103 > 2.2 MCI   BRACHYTK NONSTRAND PALLADIUM-103   No Auth Required   \$ 2.2 MCI PER SRC   \$ 2.	C2634	BRACHYTX NONSTRAND I-125 >1.01 MCI	BRACHYTX NONSTRAND IODINE-125	No Auth Required		
S.2. MCI PER SRC   SRACHYTX LIN NONSTRAND PD-103 1 MM			>1.01 MCI PER SRC	·		
C2636 BRACHYTX LIN NONSTRAND PD-103 1 MM BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM No Auth Required 169 PER SOURCE BRACHYT NONSTRANDED YTTERBIUM-169 169 PER SOURCE BRACHYT NONSTRANDED YTTERBIUM-169 169 PER SOURCE BRACHYTHERAPY STRANDED IODINE-125 SOURCE BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE No Auth Required 169 PER SOURCE No Auth Required 169 PER SOURCE No Auth Required 169 PER SOURCE NO Auth Requ	C2635	BRACHYTX NONSTRAND PD-103 >2.2 MCI	BRACHYTX NONSTRND PALLADIUM-103	No Auth Required		
PALLADIUM-103 PER 1 MM   PALLADIUM-103 PER 1 MM   PALLADIUM-104 PER 1 MM   PALLADIUM-105 PER 5 OURCE   PER 5 OUR			>2.2 MCI PER SRC			
BRACHYTX NONSTRAND YTTERBIUM-169   BRACHYTX NONSTRANDED YTTERBIUM- 169 PER SOURCE   BRACHYTK STRANDED IODINE-125 SOURCE   BRACHYTHERAPY STRANDED IODINE- 125 PER SOURCE   BRACHYTHERAPY NONSTRANDED   No Auth Required   125 PER SOURCE   BRACHYTHERAPY NONSTRANDED   No Auth Required   125 PER SOURCE   BRACHYTHERAPY NONSTRANDED   No Auth Required   125 PER SOURCE   BRACHYTHERAPY STRANDED   No Auth Required   125 PER SOURCE   125 PE	C2636	BRACHYTX LIN NONSTRAND PD-103 1 MM	BRACHYTX LINEAR NONSTRAND	No Auth Required		
169 PER SOURCE   RACHYTX STRANDED IODINE-125 SOURCE   RACHYTHERAPY STRANDED IODINE- 125 PER SOURCE   RACHYTHERAPY STRANDED IODINE- 125 PER SOURCE   REACHYTK STRANDED IODINE-125 SOURCE   REACHYTK STRANDED PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED CESIUM- 131 SRC   BRACHYTHERAPY STRANDED CESIUM- 131 PER SOURCE   No Auth Required   STRACHYTHERAPY STRANDED CESIUM- 131 PER SOURCE   STRANDED CESIUM- 131 PER SOURCE   STRANDED CESIUM- 131 PER SOURCE   STRANDED CESIUM- 131 PER SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   No Auth Required   STRACHYTHERAPY SOURCE STRANDED   NO Auth Required   STRACHYTHERAPY SOURCE STRANDED   NO Auth Required   STRACHYTHERAPY SOURCE STRANDED   NO Auth Required   STRACHYTHERAPY SOURCE STRANDED   NO Auth Required   STRACHYTHERAPY SOURCE STRANDED   NO Auth Required   STRACHY			PALLADIUM-103 PER 1 MM			
C2638   BRACHYTX STRANDED IODINE-125 SOURCE   BRACHYTHERAPY STRANDED IODINE-   125 PER SOURCE   125 PER SOURCE   BRACHYTK NONSTRAND IODINE-125 SRC   BRACHYTHERAPY NONSTRANDED   No Auth Required	C2637	BRACHYTX NONSTRAND YTTERBIUM-169	BRACHYTX NONSTRANDED YTTERBIUM-	No Auth Required		
125 PER SOURCE   No Auth Required   No Auth Requi			169 PER SOURCE			
C2640 BRACHYTX STRANDED PALLADIUM-103 SRC BRACHYTHERAPY NONSTRANDED NO Auth Required  C2641 BRACHYTX STRANDED PALLADIUM-103 SRC BRACHYTHERAPY STRANDED NO Auth Required  C2642 BRACHYTX NONSTRND PALLADIUM-103 SRC BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SOURCE  C2642 BRACHYTX STRANDED CESIUM-131 SRC BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE  C2643 BRACHYTX NONSTRANDED CESIUM-131 SRC BRACHYTHERAPY NONSTRANDED NO Auth Required  C2644 BT SRC CESIUM-131 CHLOR SOL PER MCI BRACHYTHERAPY SRC CESIUM-131 NO Auth Required  C2645 BRT PLANAR SOURCE PD-103 PER SQ ML BRACHYTHERAPY SRS Q ML  C2698 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED NO Auth Required  C2698 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED NO Auth Required  C2698 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED NO Auth Required	C2638	BRACHYTX STRANDED IODINE-125 SOURCE	BRACHYTHERAPY STRANDED IODINE-	No Auth Required		
IODINE-125 PER SOURCE   No Auth Required   PALLADIUM-103 SRC   BRACHYTHERAPY STRANDED   No Auth Required   PALLADIUM-103 PER SOURCE   R MOI   PALLADIUM-103 PER SOURCE   LLADIUM-103 PER SOURCE PALLADIUM-103 PER SOUR			125 PER SOURCE			
C2640 BRACHYTX STRANDED PALLADIUM-103 SRC BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE  C2641 BRACHYTX NONSTRND PALLADIUM-103 SRC BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SOURCE  C2642 BRACHYTX STRANDED CESIUM-131 SRC BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE  C2643 BRACHYTX NONSTRANDED CESIUM-131 SRC BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE  C2644 BT SRC CESIUM-131 CHLOR SOL PER MCI BRACHYTHERAPY SRC CESIUM-131 NO Auth Required  C2645 BRT PLANAR SOURCE PD-103 PER SQ ML BRACHYTHERAPY NONSTRANDED NO Auth Required  C2646 BRACHYTX STRANDED NOS PER SQ ML BRACHYTHERAPY SOURCE STRANDED NO Auth Required  C2648 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED NO Auth Required  C2649 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED NO Auth Required	C2639	BRACHYTX NONSTRAND IODINE-125 SRC	BRACHYTHERAPY NONSTRANDED	No Auth Required	 	 
PALLADIUM-103 PER SOURCE  C2641 BRACHYTX NONSTRND PALLADIUM-103 SRC BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC  C2642 BRACHYTX STRANDED CESIUM-131 SRC BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE  C2643 BRACHYTX NONSTRANDED CESIUM-131 SRC BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE  C2644 BT SRC CESIUM-131 CHLOR SOL PER MCI BRACHYTHERAPY SRC CESIUM-131 No Auth Required  C1645 BR PLANAR SOURCE PD-103 PER SQ ML BRACHYTHERAPY PLANAR SRC PALLADIUM-103 PER SQ ML  C2698 BRACHYTX STRANDED NOS PER SOURCE BRACHYTHERAPY SOURCE STRANDED No Auth Required			IODINE-125 PER SOURCE			
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Part   Str T-A   300 CMA ARD 25 CM   Chick & Base 120   Chick & Arm 5 cm   Chick & Chick & Arm 5 cm   Chick & Chick & Arm 5 cm   Chick & Chick & Arm 5 cm   Chick & Chick	C5271	APPL SG T- A- L 100 CM;1ST 25 CM/<		No Auth Required				
ONE CALADO 25 CM   APPLISO TEAL 12/-1100 CM(31 T 200 CM)   APPLISO TEAL PAY-100 CM(31 T 200 CM								
PSPS_ST_ACL_PS_ST_ACL_PS_ST_ACC_PS	C5272	APPL SG T-A-L A 100 CM;EA ADD 25 CM		No Auth Required				
CALST 100 CM2,8 ADD 101 CM								
Part   Part	C5273	APPL SG T-A- L>/=100 CM;1ST 100 CM		No Auth Required				
CAREA AGO BIO CM   CAREA AGO BIO CM   CAREA AGO BIO CM   CAREA AGO BIO CM   CAREA AGO BIO CM   CAREA AGO BIO CM   CAREA AGO CM   CAREA AGO BIO C	05074	100 00 7 1 1 / 100 014 51 100 100 114						
APT S C PANH-C SID CONTEST 2 CM/C   ST 2	C52/4	APP SG 1-A-L>/=100 CM;EA ADD 100 CM		No Auth Required				
ST 25 CM/s   ST	05075	100 00 5 11 115 0 100 011 107 05 011						
APP SG F-N-N-HF G IO (MEA A 25 CM   MPS SG F-N-N-HF G WID A TO 100   MPS A TO 1	C5275	APP SG F-N-HF-G 100 CM;1ST 25 CM/<	7	No Auth Required				
CAMPA SOLE FAMILY FLOW   CAMPA SOLE FAMILY F	CE 2.7C	ABB CC E C N. HE C 400 CN4 EA A 25 CN4		N. A. all D				
APP SG F/NIHF/GO-3100,735 TOUTS COUNTY CHOUND   APP SG F/NIHF/GO A 3-100,000 TOUTS A CHOLD   APP SG F/NIHF/GO-3100,ADD 100/135 CH.	C5276	APP SG F-S-IN-HF-G 100 CIVI;EA A 25 CIVI		No Auth Required				
CATURE A CRID  CATURE A PS EST PAYHEF GS -100 ADD 100/18 CH  100 CM/18 C	CE277	ADD CC E/N/HE/C>/=100:15T 100/19/ CH		No Auth Boquired				
APP SG F/N/HF/G A 2-100 CM ST ST ST ST ST ST ST ST ST ST ST ST ST	C32//	APP 30 F/N/HF/02/=100,131 100/1% CH		No Autii Kequireu				
DO COM/TAS CILL   Authorization Required   Radiology - diagnostic   Full Clinical Review   Radiology - diagnostic   Radiology - diagnostic   Full Clinical Review   Radiology - diagnostic   Radiology - diagnostic   Full Clinical Review   Radiology - diagnostic   Radio	CE 270	ADD SC E/N/HE/C>/=100:ADD 100/19/ CH		No Auth Boquired				
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C8921 TTE CONG CARDIAC ANOMAL; COMPLETE TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE  C8922 TTE CONG CARDIAC ANOMAL; LIMITED TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD  C8923 TTE R-T DOC 2D INCL M-MODE REC CMPL TTE FLW W/CNTRST R-T DOC 2D INCL M-No Auth Required			W/CONTRAST PELVIS					
W/CONTRAST; COMPLETE  C8922 TTE CONG CARDIAC ANOMAL; LIMITED TTE W/CONTRAST OR W/O FLW No Auth Required W/CONTRAST; F/U OR LTD  C8923 TTE R-T DOC 2D INCL M-MODE REC CMPL TTE FLW W/CNTRST R-T DOC 2D INCL M-No Auth Required	C8921	TTE CONG CARDIAC ANOMAL; COMPLETE	TTE W/CONTRAST OR W/O FLW	No Auth Required				
W/CONTRAST; F/U OR LTD  C8923 TTE R-T DOC 2D INCL M-MODE REC CMPL TTE FLW W/CNTRST R-T DOC 2D INCL M-No Auth Required			W/CONTRAST; COMPLETE					
C8923 TTE R-T DOC 2D INCL M-MODE REC CMPL TTE FLW W/CNTRST R-T DOC 2D INCL M-No Auth Required	C8922	TTE CONG CARDIAC ANOMAL; LIMITED	TTE W/CONTRAST OR W/O FLW	No Auth Required				
			W/CONTRAST; F/U OR LTD					
MODE REC CMPL	C8923	TTE R-T DOC 2D INCL M-MODE REC CMPL	TTE FLW W/CNTRST R-T DOC 2D INCL M-	No Auth Required		·	<u> </u>	
			MODE REC CMPL					

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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				
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COOFE	INJECTION PREVANOLONE 1 MC	INJECTION PREVANCIONE 1 MC	Authorization Boquizar		Full Clinical Povis	
C9055 C9113	INJECTION BREXANOLONE 1 MG INJECTION PANTOPRAZOLE SODIUM-VIAL	INJECTION BREXANOLONE 1 MG INJECTION PANTOPRAZOLE SODIUM	Authorization Required No Auth Required		Full Clinical Review	
C9113	INJECTION PANTOPRAZOLE SODIOWI-VIAL	PER VIAL	No Auth Required			
C9132	PRT CC KCENTRA PER I.U. FCT IX ACTV		No Auth Required			
C3132	THE CONCENTRALENTS. FOR IX ACTV	I.U. FCT IX ACTV	No Auth Required			
C9141	INJ FACTOR VIII PEGYLATED-AUCL 1 IU	INJECTION FACTOR VIII PEGYLATED-	Authorization Required		Full Clinical Review	
C3141	INSTACTOR VIIITEGILATED-AGEL TIG	AUCL 1 IU	Authorization Required		i dii ciiiilcai Neview	
C9248	INJECTION CLEVIDIPINE BUTYRATE 1 MG	INJECTION CLEVIDIPINE BUTYRATE 1	No Auth Required			
C32-10	INSECTION CEEVISITING BOTTOME I WIG	MG	140 Matil Required			
C9250	HUMAN PLASMA FIBRIN SEALANT 2ML	HUMAN PLASMA FIBRIN SEALANT	No Auth Required			
03230		VAPOR-HEATED SD 2ML				
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		No Auth Required			
	,	PER PATCH	· ·			
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	INJECTION BUPIVACAINE LIPOSOME 1	No Auth Required			
		MG	·			
C9293	INJECTION GLUCARPIDASE 10 UNITS	INJECTION GLUCARPIDASE 10 UNITS	No Auth Required			
C9352	MICROPOROUS COLL IMPLANTBLE TUBE CM	MICROPOROUS COLLAGEN	No Auth Required			
		IMPLANTABLE TUBE PER CM LEN				
C9353	MICROPOROUS COLL IMPL SLIT TUBE CM	MICROPOROUS COLLAGEN	No Auth Required			
		IMPLANTABLE SLIT TUBE CM				
C9354	ACCELLULR PERICARDIAL TISS NH SQ CM	ACELLULAR PERICARDIAL TISS MATRIX	No Auth Required			
		NONHUMAN SQ CM				
C9355	COLLAGEN NERVE CUFF 0.5 CM LENGTH	COLLAGEN NERVE CUFF PER 0.5	No Auth Required			
		CENTIMETER LENGTH				
C9356	TENDON MATRIX COLLAGEN & GAG SQ CM	TENDON POROUS MATRIX COLLAGEN &	No Auth Required			
		GAG PER SQ CM				
C9358	DERM SUB NATV FET BOV PER 0.5 SQ CM	DERM SUBST NAT NONDNTR COL FET	No Auth Required			
		BOV PER 0.5 SQ CM				
C9359	POROUS COLL BN FILLER PUTTY 0.5 CC	POROUS COLL MATRIX BONE FILLER	No Auth Required			
		PUTTY PER 0.5 CC				
C9360	DERM SUBST NEONAT BOV ORIG 0.5 CM	DERM SUBST NAT NONDNTRD COL NEO	No Auth Required			
60264	COLL MANTRIX AIRWANDAR DED O E CAALEN	BOV ORIG 0.5 CM	N A Ab. D in d			
C9361	COLL MATRIX NRV WRAP PER 0.5 CM LEN	COLLEGEN MATRIX NERVE WRAP PER	No Auth Required			
60262	POPOLIC COLL DAY FILLED CTRIP OF CC	0.5 CM LENGTH	N. A. Alb D. A. Jan J.			
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	No Auth Required			
C3303	SKIN 30B INTEGRA BILATER FER 3Q CIVI	MATRIX PER SQ CM	No Auth Required			
C9364	PORCINE IMPLANT PERMACOL PER SQ CM	PORCINE IMPLANT PERMACOL PER	No Auth Required			
C3304	TORCHVE IVII EART FERIVIACOETER SQ CIVI	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
63333	ONCE SON IED DIVOGS ON DIOEOGICAES	ONCE ISSUITED BROOS ON BIOLOGICALS	Authorization Required	Drug Auministration	r an emilicar neview	74ways processed by medical
C9447	INJ PHENYLEPHRINE & KET 4 ML VIAL	INJECTION PHENYLEPHRINE AND	No Auth Required			
55 117	THE THE	KETOROLAC 4 ML VIAL				
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	· ·			
C9488	INJ CONIVAPTAN HYDROCHLORIDE 1 MG	INJECTION CONIVAPTAN	Authorization Required	Drug Administration	Full Clinical Review	
		HYDROCHLORIDE 1 MG	, , , , ,			
C9600	PERQ TRANSCATH PLCMT; 1 MAJ CA/BR	PC TRNSCTH PLCMT RX ELUT IC STENTS;	No Auth Required			
		1 MAJ CA/BR				
C9601	PC TRNSCATH PLCMT; EA ADD BR MAJ CA	PC TRNSCTH PLCMT RX-ELUT IC STNT;EA	No Auth Required			
		ADD BR MCA			 	

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	CA BR/BP GFT	No Auth Required			
C9725	PLCMT ENDORECTAL APPLIC BRACHYTX	PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX	,			
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		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	·	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	·		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	

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C9761	CS URS&/PYLSCPY LTH&ASPR K CLL SYS	CS URS&/PYELOSCPY LITH & VAC ASPIR	Authorization Required		F	ull Clinical Review	
		K COLL SYS&U					
C9762	CMRI MRPHOL&FNC Q SEG DYSF;STR IMAG	CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRAIN IMAG	Authorization Required		N	letwork Validation	
C9763	CMRI MRPHOL&FNC Q SEG DYSF;STS IMAG	,	Authorization Required		N.	letwork Validation	
C9763	CIVINI IVINPHOLAFINE Q SEG DTSF,STS IIVIAG	CMRI MORPHOL & FUNC QUAN SEG DYSFUNC;STRESS IMAG	Authorization Required		IN .	ietwork validation	
C9764	REV EVAR OPEN/PERQ LE AA; IV LITHO	REV EVAR OPN/PERQ LE AA; NO	Authorization Required		E	ull Clinical Review	
C3704	THEY EVAN OF ENTITE ENQUE AA, IV EITHO	TIB/PR;IV LITHOTRIP	Authorization Required		'	an chincal neview	
C9765	REV EVR LE AA;IV LITH&TL STNT PLCMT	REV EVAR LE AA;IV LITHOTRIPSY & TL	Authorization Required		F	ull Clinical Review	
63763		STENT PLCMT	/ tathonization required		ľ	an omnour neview	
C9766	REV EVAR LE AA; IV LITHO & ATHERECT	REV EVAC LE AA; IV LITHOTRIPSY &	Authorization Required		F	ull Clinical Review	
	,	ATHERECTOMY					
C9767	REV EVR LE AA; IV LITHO & TL ST&ATH	REV EVAR LE AA; IV LITHO&TL STNT	Authorization Required		F	ull Clinical Review	
		PLCMT&ATHERECT					
C9768	ENDO UG DIR MSR HEP PORTOSYS PSG	ENDO UG DIR MSR HEP PORTOSYS	Authorization Required		F	ull Clinical Review	
		PRESS GRAD ANY METH					
C9769	CS INSERTION TEMP PROS IMPL/STENT	CYSTOURETHROSCOPY INS TEMP PROS	Authorization Required		F	ull Clinical Review	
		IMPL/STENT					
C9770	VT MC PP APP SR IJ PHRMACL/BIOL AGT	VITRECTOMY MECH PP APP SR INJ	Authorization Required		F	ull Clinical Review	
		PHRMACL/BIOL AGENT					
C9771	NASAL/SINUS ENDO CRYO NSL TISS&/NRV	NASAL/SINUS ENDO CRYO NSL TISS &/	Authorization Required		F	ull Clinical Review	
		NERVE UNIL/BIL					
C9772	RVSC EVAR OPN/PERC TB/PA IVASC LITH	RVSC EVAR OPN/PERC TIB/PER ART	Authorization Required		F	ull Clinical Review	
		IVASC LITHOTRIPSY			_		
C9773	RVSC EVAR O/PC TB/PA;IVASC LTH&TSP	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC	Authorization Required		F	ull Clinical Review	
60774	DVCC EVAD O /DC TID /DA IV/ACC LITURAT	LITH & TL SP	Authorization Bouring		-		
C9774	RVSC EVAR O/PC TIB/PA;IVASC LITH&AT	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH&ATHREC	Authorization Required		r	ull Clinical Review	
C9775	RVSC EVAR O/P TB/PA; IVL & TSP & AT	RVSC EVAR OPN/P TIB/PA;IVASC	Authorization Required		-	ull Clinical Review	
C9773	INVSCEVAR O/P IB/PA, IVE & ISP & AI	LITH&TL STNT PL&ATH	Authorization Required		ľ	uli Cillical Review	
C9776	IO NIR FLUOR IMAG MAJ EXTRA-HEP BD	IO NEAR-INFR FLUOR IMAG MAJ EXTRA-	Authorization Required		F	ull Clinical Review	
C3770	IO WINT EOON IWAG WAS EXTRA-TIEF BB	HEP BILE DUCT	Authorization Required		'	an chincal neview	
C9777	ESO MUCOSAL INTEGR TST ELEC IMPD TO	ESOPHAGEAL MUCOSAL INTEGR TST	Authorization Required		F	ull Clinical Review	
		ELEC IMPD TO					
C9803	H OC SP CLCT SARS-COV-2 COVD-19 ANY	H O/P CLI SPEC CLCT SARS-COV-2 COVID-	No Auth Required				
		19 ANY SRC	·				
C9898	RADIOLABELED PROD PROV HOS IP STAY	RADIOLABELED PROD PROV DURING A	No Auth Required				
		HOSPITAL IP STAY					
C9899	IMPL PROS DEVC PAYBL IP NO IP COV	IMPL PROS DEVC PAYBLE IP WHO DO	No Auth Required				
		NOT HAVE IP COV					
E0100	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	CANE INCL CANES ALL MATERIAL	No Auth Required				
		ADJUSTBLE/FIX W/TIP					
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	CANE QUAD/3-PRONG ALL MATL	No Auth Required				
		ADJUSTBL/FIX W/TIPS					
E0110	CRTCHES FORARM VARIOUS MATL PAIR	CRTCHS FORARM VARIOUS MATL PAIR	No Auth Required				
F0444	COTCU FOR A DA A VA PIOUS A A A TUE A	W/TIPS&HNDGRIPS	No Auth Decutoral				
E0111	CRTCH FORARM VARIOUS MATL EA	CRTCH FORARM VARIOUS MATL EA	No Auth Required				
E0112	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	W/TIP&HNDGRIP CRTCHES UNDARM WOOD PAIR	No Auth Poguired				
EU112	CRICIS UNDARINI WOOD PAIK ADJSTBL/FIX	W/PADS TIPS&HNDGRIPS	No Auth Required				
E0113	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	CRTCH UNDARM WOOD EA	No Auth Required				
LU113	CATCH CADAMINI WOOD LA ADJOSTBL/TIA	ADJSTBL/FIX PAD TIP&HNDGRIP	140 Matil Required				
E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	CRTCHS UNDARM OTH THAN WOOD	No Auth Required				
		PAIR PAD TIP&HNDGRIP					
E0116	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	CRTCH UNDARM NOT WOOD	No Auth Required				
		ADJUST/FIX PAD TIP HNDGRIP					
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SECURIO SALESTITUTE NEW 16 FOR PATICISMS   WALKER FOR PATICISMS	E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA		No Auth Required		
MALEON ROLL ADJUSTABLE PARKET   MALEON ROLL ADJUSTABLE   DAN JOHN Required	E0118	CRUTCH SUBSTITUTE LW LEG PLATFORM	CRUTCH SUBST LOWER LEG PLATFORM	No Auth Required		
FREE PERSON	E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	WALKER RIGID ADJUSTABLE OR FIXED	No Auth Required		
ADUSTRIE FIRM IT MAN TYPE  TOTAL WALKER RIGHO WHEELD ADUSTRIE FIRM IT  TOTAL WHEELD ADUSTRIE FIRM IT  OR FIXED HEIGHT  E0143 WALKER FOLD WHEELD ADUSTRIE FIRM IT  ADUSTRIE FIRM WHEELD  ADUSTRIE FIRM IT MAN TYPE	E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT		No Auth Required		
WALER ROLD WHEELD ADJUSTBL/FAX H WALER FOLD S 4DDE WHI POTS SAY WALER FOLD S 4DDE WHI P	E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT		No Auth Required		
ADJUSTABLE/PRICE HIGHT WALKER ENCLOS & SIDE WHIL POST SAT WALKER ENCLOS & SIDE WHIL POST SAT WALKER HEVY DUTY MAKER HEVY DUTY MAKER MAKE WALKER WALKER WHELD WYDOS SAT WALKER HEVY DUTY MAKER MAKER WALKER WALKER WALK HEVY DUTY NO WHIS RIGOPOLD TA RAME WHILE WYDOW WHIS RIGOPOLD TA RAME WHILE WYDOW WHIS RIGOPOLD TA RAME REWN TO WHILE RIGOPOLD TA RAME HEVY DUTY WHILE DANY THYE FA RIGORY TA WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE DANY THYE FA RIGORY TO WALKER HEVY DUTY WHILE HEAVY DUT	E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	WALKER RIGID WHEELED ADJUSTABLE	No Auth Required		
MEELD WALKE HEVY DUTY MO REARIE WHILE THE WALKER FACE WALKER HEAVY DUTY WO WHILS RIGO/FOLD EA MALKER HEAVY DUTY WO WHILS RIGO/FOLD EA MICHOPHY WO WHILS RIGO/FOLD EA MICHOPHY WO WHILS RIGO/FOLD EAY TYPE EA MICHOPHY WO WHILS RIGO/FOLD EAY TYPE EA MICHOPHY WELLED ANY TYPE EA MICHOPHY WHILE DEAY TYPE EA MICHOPHY WELLED ANY TYPE EA MICHOPHY WHILE DEAY TYPE EA MICHOPHY WELLED ANY THE REQUIRED ANY TYPE EA MICHOPHY WELLED ANY THE EAR MICHOPHY WELLED ANY THE MICHOPHY WELLED ANY THE MICHOPHY WELLED ANY THE MICHOPHY WELLED ANY	E0143	WALKER FOLD WHEELED ADJUSTBL/FIX HT		No Auth Required		
UNABLE WHL RISST  E01849 WALK HEAVY DUTY NO WHIS RIGD/FOLD EA RIGID/FOLD ANY TYPE RIGID EACH AND THE RIGID AND THE RIGID ANY TYPE RIGID EACH AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AND THE RIGID AN	E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT		No Auth Required		
BIOLIPO DE NO AUTH REQUIRED  ED149 WALKER HEVY DUTY WHEELD ANY TYPE EA RIGID/FOLD AND TYPE	E0147	WALKR HEVY DUTY MX BRAKE VARIBL WHL		No Auth Required		
RIGID/FOLD ANY TYPE EA  ROUSS  PLATFORM ATTCH FOREARM CRUTCH EA  RUTCH EACH  RUTCH EACH  RUTCH EACH  RUTCH EACH  RUTCH EACH  RUTCH EACH  RUTCH FOLD WILK-PER PAIR SEAT  RUTCH WALKER EACH  RUTCH ATTCH RICD PICK-UP WALK-PER PAIR SEAT  RUTCH WALK  SEAT ATTCH WALK  RUTCH ATTACHMENT WALKER  RUTC	E0148	WALK HEVY DUTY NO WHLS RIGD/FOLD EA		No Auth Required		
E0154 PATFORM ATTACHMENT WALKER EACH PATFORM ATTACHMENT WALKER EACH EACH PATFORM ATTACHMENT WALKER EACH EACH EACH EACH EACH EACH EACH EACH	E0149	WALKER HEVY DUTY WHEELD ANY TYPE EA		No Auth Required		
EACH  E0155 WHILATTCH PCK-UP WILK-PER PAIR SEAT  WHILATTCH RIGD PICK-UP WALK-PAIR SEAT ATTCH WALK  SEAT ATTCH WALK  SEAT ATTCH WALK  CRUTCH ATTACHMENT WALKER  SEAT ATTCH WALKER  E0156 SEAT ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER EACH  CRUTCH ATTACHMENT WALKER PER SET OF FOUR  BRAKE ATTACHMENT WHEELED  WALKER REPLACEMENT EACH	E0153	PLATFORM ATTCH FOREARM CRUTCH EA		No Auth Required		
SEAT ATTCH WALKER 6156 SEAT ATTACHMENT WALKER SEAT ATTCH MENT WALKER NO AUTH Required 6157 CRUTCH ATTACHMENT WALKER EACH 6158 LEG EXTENSIONS WALKER PER SET FOUR 6158 LEG EXTENSIONS WALKER PER SET FOUR 6159 BRAKE ATTCH WHEELED WALK REPLCMT EA 6160 SITZ BATH/EQP PRTBLE W/WO COMMODE 6161 SITZ BATH/EQP PRTBLE W/WO COMMODE 6161 SITZ BATH/EQP PRTBLE USED W/WO COMMODE 6162 SITZ BATH/EQP PRTBLE USED W/FAUCET 6163 COMMODE CHAIR WITH FIXED ARMS 6164 COMMODE CHAIR WITH FIXED ARMS 6165 COMMODE CHAIR WITH DETACHABLE ARMS 6166 COMMODE CHAIR WITH DETACHABLE ARMS 6167 PAIL/PAN USE W/COMMODE CHAIR REPLACEMENT ON AUTH Required 6167 PAIL/PAN USE W/COMMODE CHAIR REPLACEMENT ON AUTH Required 6168 COMMODE CHAIR WITH DETACHABLE ARMS 6168 COMMODE CHAIR WITH DETACHABLE ARMS 6169 PAIL/PAN USE W/COMMODE CHAIR REPL 6169 COMMODE CHAIR WITH DETACHABLE ARMS 6170 CO	E0154	PLATFORM ATTACHMENT WALKER EACH		No Auth Required		
E0157 CRUTCH ATTACHMENT WALKER EACH CRUTCH ATTACHMENT WALKER EACH No Auth Required  E0158 LEG EXTENSIONS WALKER PER SET FOUR  E0159 BRAKE ATTCH WHEELED WALK REPLICATE TABBLE ARTTACHMENT WHEELED  WALKER REPLACEMENT EACH  WALKER EACH  WALKER REPLACEMENT EACH  WALKER EACH  WALKER EACH  WALKER EACH	E0155	WHL ATTCH PCK-UP WLK- PER PAIR SEAT		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 No Auth Required OF FOUR E0159 BRAKE ATTCH WHEELED WALK REPLCAT EA BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH WALKER EACH WALKER REPLACEMENT EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER EACH WALKER	E0156	SEAT ATTACHMENT WALKER	SEAT ATTACHMENT WALKER	No Auth Required		
E0159 BRAKE ATTCH WHEELED WALK REPLCMT EA BRAKE ATTACHMENT WHEELED WALKER REPLACEMENT EACH WALKER MALKER WALKER REPLACEMENT WALKER WALKER REPLACEMENT WALKER WALKER REPLACEMENT WALKER WALKER WALKER WALKER WALKER WALKER WALK	E0157					
WALKER REPLACEMENT EACH  E0160 SITZ BATH/EQP PRTBLE W/WO COMMODE  SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE  E0161 SITZ BATH/EQP PRTBLE USED W/FAUCET SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS  E0162 SITZ BATH CHAIR SITZ BATH CHAIR SITZ BATH CHAIR SITZ BATH CHAIR SITZ BATH CHAIR SITZ BATH CHAIR NO Auth Required  COMMODE CHAIR WITH FIXED ARMS COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS COMMODE CHAIR WITH DETACHABLE ARMS COMMODE CHAIR WORD CHAIR WITH DETACHABLE ARMS COMMODE CHAIR WORD CHAIR WITH DETACHABLE ARMS COMMODE CHAIR WORD CHAIR WITH DETACHABLE ARMS COMMODE CHAIR WORD CHAIR WITH DETACHABLE ARMS COMMODE CHAIR WORD CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR WORD CHAIR CHAI	E0158	LEG EXTENSIONS WALKER PER SET FOUR		No Auth Required		
W/WO COMMODE  E0161 SITZ BATH/EQP PRTBLE USED W/FAUCET SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET SITZ TYPE BATH/EQP PRTBLE USED No Auth Required  ### PAUCE ATTICHS  E0162 SITZ BATH CHAIR SITZ BATH CHAIR SITZ BATH CHAIR No Auth Required  E0163 COMMODE CHAIR WITH FIXED ARMS COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS  E0165 COMMODE CHAIR WITH DETACHABLE ARMS COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS  E0166 COMMODE CHAIR WITH DETACHABLE ARMS COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS  E0167 PAIL/PAN USE W/COMMODE CHAIR REPL PAIL OR PAN USE W/COMMODE CHAIR No Auth Required REPLACEMENT ONLY  E0168 COMMODE CHAIR XTRA WIDE&/HEVY DUTY COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC COMMODE CHAIR INTGR SEAT LIFT NO Auth Required MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC COMMODE CHAIR INTGR SEAT LIFT MECH PLACED OVER/TOP MECH NONELEC ANY  E0172 SEAT LIFT MECH PLACE OVR/TOP TOILET SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE  No Auth Required	E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA		No Auth Required		
W/FAUCET ATTCHS  E0162 SITZ BATH CHAIR SITZ BATH CHAIR NO Auth Required  E0163 COMMODE CHAIR WITH FIXED ARMS COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS  E0165 COMMODE CHAIR WITH DETACHABLE ARMS COMMODE CHAIR MOBILE/STATIONARY W/DETACHBLE ARMS  E0166 PAIL/PAN USE W/COMMODE CHAIR REPL PAIL OR PAN USE W/COMMODE CHAIR REPLACEMENT ONLY  E0168 COMMODE CHAIR XTRA WIDE&/HEVY DUTY COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC COMMODE CHAIR INTGR SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0172 SEAT LIFT MECH PLACE OVR/TOP TOILET SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE  IN A with Required  No Auth Required	E0160	SITZ BATH/EQP PRTBLE W/WO COMMODE	•	No Auth Required		
E0163 COMMODE CHAIR WITH FIXED ARMS  COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS  E0165 COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR REPL  ARMS  PAIL OR PAN USE W/COMMODE CHAIR REPL  PAIL OR PAN USE W/COMMODE CHAIR REPL  REPLACEMENT ONLY  COMMODE CHAIR XTRA WIDE&/HEVY DUTY  COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC  COMMODE CHAIR INTER SEAT LIFT  MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR INTER SEAT LIFT  MECH NONELEC ANY  No Auth Required	E0161	SITZ BATH/EQP PRTBLE USED W/FAUCET		No Auth Required		
E0163 COMMODE CHAIR WITH FIXED ARMS  COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS  E0165 COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR WITH DETACHABLE ARMS  COMMODE CHAIR REPL  ARMS  PAIL OR PAN USE W/COMMODE CHAIR REPL  PAIL OR PAN USE W/COMMODE CHAIR REPL  REPLACEMENT ONLY  COMMODE CHAIR XTRA WIDE&/HEVY DUTY  COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC  COMMODE CHAIR INTER SEAT LIFT  MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR SEAT LIFT MCH NONELEC  COMMODE CHAIR INTER SEAT LIFT  MECH NONELEC ANY  No Auth Required	E0162	SITZ BATH CHAIR	SITZ BATH CHAIR	No Auth Required		
MOBILE/STATIONARY W/DETACHBLE ARMS  E0167 PAIL/PAN USE W/COMMODE CHAIR REPL PAIL OR PAN USE W/COMMODE CHAIR INTGR SEAT LIFT PAIL OR			COMMODE CHAIR MOBILE OR			
REPLACEMENT ONLY  E0168 COMMODE CHAIR XTRA WIDE&/HEVY DUTY COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC COMMODE CHAIR INTGR SEAT LIFT MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC COMMODE CHAIR INTGR SEAT LIFT MECH PLACED OVER/TOP MECH NONELEC ANY  E0172 SEAT LIFT MECH PLACE OVR/TOP TOILET SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE No Auth Required	E0165	COMMODE CHAIR WITH DETACHABLE ARMS	MOBILE/STATIONARY W/DETACHBLE	No Auth Required		
E0168 COMMODE CHAIR XTRA WIDE&/HEVY DUTY COMMODE CHAIR XTRA WIDE&/HEVY DUTY STATION/MOBIL  E0170 COMMODE CHAIR SEAT LIFT MECH ELEC COMMODE CHAIR INTGR SEAT LIFT MODE CHAIR INTGR SEAT	E0167	PAIL/PAN USE W/COMMODE CHAIR REPL	PAIL OR PAN USE W/COMMODE CHAIR	No Auth Required		
MECH ELEC ANY TYPE  E0171 COMMODE CHAIR SEAT LIFT MCH NONELEC COMMODE CHAIR INTGR SEAT LIFT No Auth Required MECH NONELEC ANY  E0172 SEAT LIFT MECH PLACE OVR/TOP TOILET SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE No Auth Required	E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	COMMODE CHAIR XTRA WIDE&/HEVY	No Auth Required		
MECH NONELEC ANY  E0172 SEAT LIFT MECH PLACE OVR/TOP TOILET SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE No Auth Required	E0170	COMMODE CHAIR SEAT LIFT MECH ELEC		No Auth Required		
TOILET ANY TYPE  E0175 FOOT REST USE W/COMMODE CHAIR EACH FOOT REST FOR USE WITH COMMODE No Auth Required	E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC		No Auth Required		
	E0172	SEAT LIFT MECH PLACE OVR/TOP TOILET		No Auth Required		
	E0175	FOOT REST USE W/COMMODE CHAIR EACH		No Auth Required		

Was Person for National Processing For National Proc								
FOUR PARTICIPATION OF PESSURE PAORES   PAORES	E0181	PWR PRESS RED MATTRESS PAD W/PUMP		No Auth Required				
MARCHANIST CINCY   No. Auth Required			,					
DESIGN   PRIFESTION OF PRISONAL MATTERS TO DO NY PRESUDE MATTERS   No Auth Required	E0182	PUMP ALTERNATING PRESSURE PAD REPL		No Auth Required				
MICHAEL PRESS AND ANTERS STO   ON / (PET LER PRESS PARK PARKES) TO   No. Auth Required								
ELBANDOTH   COUNTY								
BAPPESSURE MATTRESS   MATER PRESSURE MATTRESS   No. Auth Required	E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD		No Auth Required				
MATER PRESSURE MATTRESS   MATER PRESSURE MATTRESS   No. Auth Required	F040C	AID DECCUE MATTERCO		N A cotto D control d				
MAINTER CSHEPSKON PAD								
LAMSSWOOL SITEPSIN MACHINES   LAMSSWOOL SITEPSIN PACKNESS   LAMSSWOOL SITEPSIN MACHINES   LAMS								
PSTN CUSH/PMLOW/EDGE ALL COMPONENT   POSITIONING CUSH/PMLOW/PEDGE   POSITIONING CUSH/PMLOW/				·				
No. ALL COMPONENT   1933   HEL OR REGOW PROTECTOR FACH   No. ALL PROMPONENT   No. ALL PROGRAMM   NO. ALL P	E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	No Auth Required				
COUNTRY   COUN	E0190	PSTN CUSH/PILLOW/EDGE ALL COMPONENT		No Auth Required				
MRTHUDIZED BED	E0191	HEEL OR ELBOW PROTECTOR EACH	HEEL OR ELBOW PROTECTOR EACH	No Auth Required				
GEL PRESSURE MATTRESS   GEL PRESSURE MATTRESS   No Auth Required	E0193	POWERED AIR FLOTATION BED	POWERED AIR FLOTATION BED	No Auth Required				
AR PRESS PAD MATRES STD LENBWOTH	E0194	AIR FLUIDIZED BED	AIR FLUIDIZED BED	No Auth Required				
LENGTHAWNOTH   MATER PRESS PAD MATTRSS STD LENBAWDTH   MATER PRESS PAD MATTRSS STD LENBAWDTH   MATER PRESS PAD MATTRSS STD LENBAWDTH   LENGTHAWNOTH   LENG	E0196	GEL PRESSURE MATTRESS	GEL PRESSURE MATTRESS	No Auth Required				
MATE RESS PAD MATTES STD LEN&WOTH   WATER PRESS FAD MATTESS STD   No Auth Required	E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	AIR PRESS PAD MATTRSS STD MATTRSS	No Auth Required				
MATTESS LINGTH&WIDTH			LENGTH&WIDTH	·				
DRY PRSS PAD MATTRSS STD LENKWOTH   DRY PRSS PAD MATTRSS TO MATTRS	E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH		No Auth Required				
LENTITE WIDTH   HAT LAMP W/O STAND W/INFRARD ELEMENT   No Auth Required	E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH		No Auth Required				
BULIA, NERARED LEERNENT PHOTOTHERAPY LIGHT WITH PHOTOMETER PHOTOTHERAPY LIGHT WITH PHOTOMETER PHOTO								
BULIA, NERARED LEERNENT PHOTOTHERAPY LIGHT WITH PHOTOMETER PHOTOTHERAPY LIGHT WITH PHOTOMETER PHOTO	E0200	HEAT LAMP W/O STAND W/INFRARD ELEM	HEAT LAMP W/O STAND INCL	No Auth Required				
POTOTHERAPY LIGHT WITH PHOTOMETER   PHOTOTHERAPY LIGHT WITH   PHOTOTHERAPY LIGHT WITH   PHOTOMETER		·		·				
PHOTOMETER  E0203 TX LTBOX MINI 10000 LUX TABLE TOP  HEAR PLEVITUR CISHTBOX MINI 10000  LUX TABLE TOP MOL  LUX TABLE TOP MOL  HEAT LAMP W/STAND W/INFRARD ELEM  HEAT LAMP W/STAND INCLUDES  BULB/INFRARED ELEMENT  NO Auth Required  WATER CIRCULATING HEAT PAD MOIST  BULB/INFRARED ELEMENT  WATER CIRCULATING HEAT PAD WITH PUMP  PUMP  BULB CIRCULATING HEAT PAD WITH PUMP  BULB CIRCULATING COLD PAD W/FUMP ANY TYPE  BULB CIRCULATING COLD PAD WITH PUMP ANY TYPE  BULB CIRCULATING PAD SYSTEM  NON-CNTC WND WARMING WOUND COVER  WOUND WARMING WOUND	E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER		No Auth Required				
LIXTABL TOP MDL   HEAT LAMP W/STAND W/INFRARD ELEM   HEAT LAMP W/STAND INCLUDES   BILLIGHTRARED ELEMENT			PHOTOMETER	·				
LIXTABL TOP MDL   HEAT LAMP W/STAND W/INFRARD ELEM   HEAT LAMP W/STAND INCLUDES   BILLIGHTRARED ELEMENT	E0203	TX LTBOX MINI 10000 LUX TABLE TOP		No Auth Required				
BULG/INFRARED ELEMENT ED210 ELECTRIC HEAT PAD STANDARD ELECTRIC HEAT PAD STANDARD ELECTRIC HEAT PAD MOIST ELECTRIC HEAT PAD MOIST ELECTRIC HEAT PAD MOIST ELECTRIC HEAT PAD MOIST NO Auth Required ED217 WATER CIRCULATING HEAT PAD W/PUMP PUMP ED218 FLUID CIRC COLD PAD W/PUMP ANY TYPE ED218 FLUID CIRC COLD PAD W/PUMP ANY TYPE ED219 INFRARED HEATING PAD SYSTEM INFRARED HEATING PAD W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING WOUND COVER W/WARMING W/WOW HIS ANY SUBMING W/WOW HIS ANY				·				
ECCITIC HEAT PAD STANDARD ELECTRIC HEAT PAD STANDARD ELECTRIC HEAT PAD MOIST ELECTRIC HEAT PAD MOIST NO Auth Required NO Auth Required NO Auth Required ECCIT WATER CIRCULATING HEAT PAD W/PUMP WATER CIRCULATING HEAT PAD W/PUMP ED121 FULID CIRC COLD PAD W/PUMP ANY TYPE FULID CIRC COL	E0205	HEAT LAMP W/STAND W/INFRARD ELEM	HEAT LAMP W/STAND INCLUDES	No Auth Required				
E0215 ELECTRIC HEAT PAD MOIST ELECTRIC HEAT PAD MOIST No Auth Required  WATER CIRCULATING HEAT PAD W/PUMP WATER CIRCULATING HEAT PAD W/PUMP PUMP  E0218 FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE FLUID CIRCULATING PAD SYSTEM INFRARED HEATING PAD SYSTEM INFRARED HE			BULB/INFRARED ELEMENT	,				
E0211 WATER CIRCULATING HEAT PAD W/PUMP WATER CIRCULATING HEAT PAD WITH PUMP E0218 FLUID CIRC COLD PAD W/PUMP ANY TYPE E0221 INFRARED HEATING PAD SYSTEM INFRARED HEATING PAD SYSTEM INFORMATION INTO PATE PAD WITH PUMP ANY TYPE E0223 HYDROCOLLATOR UNIT INCLUDES PADS HYDROCOLLATOR UNIT INCLUDES PADS No Auth Required E0231 NON-CNTC WND WARM DEVC W/CARD&COVR W/WARMING DEVC W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING CARD&COVR W/WARMING WOUND COVER W/WARMING W/WARMI	E0210	ELECTRIC HEAT PAD STANDARD	ELECTRIC HEAT PAD STANDARD	No Auth Required				
FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL COLD PAD W/PUMP AND TYPE FUND CALL CA	E0215	ELECTRIC HEAT PAD MOIST	ELECTRIC HEAT PAD MOIST	No Auth Required				
E0218 FLUID CIRC COLD PAD W/PUMP ANY TYPE FLUID CIRC CULATING COLD PAD WITH PUMP ANY TYPE FLUID CIRC CULATING COLD PAD WITH PUMP ANY TYPE FUND	E0217	WATER CIRCULATING HEAT PAD W/PUMP	WATER CIRCULATING HEAT PAD WITH	No Auth Required				
PUMP ANY TYPE   No. Auth Required   PUMP ANY TYPE   Y TYPE ANY T		•		·				
E0221   INFRARED HEATING PAD SYSTEM   INFRARED HEATING PAD SYSTEM   No Auth Required	E0218	FLUID CIRC COLD PAD W/PUMP ANY TYPE		No Auth Required				
HYDROCOLLATOR UNIT INCLUDES PADS HYDROCOLLATOR UNIT INCLUDES PADS HYDROCOLLATOR UNIT INCLUDES PADS HON-CNTC WND WARM DEVC W/CARD&COVR NON-CNTC WND WARMING DEVC W/WARMING DEVC W/WARMING DEVC W/WARMING CARD&COVR  E0231 WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND WARMING WOUND COVER WOUND Therapy PA for Code in Group Applies to All Codes within Specific Group Full Clinical Review Wound Therapy PA for Code in Group Applies to All Codes within Specific Todes within Specific Todes within Specific Todes withi	F0224	INICOADED LICATING DAD CYCTEM		No Auth Doguisod				
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	E0243	TOILET RAIL EACH	TOILET RAIL EACH	No Auth Required			_	
E0245 TUB STOOL OR BENCH TUB STOOL OR BENCH 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 TUR RAIL ATTACHMENT	TRANSFER THE BAH ATTACHASSIT	No. Acade Describeral	T T	1		
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	No Auth Required				
50240	TRACE BEACH HEAV BUTY THE TOURT	COMMODE OPENING	N A calle D control d				
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	TRNSF BENCH HEVY DUTY TUB/TOILET	No Auth Required				
50240	DAD HOO CIDC HEAT HANT DEDI CAT ONLY	W/WO COMMODE OP	N A calle D control d				
E0249	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	PAD WATER CIRCULATING HEAT UNIT	No Auth Required				
F03F0	LIOC DED EIV LIT W/DAIL W/MAATTRCC	REPLACEMENT ONLY	No Auth Doguined				
E0250	HOS BED FIX HT W/RAIL W/MATTRSS	HOSP BED FIX HT W/ANY TYPE SIDE	No Auth Required				
F02F1	LIOC DED EIV LIT W/DAIL W/O MATTRCC	RAILS W/MATTRSS	No Auth Doguined				
E0251	HOS BED FIX HT W/RAIL W/O MATTRSS	HOSP BED FIX HT W/ANY TYPE SIDE RAIL	No Auth Required				
E0255	HOS BED VARIBL HT W/RAIL W/MATTRSS	W/O MATTRSS HOS BED VARIBL HT W/ANY TYPE SIDE	No Auth Required				
EU255	HOS BED VARIBLEHT W/RAIL W/WATTRSS	RAIL W/MATTRSS	No Auth Required				
E0256	HOS BED VARIBL HT W/RAIL NO MATTRSS	HOS BED VARIBL HT ANY TYPE SIDE RAIL	No Auth Boquired				
E0236	HOS BED VARIBLEHT W/RAIL NO MATTRSS	W/O MATTRSS	No Autii Kequireu				
E0260	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	,	Authorization Required	DME		Full Clinical Review	
E0200	HOS BED SEIVII-ELEC W/KAIL W/IVIAT IKSS	RAIL W/MATTRSS	Authorization Required	DIVIE		ruii Ciiiiicai Keview	
E0261	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL	Authorization Poquired	DME		Full Clinical Review	
LU201	1103 BED SEMI-LEEC W/ KAIL NO MATTK33	W/O MATTRSS	Authorization Required	DIVIL		ruii Ciiiiicai Keview	
E0265	HOS BED TOT ELEC W/RAIL W/MATTRSS	,	Authorization Required	DME		Full Clinical Review	
E0203	HOS BED TOT ELEC W/RAIL W/WATTKSS	RAIL W/MATTRSS	Authorization Required	DIVIE		ruii Ciiiiicai Keview	
E0266	HOS BED TOT ELEC W/RAIL W/O MATTRSS	HOS BED TOT ELEC ANY TYPE SIDE RAIL	Authorization Required	DME		Full Clinical Review	
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E0270	HOSP BED INST TYPE: W/MATTRSS	HOSP BED INSTITUTIONAL TYPE:	Authorization Required	DME		Full Clinical Review	
10270	TIOSI DED INSTITI E. W/WATTIOS	W/MATTRSS	Authorization Required	DIVIL		i dii ciiiildai Neview	
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					
20275							
E0276	BED PAN FRACTURE METAL OR PLASTIC	BED PAN FRACTURE METAL OR PLASTIC	No Auth Required				
E0277							
I EUZ//	POWER PRESSURE-REDUCING AIR MATTRSS	POWERED PRESSURE-REDUCING AIR	No Auth Required				
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	POWERED PRESSURE-REDUCING AIR MATTRESS	No Auth Required				
	POWER PRESSURE-REDUCING AIR MATTRSS  BED CRADLE ANY TYPE	MATTRESS	No Auth Required  No Auth Required				
E0277 E0280 E0290			·				
E0280	BED CRADLE ANY TYPE	MATTRESS BED CRADLE ANY TYPE	No Auth Required				
E0280	BED CRADLE ANY TYPE	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE	No Auth Required				
E0280 E0290	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS	No Auth Required No Auth Required				
E0280 E0290	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS HOSPITAL BED FIX HT W/O SIDE RAILS	No Auth Required No Auth Required				
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E0280 E0290 E0291 E0292 E0293 E0294 E0295	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS HOS BED FIX HT W/O RAIL W/O MATTRSS HOS BED VARIBL HT NO RAIL W/MATTRSS HOS BED VARIBL HT W/O RAIL/MATTRSS HOS BED SEMI-ELEC NO RAIL W/MATTRSS HOS BED SEMI-ELEC W/O RAIL/MATTRSS HOS BED TOT ELEC W/O RAIL W/MATTRSS	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP HED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required Authorization Required Authorization Required Authorization Required Authorization Required	DME DME		Full Clinical Review Full Clinical Review	
E0280 E0290 E0291 E0292 E0293 E0294 E0295 E0296	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS HOS BED FIX HT W/O RAIL W/O MATTRSS HOS BED VARIBL HT NO RAIL W/MATTRSS HOS BED VARIBL HT W/O RAIL/MATTRSS HOS BED SEMI-ELEC NO RAIL W/MATTRSS HOS BED SEMI-ELEC W/O RAIL/MATTRSS HOS BED TOT ELEC W/O RAIL W/MATTRSS	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required Authorization Required Authorization Required Authorization Required Authorization Required	DME DME		Full Clinical Review Full Clinical Review Full Clinical Review	
E0280 E0290 E0291 E0292 E0293 E0294 E0295 E0296	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS HOS BED FIX HT W/O RAIL W/O MATTRSS HOS BED VARIBL HT NO RAIL W/MATTRSS HOS BED VARIBL HT W/O RAIL/MATTRSS HOS BED SEMI-ELEC NO RAIL W/MATTRSS HOS BED SEMI-ELEC W/O RAIL/MATTRSS HOS BED TOT ELEC W/O RAIL W/MATTRSS	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS PED CRIB HOS GRADE FULLY ENC W/WO	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required Authorization Required Authorization Required Authorization Required Authorization Required Authorization Required	DME DME		Full Clinical Review Full Clinical Review Full Clinical Review	
E0280 E0290 E0291 E0292 E0293 E0294 E0295 E0296 E0297	BED CRADLE ANY TYPE HOS BED FIX HT W/O RAIL W/MATTRSS HOS BED FIX HT W/O RAIL W/O MATTRSS HOS BED VARIBL HT NO RAIL W/MATTRSS HOS BED VARIBL HT W/O RAIL/MATTRSS HOS BED SEMI-ELEC NO RAIL W/MATTRSS HOS BED SEMI-ELEC W/O RAIL/MATTRSS HOS BED TOT ELEC W/O RAIL W/MATTRSS HOS BED TOT ELEC W/O RAIL/MATTRSS PED CRIB HOS GRADE ENC W/WO TOP ENC	MATTRESS BED CRADLE ANY TYPE HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS HOSPITAL BED FIX HT W/O SIDE RAILS W/O MATTRSS HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS HOS BED VARIBL HT HI-LO W/O SIDE RAIL NO MATTRSS HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS PED CRIB HOS GRADE FULLY ENC W/WO TOP ENC	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required Authorization Required Authorization Required Authorization Required Authorization Required Authorization Required	DME  DME  DME		Full Clinical Review Full Clinical Review Full Clinical Review Full Clinical Review	

E0302	HOS BED WT CAP>600 W/O MATTRESS	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS	Authorization Required	DME	Full Clinical Review	
E0303	HOS BED HEVY DUTY WT CAP >350<=600	HOS BED HEVY DUTY W/WT CAP >350 PDS =TO 600 PDS</td <td>Authorization Required</td> <td>DME</td> <td>Full Clinical Review</td> <td></td>	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	No Auth Required			
20313	DED NECESS. BONKEY INDECESSION IN DEVC	DEVICE ANY TYPE	No riatii nequirea			
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	SFTY ENCLOS FRME/CANOPY USE	No Auth Required			
		W/HOSP BED ANY TYPE	·			
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	No Auth Required			
		IRRIGATION/EVAC SYSTEM				
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	DISPBL PACK USE W/THE ELEC BOWEL	No Auth Required			
20002	5.5. 52.776.1. 17, 2226 56 1722 111116, 21716	IRRIG/EVAC SYS	no nati neganea			
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	No Auth Required			
		MATTRSS STD LEN&WDTH				
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	PWR AIR OVRLAY MATTRSS STD	No Auth Required			
		MATTRSS LENGTH&WIDTH				
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	No Auth Required			
20121	on men dem no dribe de de dre nem,	RENT;FLWMTR HUMIDFR	no man neganea			
E0425	STATION COMPRS GAS SYS PURCHASE;	STATION COMPRS GAS SYS PURCH;	No Auth Required			
20 125		FLWMTR HUMIDFR NEB	no man neganea			
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	PRTBLE GASEOUS O2 SYS PURCH;	Authorization Required	DME	Full Clinical Review	
20100		FLWMTR HUMIDFR&MASK	/ tatilonization negatica	52	Tan omnour neview	
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	PRTBLE GASEOUS O2 SYS RENT;	Authorization Required	DME	Full Clinical Review	
20.01	. What character as a second	FLWMTR HUMIDFR&MASK	/ acrionization riequirea	52	Tun chimodi Neview	
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	PORTABL LIQUID OXYGEN SYS RENTAL;	Authorization Required	DME	Full Clinical Review	
	, , ,	HOME LIQUEFIER				
E0434	PRTBLE LIQUID O2 SYS RENTAL;	PRTBLE LQD O2 SYS RENT; RESRVOR	Authorization Required	DME	Full Clinical Review	
	,	HUMIDFR FLWMTR	· ·			
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	PRTBLE LQD O2 SYS PURCH; RESRVOR	No Auth Required			
		FLWMTR HUMIDFR				
E0439	STATION LIQUID O2 SYS RENTAL;	STATION LQD O2 SYS RENT; FLWMTR	No Auth Required			
		HUMIDFR NEBULIZR				
E0440	STATION LIQUID O2 SYS PURCHASE;	STATION LQD O2 SYS PURCH; RESRVOR	No Auth Required			
		HUMIDFR NEBULZR				
E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U	STATIONARY O2 CONTENTS GAS 1 MO	No Auth Required			
		SUPPLY=1 UNIT				
E0442	STATIONARY 02 CONT LQD 1 MO SPL=1 U	STATIONARY O2 CONTENTS LQD 1 MO	No Auth Required			
		SUPPLY = 1 UNIT				
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	PORTABLE O2 CONTENTS GASEOUS 1	No Auth Required			
205		MO SUPPLY=1 UNIT				
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	PORTABLE O2 CONTENTS LIQUID 1 MO	No Auth Required			
		SUPPLY =1 UNIT	1			
	<u> </u>	55 E1 -1 01111	1	ı		l .

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E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	OXIMETER DEVICE MSR BLD O2 LEVLS	No Auth Required			
		NON-INVASV				
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	No Auth Required			
		RAILS	,			
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	No Auth Required			
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	CAPABILITY W/BACK-UP RESP ASST DEVC BI-LEVL PRSS	No Auth Poguired			
		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	Authorization Required	DME	Full Clinical Review	
E0486	ORL DEVC/APPL RDUC UA COLLAPS CSTM	ORL DEVC/APPL RDUC UP AIRWAY	Authorization Required	DME	Full Clinical Review	
E0487	SPIROMETER ELECTRONIC INCL ACCESS	COLLAPSIBILITY CSTM  SPIROMETER ELECTRONIC INCLUDES	No Auth Required			
		ALL ACCESSORIES				
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	No Auth Required			
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	AIRWAY PRESS DEVC HUMDIFIR HEATED USED W/POS	No Auth Required			
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	ARWAY PRESSURE DEVICE COMPRS AIR PWR EQP NOT SLF-	No Auth Required			
		CONTAIND/CYL DRIVN	ļ			
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			
		•	*			

LTRASONIC LARGE VOLUME  ASS/AUTOCLVBL PLST BOTTL  COMPRESSOR AND HEATER	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB NEBULIZER ULTRASONIC LARGE VOLUME NEBULIZE DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE	No Auth Required  No Auth Required				
ASS/AUTOCLVBL PLST BOTTL  //COMPRESSOR AND HEATER	NEBULIZER ULTRASONIC LARGE VOLUME NEBULIZR DURABLE	,				
//COMPRESSOR AND HEATER	NEBULIZR DURABLE					
	GLASS/AUTOCLAVABLE FESTE BUTTLE	No Auth Required				
	NEBULIZER WITH COMPRESSOR AND HEATER	No Auth Required				
PUMP HOME MODEL ELEC	RESP SUCTION PUMP HOME MODEL	No Auth Required				
POS AIRWAY PRESSURE DEVC	CONTINUOUS POSITIVE AIRWAY	No Auth Required				
D MAANULAL ANIV TVDE		No Auth Doguined				
	PISTON OP					
	i	·				
ON CHCK BATTRY AUDBL&VISBL	DEPLET W/AUDIBL&VISIBL	No Auth Required				
ON CHCK BATTRY DIGTL/VISBL	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL	Authorization Required	DME		Full Clinical Review	
/NT REC MEM ACTVTR&PRGMR	IMPL CARD EVENT RECORDR W/MEM ACTIVATOR&PROGMMER	No Auth Required				
INTEGRATED ECG ANALY	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	No Auth Required				
TOR W/O RECORDING FEATURE	APNEA MONITOR WITHOUT RECORDING FEATURE	No Auth Required				
TOR W/RECORDING FEATURE	APNEA MONITOR WITH RECORDING FEATURE	No Auth Required				
VC CLCT CAPLRY BLD LASR	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA	No Auth Required				
T LIFT CANVAS/NYLON	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	No Auth Required				
BATHROOM OR TOILET NOC	PATIENT LIFT BATHROOM OR TOILET NOC	No Auth Required				
CH COMB LIFT-CHAIR MECH	SEAT LIFT MECHANISM ELECTRIC ANY TYPE	No Auth Required				
CH NON-ELECTRIC ANY TYP	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	No Auth Required				
HYRAULIC/MECH	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	Authorization Required	DME		Full Clinical Review	
ELECTRIC W/SEAT/SLING	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Authorization Required	DME		Full Clinical Review	
SUPP SYS LIFT PT CNTRL	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL	Authorization Required	DME		Full Clinical Review	
AND FRAME/TABLE SEATLIFT	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	No Auth Required				
E/TABLE SYS 1 POS ANY SZ	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	No Auth Required				
ABLE DISASSMBL&REASSMBL	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL	No Auth Required				
S ALL CMPNTS/ACCESS	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	No Auth Required				
E/TABLE SYS MX-POS ANY SZ	STANDING FRAME/TABLE SYS MULTI- POSITION ANY SZ	No Auth Required				
	P MANUAL ANY TYPE P ELECTRIC ANY TYPE P HEVY DUTY HOSP GRADE  DOM TYPE RAINAGE BOARD D GLUCOSE MONITOR DN CHCK BATTRY AUDBL&VISBL  ON CHCK BATTRY DIGTL/VISBL  INT REC MEM ACTVTR&PRGMR  INTEGRATED ECG ANALY TOR W/O RECORDING FEATURE TOR W/RECORDING  PRESSURE DEVICE  PMANUAL ANY TYPE  BREAST PUMP MANUAL ANY TYPE  PELECTRIC ANY TYPE  BREAST PUMP ELECTRIC ANY TYPE  BREAST PUMP HEVY DUTY HOSP GRADE  PISTON OP  OOM TYPE  VAPORIZER ROOM TYPE  VAPORIX	EPOS AIRWAY PRESSURE DEVC PRESSURE DEVICE PRESSURE DEVICE BREAST PUMP MANUAL ANY TYPE BREAST PUMP MANUAL ANY TYPE BREAST PUMP MANUAL ANY TYPE NO Auth Required PLECTRIC ANY TYPE BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP PATIENT LIFT MECHANISM ELECTRIC ANY TYPE NO Auth Required PISTON OP POTURE PROSPECTION OP NO Auth Required PISTON OP POTURE POSTURAL DRAINAGE BOARD NO Auth Required NO Auth Required POSTURAL DRAINAGE BOARD NO Auth Required NO AU	POS AIRWAY PRESSURE DEVC PARSSURE DEVICE PARSULA ANY TYPE BREAST PUMP MANUAL ANY TYPE BREAST PUMP BREAST PUMP PERCETIC ANY TYPE PETEV DIVTY HOSP GRADE BREAST PUMP PETEV CETTIC ANY TYPE BREAST PUMP PETEV CETTIC ANY TYPE POEVY DUTY HOSP GRADE BREAST PUMP PETEV DIVTY HOSP GRADE PISTON OP POOM TYPE VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT REQUIRED VAPORIZER ROOM TYPE VARIANT ROOM ON AUTH REQUIRED VAPO	POS AIRWAY PRESSURE DEVC CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE PARANUAL ANY TYPE BREAST PUMP MANUAL ANY TYPE BREAST PUMP MANUAL ANY TYPE BREAST PUMP RECETRIC ANY TYPE BREAST PUMP RECETRIC ANY TYPE BREAST PUMP RECETRIC ANY TYPE PREVY DUTY HOSP GRADE BREAST PUMP RECETRIC ANY TYPE VAPORIZER ROOM TYPE VAPORIZER ROOM TYPE VAPORIZER ROOM TYPE VAPORIZER ROOM TYPE VAPORIZER ROOM TYPE VAPORIZER ROOM TYPE NO Auth Required PISTON OP VAPORIZER ROOM TYPE NO AUth Required DOM TYPE VAPORIZER ROOM TYPE NO AUTH Required DOM TYPE VAPORIZER ROOM TYPE NO AUTH Required DOM TYPE VAPORIZER ROOM TYPE NO AUTH REquired DOM CHCK BATTRY AUDBL&VISBL DRICKER MONTOR DRICKER MONTOR DRICKER MONTOR DRICKER MONTOR DRICKER MONTOR HOME BOOD GOLICOSE MONTOR DRICKER MONTOR HOME BOOD GOLICOSE MONTOR DRICKER MONTOR HOME BOOD GOLICOSE MONTOR DRICKER MONTOR HOME BOOD GOLICOSE MONTOR DRICKER MACTIVATOR PREGRATE DRICKER MACTIVATOR PREGRATE DEVELOPM JOURNAL AND THE PRECRED ROWNER ACTIVATOR PREGRATE DEVELOPM JOURNAL AND THE PRECRED ROWNER ACTIVATOR PREGRATE DECG ANALY TOR W/O RECORDING FEATURE APPEA MONTOR WITHOUT NO AUTH REquired APPEA MONTOR WITHOUT NO AUTH REquired APPEA MONTOR WITH RECORDING TRECTURE APPEA MONTOR WITH RECORDING TRECTURE APPEA MONTOR WITH RECORDING TRECTURE APPEA MONTOR WITH RECORDING TRECTURE APPEA MONTOR WITH RECORDING TOR W/O RECORDING FEATURE APPEA MONTOR WITH RECORDING TOR W/O AUTH REquired TOR W/O RECORDING FEATURE APPEA MONTOR WITH RECORDING TOR W/O AUTH REquired TOR W/O AUTH REquired TOR W/O AUTH REquired TOR W/O AUTH REquired TOR W/O AUTH REquired TOR W/O AUTH REQUIRED TOR APPEA MONTOR WITH THE TECT	POS AIRWAY PRESSURE DEVC CONTINUOUS POSITIVE AIRWAY PRESSURE DEVCE	

TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORILE ANY SEE   TAND FRANCE/TABLE 57 MORIS CREWN BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO					<u> </u>	
PRILLWAT COMPRS NO CAURT GROWT PRISS   PRILLWAT COMPRS NO CAURT GROWT PRISS   PRILLWAT COMPRS NO CAURT GROWT PRISS   PRILLWAT COMPRS NO CAURT GROWT PRISS   PRILLWAT COMPRS WCAURT COMPRS WAR ABMS   PRILLWAT COMPRS WCAURT COMPRS WAR ABMS WCAURT GROWT PRISS   PRILLWAT APPLIANC WAR ABMS WCAURT GROWT PRILLWAT PRISS   PRILLWAT APPLIANC WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT FOR WAR ABMS WCAURT FOR WAR ABMS WCAURT GROWT PRILLWAT PRINSW WYRE WAR ABMS WCAURT FOR WAR AB	E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	· ·	No Auth Required		
Montange   Montange						
PRILIVATE COMPRIS VICLARET GRANT PRISS   DALE (DESIGNATION PRISIS   DALE (DESIGNATION PRISS	E0650	PNEUMAT COMPRS NONSEG HOME MODEL		Authorization Required	DME	Full Clinical Review
CAUSTIC GROWN PIES   CAUSTIC	E06E1	DNELIMAT COMPRE NO CALERT CRONT DRCC		Authorization Required	DME	Full Clinical Pavious
WICHART ORDINGS PREJUNAT APPLINC MAY   NO.   No.   No.   Auth Required   No.   Auth Required   No.	E0031	PNEUWAT COWPRS NO CALBRI GROWT PRSS		Authorization Required	DIVIE	ruii Cililical Review
WICHART ORDINGS PREJUNAT APPLINC MAY   NO.   No.   No.   Auth Required   No.   Auth Required   No.	E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	PNEUMAT COMPRS SEG HOM MDL	Authorization Required	DME	Full Clinical Review
WPREUMAT APPLIANC W/COMPRS TRUIN   WPREUMAT COMPRS TRUIN   WPREUMAT   WPR		1 11 1 71				
SEC PRELIMAT APPLIANC W/COMPRETEURY   SEC PRELIMAT APPLIANCE USE   WOULD Required   SEC PRELIMAT APPLIANCE USE   SEC PRELIMATE	E0655	NONSEG PNEUMAT APPLINC HALF ARM	NONSEG PNEUMAT APPLINC	No Auth Required		
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NONSEG PREUMAT APPLINC FULLERS   NONSEG PREUMAT APPLINC   No Auth Required	E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST		No Auth Required		
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TIMER 4 FT PANEL  E0693 UV LT TX SYS PANL W/LAMP 6 FT PANEL  UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL  UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR  E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE  SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH  E0710 RESTRAINT ANY TYPE REST	E0692	UV LT TX SYS PANL W/LAMP 4 FT PANEL		Authorization Required	DME	Full Clinical Review
E0693 UV LT TX SYS PANL W/LAMP 6 FT PANEL  E0694 UV MX DIR LT TX SYS 6 FT CABINET  E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE  E0700 SAFETY EQP DEVICE ACCESSRY ANY TYPE  E0700 TRANSFER DEVICE ANY TYPE EACH  E0710 RESTRAINT ANY TYPE  E0710 RESTRAINT ANY TYPE  E0720 TENS DEVICE 2 LEAD LOCALIZED STIM  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM  TENS DEVICE 4/MORE LEADS MULTI  NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES  FUIl Clinical Review  Full Cli						
TIMER 6 FT PANEL  E0694 UV MX DIR LT TX SYS 6 FT CABINET  W/BULB/LAMP TMR  E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE  SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH  TRANSER DEVICE ANY TYPE EACH  TRANSER DEVICE ANY TYPE TENS DEVICE 2 LEAD LOCALIZED STIM  TENS DEVICE 2 LEAD LOCALIZED STIM  TENS DEVICE 4/> LEADS MX NERVE STIM  TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  FORM FIT CONDUCT GARM TENS/NMES  FORM-FITTING CONDUCTIVE GARMENT NO Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	E0693	UV LT TX SYS PANL W/LAMP 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  E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH TRANSER DEVICE ANY TYPE EACH No Auth Required  E0710 RESTRAINT ANY TYPE RESTRAINT ANY TYPE RESTRAINT ANY TYPE  E0720 TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIMULATION  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES  FORM-FITTING CONDUCTIVE GARMENT  No Auth Required		, , , , , , , , , , , , , , , , , , , ,				
W/BULB/LAMP TMR  E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH TRANSER DEVICE ANY TYPE EACH No Auth Required  E0710 RESTRAINT ANY TYPE RESTRAINT ANY TYPE RESTRAINT ANY TYPE RESTRAINT ANY TYPE  E0720 TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIM TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIM TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required	E0694	UV MX DIR LT TX SYS 6 FT CABINET		Authorization Required	DME	Full Clinical Review
E0700 SAFETY EQP DEVICE/ACCESSRY ANY TYPE SAFETY EQUIPMENT DEVICE OR ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH TRANSER DEVICE ANY TYPE EACH No Auth Required  E0710 RESTRAINT ANY TYPE RESTRAINT ANY TYPE RESTRAINT ANY TYPE No Auth Required  E0720 TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIMULATION  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES  FORM-FITTING CONDUCTIVE GARMENT NO Auth Required						
ACCESSORY ANY TYPE  E0705 TRANSFER DEVICE ANY TYPE EACH TRANSER DEVICE ANY TYPE EACH No Auth Required  E0710 RESTRAINT ANY TYPE RESTRAINT ANY TYPE RESTRAINT ANY TYPE No Auth Required  E0720 TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIMULATION  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required	E0700	SAFETY EQP DEVICE/ACCESSRY ANY TYPE		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 E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required		·				
E0720 TENS DEVICE 2 LEAD LOCALIZED STIM TENS DEVICE TWO LEAD LOCALIZED STIMULATION No Auth Required STIMULATION  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required	E0705	TRANSFER DEVICE ANY TYPE EACH	TRANSER DEVICE ANY TYPE EACH	No Auth Required		
STIMULATION  E0730 TENS DEVICE 4/> LEADS MX NERVE STIM  TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES  STIMULATION  NO Auth Required NO Auth Required	E0710	RESTRAINT ANY TYPE	RESTRAINT ANY TYPE	No Auth Required		
E0730 TENS DEVICE 4/> LEADS MX NERVE STIM TENS DEVICE 4/MORE LEADS MULTI NO Auth Required NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT NO Auth Required	E0720	TENS DEVICE 2 LEAD LOCALIZED STIM	TENS DEVICE TWO LEAD LOCALIZED	No Auth Required		
NERVE STIMULATION  E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required			STIMULATION			
E0731 FORM FIT CONDUCT GARM TENS/NMES FORM-FITTING CONDUCTIVE GARMENT No Auth Required	E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	TENS DEVICE 4/MORE LEADS MULTI	No Auth Required		
			NERVE STIMULATION			
DELIV TENS/NMES	E0731	FORM FIT CONDUCT GARM TENS/NMES	FORM-FITTING CONDUCTIVE GARMENT	No Auth Required		
			DELIV TENS/NMES			

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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			

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E0791	PAR INFUS PUMP STAT SINGLE/MXCHANEL		No Auth Required				
		SINGLE/MULTICHANEL					
E0830	AMB TRACTION DEVICE ALL TYPES EACH	AMBULATORY TRACTION DEVICE ALL	No Auth Required				
		TYPES EACH					
E0840	TRACTION FRAME HEADBOARD CERV TRACT	TRACTION FRAME ATTCH TO	No Auth Required				
		HEADBOARD CERV TRACTION					
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	TRACTION EQP CERV FREESTAND	No Auth Required				
		STAND/FRME PNEUMATIC					
E0850	TRACT STAND FREESTAND CERV TRACT	TRACTION STAND FREESTANDING	No Auth Required				
		CERVICAL TRACTION					
E0855	CERV TRACT EQUIP NOT RQR ADD STAND	CERVICAL TRACTION EQUIP NOT RQR	No Auth Required				
		ADD STAND/FRAME					
E0856	CERVICAL TRAC DEVC INFL AIR BLADDER	CERVICAL TRACTION DEVICE	No Auth Required				
		INFLATABLE AIR BLADDER					
E0860	TRACTION EQUIPMENT OVERDOOR CERV	TRACTION EQUIPMENT OVERDOOR	No Auth Required				
		CERVICAL					
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT	TRACTION FRAME ATTCH TO	No Auth Required				
		FOOTBOARD EXTREM TRACTN					
E0880	TRACT STAND FREESTAND EXTREM TRACT	TRACTION STAND FREESTANDING	No Auth Required				
		EXTREMITY TRACTION					
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC	TRACTION FRAME ATTCH FOOTBOARD	No Auth Required				
		PELVIC TRACTION					
E0900	TRACT STAND FREESTAND PELV TRACT	TRACTION STAND FREESTANDING	No Auth Required				
		PELVIC TRACTION					
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	TRAPEZ BAR KNOWN AS PT HLPR ATTCH	No Auth Required				
		BED W/GRAB BAR					
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	TRAPEZ BAR HEVY DUTY PT WT >250	No Auth Required				
		LBS BED GRAB BAR					
E0912	TRAPEZ BAR PT WT >250 LBS FREE STND	TRAPEZ BAR HEVY DUTY PT WT > 250	No Auth Required				
		LBS FREE STAND					
E0920	FX FRAME ATTCH BED INCL WEIGHTS	FRACTURE FRAME ATTACHED TO BED	No Auth Required				
		INCLUDES WEIGHTS					
E0930	FX FRAME FREESTANDING INCL WEIGHTS	FRACTURE FRAME FREESTANDING	No Auth Required				
		INCLUDES WEIGHTS					
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	CONTINUOUS PASSIVE MOT EXERCISE	No Auth Required				
		DEVC KNEE ONLY					
E0936	CONT PASS MOTION EXER DEVC NOT KNEE	CONT PASSIVE MOTION EXERCISE DEVC	No Auth Required				
		OTH THAN KNEE					
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	TRAPEZE BAR FREESTANDING	No Auth Required				
		COMPLETE WITH GRAB BAR		<b>1</b>			
E0941	GRAVITY ASSTD TRAC DEVICE ANY TYPE	GRAVITY ASSISTED TRACTION DEVICE	No Auth Required	1			
		ANY TYPE					
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	No Auth Required				
		ATTACHED TO BED					
E0947	FX FRAME ATTCH CMPLX PELV TRAC	FRACTURE FRAME ATTCH COMPLEX	Authorization Required	DME		Full Clinical Review	
		PELVIC TRACTION					
E0948	FX FRAME ATTCH CMPLX CERV TRAC	FRACTURE FRAME ATTCH COMPLEX	Authorization Required	DME		Full Clinical Review	
		CERVICAL TRACTION					
	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	No Auth Required				
		STRAP EACH					
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	Authorization Required	General Medicine -	Full Clinical Review	
		ANY TYPE EA		health and behavior		
				assessment/intervention		
E0954	WHEELCHAIR AC FOOT BOX ANY TY EA FT	WHEELCHAIR ACCESSORY FOOT BOX	Authorization Descriped	General Medicine -	Full Clinical Review	
E0954	WHEELCHAIR AC FOOT BOX ANY TY EA FT	ANY TYPE EACH FOOT	Authorization Required		Full Clinical Review	
		ANY TYPE EACH FOOT		health and behavior		
				assessment/intervention		
E0955	WC ACSS HEADREST CUSHND HARDWARE EA	WC ACSS HEADREST CUSHNED FIX	No Auth Required			
20333	THE PROPERTY OF THE PROPERTY O	MOUNT HARDWARE EA	no main neganica			
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	WC ACSS LAT TRNK/HIP SUPP FIX	No Auth Required			
	,	MOUNT HARDWARE EA	,			
E0957	WC ACSS MED THI SUPP HARDWARE EA	WC ACSS MED THI SUPP FIX MOUNT	No Auth Required			
		HARDWARE EA				
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	MANUAL WHLCHAIR ACCESS 1-ARM	No Auth Required			
		DRIVE ATTACHMENT EA				
E0959	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	MANUAL WHEELCHAIR ACCESS	No Auth Required			
F0000	W/C A CCC CLU DD LIDNICC /CTD A DC /CLICT CTD	ADAPTER FOR AMPUTEE EA	N A Al. D			
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR		No Auth Required			
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	STRAP W/TYPE MOU  MANUAL WHEELCHAIR ACCESS WHEEL	No Auth Required			
10301	WINE WE ACCESS WHE LOCK BRAKE EXT LA	LOCK BRAKE EXT EA	No Auth Required			
E0966	MNL WC ACCESS HEADREST EXTENSION EA	MANUAL WHEELCHAIR ACCESS	No Auth Required			
		HEADREST EXTENSION EA				
E0967	MNL WC AC HND RIM PROJ REPL ONL EA	MNL WHLCHR AC HND RIM PROJ ANY	No Auth Required			
		TYP REPL ONLY EA				
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	No Auth Required			
		ELEVATING LEGREST				
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	MNL WHEELCHAIR ACCESSORY ANTI-	No Auth Required			
50072	WC ACCCC ADJUST DTACU ADARDET FA	TIPPING DEVC EACH	N A Al. D			
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-	No Auth Required			
20374	WINE WE NEEDS AND ROLLD ACK DEVE EN	ROLLBACK DEVICE EA	140 Matil Required			
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	WHLCHAIR ACSS PSTN BELT/SFTY	No Auth Required			
	, ,	BELT/PELV STRAP EA	,			
E0980	SAFETY VEST WHEELCHAIR	SAFETY VEST WHEELCHAIR	No Auth Required			
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	WHEELCHAIR ACCESS SEAT UPHLSTR	No Auth Required		 _	
		REPLCMT ONLY EA				
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	WHEELCHAIR ACCESS BACK UPHLSTR	No Auth Required			
		REPLCMT ONLY EA				
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC		No Auth Required			
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	MNL WC MOTRIZD WC MNL WC ACSS PWR ADD-ON CONVRT	No Auth Poquired			
E0984	ININE WE ACSS PANK ADD-ON CHARL MINE MC	MNL WC ACSS PWR ADD-ON CONVRT	No Auth Required			
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	WHEELCHAIR ACCESSORY SEAT LIFT	No Auth Required			
20303	THE ELECTION OF THE ENTIRE CONTROL OF THE EN	MECHANISM	Addi nequired			
E0986	MNL WC ACSS PSH-RM ACT PWR ASST SYS	MNL WHEELCHAIR ACSS PUSH-RIM ACT	Authorization Required	DME	Full Clinical Review	
		PWR ASSIST SYS			 	
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	MANUAL WC ACCESSORY LEVR-	No Auth Required		 _	
		ACTIVATD WHL DRIVE PAIR				
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	WHEELCHAIR ACCESS ELEV LEG REST	No Auth Required		 	
		CMPL ASSMBL EA				
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	MANUAL WHEELCHAIR ACCESSORY	No Auth Required			
		SOLID SEAT INSERT				

E0994	ARMREST EACH	ARMREST EACH	No Auth Required				
E0995	WC AC CALF REST/PAD REPL ONLY EA	WHEELCHAIR ACCESSORY CALF	No Auth Required				
	•	REST/PAD REPL ONLY EA					
E1002	WC ACSS PWR SEATING SYS TILT ONLY	WHEELCHAIR ACCESS POWER SEATING	No Auth Required				
		SYSTEM TILT ONLY	,				
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE W/O	No Auth Required				
		SHEAR RDUC					
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE	No Auth Required				
		W/MECH SHEAR RDUC					
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	WC ACSS PWR SEAT SYS RECLINE	Authorization Required	DME		Full Clinical Review	
		W/PWR SHEAR RDUC					
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	WC ACSS PWR SEAT SYS TILT&RECLINE	Authorization Required	DME	ı	Full Clinical Review	
		NO SHEAR RDUC					
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE	Authorization Required	DME	Į.	Full Clinical Review	
		MECH SHEAR RDUC					
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	WC ACSS PWR SEAT TILT&RECLINE	Authorization Required	DME	Į.	Full Clinical Review	
		W/PWR SHEAR RDUC					
E1009	WC ACCSS MECH LINKD LEG ELEV EA	WC ACCSS ADD PWR SEAT MECH LINKD	No Auth Required				
		LEG ELEV SYS EA					
E1010	WC ACCSS PWR LEG ELEV SYS PAIR	WC ACCSS ADD PWR SEAT SYS PWR LEG	No Auth Required				
	1400 050 055 W0 W055 40 40 40 40 5	ELEV SYS PAIR					
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	MOD PEDIATRIC SIZE WC WIDTH	No Auth Required				
F4043	INC ACCESS DIAID SEAT SVS CALED AGAIT SA	ADJUSTMENT PACKAGE	A . Alb i Alb D i d	DAG		Full Citataal Basicas	
E1012	WC ACCESS PWR SEAT SYS CNTR MNT EA	WC ACCSS PWR SEAT SYS CNTR MNT	Authorization Required	DME		Full Clinical Review	
F1014	DECLINI DACK ADD DED CIZE MULI CHAID	PWR ELEV LEG EA RECLIN BACK ADDITION PEDIATRIC SIZE	No Auth Doguined				
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	WHEELCHAIR	No Auth Required				
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	SHOCK ABSORBER FOR MANUAL	No Auth Required				
L1013	SHOCK ABSORBER WANDAE WHEELCHAIR EA	WHEELCHAIR EACH	No Auth Required				
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	SHOCK ABSORBER FOR POWER	No Auth Required				
11010	SHOCK ABSORBER FOWER WHEELERIAIR EA	WHEELCHAIR EACH	No Auth Required				
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	HEVY DUTY SHOCK ABSORBR	No Auth Required				
22027	The state of the s	HEVY/XTRA HEVY MNL WC EA					
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	HEVY DUTY SHOCK ABSORBR	No Auth Required				
		HEVY/XTRA HEVY PWR WC EA					
E1020	RES LIMB SUP SYS WHEELCHAIR ANY TYP	RESIDUAL LIMB SUPPORT SYSTEM	No Auth Required				
		WHEELCHAIR ANY TYPE	·				
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	WC ACCSS MANL SWINGAWAY OTH	No Auth Required				
		CNTRL INTRFCE/PSTN	·				
E1029	WHEELCHAIR ACCESS VENT TRAY FIX	WHEELCHAIR ACCESSORY VENTILATOR	No Auth Required				
		TRAY FIXED					
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	WHEELCHAIR ACCESSORY VENTILATOR	No Auth Required				
		TRAY GIMBALED					
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	ROLLABOUT CHAIR ANY&ALL TYPES	No Auth Required		$\Box$		
		W/CASTERS 5 IN/GT					
E1035	MX-PSTN PT TRNSF SYS PT = 300 LBS</td <td>MULTI-PSTN PT TRNSF SYS W/SEAT PT</td> <td>Authorization Required</td> <td>DME</td> <td>ļ</td> <td>Full Clinical Review</td> <td></td>	MULTI-PSTN PT TRNSF SYS W/SEAT PT	Authorization Required	DME	ļ	Full Clinical Review	
		WT = 300 LBS</td <td></td> <td></td> <td></td> <td></td> <td></td>					
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	MULTI-PSTN PT TRNSF SYS EXTRA WIDE	Authorization Required	DME	-	Full Clinical Review	
		PT >300 LBS					
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	No Auth Required				
E4000	TRAICRRE CHAIR ARITER TO CORRES	TO&INCL 300 LBS	No Australia December 1				
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB		No Auth Required				
F10F0	THE DECLINE WE FIX ADM DETACLES	WT CAP>300 LB	Authorization Descript	DME	<u> </u>	Full Clinical Davier	
E1050	FULL RECLINE WC FIX ARM DETACH LEGS	FULL RECLIN WHLCHAIR; FIX FULL-LEN	Authorization Required	DME	["	Full Clinical Review	
L		ARMS LEGRESTS	l	1 1			

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
	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS	Authorization Required	DME	Full Clinical Review
	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
	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST	Authorization Required	DME	Full Clinical Review
	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS	Authorization Required	DME	Full Clinical Review
	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS	Authorization Required	DME	Full Clinical Review
	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS	Authorization Required	DME	Full Clinical Review
	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST	Authorization Required	DME	Full Clinical Review
	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS	Authorization Required	DME	Full Clinical Review
	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

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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	·	DME	Full Clinical Review
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	WHLCHAIR PED SZ FOLD ADJUSTBL W/O SEATING SYSTEM	·		
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	,	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			
	WHIRLPOOL NONPORTABLE	WHIRLPOOL NONPORTABLE		DME	Full Clinical Review	
	OXYGEN ACC FLW REG CPBL POS INSP PR	OXYGEN ACC FLOW REG CPBL POS	No Auth Required	J2	r un cimical review	
		INSPIRATORY PRESS				
E1353	REGULATOR	REGULATOR	No Auth Required			
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL	O2 ACCESS WHEELED CART PRTBLE	No Auth Required			
	·	CYL/CONC REPL EA	·			
E1355	STAND/RACK	STAND/RACK	No Auth Required			
E1356	O2 ACCESS BTTRY PACK/CRTRDGE REPL	O2 ACCESS BTTRY PACK/CRTRDGE	No Auth Required			
		PRTBLE CONC REPL EA				
E1357	O2 ACCESS BATTRY CHARGER REPLEA	O2 ACCESS BATTRY CHARGER PRTBLE	No Auth Required			
		CONC REPL EA				
E1358	O2 ACCESS DC POWER ADAPTER REPL EA	O2 ACCESS DC POWER ADAPTER PRTBLE	No Auth Required			
		CONC REPL EA				
E1372	IMMERSION EXTERNAL HEATER NEBULIZER	IMMERSION EXTERNAL HEATER FOR	No Auth Required			
54000	02.001/2.052//.02.001/2.050/	NEBULIZER				<del> </del>
E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE	O2 CONC 1 DEL PORT 85%/>02 CONC AT	No Auth Required			
F1201	02 CONC 2 DEL 85%/>02 CONC FLW RATE	PRSC FLW RATE  O2 CONC 2 DEL PORT 85%/>O2 CONC	No Auth Doguinad			
E1391	102 CONC 2 DEL 85%/>02 CONC FLW RATE	PRSC FLW RATE EA	No Auth Required			
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	PORTABLE OXYGEN CONCENTRATOR	No Auth Required			
L1332	FORTABLE OXIGEN CONCENTRATOR REINTAL	RENTAL RENTAL	No Auth Required			
E1399	DME MISCELLANEOUS	DURABLE MEDICAL EQUIPMENT	Authorization Required		Full Clinical Review	
L1333	DIVIE WISCEED WESOS	MISCELLANEOUS	Nationzation Required		r an ennical neview	
E1405	O2&WATR VAPR ENRICH SYS W/HEAT DEL	OXYGEN&WATER VAPOR ENRICHING	No Auth Required			
		SYS W/HEATED DELIV				
E1406	O2&WATR VAPR ENRCH SYS NO HEAT DEL	OXYGEN&WATR VAPOR ENRICHING SYS	No Auth Required			
		W/O HEATED DELIV	· ·			
E1500	CENTRIFUGE FOR DIALYSIS	CENTRIFUGE FOR DIALYSIS	No Auth Required			
E1510	KIDNEY DIALYSAT DEL SYS KIDNEY MACH	KIDNEY DIALYSATE DEL SYS KIDNEY	No Auth Required			
		MACH PUMP RECIRC				
E1520	HEPARIN INFUSION PUMP HEMODIALYSIS	HEPARIN INFUSION PUMP FOR	No Auth Required			
		HEMODIALYSIS				
E1530	AIR BUBBLE DETECTR HEMODIAL EA REPL		No Auth Required			
		EA REPLACEMENT				
E1540	PRESSURE ALARM HEMODIAL EA REPL	PRESSURE ALARM FOR HEMODIALYSIS	No Auth Required			
		EACH REPLACEMENT				
E1550	BATH CONDUCTIVITY METER HEMODIAL EA	BATH CONDUCTIVITY METER FOR	No Auth Required			
F4F60	DID LEAV DETECTOR HEADONAL EAREN	HEMODIALYSIS EACH	N A Ab. D in d			
E1560	BLD LEAK DETECTOR HEMODIAL EA REPL	BLOOD LEAK DETECTOR HEMODIALYSIS	No Auth Required			
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	EA REPLACEMENT ADJUSTABLE CHAIR FOR ESRD PATIENTS	No Auth Boquired			
E1370	ADJUSTABLE CHAIR FOR ESRD PATIENTS	ADJUSTABLE CHAIR FOR ESRD PATIENTS	No Autii Kequireu			
E1575	TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	TRANSDUCER PROTECTORS/FL	No Auth Required			
L13/3	THRISDOCKT KTCTIY BAKK TIEMODIAE 32-10	BARRIERS HEMODIAL SZ-10	No Auth Required			
E1580	UNIPUNCTURE CONTROL SYSTEM HEMODIAL	UNIPUNCTURE CONTROL SYSTEM FOR	No Auth Required			<del> </del>
1300	S. S. S. S. S. S. S. S. S. S. S. S. S. S	HEMODIALYSIS	Addi Nequileu			
E1590	HEMODIALYSIS MACHINE	HEMODIALYSIS MACHINE	No Auth Required	Dialysis, Hemodialysis		
		22		and Peritoneal Dialysis		
E1592	AUTO INTERMIT PERITON DIALYSIS SYS	AUTO INTERMITTENT PERITONEAL	No Auth Required	Dialysis, Hemodialysis		
		DIALYSIS SYSTEM		and Peritoneal Dialysis		
E1594	CYCLR DIALYSIS MACH PERITON DIALYS	CYCLER DIALYSIS MACHINE FOR	No Auth Required	Dialysis, Hemodialysis		
		PERITONEAL DIALYSIS		and Peritoneal Dialysis		
E1600	DEL &OR INSTL CHARGES HEMODIAL EQP	DELIV &OR INSTL CHARGES HEMODIAL	No Auth Required		 	
		EQUIPMENT				
E1610	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	RVRS OSMOSIS H2O PURIFICATION	No Auth Required			
		SYSTEM HEMODIAL				

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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	and remonear Diarysis		
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	una i entoneai biarysis		
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				
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			

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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	Authorization Required	General Medicine - other	Full Clinical Review	
		CMNCT DEVICE		services and procedures		
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	Authorization Required	DME	Full Clinical Review	
		VOICE SYNTHESIZER				
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	No Auth Required			
		TYPE REPL ONLY EA				
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		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			
		TIME AINT SIZE EA	l	l.		<u> </u>

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	,			
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 WHICHAIR 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			

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E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	PWR WC ACSS HEAD CNTRL/EXT CNTRL	No Auth Required			
E2329	PWR WC ACSS CNTC SWTCH NOPRPRTNL	PWR WC ACSS HEAD CNTRL CNTC	No Auth Required			
E2329	PWR WC ACSS CNTC SWITCH NOPRPRINE	SWTCH MECH NOPRPRTNL	No Auth Required			
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	PWR WC ACCSS HEAD PROX SWITCH	No Auth Required			
		MECH NONPRPRTNL				
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL	PWR WC ACSS ATTENDANT CONTROL	No Auth Required			
		PROPROTIONAL				
E2340	POWER WC NONSTAND SEAT WD 20-23 IN	POWER WC ACCESS NONSTAND SEAT	No Auth Required			
E2341	PWR WC ACSS NONSTD SEAT W 24-27 IN	FRAME WD 20-23 IN PWR WC ACSS NONSTD SEAT FRME	Authorization Required	DME	Full Clinical Review	
E2341	PWK WC AC33 NONSTD SEAT W 24-27 IN	WIDTH 24-27 IN	Authorization Required	DIVIE	ruii Ciiiiicai Keview	
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	PWR WC ACSS NONSTD SEAT FRME	No Auth Required			
	·	DEPTH 20/21 IN	,			
E2343	PWR WC NONSTD SEAT DEPTH 22-25 IN	PWR WC ACSS NONSTD SEAT FRME	Authorization Required	DME	Full Clinical Review	
		DEPTH 22-25 IN				
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	PWR WC ACSS ELEC INTERFCE OPERATE	Authorization Required	DME	Full Clinical Review	
E22E0	DIAMP NAC CRR 24 NONCEALER LA RATTEA	SPCH GEN DEVC	No Auth Dogwigod			
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	No Auth Required			
22333		LEAD ACID BATT EA	no main neganica			
E2360	PWR WC ACSS 22 NF NON-SEALED BATTRY	PWR WC ACSS 22 NF NON-SEALED LEAD	No Auth Required			
		ACID BATTRY EA				
E2361	PWR WC ACSS 22NF SEALED LEAD BATTRY	PWR WC ACSS 22NF SEALED LEAD ACID	No Auth Required			
		BATTRY EA				
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	No Auth Required			
12303	TWW. Weriess Gill 24 SEREED BATTIM	ACID BATTRY EA	110 / tatir ricquired			
E2364	PWR WC ACSS U-1 NON-SEALED BATTRY	PWR WC ACSS U-1 NON-SEALED LEAD	No Auth Required			
		ACID BATTRY EA				
E2365	PWR WC ACSS U-1 SEALED BATTRY	PWR WHLCHAIR ACSS U-1 SEALED LEAD	No Auth Required			
		ACID BATTRY EA				
E2366	PWR WC ACSS BATTRY CHARGER 1 MODE	PWR WC ACSS BATTRY CHRGR 1 MODE	No Auth Required			
E2367	PWR WC ACSS BATTRY CHARGER DUL MODE	W/ONLY 1 BATTRY  PWR WC ACSS BATT CHRGR DUL MODE	No Auth Required			
12307	TWW. Werkess British Change Bor Mobile	W/EITHER BATT EA	140 / tatir ricquired			
E2368	PWR WC CMPNT DR WHEEL MTR REPL ONLY	POWER WHEELCHAIR CMPNT MOTOR	No Auth Required			
		REPLACEMENT ONLY				
E2369	PWR WC CMPNNT DR WHL GR BX RPL ONLY	POWER WC CMPNNT DRIVE WHEEL	No Auth Required			
		GEAR BOX REPL ONLY				
E2370	P WC CMP INT DR WHL MTR&GB CMB RPL		No Auth Required			
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	BOX COMB REPL ONLY POWER WC ACSS GRP 27 SEALED LEAD	No Auth Required			
L23/1	WIN WE GIVE 27 STATED THAT ACID BATT	ACID BATTERY EA	No Auth Nequileu			
E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	PWR WC ACSS GRP 27 NONSEALED	No Auth Required			
		LEAD ACID BATTRY EA				
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	PWR WC MINI-PROPORTIONAL	No Auth Required			
		COMPACT REMOTE JOYSTICK				
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	PWR WC STANDARD REMOTE JOYSTICK	No Auth Required			
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	REPLACEMENT ONLY	No Auth Required			
E23/3	F VVIN VVC INCINEAPAINDBLE COINTROLLER REPL	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	ivo Autii kequirea			
E2376	PWR WC EXPANDABLE CONTROLLER REPL	PWR WC EXPANDABLE CONTROLLER	No Auth Required			
		REPLACEMENT ONLY				
			1	L	ı	l

	T		1	1		
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	PWR WC EXPANDABLE CONTROLLER	No Auth Required			
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	UPGRADE INIT ISSUE POWER WHEELCHAIR COMPONENT	No Auth Required			
L2376	FOWER WE CIVIFINT ACTUATOR REFE ONE!	ACTUATOR REPLACE ONLY	No Auth Required			
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	PWR WC PNEUMATIC DRIVE WHEEL	No Auth Required			
		TIRE REPL ONLY EACH				
E2382	PWR WC TUBE WHEEL TIRE REPL EA	PWR WC TUBE PNEUMATIC DRIVE	No Auth Required			
		WHEEL TIRE REPL EACH	·			
E2383	PWR WC INSERT WHEEL TIRE REPL EA	PWR WC INSERT PNEUMATIC WHEEL	No Auth Required			
		TIRE REPL ONLY EA				
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	PWR WC PNEUMATIC CASTER TIRE REPL	No Auth Required			
	DATE OF THE PARTY	ONLY EACH				
E2385	PWR WC TUBE CASTER TIRE REPL EA	PWR WC TUBE PNEUMATIC CASTER	No Auth Required			
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	TIRE REPL ONLY EACH PWR WC FOAM FILLED DRIVE WHEEL	No Auth Required			
L2360	FWR WCTOAWTHE WHELE TIRE REFE LA	TIRE REPL ONLY EA	No Auth Required			
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	PWR WC FOAM FILLED CASTER TIRE	No Auth Required			
		REPL ONLY EACH				
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	PWR WC FOAM DRIVE WHEEL TIRE REPL	No Auth Required			
		ONLY EACH				
E2389	PWR WC FORM CASTER TIRE REPL EACH	PWR WC FOAM CASTER TIRE	No Auth Required			
		REPLACEMENT ONLY EACH				
E2390	PWR WC SOLID WHEEL TIRE REPL EACH	PWR WC SOLID DRIVE WHEEL TIRE REPL	No Auth Required			
F2201	PWR WC SOLID CASTER TIRE REPL EACH	ONLY EACH PWR WC SOLID CASTER TIRE	No Auth Doguised			
E2391	PWR WC SOLID CASTER TIRE REPLEACH	REPLACEMENT ONLY EACH	No Auth Required			
E2392	PWR WC S CASTR TIRE INTEGRT REPLEA	PWR WC SOLID CASTER TIRE	No Auth Required			
LESSE	TWK We's CASTR TIME INTEGRIT REFEER	INTEGRTED WHEEL REPL EA	No riati nequirea			
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	PWR WC DRIVE WHEEL EXCLUDES TIRE	No Auth Required			
		REPL ONLY EACH				
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	PWR WC CASTER WHEEL EXCLUDES	No Auth Required			
		TIRE REPL ONLY EACH				
E2396	PWR WC CASTER FORK REPL ONLY EACH	PWR WC CASTER FORK REPLACEMENT	No Auth Required			
		ONLY EACH				
E2397	POWER WC LITHIUM BASED BATTERY EACH	POWER WHICHAIR ACCESSORY	No Auth Required			
E2398	WHEELCHAIR AC DYN POS HARDWARE BACK	LITHIUM-BASED BATTRY EA WHEELCHAIR ACCESSORY DYNAMIC	No Auth Required			
L2330	WHELECHAIR AC DIN FOS HARDWARE BACK	POS HARDWARE BACK	No Auth Required			
E2402	NEG PRSS WND TX PUMP STATN/PRTBL	NEG PRESS WOUND THERAPY ELEC	Authorization Required	DME	Full Clinical Review	
	,	PUMP STATION/PRTBLE				
E2500	SPEECH GEN DEV DIGTIZD =8 MINS REC</td <td>SPEECH GEN DEVC DIGITIZED <!--= 8</td--><td>Authorization Required</td><td>General Medicine - other</td><td>Full Clinical Review</td><td></td></td>	SPEECH GEN DEVC DIGITIZED = 8</td <td>Authorization Required</td> <td>General Medicine - other</td> <td>Full Clinical Review</td> <td></td>	Authorization Required	General Medicine - other	Full Clinical Review	
		MINS REC TIME		services and procedures		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	SPCH GEN DEVC DIGTIZD>8 MINS <= 20	Authorization Required	General Medicine - other	Full Clinical Review	
		MINS REC TIME		services and procedures		
E2504	SPCH GEN DEVC DGTZD>20 =40 MIN REC</td <td>SPCH GEN DEVC DIGTIZD&gt;20</td> <td>Authorization Required</td> <td>General Medicine - other</td> <td>Full Clinical Review</td> <td></td>	SPCH GEN DEVC DIGTIZD>20	Authorization Required	General Medicine - other	Full Clinical Review	
E23U4	SPECIT GEIN DEVE DG 12D>204/=40 IVIIN KEC	MINS =40 MINS REC TIME</td <td>Authorization Required</td> <td>services and procedures</td> <td>r un Cillical Review</td> <td></td>	Authorization Required	services and procedures	r un Cillical Review	
		IVIIIVS / -40 IVIIIVS NEC TIIVIE		services and procedures		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	SPEECH GEN DEVICE DIGITIZED >40	Authorization Required	General Medicine - other	Full Clinical Review	
		MINS REC TIME		services and procedures		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	SPCH GEN DEVC SYNTHSIZD REQ MESS	Authorization Required	General Medicine - other	 Full Clinical Review	
		SPELL & CNTCT		services and procedures		

E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	SPCH GEN DEVC SYNTHESIZD MX METH	Authorization Required	General Medicine - other		Full Clinical Review	
		MESS&DEVC ACCSS		services and procedures			
E2511	SPEECH GENERATING SOFTWARE PROGRAM	SPEECH GEN SOFTWARE PROG PC/PERS	Authorization Required	General Medicine - other		Full Clinical Review	
		DIGITAL ASSIST	,	services and procedures			
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	ACCESS SPEECH GENERATING DEVICE	Authorization Required	General Medicine - other		Full Clinical Review	
		MOUNTING SYSTEM		services and procedures			
				, , , , , , , , , , , , , , , , , , ,			
E2599	ACCESS SPEECH GENERATING DEVICE NOC	ACCESSORY FOR SPEECH GENERATING	Authorization Required	General Medicine - other		Full Clinical Review	
		DEVICE NOC		services and procedures			
		DEVICE NOC		Services and procedures			
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	GENERAL WHLCHAIR SEAT CUSHN	No Auth Required				
L2001	GEN WE SEAT COSTIN WIDTH \ 22 DEFTI	WIDTH < 22 IN DEPTH	No Auth Required				
E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	GENERAL WHLCHAIR SEAT CUSHN	No Auth Required				
L2002	den we sear estili wom 22 in/or or m	WIDTH 22 IN/GT DEPTH	No Auth Required				
E2603	SKN PROTCT WC SEAT WDTH<22IN DPTH	SKN PROTECTION WC SEAT CUSHN	No Auth Required				
L2003	SKN FROTET WESLAT WOTTING ZEIN DETTT	WIDTH < 22 IN DEPTH	No Autii Required				
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT	SKN PROTECTION WC SEAT CUSHN	No Auth Required				
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT		No Auth Required				
F3C0F	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	WDTH 22 IN/GT DEPTH	No Auth Dogwingd				
E2605	PSTN WC SEAT COSHN WIDTH < 22 DEPTH	PSTN WHEELCHAIR SEAT CUSHN WIDTH	No Auth Required				
F2.505	DOTALLIA OF AT OCUMENDATURO DE DETU	< 22 IN DEPTH					
E2606	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	PSTN WHEELCHAIR SEAT CUSHN WIDTH	No Auth Required				
50007	CVAL DD OTOTO DOTAL AND SEAT AND THE COMM	22 IN/GT DEPTH					
E2607	SKN PROTCT&PSTN WC SEAT WDTH <22IN	SKN PROTECT&PSTN WC SEAT CUSHN	No Auth Required				
		WDTH <22 IN DEPTH					
E2608	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	SKN PROTCT&PSTN WC SEAT CUSHN	No Auth Required				
		WDTH 22 IN/GT DPTH					
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	CUSTOM FABRICATED WHEELCHAIR	No Auth Required				
		SEAT CUSHION SIZE					
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	No Auth Required				
		MOUNT HARDWARE					
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	GEN WC BACK CUSHN WDTH 22 IN/GT	No Auth Required				
		HT MOUNT HARDWRE					
E2613	PSTN WC BACK CUSHN POST WDTH <22 IN	PSTN WC BACK CUSHN POST WIDTH <	No Auth Required				
		22 IN ANY HEIGHT					
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	PSTN WC BACK CUSHN POST WIDTH 22	Authorization Required	DME		Full Clinical Review	
		IN/> ANY HEIGHT					
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	PSTN WC BACK CUSHN POSTLAT WIDTH	No Auth Required				
		< 22 IN ANY HT					
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	PSTN WC BACK CUSHN POSTLAT WIDTH	Authorization Required	DME		Full Clinical Review	
		22 IN/> ANY HT					
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	CSTM FAB WC BACK CUSHN ANY SZ ANY	No Auth Required				
		MOUNT HARDWARE					
E2619	REPL COVER WC SEAT/BACK CUSHN EA	REPL COVER WHEELCHAIR SEAT	No Auth Required				
		CUSHN/BACK CUSHN EA					
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	PSTN WC BACK CUSHN PLANAR LAT	Authorization Required	DME		Full Clinical Review	
		SUPP WDTH <22 IN					
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	PSTN WC BACK CUSHN PLANAR LAT	Authorization Required	DME		Full Clinical Review	
		SUPP WDTH 22 IN/>					
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	SKIN PROTECT WC SEAT CUSH WIDTH	No Auth Required				
		<22 IN ANY DEPTH					
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	SKIN PROTCT WC SEAT CUSH WIDTH 22	No Auth Required				
	,	IN/> ANY DEPTH					
	l	[, / DEI	I	1	l l		I

		1					
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	SKIN PROTECT & POSITIONING WC	No Auth Required				
		CUSH WIDTH < 22 IN					
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	Authorization Required	DME		Full Clinical Review	
		SUPP WC ADJUSTBLE					
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	WC ACCESS SHLDR ELB M ARM SUPP	Authorization Required	DME		Full Clinical Review	
		ADJUSTBL RANCHO					
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	WC ACCESS SHLDR ELB MOBIL ARM	Authorization Required	DME		Full Clinical Review	
		SUPP WC RECLINING					
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	WC ACCESS SHLDR ELB M ARM SUPP	Authorization Required	DME		Full Clinical Review	
		FRICTION ARM SUPP					
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	WC ACCESS SHLDR ELB MOBIL	Authorization Required	DME		Full Clinical Review	
		MONOSUSP ARM HAND SUPP					
E2631	WC ADD MOBIL ARM SUPP ELEV PROX ARM	WC ACCESS ADD MOBILE ARM SUPPORT	No Auth Required				
		ELEV PROX ARM					
E2632	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	WC ACCESS ADD MOBIL ARM SUPP	No Auth Required				
		OFFSET/LAT RCKR ARM					
E2633	WC ACSS ADD MOBIL ARM SUPP SUPINATR	WC ACCESS ADD MOBILE ARM SUPPORT	No Auth Required				
		SUPINATOR					
E8000	GAIT TRAINER PED SZ POST SUPP	GAIT TRAINER PED SZ POST SUPP W/ALL	No Auth Required				
50004	0.17.70.11150.050.07.1100.017.0110	ACSS&CMPNTS					
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	GAIT TRAINER PED SZ UPRT SUPP W/ALL	No Auth Required				
F0000	CALT TRAINER DED CT ANT CLIPP	ACSS&CMPNTS	N. A. All Demoised				
E8002	GAIT TRAINER PED SZ ANT SUPP	GAIT TRAINER PED SZ ANT SUPP W/ALL	No Auth Required				
G0008	ADMINISTRATION INFLUENZA VIRUS VACC	ACSS&CMPNTS ADMINISTRATION OF INFLUENZA VIRUS	No Auth Boquired				
G0008	ADMINISTRATION INFLUENZA VIRUS VACC	VACCINE VACCINE	No Auth Required				
G0009	ADMINISTRATION PNEUMOCOCCAL VACC	ADMINISTRATION OF PNEUMOCOCCAL	No Auth Required				
00003	ADMINISTRATION I NEOWOCOCCAE VACC	VACCINE	No Auth Required				
G0010	ADMINISTRATION HEPATITIS B VACCINE	ADMINISTRATION OF HEPATITIS B	No Auth Required				
00010	The state of the s	VACCINE	- To rider rieganica				
G0027	SEMEN ANALY; PRES/MOT EXCLD HUHNER	SEMEN ANALY; PRES/MOT EXCLD	No Auth Required	Pathology and Lab			
	, ,	HUHNER		0,			
G0068	PS ADM ANTI-INF PM ADM CD H E 15M	PROF SRVC ADM ANTI-INFEC PM ADM	No Auth Required				
		CD IND HM E 15 M	·				
G0069	PROF SRVC ADM SQ IMT ADM CD H E 15M	PROF SRVC ADM SUBQ IMT ADM CAL	No Auth Required				
		DA IND HM EA 15 M					
G0070	PROF SRVC ADM CHEMO ADM CD H E 15 M	PROF SRVC ADM CHEMO ADM CAL DA	No Auth Required				
		IND HOME EA 15 M					
G0071	PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY	PMT CMNCT TECH-BASED SERVICES;	No Auth Required				
		RHC OR FQHC ONLY					
G0076	BRIEF CARE MGMT HOME VISIT NEW PT	BRIEF CARE MANAGEMENT HOME VISIT	No Auth Required				
		NEW PATIENT					
G0077	LIMITED CARE MGM HOME VISIT NEW PT	LIMITED CARE MANAGEMENT HOME	No Auth Required				
		VISIT NEW PATIENT					
G0078	MODERATE CARE MGMT HOME VST NEW PT	MODERATE CARE MANAGEMENT	No Auth Required				
C0070	COMP CARE MACMAT HOME VICIT MENT ST	HOME VISIT FOR NEW PT	No Auth Desuined				
G0079	COMP CARE MGMT HOME VISIT NEW PT	COMPREHENSIVE CARE MGMT HOME	No Auth Required				
G0080	EXTENSIVE CARE MGMT HOME VST NEW PT	VISIT NEW PATIENT EXTENSIVE CARE MANAGEMENT HOME	No Auth Poquirod				
00000	LATENSIVE CARE INIGINIT HOINE VST NEW PT	VISIT FOR NEW PT	No Autii Nequileu				
G0081	BRIEF CARE MGM HOME VISIT EXIST PT	BRIEF CARE MANAGEMENT HOME VISIT	No Auth Required				
30001	DINE CARE MONTHONE VISIT EXIST FT	FOR EXISTING PT	140 Matil Nequileu				
G0082	LIMITED CARE MGMT HOME VST EXIST PT	LIMITED CARE MANAGEMENT HOME	No Auth Required				
55002		VISIT FOR EXIST PT					
	1	TOR EXIST I	1	I	I.	1	1

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G0083	MODERATE CARE MGMT HOME VST EXST PT	MODERATE CARE MANAGEMENT	No Auth Required			
		HOME VISIT FOR EXIST PT				
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	No Auth Required			
		VISIT FOR EXST PT				
G0086	LMTD CARE MGMT HOME CARE PLAN OVER	LIMITED CARE MANAGEMENT HOME	No Auth Required			
		CARE PLAN OVERSIGHT				
G0087	COMP CARE MGMT HOME CARE PLAN OVER	COMPREHENSIVE CARE MGMT HOME	No Auth Required			
00000	2010 1011 1012 1015 1015 1015 1015 1015	CARE PLAN OVERSIGHT				
G0088	P SVC INI V ADM ANT-INF PM H EA 15M	PROF SRVC INIT VST ADM ANTI-INF PM	No Auth Required			
G0089	PROF SVC INI V ADM SUB IMT/OTH INF	IND H EA 15 M PROF SVC INI V ADM SUB IMT/OTH INF	No Auth Required			
00005	TROT SVE INT V ADIVI SOD INTI JOTT INT	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	No Auth Required			
	,,,,	INFS RX H EA 15M				
G0101	CERV/VAG CANCR SCR;PELV&CLN BRST EX	CERV/VAGINAL CANCER SCR;	No Auth Required			
		PELV&CLIN BREAST EXAM				
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	PROS CANCER SCREENING; DIGTL	No Auth Required			
		RECTAL EXAMINATION				
G0103	PROSTATE CANCER SCREENING; PSA TEST	PROSTATE CANCER SCREENING; PSA	No Auth Required			
00404	201 0050 0441050 0005541140 5154610	TEST				
G0104	COLOREC CANCER SCREENING; FLEXSIG	COLORECTAL CANCER SCREENING; FLEXSIG	No Auth Required			
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	COLOREC CANCR SCR; COLONSCPY	No Auth Required			
00103	COLONEC CAIVER SCR, COLINSCI I III RISK	INDIVIDUL@HIGH RISK	No Auth Required			
G0106	COLOREC CANCR SCR; SIGMOIDSCOPY	COLOREC CANCR SCR;ALT G0104	No Auth Required			
	,	SIGMOIDSCPY BA ENEMA				
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	DIAB OP SELF-MGMT TRN SRVC	No Auth Required			
		INDIVIDUAL PER 30 MIN				
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	DIAB SELF-MGMT TRN SRVC GROUP	No Auth Required			
		SESSION PER 30 MIN				
G0117	GLAUC SCR HI RISK BY OPT/OPHTHLGIST	GLAUC SCR HI RISK BY	No Auth Required			
C0110	CLATIC COD TIL DICK LIND DID CLID DD	OPTOMETRST/OPHTHALMOLOGIST	No Auth Doguined			
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	No Auth Required			
00120	colonida a interviolega interviolega in Excellentia	COLNSCPY BA ENEMA	- To riadir riegan ea			
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK	COLOREC CANCR SCR; COLNSCPY NOT	No Auth Required			
		MEET HI RISK				
G0122	COLOREC CANCER SCREENING; BA ENEMA	COLORECTAL CANCER SCREENING;	No Auth Required			
		BARIUM ENEMA				
G0123	SCR CERV/VAG THIN LAY W/PHYS SUP	SCR CYTOPATH CERV/VAG SCR	No Auth Required			
60424	CCD CEDY/A/A C THIN I AV SUNG INTERS	CYTOTECH UND PHYS SUPV	No Avelo Dec. 1			
G0124	SCR CERV/VAG THIN LAY PHYS INTERP	SCR CYTOPATH CERV/VAG THIN LAY	No Auth Required			
G0127	TRIM DYSTROPHIC NAILS ANY NUMBER	PREP INTEPR PHYS TRIMMING OF DYSTROPHIC NAILS ANY	No Auth Required			
G0127	THE DISTRICT HIS NAILS AND INDIVIDEN	NUMBER	Auth Required			
G0128	DIR SKLED SERV RN OP REHAB EA 10MIN	DIR SKLED SERV RN OP REHAB EA 10	No Auth Required			
	-	MIN AFTR 1ST 5				
G0129	OCCUP TX REQ QUAL TRPST PER SESSION	OCCUP TX REQ SKILLS QUAL OCCUP	No Auth Required			
		TRPST PER SESSION				
G0130	SEXA BN DNSITY STDY 1/>; APPNDICULR	SEXA BN DNSITY STDY 1/> SITE;	No Auth Required			
		APPNDICULR SKEL				
G0141	SCR CERV/VAG MNL RSCR PHYS INTERP	SCR CYTOPATH SMER CERV/VAG MNL	No Auth Required			
		RSCR INTEPR PHYS				

G0143 SCR CERV/VAG MNL SCR/RSCR UND PHYS SCR CYTOPATH CERV/VAG MNL SCR CERV/VAG SCR AUTO UND PHYS SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS SCR CYTOPATH CERV/VAG SCR AUTO WATH Required AUTO WATH Required AUTO WATH Required AUTO WATH Required AUTO WATH REQUIRED AUTO WATH REQUIR	
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G0176 ACTV TX PTS DISABL MENTL HLTH-SESS ACTV TX REL CARE&TX PTS DISABL No Auth Required	
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G0177 TRN&ED PTS DISABL MENTL HLTH-SESS TRN&ED REL CARE&TX PTS DISABL No Auth Required	
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MOUTINE FOR THE PER MADE PEN JOAN   MOUTINE FOOT CARE BY PIPS ON DO	G0246	F/U EVAL DIABETIC PT W/LOPS	FOLLOWUP EVAL DIABETIC PT	No Auth Required				
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MED NUT TX; REASSESS W/PT EA 15 MIN   MED NUT TX; REASSESS FLW 2 REF YR   W/PT EA 15 MIN   MED NUT TX REASSESS FLW 2 REF YR   W/PT EA 15 MIN   MED NUT TX REASSESS FLW 2 REF YR   MO Auth Required   GRP EA 30 MIN   GRP EA 30 MIN   MED NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSESS FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Required   MeD NUT TX REASSES FLW 2 REF YR   MO Auth Requir	G0269	PLCMT OCCL DEVC POST SURG/INTRVNAL		No Auth Required				
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MED NUT TX REASSESS GRP EA 30 MIN   MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NO Auth Required   Med Nut TY TY TIME   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW 2 REF YR GRP EA 30 MIN   MED NUT TX REASSES FLW	G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	MED NUT TX; REASSESS FLW 2 REF YR	No Auth Required				
GRP EA 30 MIN GO276 PILD/PLACEBO CONTROL CLIN TR PILD/PLACEBO CONTROL CLIN TR PID UND PRSS FULL B CHMBR PER 30 MN HPO UND PRSS FURL B CHMBR PER 30 MN AUTH Required HPO UND PRSS FURL B CHMBR PER 30 MN HPO UND PRSS FURL B CHMBR PER 30 MN HPO UND PRSS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REquired HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REQUIRED HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REQUIRED HPO UND PRESS FURL B CHMBR PER 30 MN AUTH REQUIRED HPO UND PRESS FURL B			W/PT EA 15 MIN					
G0276 PILD/PLACEBO CONTROL CLIN TR PILD/PLACEBO CONTROL CLIN TR HPO UND PRSS FULL B CHMBR PER 30 MM HPO UND PRESS FULL BODY CHMBR PER Authorization Required HPO UND PRSS FULL BODY CHMBR PER Authorization Required 30 MIN INT ILIAC&/FEM ART ANGIO TIME CARD CATH ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH	G0271	MED NUT TX REASSESS GRP EA 30 MIN	MED NUT TX REASSESS FLW 2 REF YR	No Auth Required				
HPO UND PRSS FULL B CHMBR PER 30 MN HPO UND PRESS FULL BODY CHMBR PER 30 MN HPO UND PRESS FULL BODY CHMBR PER 30 MN HOURD PRESS FULL BODY CHMBR PER 30 MN IN INT ILLAC&/FEM ART ANGIO TIME CARD CATH ILLAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH TIME CARD CATH TIME CARD CATH TIME CARD CATH TIME CARD CATH TIME CARD CATH TIME CARD CATH TOMOSYNTHESIS UNI/BIL  G0279 DX DIGTL BRST TOMOSYNTHESIS UNI/BIL  G0281 E-STIM 1/> CHRN STAGE III&IV ULCRS  E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCRS  E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCRS  E-STIM 1/> AREAS WND CARE NOT G0281 E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281  G0282 E-STIM 1/> NO Auth Required THAN DESC G0281  E-STIM 1/> NO Auth Required CARE OTH THAN WND CARE PART TX PLAN  G0288 RECON CT ANGIO AORTA PLAN VASC SURG  G0289 SCPE KNEE REMY FB TM SURG DIFF COMP  SURG DIFF CMPRTMT  SURG DIFF CMPRTMT  NO Auth Required SURgery  NO Auth Required SURgery  SURGERY  Full Clinical Review								
SOURCE   S			•	•				
ILIAC&/FEM ART ANGIO TIME CARD CATH   ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH   ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH   ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH   ILIAC&/FEM ART ANGIO NONSEL AT TIME CARD CATH   ILIAC&/FEM ART ANGIO STIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL   DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL	G0277	HPO UND PRSS FULL B CHMBR PER 30 MN		Authorization Required	Hyperbaric Oxygen		Full Clinical Review	
TIME CARD CATH  DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL  DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL  E-STIM 1/> CHRN STAGE III&IV ULCRS  E-STIM 1/> AREAS WND CARE NOT G0281  E-STIM 1/> AREAS WND CARE OTH THAN WND CARE OTH THAN WND CARE PART TX PLAN  G0283  E-STIM 1/> NO Auth Required CARE PART TX PLAN  G0284  RECON CT ANGIO AORTA PLAN VASC SURG PLANNING VASC SURG SCOPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF COMPRTMT SURG DIFF COMPRTMT  G0293  NONCOVR SURG SEDAT ANES-MCR QUAL  TIME CARD CATH NO Auth Required No Auth Required Surgery  Full Clinical Review Full Clinical Review Full Clinical Review Applies to All Codes within Specific Group Applies to All Codes within Specific Group Full Clinical Review Full Clinical Review Full Clinical Review Applies to All Codes within Specific Group Full Clinical Review Applies to All Codes within Specific Group Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review								
DX DIGTL BRST TOMOSYNTHESIS UNI/BIL   DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL   DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL   DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL   E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCRS   E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCRS   E-STIM 1/> AREAS WND CARE NOT G0281   E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281   E-STIM 1/> AREAS OTH THAN DESC G0281   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   No Auth Required   E-STIM 1/> NO Auth Required   E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN   NO Auth Required   E-STIM 1/> Authorization Required   Surgery   Full Clinical Review   Fu	G0278	ILIAC&/FEM ART ANGIO TIME CARD CATH		No Auth Required				
G0281 E-STIM 1/> CHRN STAGE III&IV ULCRS E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS E-STIM 1/> AREAS WND CARE NOT G0281 E-STIM 1/MORE AREAS WND CARE OTH Authorization Required THAN DESC G0281 E-STIM 1/NOT WND CARE PART TX PLAN E-STIM 1/> AREAS OTH THAN WND CARE PART TX P	60270	DV DICTI DDCT TOMOCYMITHECIC HAH /DH		N. A. de D. a. de d				
G0281 E-STIM 1/> CHRN STAGE III&IV ULCRS E-STIM 1/> AREAS WND CARE NOT G0281 E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281  G0283 E-STIM 1/> NOT WND CARE PART TX PLAN  G0284 RECON CT ANGIO AORTA PLAN VASC SURG PLANNING VASC SURG G0289 SCPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF CMPRTMT  G0293 NONCOVR SURG SEDAT ANES-MCR QUAL  G0286 RECON CT ANGS AREAS WND CARE PART TX PLAN  SURG DIFF CMPRTMT  Authorization Required Authorization Required Radiology - diagnostic radiology Rediology Rediology - diagnostic radiology - diagnostic radiology - diagnostic ra	G02/9	DX DIG 1 L BRS1 TOMOSYNTHESIS UNI/BIL		No Auth Required				
Feet   Fill	C0201	E CTIM 1/2 CHIRN CTACE HIS IVIII CRC	•	Authorization Boguizari	Badiology diagnostic		Full Clinical Boyic	
G0282 E-STIM 1/> AREAS WND CARE NOT G0281 E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281 Wound Therapy  G0283 E-STIM 1/> NOT WND CARE PART TX PLAN  G0284 RECON CT ANGIO AORTA PLAN VASC SURG  G0285 SCPE KNEE REMV FB TM SURG DIFF COMP  SURG DIFF CMPRTMT  G0296 NONCOVR SURG SEDAT ANES-MCR QUAL  G0287 NONCOVR SURG SEDAT ANES-MCR QUAL  G0288 RESTIM 1/> AREAS WND CARE OTH 1/MORE AREAS WND CARE OTH THAN WND Authorization Required Wound Therapy  Applies to All Codes within Specific Group  Full Clinical Review  Full Clinical Review  Applies to All Codes within Specific Group  Full Clinical Review	G0281	E-STIIVI 1/> CHKN STAGE III&IV ULCKS		Authorization Required	-, -		rull Clinical Review	
THAN DESC G0281  THAN DESC G0281  Applies to All Codes within Specific Group  E-STIM 1/>NOT WND CARE PART TX PLAN  CARE PART TX PLAN  CARE PART TX PLAN  RECON CT ANGIO AORTA PLAN VASC SURG  RECON CT ANGIO AORTA PLAN VASC SURG  PLANNING VASC SURG  G0289 SCPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF CMPRTMT SURG DIFF CMPRTMT SURG DIFF CMPRTMT NO Auth Required SURG DIFF CMPRTMT SURG DIFF CM	60282	F-STIM 1/> AREAS WIND CARE NOT G0291		Authorization Required	07	PA for Code in 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 CARE PART TX PLAN NO Auth Required PLANNING VASC SURG PANNING VASC SURG SCPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF CMPRTMT NO Auth Required SURG NO SURG SURG NO SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG CONSC SEDAT ANES- Authorization Required Surgery Full Clinical Review	G0202	L-STIN 1/ ANLAS WIND CARE NOT GUZ81		Authorization Required	vvounu merapy	· ·	i un cimical neview	
G0283 E-STIM 1/>NOT WND CARE PART TX PLAN  G0284 RECON CT ANGIO AORTA PLAN VASC SURG  RECON CT ANGIO AORTA PLAN VASC SURG  RECON CT ANGIO AORTA PLAN VASC SURG  RECON CT ANGIO AORTA PLAN VASC SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  RECON CT ANGIO AORTA SURG  SCOPE KNEE REMV FB TM SURG DIFF COMP  SURG DIFF CMPRTMT  NO Auth Required  Surgery  Full Clinical Review			5250 00201		1			
CARE PART TX PLAN  G0288 RECON CT ANGIO AORTA PLAN VASC SURG PLANNING VASC SURG  G0289 SCPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF CMPRTMT  G0293 NONCOVR SURG SEDAT ANES-MCR QUAL  CARE PART TX PLAN  NO Auth Required No Auth Required SURG DIFF CMPRTMT  Authorization Required Surgery  Full Clinical Review	G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	E-STIM 1/> AREAS OTH THAN WND	No Auth Required		specific Group	1	
RECON CT ANGIO AORTA PLAN VASC SURG PLANNING VASC SURG SCOPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF COMP SURG DIFF CMPRTMT SURG DIFF CMPRTMT  G0293 NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG SEDAT ANES-MCR QUAL					1			
PLANNING VASC SURG  G0289 SCPE KNEE REMV FB TM SURG DIFF COMP SURG DIFF CMPRTMT  G0293 NONCOVR SURG SEDAT ANES-MCR QUAL  PLANNING VASC SURG NO Auth Required SURG DIFF CMPRTMT  Authorization Required Surgery  Full Clinical Review	G0288	RECON CT ANGIO AORTA PLAN 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 SURG DIFF CMPRTMT  G0293 NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG CONSC SEDAT ANES- Authorization Required Surgery Full Clinical Review				1				
G0293 NONCOVR SURG SEDAT ANES-MCR QUAL NONCOVR SURG CONSC SEDAT ANES- Authorization Required Surgery Full Clinical Review	G0289	SCPE KNEE REMV FB TM SURG DIFF COMP		No Auth Required				
			SURG DIFF CMPRTMT					
MCR QUAL TRIAL-DAY	G0293	NONCOVR SURG SEDAT ANES-MCR QUAL	NONCOVR SURG CONSC SEDAT ANES-	Authorization Required	Surgery		Full Clinical Review	
			MCR QUAL TRIAL-DAY					

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G0294 N	NONCOVR PROC NO ANES/LOC-MCR QUAL	NONCOVR PROC NO ANES/LOC ANES- MCR QUAL TRIAL-DAY	Authorization Required	Surgery		Full Clinical Review	
G0295 E	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 C	CNSL VST DISCUSS LDCT LW DS CT SCAN	CNSL VISIT DISCUSS LDCT USING LOW DOSE CT SCAN	No Auth Required				
G0297 L0	OW DOSE CT SCAN FOR LUNG CANCR SCR	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Authorization Required	Radiology - diagnostic radiology		Full Clinical Review	
	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 D	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 P	PRE-OP PULM SURG SRVC PREP LVRS CMP	PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC	No Auth Required				
G0303 P	PRE-OP PULM SURG PREP LVRS 10-15 DA	PRE-OP PULM SURG SRVC PREP LVRS 10- 15 DA SRVC	No Auth Required				
G0304 P	PRE-OP PULM SURG PREP LVRS 1-9 DA	PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC	No Auth Required				
G0305 P	POST-D/C PULM SURG SRVC AFTER LVRS	POST-D/C PULM SURG AFTER LVRS MINI 6 DAYS SRVC	No Auth Required				
G0306 C	CMPL CBC AUTO&AUTO WBC DIFF COUNT	COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT	No Auth Required				
G0307 C	COMPLETE CBC AUTOMATED	COMPLETE CBC AUTOMATED	No Auth Required				
	COLOREC CA SCR; FOB TST IMMUNO 1-3	COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS					
G0329 E	M 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 P	PHRM DISPN FEE INHL RX;1ST 30-DAY	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	No Auth Required				
G0337 H	HOSPICE EVAL&CNSL SRVC PREELECTION	HOSPICE EVALUATION & CNSL SERVICES PREELECTION	No Auth Required				
G0339 IN	MAGE GUID ROBOT ACCL SRS TX 1 SESS	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Authorization Required	Surgery		Full Clinical Review	
G0340 IN	MAGE 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 P	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 L/	AP 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 L/	APROT 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 P	PHYS EST & DOC NEED PWR MOBIL DEVC	PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC	No Auth Required				
G0378 H	HOSPITAL OBSERVATN SERVICE PER HOUR	HOSPITAL OBSERVATION SERVICE PER HOUR	No Auth Required				

	T						
G0379	DIRECT ADMISSION PT HOSP OBS CARE	DIRECT ADMISSION PATIENT HOSPITAL	No Auth Required				
		OBSERV CARE					
G0380	LEVEL 1 HOSP ED VISIT TYPE B ED;	LEVEL 1 HOSPITAL EMERGENCY DEPT	No Auth Required				
		VISIT TYPE B ED;					
G0381	LEVEL 2 HOSP ED VISIT TYPE B ED;	LEVEL 2 HOSPITAL EMERGENCY DEPT	No Auth Required				
		VISIT TYPE B ED;					
G0382	LEVEL 3 HOSP ED VISIT TYPE B ED;	LEVEL 3 HOSPITAL EMERGENCY DEPT	No Auth Required				
		VISIT TYPE B ED;					
G0383	LEVEL 4 HOSP ED VISIT TYPE B ED;	LEVEL 4 HOSPITAL EMERGENCY DEPT	No Auth Required				
		VISIT TYPE B ED;					
G0384	LEVEL 5 HOSP ED VISIT TYPE B ED;	LEVEL 5 HOSPITAL EMERGENCY DEPT	No Auth Required				
C0200	TRAUMA DECRONCE TEANANA/HOCD CC CERV	VISIT TYPE B ED;	No. Acade Described				
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	No Auth Required				
00390	ALC &/ 30B31NC AB03E A33E33 13-30 W	ASSESSMENT 15-30 MIN	No Autii Kequireu				
G0397	ALC &/ SUBSTNC ABUSE ASSESS >30 MIN	ALCOHOL &/SUBSTANCE ABUSE	No Auth Required				
00337	ALC &/ SOBSTINC ABOSE ASSESS >30 WIIIV	ASSESSMENT >30 MIN	No Auth Required				
G0398	HST W/TYPE II PRTBLE MON MIN 7 CH	HST W/TYPE II PRTBLE MON	Authorization Required	Sleep Studies		Full Clinical Review	+
00330	THE WATER CONTROLL WHITE A CONTROL OF THE CONTROL O	UNATTENDED MIN 7 CH	Addition Zation Required	Sieep Studies		Tun chinear neview	
G0399	HST TYPE III PRTBLE MON MIN 4 CH	HST W/TYPE III PRTBLE MON	Authorization Required	Sleep Studies		Full Clinical Review	+
00333	TIST THE INTRODUCTION WING 4 CIT	UNATTENDED MIN 4 CH	Addition Zation Required	Sicep studies		Tan emilian neview	
G0400	HST TYPE IV PRTBLE MON MIN 3 CH	HST W/TYPE IV PRTBLE MON	Authorization Required	Sleep Studies		Full Clinical Review	
00.00		UNATTENDED MIN 3 CH	/ acrionization riequirea	oleep studies		Tan chinaa kevev	
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	INIT PREV PE LTD NEW BENEF DUR 1ST	No Auth Required				
		12 MOS MCR					
G0403	ECG RTN ECG 12 LEADS 1ST PREV PE	ECG RTN ECG W/12 LEADS SCR INIT	No Auth Required				
		PREVNTV PE W/I&R					
G0404	ECG RTN ECG W/12 LEADS TRACING ONLY	ECG RTN ECG W/12 LEADS TRACING	No Auth Required				
		ONLY W/O I&R					
G0405	ECG RTN ECG W/12 LEADS I&R ONLY	ECG RTN ECG W/12 LEADS INTERPR &	No Auth Required				
		REPORT ONLY					
G0406	FU IP CNSLT LTD 15 MIN VIA TELEHLTH	F/U IP CNSLT LTD PHYS 15 MIN W/PT	No Auth Required				
		VIA TELEHEALTH					
G0407	FU IP CNSLT INTRMD 25 MIN TELEHLTH	F/U IP CNSLT INTRMED PHYS 25 MIN PT	No Auth Required				
		VIA TELEHLTH					
G0408	FU IP CNSLT CMPLX 35 MIN/>TELEHLTH	F/U IP CNSLT CMPLX PHYS 35 MIN/>PT	No Auth Required				
		VIA TELEHLTH					
G0409	SW & PSYCH SRVC EA 15 MIN F/F IND	SOCL WRK & PSYCH SRVC EA 15 MIN	No Auth Required				
		FACE-TO-FACE IND					
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	GRP PSYCHOTX NOT MX FAM GRP PART	No Auth Required				
C0444	INTERACTIVE CRED DEVICIL DAD LIGG AT TO AAN	HOS 45-50 MIN	No. Acade Described				
G0411	INTRACTV GRP PSYCH PAR HOS 45-50 MN	INTERACTV GRP PSYCHOTX PART HOS	No Auth Required				
C0412	ODNITY II IAC CDINE /II IAC WING EV	45 TO 50 MIN	No Auth Required				
G0412	OPN TX ILIAC SPINE/ILIAC WING FX	OPN TX ILIAC SPINE TUBEROSITY	No Auth Required				
G0413	PERQ SKEL FIX POST PELV BONE FX	AVUL/ILIAC WING FX PERQ SKEL FIX POST PELV BONE	No Auth Required	1			+
00413	I LING SKLLTIA FOST FLLV DUINE FA	FX&/DISLOC UNI/BIL	No Auth Required				
G0414	OPN TX ANT PELV BONE FX &/ DISLOC	OPN TX ANT PELV BONE FX &/ DISLOC	No Auth Required				†
50-11-	on the man in the bonder in all bishoot	UNI/BIL					
G0415	OPN TX POST PELV BONE FX &/ DISLOC	OPN TX POST PELV BONE FX &/ DISLOC	No Auth Required				†
30413	S. T. M. OST TEEV BONE TA WY DISLOC	UNI/BIL	Addi nequired				
G0416	SURG PATH PROS NEEDLE BX ANY METHOD	SURGICAL PATH PROSTATE NEEDLE	No Auth Required	1			
		BIOPSY ANY METHOD					
G0420	F/F EDU SRVC CKD; IND PER SESS 1 HR	FACE TO FACE EDU SRVC OF CKD; IND	No Auth Required				
	,	PER SESS 1 HR					
	l	1 3230 2	I .	1	1	1	1

G0421	F/F EDU SRVC CKD; GRP PER SESS 1 HR		No Auth Required			
		PER SESS 1 HR				
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	No Auth Required			
00423	INTENS CARD REHAB, W/ WO ECG W/O EX	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	No Auth Required			
00 12 1	TO SERVICE TO THE SECOND SERVICE SERVI	TO 2 PER DAY				
G0425	TELEHEALTH CONSULT ED/IP 30 MIN PT	TELEHEALTH CONSULT ED/IP 30 MIN	No Auth Required			
		W/PT TELEHLTH				
G0426	TELEHEALTH CONSULT ED/IP 50 MIN PT	TELEHEALTH CONSULT ED/IP 50 MIN	No Auth Required			
		W/PT TELEHLTH				
G0427	TELEHEALTH CONSULT ED/IP 70 MIN/>PT	TELEHEALTH CONSULT ED/IP 70 MIN/>	No Auth Required			
		PT TELEHELTH				
G0428	COLL MENISC IMPL FIL MENISCAL DEFEC	COLL MENISCUS IMPL PROC FILLING	Authorization Required		Full Clinical Review	
C0420	DEDAMAL FULLED IN LEDEATAMENT LDC	MENISCAL DEFECTS	N A Al. D			
G0429	DERMAL FILLER INJ TREATMENT LDS	DERM FILLER INJ TX FACIAL	No Auth Required			
G0432	INF AB EIA TECH HIV-1 &/OR HIV-2	LIPODYSTROPHY SYNDROME INF AGT AB DETECT EIA TECH HIV-	No Auth Required			
00432	INF AB LIA FECTITIV-1 &/OKTIIV-2	1&/HIV-2 SCR	No Auth Required			
G0433	INF AB ELISA TECH HIV-1 &/OR HIV-2	INF ANTIBODY ELISA TECH HIV-1 &/OR	No Auth Required			
00.00	111 715 22.57 726.7711 7 24,61711 2	HIV-2 SCREEN				
G0435	INF AGT ANTIG DETECT RPD AB TST OMT	INF AGT ANTIG DETECT RPD AB TST	No Auth Required			
		OMT HIV-1/-2 SCR	·			
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	ANNUAL WELLNESS VISIT; PERSONALIZ	No Auth Required			
		PPS INIT VISIT				
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	ANNUAL WELLNESS VST;	No Auth Required			
		PERSONALIZED PPS SUBSQT VST				
G0442	ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	ANNUAL ALCOHOL MISUSE SCREENING	No Auth Required			
00440	225 5 15 24 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 MINUTES				
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	No Auth Required			
00444	ANNOAE DEL RESSION SCREENING 15 WIIIV	MINUTES	No Addi Nequired			
G0445	HI INTNS BHV CNSL PREV STI; IND ED;	HIGH INTENS BHV CNSL PREV STI; IND	No Auth Required			
	, ,	ED SEX BHV;				
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	ANNUAL FCEFCE INTENSV BEHV TX CV	No Auth Required			
		DZ IND 15 MIN				
G0447	FCE-FCE BEHAVRL CNSL OBESITY 15 MIN	FACEFACE BEHAVIORAL COUNSELING	No Auth Required			
		OBESITY 15 MIN				
G0448	INS/RPL PRM CV-DFIB TV LEADS PACE E	INS/RPL PRM CV-DFIB TV LEADS INSRT	No Auth Required			
		PACE ELCTRODE				
G0451	DVLPMNT TEST I&R STANDRD INSTR FORM	DEVELPMNT TESTING I&R	No Auth Required			
C0452	MAGI ECUI AD DATU DOGC DUVC INTERD DED	STANDARDIZD INSTRUMNT FORM	N A Al. D			
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	Authorization Required	Surgery	Full Clinical Review	
G0+33	C TO REGRES THIS WIGH OUTSD ON LA 13 W	OR-PT EA 15 MIN	, adionzadon nequired	Suigery	I all clinical Neview	
G0454	PHYS DOC F2F DME DET PRF NP PA/CNS	PHYS DOC FACEFACE VST DME DETRM	No Auth Required	1		
		PERF NP PA/CNS				
G0455	PREP IT FEC MICROBIOTA ASMT D SPEC	PREP IT FEC MICROBIOTA ANY METH	No Auth Required			
		ASMT DONOR SPEC	<u>.</u>			
G0458	LDR PROSTATE BT SERVICE COMPOS RATE	LOW DOSE RATE PROSTATE BRACHYTX	No Auth Required			
		SRVC COMPOS RATE				
G0459	INPATIENT TELEHEALTH PHARMACOL MGMT	INPATIENT TELEHEALTH	No Auth Required			
		PHARMACOLOGIC MANAGEMENT				

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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			
	DR TST DEFIN DR ID M P D 1-7 DR CL	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL				
G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	DRUG TEST DEFINITY DR ID METH P DAY 8-14 DRUG CL				
	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			
	DR TST DEFIN DR ID M P D 22/M DR CL	22/MORE DR CL	No Auth Required			
G0490	FTF HHN VST RHC/FQHC AREA SHTG HHA	AREA SHTG HHA	No Auth Required			
	DIALYSIS MC ESRD AC KID INJ NO ESRD	DIALYSIS MCARE CERT ESRD FAC AC KID INJ W/O ESRD	·			
G0492	DIALY 1 EVL PHYS AC KID INJ NO ESRD	DIALYSIS 1 EVAL PHYSICIAN AC KID INJ W/O ESRD	No Auth Required			
	SKD SRVC RN OBV&ASMT PT C EA 15 MIN	SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN	No Auth Required			
	SKD SRVC LPN OBS&ASMT PT C E 15 MIN	SKILLED SRVC LPN OBS & ASMT PT COND EA 15 MIN	No Auth Required			
	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			
	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			
	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			
	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			

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G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	TH CONSULT CC INIT PHYS 60 MIN	No Auth Required			
		CMNCT PT & PROV				
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	TH CNSLT CC SUBSQT PHYS 50 MIN	No Auth Required			
		CMNCT PT & PROV				
G0511	RHC/FQHC G C MGMT 20 M/>C T-CAL MO	RHC/FQHC ONLY GEN CARE MGMT 20	No Auth Required			
		M/>CLIN TM-CAL MO				
G0512	RHC/FQHC PS COCM 60 M/>C TM-CAL MO	RHC/FQHC ONLY PSYCHIATRIC COCM 60	No Auth Required			
		M/>C TM-CAL MO				
G0513	PRLNG PREV SVC OFC/OTH O/P;1ST 30 M	PRLNG PREV SRVC OFC/OTH O/P RQR	No Auth Required			
		DIR CTC;1ST 30 M				
G0514	PRLNG PRV SVC OFC/O O/P;EA ADD 30 M	PRLNG PREV SRVC OFC/OTH O/P DIR	No Auth Required			
		CTC;EA ADD 30 M	,			
G0516	INSRT NON-BIODEGRAD RX DEL IMPL 4/>	INSERTION NON-BIODEGRADABLE RX	No Auth Required			
	·	DELIVERY IMPL 4/>	'			
G0517	REMV NON-BIODEGRAD RX DEL IMPL 4/>	REMOVAL NON-BIODEGRADABLE DRUG	No Auth Required			
	,	DEL IMPLANTS 4/>				
G0518	REMV REINS NON-BIODEG RX D IMPL 4/>	REMV REINS NON-BIODEGRADABLE	No Auth Required			
00510	The memoritant biobbe took billing in	DRUG DEL IMPL 4/>	no man neganea			
G0659	DRUG TST DEFIN DR ID M ANY # DR CLS	DRUG TEST DEFINITY DRUG ID METH	Authorization Required	Pathology and Lab	Full Clinical Review	
00055	DROG 131 DETIN DR 1D W ANT # DR CES	ANY # DR CLASSES	Authorization Required	athology and Lab	i dii ciiiildai Neview	
G0913	IMPRV VF ACHV IN 90 DA FLW CAT SURG	IMPROV VISUAL FUNCT ACHV W/I 90	No Auth Boquired			
00913	IIIVIPKV VP ACHV IN 90 DA FLW CAT SORG		No Auth Required			
C0014	DT CARE CURVEY MAC NOT COMPLETED BT	DAY FLW CAT SURG	No Auth Descrived			
G0914	PT CARE SURVEY WAS NOT COMPLETED PT	PATIENT CARE SURVEY WAS NOT	No Auth Required			
C0045	INADDIVATE NOT IN OO DA FILM CAT CUDO	COMPLETED BY PATIENT	No Acade Document			
G0915	IMPRV VF NOT IN 90 DA FLW CAT SURG	IMPROV VISUAL FUNCT NOT ACHV 90	No Auth Required			
		DAY FLW CAT SURG				
G0916	SATISFACTN CARE IN 90 D FLW CAT SRG	SATISFACTION W/CARE ACHV W/I 90	No Auth Required			
		DAY FLW CAT SURG				
G0917	PT SATISFACTION SURVEY NOT CMPL PT	PATIENT SATISFACTION SURVEY NOT	No Auth Required			
		COMPLETE PATIENT				
G0918	SATISFCTN CARE NOT 90 D FLW CAT SRG	SATISFACTION W/CARE NOT ACHV 90	No Auth Required			
		DAY FLW CAT SURG				
G1000	CDS MECH APPL P/W DEFINED MCR AUC	CDS MECH APPL P/W DFND MCR	No Auth Required			
		APPROP USE CRITERIA				
G1001	CDS MECH EVICORE DFIND MCR AUC PROG	CLIN DEC SUPP MECH EVICORE DEFIND	No Auth Required			
		MCR AUC PROG				
G1002	CDSM MEDCURRENT DFIND MCR AUC PROG	CLIN DEC SUPP MECH MEDCURRENT	No Auth Required			
		DFIND MCR AUC PROG				
G1003	CDSM MEDICALIS DEFINED MCR AUC PROG	CLIN DEC SUPP MECH MEDICALIS	No Auth Required			
		DEFIND MCR AUC PROG				
G1004	CDSM NDSC DEFINED MEDICARE AUC PROG	CLINICAL DEC SUPP MECH NDSC	No Auth Required			
		DEFINED MCR AUC PROG				
G1005	CDSM NIA DEFINED MCR AUC PROG	CLINICAL DEC SUPP MECH NIA DEFINED	No Auth Required			
		MCR AUC PROG				
G1006	CDSM TEST APPROP DEFINED MCR AUC	CLINICAL DEC SUPP MECH TEST APPROP	No Auth Required			
		DFIND MCR AUC				
G1007	CDSM AIM DEFINED MEDICARE AUC PROG	CLINICAL DEC SUPP MECH AIM DEFINED	No Auth Required			
		MCR AUC PROG				
G1008	CDSM CRANBERRY PEAK DEFINED MCR AUC	CLIN DEC SUPP MECH CRANBERRY PEAK	No Auth Required			
0.2000	J. J. J. J. J. J. J. J. J. J. J. J. J. J	DEFIND MCR AUC				
G1009	CDSM SAGE HMS DEFINED MCR AUC PROG	CLIN DEC SUPP MECH SAGE HMS	No Auth Required			
01003	COSINI SAGE HIVIS DEI INED IVICK AUC FROG	DEFINED MCR AUC PROG	Auth Nequileu			
G1010	CDSM STANSON DEFINED MCR AUC PROG	CLIN DEC SUPP MECH STANSON	No Auth Required			
91010	CD3N1 31 AN3ON DELINED WICK AUC PROG		No Auth Required			
C1011	CDCM OHAL TOOL NOC DEFINED MACE ALLC	DEFINED MCR AUC PROG	No Auth Boarring			
G1011	CDSM QUAL TOOL NOS DEFINED MCR AUC		No Auth Required			
	<u> </u>	DFIND MCR AUC	1	l .	l .	

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G1012	CLINICAL DECISION SUPP MECH AGILEMD	CLINICAL DECISION SUPPORT	No Auth Required			
		MECHANISM AGILEMD				
G1013	CLN DECN SUP MCH EVDNCECAR IMAG ADV	CLINICAL DECISION SUPP MECH	No Auth Required			
64044	CD CLID AACH INIVENIOA CAANTO ANGLA AAFD	EVIDNCECARE IMAG ADV	N A cotto D control d			
G1014	CD SUP MCH INVENIQA SMNTC ANSW MED	CLINICL DECN SUPP MECH INVENIQA	No Auth Required			
C101F	CLINI DECNI CLIDD MECLI DELIANIT MED COD	SMNTC ANSWRS MED	No Auth Doguined			
G1015	CLIN DECN SUPP MECH RELIANT MED GRP	CLINICAL DECISION SUPP MECH	No Auth Required			
C1016	CLINICAL DECN SUPP MECH SPD OF CARE	RELIANT MEDICAL GRP CLINICAL DECISION SUPP MECHANISM	No Auth Boquired			
G1016	CLINICAL DECN SUPP MECH SPD OF CARE	SPEED OF CARE	No Auth Required			
G1017	CLINICAL DECN SUPP MECH HEALTHHELP	CLINICAL DECISION SUPPORT	No Auth Required			
G1017	CLINICAL DECN SUPPIMECH HEALTHHELP	MECHANISM HEALTHHELP	No Autii Kequireu			
G1018	CLINICAL DECISION SUPP MECH INFINX	CLINICAL DECISION SUPPORT	No Auth Required			
01018	CELIVICAL DECISION SOFF WILCH INTINX	MECHANISM INFINX	No Auth Required			
G1019	CLINICAL DECN SUPP MECH LOGICNETS	CLINICAL DECISION SUPPORT	No Auth Required			
01013	CENTORE DECIT SOFT WEET EGGICNETS	MECHANISM LOGICNETS	140 Auth Required			
G1020	CDS MECH CURBSIDE CLIN AUGMENTED WF	CLINICAL DECN SUP MECH CURBSIDE	No Auth Required			
01020	CESS WILCON CONDINE CENT NO GIVIENTES WI	CLIN AUGMNTD WF	140 Matil Required			
G1021	CDS MECH EHEALTHLINE CDS MECH	CLIN DECN SUP MECH EHLTHLINE CLIN	No Auth Required			
51021	The state of the s	DECN SUP MECH				
G1022	CDS MECH INTRMTN CLIN DECN SUP MECH	CLIN DECN SUP MECH INTERMTN CLIN	No Auth Required			
01022	obs in Edit in the observation in Edit	DECN SUP MECH				
G1023	CDS MECH PERSIVIA CLIN DECN SUP	CLINICAL DECN SUP MECH PERSIVIA	No Auth Required			
01025	obs mean renorm cent bear so.	CLIN DECN SUP				
G2000	BLINDED ADMN OF CONVULSIVE TX PROC	BLINDED ADMINISTRATION OF	No Auth Required			
		CONVULSIVE TX PROC				
G2001	BRF 20 MINS IH VST NEW PT PST-D/C.	BRIEF 20 MINUTES IN-HOME VISIT NEW	No Auth Required			
	,	PT POST-D/C.				
G2002	LTD 30 MINS IH VISIT NEW PT PST-D/C	LIMITED 30 MINUTES IN-HOME VISIT	No Auth Required			
		NEW PT POST-D/C				
G2003	MOD 45 MINS IH VISIT NEW PT PST-D/C	MODERATE 45 MINS IN-HOME VISIT	No Auth Required			
		NEW PT POST-D/C				
G2004	COMP 60 MINS IH VST NEW PT POST-D/C	COMP 60 MINUTES IN-HOME VISIT	No Auth Required			
		NEW PT POST-D/C				
G2005	EXTSV 75 MINS IH VST NEW PT PST-D/C	EXTENSIVE 75 MINS IN-HOME VISIT	No Auth Required			
		NEW PT POST-D/C				
G2006	BRIEF 20 MINS IH VST XST PT PST-D/C	BRIEF 20 MINUTES IN-HOME VISIT EXIST	No Auth Required			
		PT POST-D/C				
G2007	LTD 30 MINS IH VISIT XST PT PST-D/C		No Auth Required			
		PT POST-D/C				
G2008	MOD 45 MINS IH VISIT XST PT PST-D/C	MODERATE 45 MINS IN-HOME VISIT	No Auth Required			
		EXIST PT POST-D/C				
G2009	COMP 60 MINS IH VST XST PT POST-D/C	COMP 60 MINS IN-HOME VISIT EXIST PT	No Auth Required			
		POST-D/C				
G2010	RMT EVAL REC VIDEO &/ IMG SB EST PT	REMOTE EVAL RECORDED VIDEO &/	No Auth Required			
		IMAGES SB ESTAB PT				
G2011	ALC&/SA STRCT ASMT & BRF INT 5-14 M	ALC&/SA STRCT ASSESS & BRIEF	No Auth Required			
63010	DDIEC COM TRE E 40 MIN 1 150 DISCUSS	INTERVENT 5-14 MIN	No Auth Don 1 1			
G2012	BRIEF COM TBS; 5-10 MIN MED DISCUSS	BRIEF COMMUNICATION TBS; 5-10 MIN	No Auth Required			
62042	EVECUTE MINIC HILVET VET DE DET D'C	MED DISCUSSION	N. A. Al- D			
G2013	EXTSV 75 MINS IH VST XST PT PST-D/C	EXTSV 75 MINS IN-HOME VISIT EXIST PT	No Auth Required			
C2014	LIMITED 20 MING CADE DI AN OVERGICUT	POST-D/C	No Auth Booking			
G2014	LIMITED 30 MINS CARE PLAN OVERSIGHT	LIMITED 30 MINUTES CARE PLAN	No Auth Required			
G2015	COMP 60 MINS HOME CARE PLAN OVRSGHT	OVERSIGHT COMPREHENSIVE 60 MINS HOME CARE	No Auth Boquired			
G2015	CONF OU WIINS HOIVE CARE PLAN OVRSGHT	PLAN OVERSIGHT	ino Autii Required			
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G2020	SRVC FOR HI INTENS CLIN SRVC ASSOC	SERVICES FOR HIGH INTENSITY CLINICAL	No Auth Required				
G2021	HEALTH CARE PRACTITION RENDRING TIP	SRVC ASSOC HEALTH CARE PRACTITIONERS	No Auth Required				
G2021	HEALTH CARE PRACTITION RENDRING TIP	RENDERING TIP	No Autii Kequireu				
G2022	MDL PRTCP BNEF RFS SRVC CVR UND MDL	MDL PRTCP BENEFICIARY REFUSES SRVC	No Auth Required				
		COVR UND MDL					
G2023	SPEC CLCT SARS-COV2 COVID19 ANY SRC	SPEC CLCT FOR SARS-COV-2 COVID-19	No Auth Required				
		ANY SPEC SRC					
G2024	SP CLCT SARS-COV2 COVID19 SNF/L ANY	SP CLCT SARS-COV2 COVID19 FRM	No Auth Required				
		SNF/LAB ANY SPEC					
G2025	PMT TH DSNT SITE FURN RHC/FQHC ONLY	PAYMENT TH DSNT SITE SRVC FURN	No Auth Required				
C20E0	CCNA CDVC FA A 20 NA CC TNA DID CA NAO	RHC/FQHC ONLY	No Auth Doguinad				
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	No Auth Required				
02001	Q	DUR 7D;5-10 M					
G2062	Q NP HCP OL E PT 7D CT DR 7D;11-20M	Q NP HCP ONL ASMT EST PT 7D CUM T	No Auth Required				
	·	DUR 7D;11-20 M	·				
G2063	Q NP HCP ONL E PT 7D CT DR 7D;21/>M	Q NOMD HCP ONL AST EST PT 7D CUM	No Auth Required				
		TM DUR 7D;21/>M					
G2064	CCM 1 HR DZ AL 30 M PHYS T CA MO		No Auth Required				
		TIME CA MO					
G2065	CCM 1 HOUR DZ SRVC PCM AL 30 MIN CM	CCM 1 HOUR DZ SRVC PCM AT LEAST 30	No Auth Required				
G2066	INTG DVC E R 30 D;REC TRANS & TR	MIN CAL MONTH INTG DVC EVAL RMT TO 30 D;RCPT	No Auth Required				
G2000	INTO DVC E R 30 D, REC TRAINS & TR	TRANS & TECH RVW	No Auth Required				
G2067	MED ASST TX METHADONE;WEEKLY BUNDLE	MEDICATION ASSISSTED TX	No Auth Required				
	,	METHADONE; WEEKLY BUNDLE					
G2068	MAT BUPRENORPHINE ORAL; WKLY BUNDLE	MED ASST TX BUPRENORPHINE ORAL;	No Auth Required				
		WEEKLY BUNDLE					
G2069	MAT BUPRENORPHINE INJ;WEEKLY BUNDLE	MED ASST TX BUPRENORPHINE INJ;	No Auth Required				
		WEEKLY BUNDLE					
G2070	MAT BUPRENORPHNE IMPL INSRT;WKLY BD	MAT BUPRENORPHINE IMPLANT INSRT;	No Auth Required				
G2071	MAT BUPRENORPHINE IMPL REMV;WKLY BD	WEEKLY BUNDLE  MAT BUPRENORPHINE IMPL REMOVAL;	No Auth Poquired				
G2071	IVIAT BOFKENOKFIIINE IIVIFE KLIVIV, WKET BD	WEEKLY BUNDLE	No Auth Required				
G2072	MAT BUPRENORPHINE IMPL I&RWKLY BD		No Auth Required				
	<u> </u>	WEEKLY BUNDLE	<u>'</u>				
G2073	MED ASST TX NALTREXONE;WKLY BUNDLE	MEDICATION ASSIST TX NALTREXONE;	No Auth Required				
		WEEKLY BUNDLE					
G2074	MED ASST WKLY BUNDLE NOT INCL DRUG		No Auth Required				
C207F	MAT MEDICATION NOC. WEEKLY BUNGS	NOT INCL DRUG	No Auth Dogwined				
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	No Auth Required				
02070	THE EXCITITE DOCT EVERASIVIT	EVL&INT ASMT					
G2077	PA;PRD Q PERS DET APPR COMB SRVC&TX	PA;ASSESS PRD Q PERS DET MOST APPR	No Auth Required				
		COMB SRVC&TX					
G2078	TH SUP METHADONE;TO 7 ADD D SUP;	TAKE HOME SUP METHADONE; UP TO 7	No Auth Required				
		ADD DAY SUP;					
G2079	TH SUP BPN ORAL;TO 7 ADD D SUP;	TAKE HOME SUP BUPRENORPHINE	No Auth Required				
63000	EA ADD 30 MINI CNICL W// MED ACCT TV	ORAL;TO 7 ADD D SUP;	No Auth Doguder				
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	No Auth Required				
52001		DUR MSR PRD	Addi Nequileu				
	1	1	l	1	I.	1	l .

G2082	OFF/OT OP E&M E PT 56MG ESKTMN N SA		No Auth Required		
		ESKETAMINE N SA			
G2083	OFF/OT OP E&M E PT>56MG ESKTMN N SA	OFF/OTH OP E&M EST PT PROV>56 MG	No Auth Required		
G2086	OFF-BASED TX ODU;AL 70 M 1ST CA MO	ESKETAMINE N SA  OFF-BASED TX OPIOID USE D/O; AL 70	No Auth Boquired		
G2060	OFF-BASED IX ODO,AL 70 WI 131 CA WIO	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	No Auth Required		
02007	OTT-B3D TX OOD,AE OO WI 30B3EQ CA WIO	CALENDAR MO	No Auth Required		
G2088	OFF-B TX OUD;EA ADD 30M BYD 1ST120M	OFF-BASED TX OUD;EA ADD 30 MIN	No Auth Required		
02000	011 5 1X 005,EXX 155 5011 515 10112011	BYD 1ST 120 MIN	- To riaci nequired		
G2089	MOST RECENT HBA1C LVL 7.0% TO 9.0%	MOST RECENT HEMOGLOBIN A1C LEVEL	No Auth Required		
		7.0% TO 9.0%			
G2090	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED	No Auth Required		
		DMNT MP/YR PRI MP			
G2091	PT 66&>CLM FRLTY&1 AC IP ADV ILL MP	PT 66&>CLM FRLTY & 1 AC IP ADV ILL	No Auth Required		
		MP/YR PR MP			
G2092	ACE I/ARB/ARNI TH PRSC/CUR BNG TKN	ACE INHIB/ARB/ARNI TH	No Auth Required		
		PRSC/CURRENTLY BEING TAKEN			
G2093	DC MD RSN N PRSC ACE INHB/ARB/ARNIX	DOC MED REASN NO PRSC ACE	No Auth Required		
62004	DOC DT DCN NI DDCC A CE INIUD (A DD /A DNI	INHIB/ARB/ARNI TH	N. A. Ale D. a. de de		
G2094	DOC PT RSN N PRSC ACE INHB/ARB/ARNI	DOC PT REASON NO PRSC ACE	No Auth Required		
G2095	DC SYS RSN N PRSC ACE INHB/ARB/ARNI	INHIB/ARB/ARNI THERAPY  DOC SYS RSN NOT PRSC ACE	No Auth Required		
G2033	DC 313 K3N N FR3C ACL INTIB/ARB/ARM	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	No Auth Required		
		RSN NOT GIVEN			
G2097	CHILD COMP UR INF W/I 3 DAYS DX PHY	CHILD COMP DX UR INF W/I 3 DAYS DX	No Auth Required		
		PHARYNGITIS			
G2098	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED	No Auth Required		
		DMNT MP/YR PRI MP			
G2099	PT 66&>1 CLM FRLTY & DUR/YR PRI MSR	PT 66&>1 CLM FRLTY DUR MSR &	No Auth Required		
00400	DT CC VO 4 CIA4 50 TVO 0 1450 0140 TA	DUR/YR PRI MSR PRD			
G2100	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRLTY & DIS MED	No Auth Required		
G2101	PT 66&>1 CLM FRLTY&1 AC IP ADV ILL	DMNT MP/YR PRI MP PT 66&>1 CLM FRLTY&1 AC IP ADV ILL	No Auth Required		
02101	FT 00021 CLWTRETT&T ACTF ADVILE	DR/YR PRI MSR	No Auth Required		
G2102	DIL RET EYE EX OPH/OPTOM DOC & REV	DILAT RET EYE EXAM INTERPR	No Auth Required		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OPH/OPTOM DOC & REV			
G2103	7 STD FLD STREO PH OPH/OPTM DOC&REV	7 STD FIELD STEREO PH INTERPR	No Auth Required		
		OPH/OPTM DOC & REV			
G2104	EYE IMG V 7SD FLD STEREO P RSL D&R	EYE IMG VAL DX 7 SD FLD STEREO	No Auth Required		
		PHOTOS RSLT DOC&R			
G2105	PT 66/>INST SNP/RSD LTC>90 D DR MSR	PT AGE 66/> INST SNP/RESID LTC >90 D	No Auth Required		
		DUR MSR PRD			
G2106	PT 66 Y&>1 CLM FRLTY&D MED DMNT MP	PT 66 Y&>1 CLM FRAILTY & D MED	No Auth Required		
G2107	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	DMNT MP/YR PRI MP	No Auth Required		
G210/	IL I 00 ØSCTIAL LUT LØT UC IN UDA IT IAIN	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	No Auth Required		
02200		DUR MSR PRD			
G2109	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	PT 66 &>CLM FRLTY &1 AC IP ADV ILL	No Auth Required		
		MP/YR PRI MP			
G2110	PT 66 &>CLM FRLTY&1 AC IP ADV IL MP	PT 66 &>1 CLM FRLTY&1 AC IP ADV ILL	No Auth Required	 	
		MP/YR PRI MP			
G2112	PT RCV<=5 MG D PR/RA AC WRS/GC<6 MO	PT RECV <=5 MG DA PDN/RA ACT	No Auth Required		
		WORSE/GCC < 6 MO			

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G2113	PT RCV>5MG D PR>6MO&IMP/NO CHG D AC	PT RECV >5 MG DA PRD>6 MO &	No Auth Required				
		IMP/NO CHNGE DZ ACT					
G2114	PT 66-80 1 CL FRLTY&DIS MED DMNT MP	PT 66-80 1 CLAIM FRAILTY & DIS MED	No Auth Required				
		DEMENTIA DUR					
G2115	PT 66 &>1 CLM FRLTY&D MED DMNT MP	PT 66 &>1 CLM FRLTY & DISP MED	No Auth Required				
		DEMENT MP/YR MP					
G2116	PT 66&>CLM FRLTY&1 IP ADV IL DUR MP	PT 66&>1 CLM FRLTY & 1 IP ADV ILL	No Auth Required				
		DUR/YR PRI MP					
G2117	PT 66-80 CLM FRLTY&1 AC IP AD IL MP	PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC	No Auth Required				
		ADV ILL MP					
G2118	PT 81 YR & > EVID FRAILTY DUR MSR	PT 81 YEARS & > EVID FRAILTY DUR	No Auth Required				
		MSR PERIOD					
G2119	W/ PST 2 Y CA &/ VITD OPT ORD/PERF	W/I PAST 2 YR CALCIUM &/ VITD OPT	No Auth Required				
		ORDERED/PERF					
G2120	W/I PST 2 Y CA&/VITD OPT NO ORD/PER	W/I PAST 2 YR CALCIUM &/ VIT D OPT	No Auth Required				
		NOT ORD/PERF					
G2121	PSY DEPR ANXIETY APTHY & ICD ASSESS	PSYCHOSIS DEPRESSION ANXIETY	No Auth Required				
		APATHY & ICD ASSESS					
G2122	PSY DEPR ANXTY APATHY&ICD NO ASSESS	PSYCHOSIS DEPR ANXIETY APATHY &	No Auth Required				
		ICD NOT ASSESSED					
G2123	PT 66-80 YR/&AL 1 CLM FRLTY DUR MSR	PT 66-80 YR /& AL 1 CLAIM FRAILTY	No Auth Required				
		DUR MSR PERIOD					
G2124	PT 66-80 & 1 CL FRLTY MP&D DMNT MED	PT 66-80 Y&AL 1 CLM FRAILTY MP & DIS	No Auth Required				
		DEMENT MED					
G2125	PT 81 YR&OLDR EVID FRAILTY MSR PRD	PT 81 YR AGE & OLDR EVIDENCE	No Auth Required				
		FRAILTY DUR MSR PRD					
G2126	PT 66 YR/OLDR&AL 1 CLM FRAILTY MSR	PT 66 YR AGE/OLDR & AL 1 CLM FRAILTY	No Auth Required				
		DUR MSR PRD					
G2127	PT 66/>&CLM FRLTY DUR MP&D DMNT MED	PT 66/> & 1 CLAIM FRAILTY DUR MP &	No Auth Required				
		DIS DMNT MED					
G2128	DOC MED RSN NOT ON DAILY ASP/OTH AP	DOC MED RSN NOT ON DAILY ASP/OTH	No Auth Required				
		ANTIPLATELET					
G2129	PROC REL BP'S NOT TAKEN DUR OP VST	PROC RELATED BP'S NOT TAKEN	No Auth Required				
		DURING AN OP VISIT					
G2130	PT 66/> INST SNP/RES LTC >90 DA MSR	PT 66/OLDR INST SNP/RESID LT CARE	No Auth Required				
		>90 DAYS MSR					
G2131	PATIENTS 81 YEARS & OLDR DX FRAILTY	PATIENTS 81 YEARS AND OLDER WITH A	No Auth Required				
		DX FRAILTY					
G2132	PT 66-80 CLM FRLTY&DIS MED DMNT MP	PT 66-80 1 CLM FRAILTY & DIS MED	No Auth Required				
		DEMENTIA DUR MP					
G2133	PT 66-80 CLM FRLTY&1 AC IP ADV I MP	PT 66-80 1 CLAIM FRLTY & 1 AC IP ENC	No Auth Required				
		ADV ILL MP	·				
G2134	PT 66< W/1+ FRAILTY MED DEMENTIA YR	PT 66< W/1+ FRAILTY DISP MED	No Auth Required				
		DEMENTIA DUR/YR PRI	·				
G2135	PT 66< W/1+ ENC FRAILTY ADV ILNS YR	PT 66< W/1+ FRAILTY 1+ ENCNT ADV	No Auth Required				
		ILLNS DUR/YR PR	1				
G2136	BCK PAIN VAS 3 MON PO<=3.0 IMPRV5/<	BACK PAIN MEAS VAS 3 MON PO<=3.0	No Auth Required				
		IMPRV 5.0 PNT/<	1				
G2137	BACK PAIN VAS 3 MNTH PO>3.0 CHG<5	BACK PAIN MEAS VAS 3 MON PO>3.0	No Auth Required				
		CHG IMPV 5 PNT/<					
G2138	BCK PN MEAS VAS 1 YR PO>3.0 CHG 5/>	BACK PAIN MEAS VAS 1 YR PO>3.0	No Auth Required				
		DEMS CHNG 5 PNT/>	1				
G2139	BACK PN MEAS VAS 1 YR PO>3.0 CHG <5	BACK PAIN MEAS VAS 1 YR PO>3.0	No Auth Required				
		DEMS CHNG <5 PNTS					
G2140	LEG PN MEAS VAS 3 MO PO<=3.0 CHG 5>	LEG PAIN MEAS VAS 3 MNT PO<=3.0	No Auth Required				
		DEM CHNG 5 PNT/>	1				
	t					1	i.

	T	1					
G2141	LEG PAIN MEAS VAS 3MO PO>3.0 CHG <5	LEG PAIN MEAS VAS 3 MNT PO>3.0	No Auth Required				
		DEMS CHNG <5 PNTS					
G2142	ODI 1YR PO<=22 ODI 3 MN PREO PO 30>	FUNC ST ODI 1YR PO<=22 ODI 3 MN	No Auth Required				
		PREO 1YR PO 30>					
G2143	ODI 1YR PO >22 ODI 3 MN PREO PO 30>	FUNC ST ODI 1YR PO >=22 ODI 3 MN	No Auth Required				
		PREO 1YR PO 30>					
G2144	ODI 3MO PO<=22 ODI 3 MN PREO PO 30>	FUNC ST ODI 3MO PO <=22 ODI 3 MN	No Auth Required				
		PREO 1YR PO 30>					
G2145	ODI 3MO PO >22 ODI 3 MN PREO PO 30>	FUNC ST ODI 3MO PO >=22 ODI 3 MN	No Auth Required				
		PREO 1YR PO 30>					
G2146	LEG PN MEAS VAS 1 YR PO>=3.0 CHG 5>		No Auth Required				
		CHANG 5 PNT/>					
G2147	LEG PN MEAS VAS 1 YR PO >3.0 CHG <5	LEG PAIN MEAS VAS 1 YR PO>3.0 DEMS	No Auth Required				
		CHNG <5 PNTS					
G2148	PERFORM MET MULTIMODL PAIN MGT USED	PERFORMANCE MET MULTIMODAL	No Auth Required				
		PAIN MGMNT WAS USED					
G2149	DOCUM MED REASON NOT USE MU	DOCUMENT MEDICAL REASON NOT	No Auth Required				
		USNG MULTIMODAL PAIN					
G2150	PERFRM MET MULTIMDL PN MGT NOT USED	PERFORM MET MULTIMODAL PAIN	No Auth Required				
		MGMNT WAS NOT USED					
G2151	PT W DX DEGEN NEURO ANY TIME B4 EPI	PT W DX DEGEN NEURO COND ANY	No Auth Required				
00450	2525 1457 2502 141 61110 72 62 6	TIME B4/DURING EPIS					
G2152	PERF MET RESIDUAL CHNG = TO OR > 0	PERFORMANCE MET RESIDUAL CHNG	No Auth Required				
00450	NAME OF THE PARTY	SCORE = TO OR > 0					
G2153	IN HOSPICE/USNG HOSPICE DUR MSR PER	IN HOSPICE/ USING HOSPICE DURING	No Auth Required				
62454	DT DEC 4TD VAC OR ATD AD DTIM OVE AAEA	MEASUREMENT PER	N A calle D control d				
G2154	PT REC 1TD VAC OR/1TDAP BTW 9YR MEA	PT REC1 TD VAC OR/1 TDAP BTW 9YR	No Auth Required				
C2455	DT LIVA - CAITD ANABILITDAD ANAB TO FAL	PRI START MEASR	N. A. all D				
G2155	PT HX 1+ CNTR ANAPH TDAP ANAP TD EN	PT HX 1+ CONTR ANAPH TDAP VAC	No Auth Required				
C245C	DT NOT DEC 4TD VAC OR /4TD AD DTIM OVE	ANAP TO ENCPH TDAP	N. A. all D				
G2156	PT NOT REC 1TD VAC OR/1TDAP BTW 9YR	PT NOT RECD 1 TD VAC OR/1 TDAP BTW	No Auth Required				
G2157	PT REC 13-VAL PNEUM CONJ& 23-VAL>60	9YR PRI START	No Auth Doguisod				
G2157	PT REC 13-VAL PINEUWI CONJ& 23-VAL>60	PT REC 13-VALENT PNEUM CONJ& 23-	No Auth Required				
C21F0	DT DDIOD DNIFLINA VAC A DV DE AC DA NAFAC	VAL POLYS12 M>60 PT PRIOR PNEUM VAC ADV REAC ANY	No Auth Doguined				
G2158	PT PRIOR PNEUM VAC ADV REAC B4 MEAS	TIME DUR/B4 MEAS	No Auth Required				
G2159	PT NOT REC 13-VAL CONJ & 23-VAL >60		No Auth Required				
G2159	PT NOT REC 13-VAL CONJ & 23-VAL 200	23-VAL12 MNT>60	No Autii Kequileu				
G2160	PT LST 1DS HRP ZOST LIV OR 2DS =>50	PT REC AT LEAST 1DS HERP ZOST LIV OR	No Auth Poquired				
G2100	F1 L31 1D311RF 2O31 LIV OR 2D3 =>30	2DS RCM=>50	No Autil Required				
G2161	PT PRIOR ADVS REACT ZOSTER ANY TIME	PT PRIOR ADV REAC ZOSTER VA ANY	No Auth Required				
G2101	PT PRIOR ADV3 REACT 2031ER ANT TIME	TIME DUR/B4 MEAS	No Autii Kequireu				
G2162	PT NOT REC 1DS HRP ZOST OR 2DS =>50	PT NOT REC AT LEAST 1DS HERP ZOST	No Auth Required				
G2102	FT NOT REC 103 TRF 2031 OR 203 ->30	OR 2DS RCM=>50	No Auth Required				
G2163	PT RC INFLUENZA ON/BTW JUL1 YR JN30	PT REC INFLUENZA VAC ON/BTW JULY1	No Auth Poquired				
02103	I I WE HALFORING ON ON ON THE THE THROU	YR PRI &JUN30	No Auth Nequileu	1			
G2164	PT PRIOR INFLU ADVS REACT ANY TIME	PT HAD PRIOR INFLUENZA ADVS REACT	No Auth Required				
02104	THE THE TOTAL AND THE THE	ANY TIME	Auth Required	1			
G2165	PT NOT RECV IV 7/1 YR PRI&6/30 MSR;	PT NOT RECV FLU VAC 7/1 YR PRI	No Auth Required				
02103		MSR&6/30 MSR;					
G2166	PT REFUSED PARTICIPATE ADM &/ D/C;	PATIENT REFUSED PARTICIPATE	No Auth Required				
32100	33ED TAIRTICH ALL ADIVI Q D/C,	ADMISSION &/ D/C;	Addi nequired	1			
G2167	PERF NOT MET:RESIDUAL CHG SCORE < 0	PERFORMANCE NOT MET: RESIDUAL	No Auth Required	†			
02107	. E	CHANGE SCORE < 0					
G2168	SRVC PRFRM PT ASST HH SET EA 15 MIN	SERVICES PRFRM BY PT ASST HH	No Auth Required				
02100	5	SETTING EA 15 MIN					
	l .	DELLUAG EV TO MINA	L	I	l .	l .	

		1	1	1	ı	1	
G2169	SRVC PRFRM OT ASST HH SET EA 15 MIN	SERVICES PRFRM BY OT ASST HH	No Auth Required				
		SETTING EA 15 MIN					
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	No Auth Required				
		ART&V CATH & RF E					
G2172	AI PMT SRVC REL HI COORD&INT OUD TX	ALL INCL PMT FOR SRVC REL HI COORD	No Auth Required				
		& INT OUD TX					
G2173	URI EP PT CMPT CM CND DUR 12M EP DT		No Auth Required				
		PRI/ON EP DATE					
G2174	URI EPI PT RX ABX 30D PRI/ON EPI DT	URI EPI PT NU/RFL RX ABX 30 DAYS	No Auth Required				
G2175	EPIS PT CMPET CM CND DUR 12M EPIS D	PRI/ON EPI DT  EPIS PT CMPET COMRBD CND DUR 12 M	No Auth Poquired				
021/3	ELIST I CIVIL ET CIVI CIVID DON 12IVI ELIS D	PRI/ON EPIS DT	No Auth Required				
G2176	OP ED/OBS VISITS RSLT IN IP ADM		No Auth Required				
	,	ADMISSION					
G2177	AC BR EP PT NU/RFL RX ABX 30 D EP D	AC BR EPIS PT NU/REFILL RX ABX 30 D	No Auth Required				
		PRI/ON EP DT					
G2178	CLIN DC PT NO LE NEUR EX MSR B AMP;	CLIN DOC PT NO LE NEURO EX MSR	No Auth Required				
		EXMPL PT BIL AMP;					
G2179	CLIN DOC PT MED RSN NO LE NEURO EX	CLIN DOC PT MED RSN NOT PRFM LW	No Auth Required				
00400	C. N. D. C. D. T. N. C. T. C. C. V. J. ST. V. D. D. J. C.	EXT NEURO EXAM					
G2180	CLIN DOC PT NOT ELG EVAL FTWR B LEA	CLIN DOC PT NOT ELIG EVAL FTWR PT	No Auth Required				
G2181	BMI NOT DC MD RSN/PT REFS HT/WT MSR	BIL LW EXT AMP  BMI NOT DOC D/T MED RSN/PT REFUS	No Auth Poquired				
02101	BINI NOT DE IND KSIN/FT KETSTIT/WT WISK	HGT/WGT MSR	No Auth Required				
G2182	PT RCV FT BIOL DZ MOD ANTIRHM DX TX	PATIENT RECV FRST-TM BIOL DZ MOD	No Auth Required				
		ANTIRHEUM DX TX					
G2183	DOC PT UNABL TO COM & INF NOT AVAIL	DOCUMENTATION PT UNABLE TO COM	No Auth Required				
		& INF NOT AVAIL					
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 &	No Auth Required				
C210C	DT/CC DVAD DE ADD DC 9 CON DEC ONE	CERT IN DEM CARE	No Auth Doguised				
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:	No Auth Required				
02107	THE SELECTION OF THE SE	HEAD TRAUMA					
G2188	PT CLN IND IMG HD:NW/CHG HA >50 YA	PT CLIN IND IMAG HEAD: NEW/CHG HA	No Auth Required				
		ABV 50 YOA	·				
G2189	PT CLIN IND IMAG HEAD: ABN NEURO EX	PATIENTS CLINICAL IND IMAG HEAD:	No Auth Required				
		ABN NEURO EXAM					
G2190	PT CLIN IND IMAG HEAD: HA RAD NECK	PATIENTS CLINICAL IND IMAG HEAD: HA	No Auth Required				
63404	DT CLIN IND IMAC LIEAD COST	RAD NECK	No Acado Dono 1				
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		No Auth Required				
02132	T CERTING HOLDS HOLDS HAVE HAVE U 33 HA	OVR 55 YOA	Auth Required				
G2193	PT CLIN IND IMG HD:NEW ON HA <6 YOA	PT CLIN IND IMAG HEAD: NEW ON	No Auth Required				
		HEADACHE <6 YOA	,				
G2194	PT CLN IND IMG HD;NU ON HA PD PT DB	1	No Auth Required				
		PED PT W/DISAB					
G2195	PT CLIN IND IMAG HEAD: OCC HA CHILD	PT CLIN IND IMAG HEAD: OCC	No Auth Required				
		HEADACHE CHILDREN					
G2196	PT IDENT UH ALC USR SCR UH ALC USE	PT IDENT AS UH ALC USR WHEN SCR	No Auth Required				
		FOR UH ALC USE					

PT SCR UH ALC USE NOT ID UH ALC USR		No Auth Required				
DOC MD RSN NO S UH ALC USE SYS S ME	DOC MED RSN NO SCR UH ALC USE SYS	No Auth Required				
PT NOT SCR UH ALC USE SYS SM NO RSN	PT NOT SCR UH ALC USE USING SYS SCR	No Auth Required				
PT IDENT UH ALC USER RCV BRF CNSLG	PATIENT IDENTIFIED UH ALC USER RCV	No Auth Required				
DOC MED RSN FOR NOT PROV BRF CNSLG		No Auth Required				
DT NO CNSLID LIH ALC LISP NO BSN GVN	COUNSELING  PT DID NOT BECV BRE CASH ID LIH ALC	No Auth Poquired				
	USR NO RSN	,				
DOC MED RSN NO CNSLG ID UH ALC USER	DOC MED RSN NOT PROV BRF CNSLG ID UH ALC USER	No Auth Required				
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				
PT WITH PREGNANCY DUR ADJ TX CRS	PATIENTS WITH PREGNANCY DURING ADJUVANT TX CRS	No Auth Required				
PT RCV ADJ TX CRS CHEMO&HER2-TGT TX		No Auth Required				
RSN NOT ADM ADJ TX CRS CHMO&HER2-TT	RSN NOT ADM ADJ TX COURSE INCL	No Auth Required				
DT DID NOT BECV ADULIVANT TV COLIBSE	CHEMO & HER2-TT	No Auth Poquired				
	TREATMENT COURSE	No Autii kequireu				
PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required				
RD CG SC NCK IMPR NO MSR PT NOT CMP	RD CG SC NCK IMPR NO MSR PT NOT	No Auth Required				
VISIT CPLX INHERENT E&M ASSOC MCS	VISIT CPLX INHERENT E&M ASSOC WITH	No Auth Required				
PROLNG OF/OP E&M BYND RT;EA AD 15 M	PROLONG OFC/OP E&M BYND REQ	No Auth Required				
INIT MED TX OPIOID USE D/O ED SET	INIT MEDICATION TX OPIOID USE D/O	No Auth Required				
INIT/SUB PSY CCM 1ST 30 M MO BH CAR	INIT/SUB PSY CCM 1ST 30 M IN MO OF	No Auth Required				
TAKE H SPLY NSL NLX;LIST SEP ADD CD	TAKE HOME SPLY NSL NLX; LIST SEP	No Auth Required				
TAKE LIM COLVINI NI VIICT CED ADD CD		No Auth Doguised				
	CD PRIM PROC	No Auth Required				
REM ASMT REC VID &/ IMAG SUB EST PT	REMOTE ASMT RECORD VIDEO &/ IMAGES SUB ESTAB PT	No Auth Required				
BRF COM TECH-B SRVC VR C/I Q HCP	BRIEF COMM TECH-BASED SRVC VR C/I QUAL HCP	No Auth Required				
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	_			
U/S GUID PLCMT RADIATION TX FIELDS	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	No Auth Required				
STEREO X-R GUID LOC TRG VOL DEL RT	STEREOSCOPIC X-RAY GUID LOCALIZ	No Auth Required				
RT D 2 TX AR PT/PL OPP PT:TO 5 MEV	RAD TX DEL 2 TX AREA PORT/PL OPP	No Auth Required				
RT D 1 TX AR PT/PL OPP PT: 6-10 MEV	RAD TX DEL 1 TX AREA PORT/PL OPP	No Auth Required				
RT D 1 TX AR PT/PL OPP PT:11-19 MEV	RAD TX DEL 1 TX AREA PORT/PL OPP	No Auth Required				
RT D 1 TX AR PT/PL OPP PT:20 MEV/>	RAD TX DEL 1 TX AREA PORT/PL OPP	No Auth Required				
	DOC MD RSN NO S UH ALC USE SYS S ME  PT NOT SCR UH ALC USE SYS SM NO RSN  PT IDENT UH ALC USER RCV BRF CNSLG  DOC MED RSN FOR NOT PROV BRF CNSLG  PT NO CNSLID UH ALC USR NO RSN GVN  DOC MED RSN NO CNSLG ID UH ALC USER  PT B/T 50&85 Y RCVD SCR CC DUR PR P  PT WITH PREGNANCY DUR ADJ TX CRS  PT RCV ADJ TX CRS CHEMO&HER2-TGT TX  RSN NOT ADM ADJ TX CRS CHMO&HER2-TT  PT DID NOT RECV ADJUVANT TX COURSE  PATIENT REFUSED TO PARTICIPATE  RD CG SC NCK IMPR NO MSR PT NOT CMP  VISIT CPLX INHERENT E&M ASSOC MCS  PROLNG OF/OP E&M BYND RT;EA AD 15 M  INIT MED TX OPIOID USE D/O ED SET  INIT/SUB PSY CCM 1ST 30 M MO BH CAR  TAKE H SPLY NSL NLX;LIST SEP ADD CD  TAKE HM SPLY INJ NLXLIST SEP ADD CD  REM ASMT REC VID &/ IMAG SUB EST PT  BRF COM TECH-B SRVC VR C/I Q HCP  U/S GUID PLCMT RADIATION TX FIELDS  STEREO X-R GUID LOC TRG VOL DEL RT  RT D 2 TX AR PT/PL OPP PT: 6-10 MEV  RT D 1 TX AR PT/PL OPP PT: 11-19 MEV	DOC MED RSN NO S UH ALC USE SYS S ME  DOC MED RSN NO SCR UH ALC USE SYS S ME  DOC MED RSN NO SCR UH ALC USE SYS SCR METHOD  PT NOT SCR UH ALC USE SYS SM NO RSN  PT IDENT UH ALC USER RCV BRF CNSLG  DOC MED RSN FOR NOT PROV BRF CNSLG  DOC MED RSN FOR NOT PROV BRF CNSLG  DOC OF MED RSN FOR NOT PROV BRIEF COUNSELING  PT DID NOT RECV BRF CNSLG DOC OF MED RSN FOR NOT PROV BRIEF COUNSELING  PT NO CNSL ID UH ALC USR NO RSN GVN  DOC MED RSN NO CNSLG ID UH ALC USER  DOC MED RSN NOT PROV BRF CNSLG DOC OF MED RSN FOR NOT PROV BRIEF COUNSELING  PT BYT SO&85 Y RCVD SCR CC DUR PR P  PT BYTWN 50 & 85 YOA RCVD SCR CCOLD DUR PRF PE  PT WITH PREGNANCY DUR ADJ TX CRS  PT RCCY ADJ TX CRS CHEMO&HER2-TGT TX  RSN NOT ADM ADJ TX COURSE INCL  CHEMO & HER2-TGT TX  PATIENT DID NOT RECV ADJUVANT TX COURSE  PATIENT BEFUSED TO PARTICIPATE  PATIENT DID NOT RECV ADJUVANT TX COURSE  PATIENT REFUSED TO PARTICIPATE  PATIENT MITH PREGNANCY DURING  READ TO PARTICIPATE  PATIENT MITH PREG	UH ALC USR  DOC MED RSN NO S UH ALC USE SYS S ME  DOC MED RSN NO S UH ALC USE SYS S ME  DOC MED RSN NO S UH ALC USE SYS S ME NO RSN  PT NOT SCR UH ALC USE SYS SM NO RSN  PT NOT SCR UH ALC USE SYS SM NO RSN  METH NO RSN  PT NOT SCR UH ALC USE RCV BRF CNSLG  PATIENT IDENTIFIED UH ALC USER RCV  BRIEF CNSLG  DOC MED RSN FOR NOT PROV BRF CNSLG  DOC MED RSN NO CNSLG ID UH ALC USER  DOC MED RSN NO CNSLG ID UH ALC USER  DOC MED RSN NO CNSLG ID UH ALC USER  DOC MED RSN NO FROV BRF CNSLG ID NO Auth Required  USR NO RSN  DOC MED RSN NO CNSLG ID UH ALC USER  DOC MED RSN NOT PROV BRF CNSLG ID  PT BTWN SO & SY PAC POS SCR COLD  DOWN PFR PS BY RCVD SCR CC DUR PR P  PT BTWN SO & SY PAC RCVD SCR COLD  DOWN PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  DOWN PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  DOWN PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  DOWN PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  DOWN PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  NO Auth Required  DOLD PFR PS BY  PT BTWN SO & SY PAC RCVD SCR COLD  NO Auth Required  DOLD PFR PS BY  PT BTWN SO WAS SY PAC RCVD SCR COLD  NO Auth Required  DOLD PFR PS BY  PT BTWN SO WAS SY PAC RCVD SCR COLD  NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  HERZ-TGT TX  RSN NOT ADM ADI TX COURSE CHEMO & NO Auth Required  PT DID NOT RECV ADJUVANT TX COURSE  RSN NOT ADM ADI TX COURSE CHEMO & NO A	UH ALC USR  OCK MD RSN NO S UH ALC USE SYS S ME  OCK MD RSN NO S CH HALC USE SYS S M NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE SYS SM NO RSN  PT INDT SCR UH ALC USE RCV BRF CNSLG  OCK MED RSN FOR NOT PROV BRF CNSLG  OCK MED RSN FOR NOT PROV BRF CNSLG  ODC OF MED RSN FOR NOT PROV BRF CNSLG  ODC MED RSN NOT PROV BRF CNSLG  ODC MED RSN NOT PROV BRF CNSLG  OCK MED RSN NOT PROV BRF CNSLG ID UH ALC USER  OCK MED RSN NOT PROV BRF CNSLG ID UH ALC USER  OCK MED RSN NOT PROV BRF CNSLG ID NO Auth Required  USR NO RSN  OCK MED RSN NOT PROV BRF CNSLG ID NO Auth Required  OUR PREP RER  PT BYT SO&85 Y RCVD SCR CC DUR PR P  PT BYTWN 50 & 85 YOA RCVD SCR COLD  OUR PREP RER  PT BYTH PREGNANCY DUR ADI TX CRS  PATIENTS WITH PREGNANCY DURING  ADIVANT TX CRS  PATIENTS WITH PREGNANCY DURING  ADIVANT TX CRS  PT RECEIVED ADI TX COURSE CHEMO & NO Auth Required  CHEMO & HERZ-TGT TX  RSN NOT ADM ADI TX CRS CHEMO&HERZ-TGT TX  HERZ-TGT TX  RSN NOT ADM ADI TX CRS CHEMO&HERZ-TGT TX  PT RECEIVED ADI TX COURSE INCL  CHEMO & HERZ-TGT  PT DID NOT RECV ADJULYANT TX COURSE  PATIENT BEFUSED TO PARTICIPATE  PATIENT REFUSED TO PARTICIPATE  PATIENT REPUSED TO PARTICIPATE  PATIENT	UH ALC USE  UH ALC USE  DOC MD RSN NOS DIH ALC USE SYS SM  DOC MD RSN NOS CR METHOD  PT NOT SCR UH ALC USE SYS SM NOR RSN  PT NOT SCR UH ALC USE SYS SM NOR RSN  PT NOT SCR UH ALC USE R RCY BRECNSLG  PT NOT SCR UH ALC USER RCY BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN FOR NOT PROV BRECNSLG  DOC MED RSN NOT CNSLG ID UH ALC USER  PT BWT SOR SSN  DOC MED RSN NOT CNSLG ID UH ALC USER  DOC MED RSN NOT CNSLG ID UH ALC USER  PT BWT SOR SSN FOR NOT PROV BRECNSLG ID  UH ALC USER  PT RSN NOT SSN NOT SSN SSN  DOL REFER PER  DOL MED RSN NOT SSN SSN  DOL REFER PER  PT BWT SOR SSN SY RCVD SCR CC DUR R R  PT RSN NOT SSN SSN SSN RCVD SCR CC DUR R R  PT RSN NOT SSN SSN SSN RCVD SCR CC DUR R R  PT RSN NOT SSN SSN SSN RCVD SCR CC DUR R R  PT RSN NOT SSN SSN SSN RCVD SCR CC DUR R R  PT RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT ADM ADJ TX CRS CHEMOSHER2-TOT TX  RSN NOT RECV ADJUVANT TX COURSE  RSN NOT RECV RSN NO MSR PT NOT CHEM  REAL RELUSED TO PARTICIPATE  PATILITY RELUSED TO PARTICIPATE  ROC GS SC NCK IMPR NO MSR PT NOT CHEM  RECUSED TO RECV RECUSED TO PARTICIPATE  ROC GS SC NCK IMPR NO MSR PT NOT CHEM  RECUSED TO RECV RECUSED TO R	UH ALC USE 1575 SM O OCM PERS NO SCR UH ALC USE 1575 MO Auth Required  SCR. METHOD  OCM MED SSN NO SUH ALC USE 575 SM NO RSN  ARTHOD SSR UH ALC USE 575 SM NO RSN  ARTHOD SSR UH ALC USE 575 SM NO RSN  ARTHOD SSR UH ALC USE 575 SM NO RSN  ARTHOD SSR UH ALC USE 575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN RSN RSN  ARTHOD SSR UH ALC USE 1575 SM NO RSN RSN RSN  ARTHOD SSR NO RSN  ARTH REQUIRED  ARTHOD SS

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G6007	RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV	RT DEL 2 SEP AR 3/> PT 1 TX AR MX	No Auth Required				
66000	DT DEL 2 CED AD 2 /2 DT 4 AD C 40 MEV	BLKS:TO 5 MEV	N. A. Ale D				
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	No Auth Required				
	,	BLKS:11-19 MEV					
G6010	RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>	RT DEL 2 SEP AR 3/> PT 1 TX AR MX	No Auth Required				
		BLKS:20 MEV/>					
G6011	RT D 3/> S TX AR CSTM BLK;TO 5 MEV	RAD TX DEL 3/> SEP TX AR CSTM	No Auth Required				
		BLOCKING; TO 5 MEV					
G6012	RT D 3/> S TX AR CSTM BLK;6-10 MEV	RAD TX DEL 3/> SEP TX AR CSTM	No Auth Required				
66042	DT D 2/2 C TV AD CCTAA DIV 44 40 NATV	BLOCKING; 6-10 MEV	N. A. Ale D				
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	No Auth Required				
00014	IN D 3/2 3 TX AIR CSTIVI BER,20 WEV/2	BLOCKING;20 MEV/>	No Auth Required				
G6015	INTENS MOD TX DEL 1/MX FLDS TX SESS	INTENSITY MODULATED TX DEL 1/MX	No Auth Required				
		FLDS PER TX SESS					
G6016	CMP-B BM MD TX DEL I PLND TX P TX S	COMP-BASED BEAM MOD TX DEL I	No Auth Required				
		PLND TX 3 > HR SESS					
G6017	INTRA-F LOC&TRCK TRGT/PT M EA F TX	INTRA-FRAC LOC & TRACKING	No Auth Required				
		TARGET/PT M EA FRAC TX					
G8395	LVEF >=40% OR NORMAL/MILD DEPR LVS	LVEF >=40% OR DOC NORMAL/MILD	No Auth Required				
		DEPRESSED LVS FUNC					
G8396	LVEF NOT PERFORMED OR DOCUMENTED	LEFT VENTRICULAR EJECT FRACTION	No Auth Required				
60207	DU ATED MACUU AD /FUNDUS EVANA DEDECORA	NOT PERFORM/DOC	N. A. Ale D				
G8397	DILATED MACULAR/FUNDUS EXAM PERFORM	DILATED MACULAR OR FUNDUS EXAM PERFORMED	No Auth Required				
G8398	DILAT MACULAR/FUNDUS EXAM NOT PRFRM		No Auth Required				
00330	DIET WINCOE MY ONDOS EX MY NOT FINANCIA	NOT PERFORMED	No riadi nequirea				
G8399	PT DOC RSLT CENTRAL DXA EVER PERF	PATIENT W/DOC RESULTS CENTRL DXA	No Auth Required				
		EVER BEING PERF					
G8400	PT W/CNTRL DXA RSLTS NOT DOCUMENTED	PATIENT W/CENTRAL DXA RESULTS NOT	No Auth Required				
		DOCUMENTED					
G8404	LOWER EXTREM NEURO EXAM PERFORM&DOC	LOWER EXTREMITY NEUROLOGICAL	No Auth Required				
		EXAM PERFORMED&DOC					
G8405	LOWER EXTREM NEURO EXAM NOT PRFRM		No Auth Required				
00440	500714549 5144 959509459 449 900	NOT PERFORMED					
G8410	FOOTWEAR EVAL PERFORMED AND DOC	FOOTWEAR EVALUATION PERFORMED	No Auth Required				
G8415	FOOTWEAR EVAL WAS NOT PERFORMED	AND DOCUMENTED FOOTWEAR EVALUATION WAS NOT	No Auth Required				
G6413	FOOTWEAK EVAL WAS NOT PERFORIVIED	PERFORMED	No Autii Kequireu				
G8416	CLIN DOC PT NOT ELIG FOOTWEAR EVAL	CLIN DOC PT NOT ELIG FOOTWEAR	No Auth Required				
	, , , , , , , , , , , , , , , , , , , ,	EVALUATION MEASURE					
G8417	BMI DOC ABV NML PARAM & F/U PLN DOC	BMI DOC ABOVE NORMAL PARAM &	No Auth Required				
		F/U PLAN DOCUMENTED					
G8418	BMI DOC BLW NML PARAM & F/U PLN DOC	BMI DOC BLW NML PARAM & A F/U	No Auth Required				
		PLAN IS DOCUMENTED					
G8419	BMI DOC OUT NL PARM NO F/U DOC NO R	BMI DOC OUT NML PARAM NO F/U PLN	No Auth Required				
00:		DOC NO RSN GVN					
G8420	BMI DOC NML PARAM & NO F/U PLAN RQR	BMI DOC W/I NORMAL PARAM & NO	No Auth Required				
G8421	BMI NOT DOCUMENTED & NO REASON GVN	F/U PLAN REQUIRED BMI NOT DOCUMENTED AND NO	No Auth Required				
G0421	DIVINOT DOCUMENTED & NO REASON GVIN	REASON IS GIVEN	No Auth Nequileu				
G8422	BMI NOT DOC DOC PT NOT ELG BMI CALC	BMI NOT DOC DOC PT NOT ELIGIBLE	No Auth Required				
33722	The state of the s	BMI CALCULATION					
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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	No Auth Required			
		PRSCR RSN DOC CLIN				
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			
	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			

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G8541	FUNC OUTCOME ASSESS NOT DOC NO RSN	FCN OUTCOME ASMT STD TOOL NOT	No Auth Required			
		DOC RSN NOT GIVEN				
G8542	FCN OC ASMT; NO DEFICT PLN NOT RQR	FCN OUTCOME ASMT DOC; NO DEFICT	No Auth Required			
C0F42	DOC D FON ACMT CTD-DI NI NOT DOC NO D	ID PLAN NOT RQR	No Auth Doguined			
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	No Auth Boquired			
G8559	PT REF TO PHYS FOR OTOLOGIC EVAL	OTOLOGIC EVAL	No Auth Required			
G8560	PT HX ACTIVE DRAIN EAR PREV 90 DAYS	PT HISTORY ACTIVE DRAINAGE FROM	No Auth Required			
00300	TTTIX ACTIVE BILATIVE EARTINEV 30 DATS	EAR PREV 90 DAYS	No Auth Required			
G8561	PT NOT ELIG REF OTO EVAL HX DRAIN	PT NOT ELIG REF OTOLOGIC EVAL HX	No Auth Required			
00301	THO ELIGICI OTO EVALUADIAN	ACTV DRAIN MSR	No Auth Required			
G8562	PT NO HX DRAINGE EAR PREV 90 DAYS	PT NO HISTORY ACTIVE DRAINAGE EAR	No Auth Required			
00302		PREV 90 DAYS				
G8563	PT NOT REF PHYS OTO EVAL RSN NOT GV	PATIENT NOT REF PHYS OTOLOGIC EVAL	No Auth Required			
		RSN NOT GIVEN				
G8564	PT REF OTO EVAL REASON NOT SPEC	PT REFERRED PHYS OTOLOGIC EVAL	No Auth Required			
		REASON NOT SPEC	·			
G8565	VEIFICATION & DOC SUDDEN HEAR LOSS	VERIFICATION & DOC SUDDEN/RAPIDLY	No Auth Required			
		PROG HEAR LOSS	,			
G8566	PT NOT ELIG REF OTO HEAR LOSS MSR	PT NOT ELIG REF OTO EVAL SUDDEN	No Auth Required			
		HEARING LOSS MSR	·			
G8567	PT NO VERIFICATION SUDDEN HEAR LOSS	PT NO VERIFICATION & DOC SUDDEN	No Auth Required			
		HEARING LOSS				
G8568	PT WAS NOT REF PHYS OTO EVAL NO RSN	PATIENT NOT REF PHYS OTOLOGIC EVAL	No Auth Required			
		RSN NOT GIVEN				
G8569	PROLONGED POSTOP INTUBATION RQR	PROLONGED POSTOPERATIVE	No Auth Required			
		INTUBATION REQUIRED				
G8570	PROLONGED POSTOP INTUBATION NOT RQR	PROLONGED POSTOPERATIVE	No Auth Required			
		INTUBATION NOT REQUIRED				
G8571	DVLP DP STRNL WND I/MDSTNT 30 D PO	DVLP DP STRNL WND INF/MEDIASTINIT	No Auth Required			
		W/I 30 DA P/O				
G8572	NO DEEP STRNL WND INF/MEDIASTINITIS	NO DEEP STERNAL WOUND	No Auth Required			
		INFECTION/MEDIASTINITIS				
G8573	STROKE FLW ISOLATED CABG SURGERY	STROKE FOLLOWING ISOLATED CABG	No Auth Required			
C0574	NO CEROME ELIMINOU ATER CARC CURCERY	SURGERY	N A. de D			
G8574	NO STROKE FLW ISOLATED CABG SURGERY	NO STROKE FOLLOWING ISOLATED	No Auth Required			
COETE	DEV POSTOP RENAL FAIL/REQ DIALYSIS	CABG SURGERY	No Auth Boquired			
G8575	DLV FUSTUR REINAL FAIL/REQ DIALTSIS	DEVELOPED POSTOP RENAL FAILURE/REQ DIALYSIS	No Auth Required			
G8576	NO PO RENAL FAIL/DIALYSIS NOT REQ	NO POSTOP RENAL FAILURE/DIALYSIS	No Auth Required	1		
003/0	INO FO KLIVAL FAIL/DIALTSIS NOT KEQ	NOT REQUIRED	No Autii Kequileu			
G8577	REOP MDST BLD GFT OCCL VLV FUNC/OTH	REOP MEDIAST BLEED GFT OCCL VALV	No Auth Required			
30377		DYSFUNC/OTH RSN	Addi Nequileu			
G8578	REOP NOT REQ MEDST BLD GFT OCCL/OTH	REOP NOT REQ MEDIAST BLEED GFT	No Auth Required			
55575		OCCL/OTH REASN				
G8598	ASPIRIN/ANOTHER ANTIPLATELT TX USED	ASPIRIN OR ANOTHER ANTIPLATELET	No Auth Required			
	, :	THERAPY USED		1		
G8599	ASP/OTH ANTITHROMB NOT USED NO RSN	ASPIRIN/OTH ANTITHROMBOTIC NOT	No Auth Required			
		USED RSN NOT GVN	·	1		
G8600	IV T-PA INIT W/IN 3 HRS LAST WELL	IV T-PA INITIATED W/IN 3 HRS TIME	No Auth Required			
		LAST KNWN WELL	·			
G8601	IV T-PA NOT INIT 3 HRS WELL RSN DOC	IV T-PA NOT INIT IN 3 HRS LAST WELL	No Auth Required			
		RSN DOC CLIN				
G8602	IV TPA NOT IN 3 HRS TME KNWN NO RSN	IV TPA NOT INIT W/I 3 HRS TIME	No Auth Required			
		KNOWN RSN NOT GVN		<u> </u>		
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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	No Auth Required			
00020	Solid Fride Not IIV 30 BATEW GAT SOLID	SURG MAJ COMP	nto Auth Required			
G8633	PHARM TX FOR OSTEOPOROSIS PRESCRIB	PHARMACOLOGIC THERAP FOR	No Auth Required			
		OSTEOPOROSIS PRESCRIBED				
G8635	PHARM TX OP NOT PRSC REASON NOT GVN	PHARM TX OSTEOPOROSIS NOT PRSC	No Auth Required			
	,	REASON NOT GIVEN				
G8647	RISK-ADJ FUNC STS KNEE IMPAIR =/>0	RISK-ADJ FUNC STATUS KNEE	No Auth Required			
C0640	RISK-ADJ FUNC STATUS KNEE IMPAIR <0	IMPAIRMENT SCORE=/>0 ISK-ADJ FUNC STATUS KNEE	No Auth Boquired			
G8648	RISK-ADJ FUNC STATUS KNEE IIVIPAIR <u< td=""><td>IMPAIRMENT SCORE &lt;0</td><td>No Auth Required</td><td></td><td></td><td></td></u<>	IMPAIRMENT SCORE <0	No Auth Required			
G8650	RSK-AD FCN ST K IMPR NO MSR NO RSN	RISK-ADJ FUNCT STATUS KNEE NOT	No Auth Required			
00050		MEAS RSN NOT GVN				
G8651	RISK-ADJ FCN STS HIP IMPAIR SC=0/>0	RISK-ADJ FUNCT STATUS HIP	No Auth Required			
		IMPAIRMENT SCORE =0/>0	·			
G8652	RISK-ADJ FUNCT STS HIP IMPAIR SC <0	RISK-ADJ FUNCT STATUS HIP	No Auth Required			
		IMPAIRMENT SCORE < 0				
G8654	RISK-ADJ FNC STS HIP NOT MRS NO RSN	RISK-ADJ FUNCT STATUS HIP NOT MEAS	No Auth Required			
		RSN NOT GIVEN				
G8655	RSK-AD FCN ST LW LEG FT ANK SC=0/>0	RISK-ADJ FUNCT STAT LOW LEG FT ANK	No Auth Required			
G8656	RISK-ADJ F STS CH SC FT/ANK IMPR <0	SCORE =0 / >0  RISK-ADJ FXN STAT CH RSD SC FT/ANK	No Auth Boquired			
00000	RISK-ADJ F 313 CH 3C F1/ANK IIVIFK CU	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 Auth Required			
00050		NO MSR N RSN				
G8659	RSK-AD F ST CH R SC LB IMPR SC=0/>0	RISK-ADJ FXN STS CH RSD SC LW BACK	No Auth Required			
		IMPR SC=0/>0	·			
G8660	RSK-AD F ST CH RSD SC LB IMPR SC <0	RISK-ADJ FXN STS CH RSD SC LW BACK	No Auth Required			
		IMPAIR SC < 0				
G8661	RSK-AD F ST CH R S LB IMPR PT N APP	RISK-ADJ F STS CH RSD SC LW BACK	No Auth Required			
		IMPR PT NOT APP				
G8662	RSK-AD ST CH R SC LB IMPR RSN N GVN	RISK-ADJ FCN STS CH RSD SC LB IMPAIR	No Auth Required			
G8663	RISK-ADJ FCN STS SHOULDER IMPR =/>0	RSN NOT GVN RISK-ADJ FUNCT STS SHOULDER IMPAIR	No Auth Poquired			
08003	INISK-ADJ I CN 313 3HOOLDEN HVIFN -/20	SCORE =0/>0	No Auth Required			
G8664	RISK-ADJ FUNC ST SHOULDER IMPAIR <0	RISK-ADJ FUNCT STATUS SHOULDER	No Auth Required			
		IMPAIR SCORE < 0				
G8666	RSK-AD F ST SHLD IMPR NO MSR NO RSN	RISK-ADJ FCN STS SHLDR IMPR NOT	No Auth Required			
		MSR RSN NOT GIVN				
G8667	RSK-AD FUN ST ELB HAND IMPAIR =/> 0	RISK-ADJ FUNC STS ELB WRST HND	No Auth Required			
		IMPAIR SC =0 / >0				
G8668	RISK-AD FCN ST ELB WR H IMPR SC < 0	RISK-ADJ FUNC ST ELBOW WRIST HAND	No Auth Required			
60676	DCK A F CT F W I I MADD NO MCD NO 2001	IMPAIR SC < 0	No Auth Bouring			
G8670	RSK-A F ST E W H IMPR NO MSR NO RSN	RISK-ADJ FCN ST E WR HND IMPR NOT	No Auth Required			
G8671	RSK-A ST CH R SC N CR M TS RBS=0/>0	MSR RSN NOT GV RISK-ADJ F STS CHG RSD SC N CR M TS	No Auth Required			
000/1	TISK 7/31 CITY OF WERE WITH TO RED-0/20	RIBS SC=0/>0	140 / tatil Nequileu			
G8672	RSK-A ST CH R SC N CR M TS RIB SC<0	RISK-ADJ FXN STS CHG RSD SC N CR M	No Auth Required			
		TS RIBS SC<0				
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	No Auth Required			
		RIB RSN NO GVN				
G8694	LEFT VENTRICULAR EJ FRACTION < 40%	LEFT VENTRICULAR EJECTION FRACTION	No Auth Required			
		< 40%				
G8708	PT NOT PRESCRIBED/DISPENSED ABX	PATIENT NOT PRESCRIBED OR	No Auth Required			
		DISPENSED ANTIBIOTIC				

	T	T		T	ı		T
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		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	No Auth Required				
G8731	PN ASMT TOOL DOC NEG NO F/U PLN RQR	STANDARD TOOL F/U PLAN 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	No Auth Required				
G8733	ELD MALTX SCR DOC POS & F/U PLN DOC	ASSESSMENT REASON NOT GIVN  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	No Auth Required				
G8735	ELDER MALTX POS F/U NOT DOC NOT GVN	DOC NEG NO F/U REQ  ELDER MALTX SCR DOC POS F/U NOT	No Auth Required				
G8749	ABSENCE SIGNS MEL/ABSENCE SX MEL	DOC RSN NOT GIVN  ABSENCE SIGNS MELANOMA/ABSENCE SYMPTOMS MELANOMA	No Auth Required				
G8752	MOST RECENT SYSTOLIC BP < 140MM HG	MOST RECENT SYSTOLIC BLOOD	No Auth Required				
G8753	MOST RECENT SYSTOLIC BP >= 140MM HG	PRESSURE < 140MM HG MOST RECENT SYSTOLIC BLOOD	No Auth Required				
G6755	INIOST RECEINT STSTOLIC BP >- 140WINT HG	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				
	L	1	I	I	l	I	<u> </u>

G8810	RHOGAM NOT ORDERED REASONS DOC CLIN		No Auth Required				
		REASONS DOC CLIN					
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		No Auth Required				
		STATIN TX NOT PRSC					
G8816	STATIN MEDICATION PRESCRIBED AT D/C	STATIN MEDICATION PRESCRIBED AT	No Auth Required				
	·	DISCHARGE					
G8817	STATIN TX NOT PRSC D/C RSN NOT GVN	STATIN THERAPY NOT PRESCRIBED D/C	No Auth Required				
		RSN NOT GIVEN					
G8818	PT D/C HOME NO LATR THN POSTOP DA 7	PATIENT D/C TO HOME NO LATER THAN	No Auth Required				
		POSTOP DAY #7					
G8825	PT NOT D/C TO HOME BY POSTOP DAY #7	PATIENT NOT DISCHARGED TO HOME	No Auth Required				
		BY POSTOP DAY #7					
G8826	PT D/C HOM NO LATR PO DA 2 FLW EVAR	PT D/C HOME NO LATER THAN POSTOP	No Auth Required				
		DAY #2 FLW EVAR					
G8833	PT NOT D/C HOM POSTOP D #2 FLW EVAR	PATIENT NOT D/C HOME POSTOP DAY	No Auth Required				
	DT D / 0 1 0 1 4 1 0 1 4 T D D O D 4 1 1 0 5 1 1 4 0 5 4	#2 FOLLOW EVAR					
G8834	PT D/C HOM NO LATR PO DA #2 FLW CEA	PT D/C HOME NO LATER POSTOP DAY	No Auth Required				
60000	DT NOT D /C HOME DV DO DAY 2 FLW CFA	#2 FOLLOW CEA	N. A. All D. a. Justine d				
G8838	PT NOT D/C HOME BY PO DAY 2 FLW CEA	PATIENT NOT D/C TO HOME BY POSTOP	No Auth Required				
G8839	SLEEP APNEA SX ASSESS SNOR DAY SSS	DAY #2 FLW CEA SLEEP APNEA SYMP ASSESS PRES/ABS	No Auth Required				
00039	SLEEP APINEA 3A ASSESS SINOR DAT 333	SNOR DAY SSS	No Auth Required				
G8840	DOC RSN NOT DOCUMENT ASMT SLEEP SYM	DOC REASON NOT DOCUMENTING	No Auth Required				
00040	DOC NOT DOCOMENT ADMIT SEEE! STIM	ASMT SLEEP SYMPTOMS	No riadi nequired				
G8841	SLP APNEA SX NOT ASSESS RSN NOT GVN	SLEEP APNEA SX NOT ASSESSED	No Auth Required				
		REASON NOT GIVEN					
G8842	AHI/RDI MEASURED AT TIME INITIAL DX	AHI/RDI MEASURED AT TIME OF INITIAL	No Auth Required				
		DIAGNOSIS					
G8843	DOC RSN NOT MSR AHI/RDI TM INIT DX	DOC REASON NOT MEASURING AHI/RDI	No Auth Required				
		TIME INIT DX					
G8844	AHI/RDI NOT MSR TIME DX RSN NOT GVN	APNEA HYPOPNA IND/RDI NOT MSR TM	No Auth Required				
		DX RSN NOT GVN					
G8845	PAP THERAPY PRESCRIBED	POSITIVE AIRWAY PRESSURE THERAPY	No Auth Required				
		PRESCRIBED					
G8846	MOD/SEV OBSTRUCTIVE SLEEP APNEA	MODERATE OR SEVERE OBSTRUCTIVE	No Auth Required				
C0040	DOC DEACON NOT DESCRIPED DAD TV	SLEEP APNEA	No Auth Doguined				
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	No Auth Required				
00030	TATIOT I ROCKEASON NOT GIVEN	RSN NOT GIVEN	140 Matil Nequileu				
G8851	OBJECTIVE MEASURE ADHER PAP TX DOC	1	No Auth Required				
		TX DOCUMENTED					
G8852	PAP THERAPY PRESCRIBED	POSITIVE AIRWAY PRESSURE THERAPY	No Auth Required				
		PRESCRIBED					
G8854	DOC RSN NOT OBJ MSR ADHERENCE CPAP	DOCUMENTATION REASON NOT OBJ	No Auth Required				
		MSR ADHERENCE CPAP					
G8855	OBJ MSR ADH PAP TX NOT PERF NOT GVN	OBJ MSR ADHERENCE TO PAP TX NOT	No Auth Required				
		PRF RSN NOT GVN					
G8856	REFER PHYS OTOLOGIC EVAL PERFORMED	REFERRAL TO PHYSICIAN OTOLOGIC	No Auth Required				
	DT NOT 5110 DEF 07010 512 5111	EVAL PERFORMED					
G8857	PT NOT ELIG REF OTOLOGIC EVAL MSR	PATIENT NOT ELIG REFERRAL FOR	No Auth Required				
COOFO	DEE DHAS OLOT OC EVAL MOT DDE M CAM	OTOLOGIC EVAL MSR	No Auth Rocuired				
G8858	REF PHYS OTOLOG EVAL NOT PRF N GVN	REF TO PHYS OTOLOGIC EVAL NOT	No Auth Required				
		PRFRM RSN NOT GVN	1	1	<u>l</u>	I	

G8863	PTS NOT ASSESS RSK BL RSN NOT GVN	PATIENTS NOT ASSESSED RISK BONE	No Auth Required			
		LOSS RSN NOT GVN				
G8864	PNEUMOCOCCL VACC ADMIN/PREV RECEIVE	PNEUMOCOCCAL VACCINE ADMIN OR	No Auth Required			
		PREVIOUSLY RECEIVD				
G8865	DOC MED RSN NOT ADM/PREV REC PN VAC	DOC MED RSN NOT ADM/PREV RECV	No Auth Required			
		PNEUMOCOCCAL VAC				
G8866	DOC PT RSN NOT ADM/PREV RECV PN VAC	DOC PT RSN NOT ADM/PREV RECV	No Auth Required			
00007	2011107 1211/2251/2501/2501/107 01/51	PNEUMOCOCCAL VAC				
G8867	PCV NOT ADM/PREV RECV RSN NOT GIVEN		No Auth Required			
60060	DT HAC DOC INANA LID CIAHT AND THE TV	RECV RSN NOT GVN	N. A. All D. S. Card			
G8869	PT HAS DOC IMM HB&INIT ANTI-TNF TX	PATIENT HAS DOC IMMUN HEP B & INIT	No Auth Required			
G8872	EXCSD TISS EVAL IMAG IO CNF TGT LES	ANTI-TNF TX	No Auth Boquired			
G8872	EXCSD 1155 EVAL IMAG TO 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	No Auth Required			
00073	T I NOLE LOC SI LE VENI DIO INSI /I ATTI	INTRAOP INSP/PATH	No Auth Required			
G8874	EXC TISS NOT EVAL IMAG IO TARG LES	EXCIS TISS NOT EVAL IMAG IO CONFRM	No Auth Required			
00074	EXC 1133 NOT EVILE INVINCTIO TAING EES	INCL TARG LES	No riati nequirea			
G8875	CLIN DX BR CA PREOP MIN INV BX METH	CLINICIAN DX BREAST CA PREOP MIN	No Auth Required			
00075	CENT DATE OF THE CONTROL OF THE CONT	INVAS BX METHOD	- To riadir neganica			
G8876	DOC RSN NO MI BX DIAG BRST CA PREOP	DOC RSN NO MIN INVASIVE BX	No Auth Required			
00070		DIAGNOSE BR CA PREOP	- To riadir neganica			
G8877	CLN NOT DX BR CA PRE BX RSN NOT GVN	CLIN NOT DX BR CA PREOP MIN INVAS	No Auth Required			
		BX RSN NOT GVN				
G8878	SENTINEL LYMPH NODE BX PROC PERFORM	SENTINEL LYMPH NODE BIOPSY	No Auth Required			
		PROCEDURE PERFORMED	,			
G8880	DOC REASON SLN BIOPSY NOT PERFORMED	DOCUMENT RSN SENTINEL LYMPH	No Auth Required			
		NODE BX NOT PRFRM				
G8881	STAGE BREAST CA > T1N0M0/T2N0M0	STAGE BREAST CANCER GREATER THAN	No Auth Required			
		T1N0M0/T2N0M0				
G8882	SENTINEL LN BX NOT PERF RSN NOT GVN	SENTINEL LYMPH NODE BX NOT PERF	No Auth Required			
		REASON NOT GIVEN				
G8883	BX RSLT REV COMMUNICATED TRACKD&DOC	BIOPSY RESULTS REVIEW	No Auth Required			
		COMMUNICATED TRACKED & DOC				
G8884	CLIN DOC RSN PT BX RESLT NOT REVIEW	CLIN DOC REASON PT BIOPSY RESULTS	No Auth Required			
		NOT REVIEWED				
G8885	BX RESULTS NOT REVIEWED TRACKED/DOC	BIOPSY RESULTS NOT REVIEW	No Auth Required			
		COMMUNICATE TRACK/DOC				
G8907	PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C	PT DOC NO:BURN;FALL FAC;WRG	No Auth Required			
		EVENT;/HOS TRANSFER				
G8908	PT DOC HAVE RECEIVED BRN PRIOR D/C	PATIENT DOC HAVE RECEIVED BURN	No Auth Required			
C0000	DT DOC NOT HAVE DEC BURN DRIOD D/C	PRIOR DISCHARGE	No Auth Doguised			
G8909	PT DOC NOT HAVE REC BURN PRIOR D/C	PT DOC NOT HAVE RECEIVED BURN	No Auth Required			
C0010	DT DOC HAVE EVDEDIENCED FALL IN ACC	PRIOR DISCHARGE	No Auth Doguised			
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	No Auth Required	1		
00311	I I DOC NOT EXPENIENCED FALL IN ASC	SURG CENTER	No Auth Nequileu			
G8912	PT DOC EXP WRG SITE S PT PRO/IMPL	PT DOC HAVE EXP WRG SITE SIDE PT	No Auth Required			
30312		PRO/IMPL EVENT				
G8913	PT DOC NO EXP WRG SITE S PT P/IMPL	PT DOC NO WRONG SITE SIDE PT	No Auth Required			
00010		PROC/IMPLANT EVENT				
G8914	PT DOC EXP HOSP TRNSF/ADM D/C ASC	PT DOC HAVE EXPERNED HOSP	No Auth Required			
	, , , , , , , , , , , , , , , , , , , ,	TRNSF/ADM UPON D/C ASC				
G8915	PT DOC NOT EXP HOSP TRF/ADM D/C ASC	PT DOC NOT EXPERNED HOSP	No Auth Required			
		TRNSF/ADM UPON D/C ASC		1		
	ı	. ,			1	

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G8916	PT PREOP ORD IV ABP SSI ABX INIT TM	PT PREOP ORD IV ABX PROPH ABX	No Auth Required			
		INITIATED TIME				
G8917	PT PREOP ORD IV ABP SSI NOT INIT TM	PT PREOP ORD IV ABX SSI PROPH NOT	No Auth Required			
60040	DT NO DDEOD ODD IV ADVICE DDODU	INITIATED TIME	N A calle D control d			
G8918	PT NO PREOP ORD IV ABX SSI PROPH	PT WITHOUT PREOP ORDER IV ABX SSI	No Auth Required			
COOSS	LVEE 4400/ /DC NA /CV DDDCD L VT CVC FCN	PROPHYLAXIS	No Auth Doguined			
G8923	LVEF<40%/DC M/SV DPRSD L VT SYS FCN	LVEF< 40%/DOC MOD/SEV DPRSD LT	No Auth Required			
G8924	SP FEV1/FVC <70% FEV <60% P&COPD SX	VENT SYSTOLIC FCN SP RSLT DEMST FEV1/FVC <70% FEV	No Auth Required			
00324	31 1 E V 1/1 V C \ \ 7070 1 E V \ \ 0070 1 Q C O I D 3X	<60% P & COPD SX	No Auth Required			
G8925	SP TR FEV1 >= 60% FEV1/FVC >= 70%	SP RSLT FEV1 >= 60% FEV1/FVC >= 70%	No Auth Required			
00323	31 11(1EV1 >= 00/01EV1/1VC >= 70/0	NO COPD SX	No Auth Required			
G8926	SPIRO TST NOT PRFRM/DOC RSN NOT GVN	SPIROMETRY TEST NOT PRFRM/DOC	No Auth Required			
00320		REASON NOT GIVEN				
G8934	LVEF<40%/DOC MOD/SEV DEPRESSED LVSF	LVEF<40%/DOC MOD/SEV DPRSD LT	No Auth Required			
	,	VENT SYSTOLIC FCN				
G8935	CLINICIAN PRSC ACE INHIB/ARB TX	CLIN PRSC ACE INHIB/ANGIOTENSIN	No Auth Required			
	,	REC BLOCK ARB TX	·			
G8936	CLN DOC PT NOT ELG C ACE INH/ARB TX	CLIN DOC PT NOT ELIG CANDIDATE ACE	No Auth Required			
		INHIB/ARB TX				
G8937	CLN NOT PRSC ACE INH/ARB RSN NOT GV	CLIN DID NOT PRSC ACE INHIB/ARB TX	No Auth Required			
		RSN NOT GIVEN				
G8938	BMI OUTSIDE NORM NO F/U PT NOT ELIG	BMI OUTSIDE NORM LMT F/U PLN NOT	No Auth Required			
		DOC PT NOT ELIG				
G8939	PA D P FU PL NOT D D PT NOT ELG ENC	PA DOC POS F/U PL NOT DOC DOC PT	No Auth Required			
		NOT ELIG TM ENC				
G8941	ELD MAL SCR POS F/U NOT DOC NOT ELG		No Auth Required			
		ELG F/U PLN				
G8942	FNC OUTCM ASMT DOC PREV 30 D&CR PLN		No Auth Required			
		DA & CARE PLN				
G8944	AJCC MELANOMA CANCER STGE 0-IIC MEL		No Auth Required			
		MELANOMA				
G8946	MIN INVSV BX METH ATMPT NO DX BR CA	MINIMALLY INVASV BX METH ATMPT	No Auth Required			
00050	225 173 1173 22 2 2 2 2 3 1173 2 7 5 11 2 2 2	BUT NOT DX BR CA				
G8950	PREHTN/HTN BP DOC & INDICAT F/U DOC	PREHTN/HTN BP READING DOC &	No Auth Required			
G8952	P-HTN/HTN BP DOC F/U NOT RSN NOT GV	INDICATED F/U DOC	No Auth Boquired			
00932	P-HIN/HIN BP DOC F/O NOT KSN 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	No Auth Required			
00333	WOST KENT ASWIT ADEQUET VOE WIGHT DOC	VOLUME MGMT DOC	No Auth Required			
G8956	PT RCV MAINT HEMODIAL O/P DIALY FAC		No Auth Required			
00330		DIALYSIS FAC				
G8958	ASMT ADEQ VOL M NOT DOC RSN NOT GVN	ASMT ADEQUACY VOLUME MGMT NOT	No Auth Required			
		DOC RSN NOT GIVEN				
G8959	CLINCIAN TX MDD COM CLINCIAN TX CC	CLIN TREATING MDD COM CLIN	No Auth Required			
		TREATING COMORBID CON	·			
G8960	CLN TX MDD NOT C CLN CC RSN NOT GVN	CLIN TX MDD DID NOT COM CLIN TC CC	No Auth Required			
		RSN NOT GIVEN				
G8961	CRD SS IMAG L RSK PT PREOP 30 D SRG	CARD STRESS IMAG LW RSK PT PREOP	No Auth Required		 	
		EVAL 30 D SURG				
G8962	CARD STRESS IMAG TEST PERF ANY RSN	CARDIAC STRESS IMAGING TEST	No Auth Required			
		PERFORMED ANY REASON				
G8963	CARD STRSS IMAG MON ASX PT PCI 2 YR	CARD STRSS IMAG PRIM MON ASX PT	No Auth Required			
		HAD PCI W/I 2 YR				
G8964	CARD SS IMAG NOT MON ASX PCI 2 YRS	CARD SS IMAG OTH RSN THN MON ASX	No Auth Required			
		PT PCI IN 2 YRS		1		

G8966 CAF G8967 WA G8968 DOG G8969 DOG	ARD STRESS IMAG PRIM LW CHD RSK PT  ARD STRESS IMAG SX/> LW CHD RSK PT  ARFARIN/ANR FDA APRV ORAL AC PRESC  OC M RSN NOT RX WAR/ANR FDA-APV AC  OC PT RSN NOT RX WAR/OTHER PREV TE  O RISK FACTOR/1 MOD RISK FACTOR TE	DET RSK ASMT	No Auth Required  No Auth Required  No Auth Required  No Auth Required			
G8967 WA G8968 DOG G8969 DOG	OC PT RSN NOT RX WAR/OTHER PREV TE	CARD STRSS IMAG TST PER SX/HI THAN L CHD RSK PT WARFARIN/ANR FDA APRVD ORAL ANTICOAGULANT PRESC DOC MED RSN NOT PRESC WARFARIN/ANR FDA-APPRV AC	No Auth Required			
G8968 DO	OC M RSN NOT RX WAR/ANR FDA-APV AC OC PT RSN NOT RX WAR/OTHER PREV TE	WARFARIN/ANR FDA APRVD ORAL ANTICOAGULANT PRESC DOC MED RSN NOT PRESC WARFARIN/ANR FDA-APPRV AC				
G8969 DO	OC PT RSN NOT RX WAR/OTHER PREV TE	DOC MED RSN NOT PRESC WARFARIN/ANR FDA-APPRV AC	No Auth Required			
		DOC PT RSN NOT PRSCR WAR/ANOTHER				
G8970 NO	O RISK FACTOR/1 MOD RISK FACTOR TE	ORAL AC PREV TE	No Auth Required			
		NO RISK FACTOR/1 MOD RISK FACTOR THROMBOEMBOLISM	No Auth Required			
G8973 MO	OST RECENT HGB LEVEL < 10 G/DL	MOST RECENT HEMOGLOBIN LEVEL < 10 G/DL	No Auth Required			
G8974 HGI	GB LEVEL MSR NOT DOC RSN NOT GIVEN	HGB LEVEL MEASUREMENT NOT DOC REASON NOT GIVEN	No Auth Required			
G8975 DO	OC MED RSN PT HGB LEVL < 10 G/DL	DOCUMENTION MEDICAL RSN PT HGB LEVEL < 10 G/DL	No Auth Required			
G8976 MO	OST RECENT HCB LEVEL >= 10 G/DL	MOST RECENT HEMOGLOBIN HGB LEVEL >= 10 G/DL	No Auth Required			
G9001 CO	OORDINATED CARE FEE INITIAL RATE	COORDINATED CARE FEE INITIAL RATE	No Auth Required			
G9002 CO	OORDINATED CARE FEE MAINT RATE	COORDINATED CARE FEE MAINTENANCE RATE	No Auth Required			
G9003 CO	OORD CARE FEE RISK ADJUSTD HI INIT	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL	No Auth Required			
G9004 CO	OORD CARE FEE RISK ADJUSTD LW INIT	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL	No Auth Required			
G9005 CO	OORD CARE FEE RISK ADJUSTED MAINT	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE	No Auth Required			
G9006 CO	OORD CARE FEE HOME MONITORING	COORDINATED CARE FEE HOME MONITORING	No Auth Required			
G9007 CO	OORD CARE FEE SCHEDULE TEAM CONF	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE	No Auth Required			
G9008 CO	OORD CARE FEE PHYS OVRSIGHT SRVC	COORD CARE FEE PHYS COORD CARE OVERSIGHT SRVC	No Auth Required			
G9009 CO	OORD CARE FEE RISK ADJ MAINT LVL 3	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL 3	No Auth Required			
G9010 CO	OORD CARE FEE RISK ADJ MAINT LVL 4	COORDINATED CARE FEE RISK ADJ MAINTENANCE LEVL4	No Auth Required			
G9011 CO	OORD CARE FEE RISK ADJ MAINT LVL 5	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5	No Auth Required			
G9012 OTH	TH SPEC CASE MGMT SERVICE NEC	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	No Auth Required	General Medicine - health and behavior assessment/intervention		
G9013 ESR	RD DEMO BASIC BUNDLE LEVEL I	ESRD DEMO BASIC BUNDLE LEVEL I	No Auth Required			
G9014 ESR	RD DEMO EXPND BUNDLE W/VENUS ACSS	ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS&REL SRVC	No Auth Required		 _	
G9016 SM	MOK CESSATN CNSL IND ABSNC/ADD E&M	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS	No Auth Required			
G9050 ON	NC; PRIM FOCUS; WRKUP EVAL/STAG	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG@TM DX/RECUR	No Auth Required			
G9051 ON	NC; PRIM FOCUS; TX DECISION OPTNS	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS	No Auth Required			
G9052 ON	NC; PRIM; SURVEILLANCE RECUR;	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE	No Auth Required			

		1	1		1	,
G9053	ONC; PRIM; EXPECT MGMT EVIDENCE CA;	ONC; PRIM FOCUS; EXP MGMT	No Auth Required			
		EVIDENCE CA; TX FUTURE				
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	No Auth Poquired			
03033	ONC, FRIM, OTT ONS NOT OTTLERWISE LIST	OTHERWISE LIST	No Auth Required			
G9056	ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE	ONC; PRAC GUIDELINES; MGMT	No Auth Required			
43030	orte, i tale dolbe, main honers to dolbe	ADHERES TO GUIDELINES	No riadi nequirea			
G9057	ONC; PRAC; MGMT DIFFER CLIN TRIAL	ONC; PRAC GUIDE; MGMT DIFFR PT	No Auth Required			
	-, -, -	ENROLL CLIN TRIAL				
G9058	ONC; MGMT DIFFR PHYS DISAGREE GUIDE	ONC; PRAC GUIDE; MGMT DIFFER PHYS	No Auth Required			
		DISAGREE GUIDE	,			
G9059	ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	ONC; PRAC GUIDELINES; MGMT	No Auth Required			
		DIFFERS PT OPT ALT TX				
G9060	ONC; PRAC; MGMT DIFFER COMORBID ILL	ONC; PRAC GUIDELINE; MGMT DIFFER	No Auth Required			
		PT COMORBID ILL				
G9061	ONC; PTS COND NOT ADDRESSED GUIDE	ONC; PRAC GUIDE; PTS COND NOT	No Auth Required			
00005	010 0010 110147 017770 0711 051	ADDRESSED GUIDE				
G9062	ONC; PRAC; MGMT DIFFERS OTH REASON	ONC; PRAC GUIDELINES; MGMT	No Auth Required			
G9063	ONC. STATUS, NISCUC, STUNO DDOCDSN	DIFFERS OTH REASON	No Auth Boquired			
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	No Auth Required			
03001	ente, en 11 es, 11 es es en en en en en en en en en en en en en	PROGRESSION	- To riadir riegan ea			
G9065	ONC;NSCLC; ST III A NO PROGRESSN	ONC; STATUS; NSCLC; STAGE III A NO DZ	No Auth Required			
		PROGRESSN	,			
G9066	ONC; STATUS; NSCLC; ST III B-4 MET	ONC; STATUS; NSCLC; STAGE III B-4 MET	No Auth Required			
		LOC RECUR				
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN	ONC; STATUS; NSCLC; EXTENT DZ UNKN	No Auth Required			
		UNDER EVAL				
G9068	ONC; STATUS; SC&COMBLTD NO PROGRSN	ONC; STATUS; SC& COMB SM/NONSM;	No Auth Required			
60060	ONC CTATUS SCIENCE COMP. EVENAST	LTD NO PROGRESSN	N. A. Ale D			
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&COMBEXTENT UNKN	ONC; STATUS; SCLC SC&COMB	No Auth Required			
43070	ONC, STATOS, SCIE SCREONIB, EXTENT ONKIN	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	No Auth Required			
		POS;NO PROGRESSN				
G9072	ONC; BRST; ACA; ST I/II;NEG;NO PROG	ONC; F BRST;ACA; ST I/II; ER&PR	No Auth Required			
		NEG;NO PROGRESSN				
G9073	ONC; BRST; ACA; ST III; POS;NO PROG	ONC; F BRST;ACA; ST III; ER&/PR	No Auth Required	<u> </u>		
		POS;NO PROGRESSN				
G9074	ONC; BRST; ACA; ST III; NEG;NO PROG	ONC; F BRST;ACA; ST III; ER&PR NEG;	No Auth Required			
60075	ONE STATUS E DEST CA. ACA. MAI ASST	NO PROGRESSN	No Auth Descriped			
G9075	ONC; STATUS; F BRST CA; ACA; M1 MET	ONC; STATUS; FE BRST CA; ACA; M1	No Auth Required			
G9077	ONC;PROS CA;T1-T2C& PSA =20NO PROG</td <td>MET LOC RECUR ONC;PROS CA;T1-T2C&amp;GLESN</td> <td>No Auth Required</td> <td></td> <td></td> <td></td>	MET LOC RECUR ONC;PROS CA;T1-T2C&GLESN	No Auth Required			
33077	0116,1 1103 CA, 11-12CG F3AY/-20110 FRUG	27&PSA =20 NO PROGRSSN</td <td>Auth Required</td> <td></td> <td></td> <td></td>	Auth Required			
G9078	ONC; PROS CA; T2/T3A/PSA>20 NO METS	ONC; PROS CA; T2/T3A GLEASON 8-	No Auth Required	1		
	, , , , , , , , , , , , , , , , , , , ,	10/PSA>20 NO METS				
G9079	ONC;PROS CA; T3B-T4 N; T N1 NO PROG	ONC; STATUS; PROS CA; T3B-T4 N; T N1	No Auth Required			
		NO PROGRSSN				
G9080	ONC; PROS CA; TX RISING PSA	ONC; STATUS; PROS CA; TX RISING	No Auth Required			
		PSA/FAIL DECLINE				
G9083	ONC; PROS CA ACA; EXTENT UNKN	ONC; STATUS; PROS CA ACA; EXTENT	No Auth Required			
		UNKN UNDER EVAL		L		

G9084	ONC; COLON CA; T1-3 N0 M0 NO PROG		No Auth Required				
G9085	ONC; COLON CA; T4 N0 M0 NO PROG	NO PROGRESSION ONC; STATUS; COLON CA; T4 N0 M0 NO	No Auth Required				
G9065	ONC, COLON CA, 14 NO MO NO PROG	PROGRESSION	No Autii Kequirea				
G9086	ONC; COLON CA; T1-4 N1-2 M0 NO PROG	ONC; STATUS; COLON CA; T-14 N-12 M0	No Auth Required				
		NO PROGRESSN					
G9087	ONC; COLON CA; M1 MET W/CURR DZ	ONC; STATUS; COLON CA; M1 MET	No Auth Required				
	010 00101101 011010	W/CURR EVIDENCE DZ					
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	No Auth Required				
03003	one, sintres, estant on, extent one	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 Auth Required				
		NO PROGRESSN					
G9091	ONC; RECTAL CA; T3 N0 M0 NO PROG	ONC; STATUS; RECTAL CA; T3 N0 M0 NO	No Auth Required				
	010 050711 01 71 0111 0110 10 00 00	PROGRESSION					
G9092	ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	ONC; STATUS; RECTAL CA;T1-3 N1-2 MO NO PROGRESSN	No Auth Required				
G9093	ONC; RECTAL CA; T4 ANY N M0 NO PROG	ONC; STATUS; RECTAL CA; T4 ANY N MO	No Auth Required				
		NO PROGRESSN					
G9094	ONC; STATUS; RECTAL CA; M1 MET	ONC; STATUS; RECTAL CA; M1	No Auth Required				
		METASTATIC LOC RECUR					
G9095	ONC; STATUS; RECTAL CA; EXTENT UNK	ONC; STATUS; RECTAL CA; EXTENT DZ	No Auth Required				
COOOC	ONG FCORU CA TA TA NO NA /NY NO DROC	UNK UNDER EVAL	No Auth Desuined				
G9096	ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG	ONC; STATUS; ESOPH CA;T1-T3 NO- N1/NX NO PROGRSSN	No Auth Required				
G9097	ONC; ESOPH CA; T4 ANY N M0 NO PROG	ONC; STATUS; ESOPH CA; T4 ANY N MO	No Auth Required				
	, , , , , , , , , , , , , , , , , , , ,	NO PROGRESSN					
G9098	ONC; STATUS; ESOPH CA ; M1 METASTAT	ONC; STATUS; ESOPH CA; M1	No Auth Required				
		METASTATIC LOC RECUR					
G9099	ONC; STATUS; ESOPH CA; EXTENT UNK	ONC; STATUS; ESOPH CA; EXTENT DZ	No Auth Required				
G9100	ONC; GASTR CA; RO RESECT NO PROG	UNKN UNDER EVAL ONC; STATUS; GASTRIC CA; RO RESECT	No Auth Required				
G3100	ONC, GASTR CA, NO RESECT NO FROG	NO PROGRESSN	No Auth Required				
G9101	ONC; GASTR CA; R1/R2 RESECT NO PROG	ONC; STATUS; GASTRC CA; R1/R2	No Auth Required				
		RESECT NO PRGRESSN	·				
G9102	ONC; GASTR CA; M0 UNRESECT NO PROG	ONC; STATUS; GASTRIC CA; M0	No Auth Required				
	010 071710 01070 01 0111111	UNRESECT NO PROGRSSN					
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	No Auth Required				
03101	ene, en mes, en en en en en en en en en en en en en	UNK UNDER EVAL	- To Math Medanea				
G9105	ONC; PAN CA; RO RESECT NO PROG	ONC; STATUS; PAN CA; RO RESECT NO	No Auth Required				
		DZ PROGRESSION					
G9106	ONC; PAN CA; R1/R2 RESECT NO PROG	ONC; STATUS; PAN CA; R1/R2 RESECT	No Auth Required				
C0107	ONG, DAN CA, UNDESCRIPTION AND MET	NO PROGRESSION	No Auth Desuined				
G9107	ONC; PAN CA; UNRESECTBL M1 MET	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR	INO AUTH REQUIRED				
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNK	ONC; STATUS; PAN CA; EXTENT DZ	No Auth Required				
	· · · · · · · · · · · · · · · · · · ·	UNKN UNDER EVAL					
G9109	ONC; H&N CA; T1-T2&N0 M0 NO PROG	ONC; STATUS; HEAD&NCK CA; T1-	No Auth Required				
		T2&N0 M0 NO PROGRSS					
G9110	ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	ONC; STATUS; HEAD&NCK CA;T3-4&/N1	No Auth Required				
G9111	ONC: STATUS: HR.N. CA: NA1 NAET LOC	3 MO NO PROGRS	No Auth Poguired				
Galli	ONC; STATUS; H&N CA; M1 MET LOC	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR	No Auth Required				
		INITIATATE LOCKLOOK	1	I.	l .	1	l

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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 Auth Required				
03113	one by sintres ever at strike bitter	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 Auth Required				
		NO PROGRS					
G9115	ONC; OV CA; ST III-IV; NO PROG	ONC; STATUS; OVARIAN CA; ST III-IV;	No Auth Required				
00446	01/01/01/01/01/01/01/01/01/01/01/01/01/0	NO PROGRESSN					
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	No Auth Required				
GJ117	one, sinnes, ever, extern onto	UNKN UNDER EVAL	No Auth Required				
G9123	ONC; CML; CP NO HEM CYT/MOL REMISS	ONC; CML; CHRON PHASE NOT	No Auth Required				
		HEMATOL CYT/MOL REMISS					
G9124	ONC;CML; AP NO HEMA CYT/MOL REMISS	ONC; CML; ACCEL PHASE NOT HEMA	No Auth Required				
		CYT/MOL REMISS					
G9125	ONC; CML BP NOT HEM CYT/MOL REMISS	ONC; CML BP NOT HEMAT	No Auth Required				
C0126	ONC; CML HEM CYTOGN/MOLECULR REMISS	CYTOGENIC/MOLECULAR REMISS ONC; CML HEMATOLOGIC	No Auth Required				
G9126	ONC, CIVIL HEIVI CTTOGIN/MOLECULK KEIVIISS	CYTOGENIC/MOLECULAR REMISS	No Auth Required				
G9128	ONC; MX MYELOMA SYS DZ; SMOLDR ST I	ONC; LTD TO MX MYELOMA SYS DZ;	No Auth Required				
		SMOLDERING ST I					
G9129	ONC; MX MYELOMA SYS DZ ST II/HIGHER	ONC; LTD TO MX MYELOMA SYS DZ ST	No Auth Required				
		II/HIGHER					
G9130	ONC; MX MYELOMA SYS DZ EXTENT UNKN	ONC; LTD MX MYELOMA SYS DZ	No Auth Required				
		EXTENT UNKN UND EVAL					
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	No Auth Required				
03132	ONC, DE 313,1 NOS CA, CENT ME 13	ADENOCARCINOMA;CLIN METS	No Auth Required				
G9133	ONC;DZ STS;PROS CA;CLIN METS/M1	ONC;DZ STS;PROS CA	No Auth Required				
		ADENOCARCINOMA;CLIN METS/M1					
G9134	ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD	ONC;DZ STS;NHL;STAGE I II NOT RELPSD	No Auth Required				
		NOT RFRCTRY					
G9135	ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS		No Auth Required				
G9136	ONC;DZ STS;NHL TRNS 2ND CELLR CLSS	NOT RFRCTRY ONC;DZ STS;NHL TRNSFRM ORIG CELLR	No Auth Required				
G9130	ONC, DZ 313, NHL TRN3 ZND CELLR CL33	2ND CELLR CLSS	No Autii kequireu				
G9137	ONC;DZ STS;NHL;RELAPSED/REFRACTORY	ONC; DZ STS; NHL;	No Auth Required				
		RELAPSED/REFRACTORY					
G9138	ONC;DZ STS;NHL;STAGE NOT DETERM	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT	No Auth Required				
		DETERMINED					
G9139	ONC;DZ STS;CML;STAGE NOT LISTED	ONC;DZ STS;CML; EXTENT DZ UNKN	No Auth Required				
		STAG NOT LISTED					
G9140	FRONTIER EXTENDED STAY CLIN DEMO;	FRONTIER EXTENDED STAY CLIN DEMO; CMS DEMO PROJ	No Auth Required				
G9143	WARFARIN RSPN TEST GEN TECH ANY #	WARFARIN RSPN TEST GEN TECH ANY	Authorization Required	Pathology and Lab		Full Clinical Review	
331-3	SERVICE IN THE SERVIC	METH ANY # SPEC				ccar neview	
G9147	OIVIT MSR: RQ; &/UUN; &/GLU; &/K+	OP IV INSULIN TX MEASURE: RQ;	No Auth Required				
		&/UUN; &/GLU; &/K+					
G9148	NAT COMMITTEE QA LEVEL 1 MED HOME	NATIONAL COMMITTEE QA LEVEL 1	No Auth Required				
		MEDICAL HOME					
G9149	NAT COMMITTEE QA LEVEL 2 MED HOME	NATIONAL COMMITTEE QA LEVEL 2	No Auth Required				
G9150	NAT COMMITTEE QA LEVEL 3 MED HOME	MEDICAL HOME  NATIONAL COMMITTEE QA LEVEL 3	No Auth Poquired				
99120	INAT CONNINT TEE QA LEVEL 3 MED HOME	MEDICAL HOME	No Auth Required				
		INITIONE HOME	1	1	1		

	T	1			
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		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		
		CONTRAIND ASP/ANTI-PLT DOC PT NOT ON DAILY ASPIRIN/ANTI-			

			1	1		
G9279	PNC SCRN DOC VACC RECV PRORI D/C	PNEUMOCOCCAL SCR PERFORM DOC	No Auth Required			
		VACC RECV PRIOR D/C				
G9280	PNC V NOT ADM PRI D/C RSN NOT SPEC	PNEUMOCOCCAL VACC NOT ADM	No Auth Required			
		PRIOR D/C RSN NOT SPEC				
G9281	SCREEN PERF VACC NOT IND/PT REFUSAL	SCREEN PERFORM DOC VACC NOT	No Auth Required			
		INDICATED/PT REFUSAL				
G9282	DOC RSN NOT RPT HIST TYP/NSCLC-NOS	DOC MED RSN NOT RPT HIST TYP/NSCLC	No Auth Required			
		NOS CLASS W/E				
G9283	NSCLC BX CYT RPT DOC H TYP/NOS	NSCLC BX CYT RPRT DOC CLASS H	No Auth Required			
		TYP/NSCLC-NOS W/E				
G9284	NSCLC BX CYT RPT NOT DOC H TYP/NOS	NSCLC BX CYT RPRT NOT DOC H	No Auth Required			
	, , ,	TYP/NSCLC-NOS W/E				
G9285	SPEC SITE OTH THAN LUNG/NOT NSCLC	SPEC SITE OTH THAN ANAT LOC	No Auth Required			
		LUNG/NOT CLASS NSCLC				
G9286	ABX REG PRSC W/I 10 DA AFTR ONST SX	ABX REGIMEN PRSC W/I 10 DA AFTER	No Auth Required			
03200	ABA NEO I NOE W/I TO BATAL THE ONS I SA	ONSET SX	140 Auth Required			
G9287	ABX NOT PRSCR 10 DA AFTR ONSET SX	ABX REGIMEN NOT PRSCR W/I 10 DA	No Auth Required			
03207	ABA NOT FREEK TO DA AFTR ONSET SA	AFTR ONSET SX	No Autil Required			
G9288	DOC MED RSN NOT RPT H TYP/NSCLC-NOS	DOC MED REASON NOT REPORT H	No Auth Poquired			
U3208	DOC WILD K3N NOT KPT IT TTP/N3CLC-NOS		No Auth Required			
C0200	NICCLO DV CV DDT DOC II TVD/NICCLO NICC	TYPE/NSCLC-NOS EXPL	No Auth Doguined			
G9289	NSCLC BX CY RPT DOC H TYP/NSCLC-NOS	NSCLC BX CYTOLOGY RPT DOC H	No Auth Required			
	NICE OR AN OWNER WOLLD ON THE PROPERTY OF THE	TYPE/NSCLC-NOS EXPL				
G9290	NSCLC BX CY RPT NOT DOC H TYP/NOS	NSCLC BX CYT RPT NOT DOC H	No Auth Required			
		TYPE/NSCLC-NOS EXPL				
G9291	SP SITE NOT LNG NOT NSCLC/NSCLC-NOS	SPEC SITE OTH THN LUNG NOT CLASS	No Auth Required			
		NSCLC/NSCLC-NOS				
G9292	DOC RSN NOT RPT PT CAT ULCER PT1 MR	DOC MED RSN NOT RPT PT CAT THICK	No Auth Required			
		ULCER PT1 MR				
G9293	PATH RPT NOT PT CAT ULCER PT1 MR	PATH RPT NOT INCL PT CAT THICKNESS	No Auth Required			
		ULCER PT1 MR				
G9294	PATH RPT W/PT CAT THICK ULCR PT1 MR	PATH RPT W/PT CAT THICKNESS	No Auth Required			
		ULCERATION PT1 MR				
G9295	SPEC SITE OTH THAN ANATOMIC CUT LOC	SPECIMEN SITE OTH THAN ANATOMIC	No Auth Required			
		CUTANEOUS LOC				
G9296	PT DOC SDM CONSERV TX PRIOR PROC	PT DOC SHARE DECISION	No Auth Required			
		CONSERVATIVE TX PRIOR PROC				
G9297	SDM CONSERV TX PRIOR PROC NOT DOC	SHARE DECISION CONSERVATIV TX	No Auth Required			
		PRIOR PROC NOT DOC				
G9298	PT EVAL VTE CV RSK 30 DA PRIOR PROC	PT EVAL VTE CV RISK FACTOR W/I 30	No Auth Required			
03233		DAY PRIOR PROC				
G9299	PT NOT EVAL VTE CV RSK 30 D PRI PRC	PT NOT EVAL VTE CV RISK W/I 30 DAY	No Auth Required			
03233	THO I LVAL VIL CV NOR 30 D FRI FRC	PRIOR PROC	Auth Nequileu			
G9300	DOC RSN NOT INFUS P ABX PRI PROX TQ	DOC RSN NOT CMPL INFUS P ABX PRIOR	No Auth Required			
03300	DOC NON NOT THE OS F ADA PRI PROX TO		No Auth Required			
C0204	DT HAD D ADVINCHE DRIOD INCLATED	INFLA PROX TQ	No Auth Doguined			
G9301	PT HAD P ABX INFUS PRIOR INFLAT TQ	PT HAD PROPH ABX INFUSED PRIOR	No Auth Required			
60222	D ADV NOT CARD DDIOD TO SOU MOT OUT	INFLATION PROX TQ	No Audio Don 1			
G9302	P ABX NOT CMPL PRIOR TQ RSN NOT GVN		No Auth Required			
		TQ RSN NOT GVN				
G9303	OP RPT NOT ID PROS SPEC RSN NOT GVN	OP RPT DOES NOT ID PROS IMPL SPEC	No Auth Required			
		RSN NOT GIVEN				
G9304	OP RPT IDS PROSTHETIC IMPLANT SPEC	OP REPORT IDENTIFIES PROSTHETIC	No Auth Required			
		IMPLANT SPEC				
G9305	INT LEAK ENDOLUM CNT ANASTM NOT REQ	INTRVENTION LEAK ENDOLUMINAL CNT	No Auth Required			
		ANASTOM NOT REQ			 	
G9306	INT LEAK ENDOLUM CNT ANASTM REQ	INTRVENTION LEAK ENDOLUMINAL CNT	No Auth Required			
		ANASTOM REQUIRD				
		•	•	•		

G9307	NO RTN OP ROOM PROC 30 DA PRIN PROC		No Auth Required			
		30 DAY PRIN PROC				
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		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			
G9312	AMC NOT RX 1ST LN ABX TM DX DOC RSN	1	No Auth Required			
03313	ANIC NOT KX 131 LN ABX TW BX BOC K3N	TM DX DOC RSN	No Auth Required			
G9314	AMOX NOT 1ST LINE TM DX RSN NOT GVN	AMOXICILLIN NOT 1ST LINE ABX TM DX	No Auth Required			
03011	7.11.07.11.07.12.11.07.10.11.10.1	RSN NOT GIVEN	·			
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	No Auth Required			
03310	DOCT TROKY 65255 RSR GILLE WYT TYT WIT	CALCULATOR W/PT/FAM	nto Auth Required			
G9317	DOC PT RSK ASMT CALC PT/FM NOT CMPL	DOC PT RISK ASSESS RISK CALC	No Auth Required			
	, i	W/PT/FAM NOT COMPL	· ·			
G9318	IMAGING STUDY NAMED STANDARD NOMEN	IMAGING STUDY NAMED ACCORD	No Auth Required			
		STANDARD NOMENCLATURE				
G9319	IMAG STDY NOT NOMEN RSN NOT GVN	IMAG STUDY NOT NAMED STANDARD	No Auth Required			
		NOMEN RSN NOT GVN				
G9321	COUNT PREV CT CRD NM DOC 12-MO PRI	COUNT PREV CT CARD NM STUDY DOC	No Auth Required			
		12-MO PRIOR CURR				
G9322	CNT CT CRD NM NOT DOC 12-MO NO RSN	COUNT PREV CT CARD NM NOT DOC 12-	No Auth Required			
		MO RSN NOT GVN				
G9326	CT NOT RPT RD INDX REG RSN NOT GVN	CT PERF NOT RPT RAD DOSE INDX REG	No Auth Required			
		RSN NOT GVN				
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		No Auth Poquired			
09329	DICOM AVAIL 12-MO NOT DOC NO KSN	DOC RSN NOT GVN	No Auth Required			
G9340	FINAL RPT DOC DICOM DATA 12-MO AFTR	FINAL RPT DICOM IMAG DATA AVAIL PT	No Auth Poquired			
03340	THINAL RET DOC DICON DATA 12-MO AFTR	AU 12-MO AFTR	No Auth Required			
G9341	SEARCH PRIOR CT EXT ENTITIES 12-MO	SEARCH PRIOR CT EXT HC FAC/ENT 12-	No Auth Required			
030.1		MO PRI TO IMAG	nto / tatir ricquirea			
G9342	SRC NOT CD PRI I S PT CT S CPL NO R	SRCH NOT CD PRI IMAG S PEF PT CT S	No Auth Required			
		CMPL NO RSN	·			
G9344	SRCH PRIOR DICOM NOT CMPL SYS RSN	SEARCH PRIOR CMPL DICOM IMAGES	No Auth Required			
		NOT CMPL SYS RSN				
G9345	F/U REC DOC INCIDENT DETECTED PNS	F/U REC DOC INCIDENTALLY DETECTED	No Auth Required			
		PULM NODULES				
G9347	F/U REC NOT DOC GLS PNS RSN NOT GVN	F/U REC NOT DOC ACC REC GLS PNS RSN	No Auth Required			
00045	OT COAL DAY OF THE THE DAY OF THE	NOT GVN				
G9348	CT SCAN PNS ORDERED TIME DX DOC RSN		No Auth Required			
60246	CT CCAN DADANCI CIN ODD DV/DCV 22 2	TIME DX DOC RSN	No. Acade Document			
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	No Auth Required			
3330	C	DX/IN 28 DA AFTR	Addi Nequileu			
G9351	MORE 1 CT PARNSL SINUS 90 D AFTR DX	MORE 1 CT PARANASAL SINUS ORD/REC	No Auth Required			
		90 DAY AFTR DX				
G9352	MORE 1 CT PARNSL SS 90 D DX NO RSN		No Auth Required			
		AFTR DX NO RSN	·			
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G9353	MORE 1 CT PARNSL SS 90 D DX DOC RSN		No Auth Required			
00054	1/NO CT DADNES CO NOT COD CO D DV	AFTR DX DOC RSN				
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	No Auth Required			
03333	LAKET ELLCT DELY LAKET IND NOT PERI	INDUCTION NOT PERF	No Auth Required			
G9356	EARLY ELECTIVE DEL/EARLY IND PERF	EARLY ELECTIVE DELIVERY/EARLY	No Auth Required			
03330	ETWEI EEEETIVE BEG ETWEI IND I EM	INDUCTION PERFORMD	140 Matil Required			
G9357	POST-PARTUM SCREEN EVAL EDU PERFORM	POST-PARTUM SCREENINGS EVAL	No Auth Required			
		EDUCATION PERFORMED	·			
G9358	POST-PART SCREEN EVAL EDU NOT PERF	POST-PARTUM SCREEN EVAL	No Auth Required			
		EDUCATION NOT PERFORMED				
G9359	DOC NG/MN P TB SCR E TB NOT AC 1Y V		No Auth Required			
		W/I 1 Y PT VST				
G9360	NO DOC NEG/MANAGED POS TB SCREEN	NO DOC NEGATIVE/MANAGED	No Auth Required			
		POSITIVE TB SCREEN				
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	No Auth Boquired			
G9304	SINUSITIS CAUS/PRES CAUS BACT INF	BACTERIAL INF	No Auth Required			
G9365	ONE HIGH-RISK MEDICATION ORDERED	ONE HIGH-RISK MEDICATION ORDERED	No Auth Required			
03303	ONE THOSE MISK WEDIGHTION ONDERED	ONE THOS MISS WESTERMON ONSERES	140 Matil Required			
G9366	ONE HIGH-RISK MEDICATION NOT ORDERD	ONE HIGH-RISK MEDICATION NOT	No Auth Required			
		ORDERED	·			
G9367	AT LEAST 2 ORD SAME HIGH-RISK MED	AT LEAST 2 ORD FOR SAME HIGH-RISK	No Auth Required			
		MED				
G9368	AT LEAST 2 ORD SAME HR MEDS NOT ORD	AT LEAST 2 ORDERS SAME HIGH-RISK	No Auth Required			
		MEDS NOT ORD				
G9380	PT OFFRD ASST ROF ISSUE DUR MSR PRD	PATIENT OFFERED ASSIST ROF ISSUES	No Auth Required			
		DUR MSR PRD				
G9382	PT NOT OFFRD ASST EOL ISSUE MSR PRD	PT NOT OFFRD ASST END OF LIFE ISSUES	No Auth Required			
00000	DT DEG ( 000 110 ( 115 11 // 40 140 DDD	DUR MSR PRD				
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	No Auth Required			
05364	DOC WED KIN NOT KEEV AN SEKTIEV INT	SCREENING HCV INF	No Auth Required			
G9385	DOC PT RSN NOT RECV AN SCR HCV INF	DOC PT REASON NOT RECEIVING	No Auth Required			
		ANNUAL SCR HCV INF				
G9386	SCR HCV NOT REC 12 M P RSN NOT GVN	SCR HCV INF NOT RECV W/I 12 MO PR	No Auth Required			
		RSN NOT GIVEN				
G9389	UNPLN RUPT PC RQR VITRCT DUR CC SUR	UNPLANNED RUPT POST CAP RQR	No Auth Required			
		VITRECT DUR CAT SURG				
G9390	NO UNPLN RUP PC RQR VITRECT CC SURG	NO UNPLAN RUP POST CAP RQR	No Auth Required			
		VITRECT DUR CC SURG				
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	No Auth Required			
C0204	DT DDD /DD MH/HOCDCE /DALL DLID ACCECC	PHQ-9 SC <5	No Auth Dogudand			
G9394	PT BPD/PD NH/HOSPCE/PALL DUR ASSESS	PT BPD/PD PERM NH/HOSPICE/PALL	No Auth Required			
G9395	PT INIT PHQ-9 SC >9 NO RM AT 12 MO	CARE DUR ASSESS PT INIT PHQ-9 SC >9 DID NOT ACHV	No Auth Required			
03333	1 1 11411 1 11Q-3 3C >3 NO NIVI AT 12 IVIO	REMISSION 12 MO	No Autil Nequileu			
G9396	PT I PHQ-9 SC >9 NO ASSESS RM 12 MO	PT INIT PHQ-9 SC >9 NOT ASSESSED RM	No Auth Required			
05550		AT 12 MO				
G9399	DOC PT RCRD DISC BTW PHYS/CLIN & PT	DOC PT RECORD DISCUSSION BETWEEN	No Auth Required			
	,	PHYS/CLIN & PT	·			
G9400	DOC MED/PT RSN NOT DISC TX OPTIONS;	DOC MED/PT RSN FOR NOT DISC	No Auth Required			
		TREATMENT OPTIONS;			 	
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G9401	NO DOC PT RCRD DISC BTW PHYS & PT	NO DOC DISC PT RCRD DISC BTW	No Auth Required				
		PHYS/Q HC PROF & PT					
G9402	PT RCV F/U D D/C/WI/30 DA AFTR D/C	PATIENT RECV F/U ON DATE D/C/WI 30	No Auth Required				
C0402	CINIDOC DON DE NO 20 DE LUINDE DA	DAYS AFTR D/C	No Auth Descriped				
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	DT NOT DOVE (U.D.T.D./C/M/L20.D.A.D./C	·	No Auth Dogwined				
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	No Auth Poquired				
03403	THEEVITO WITHIN TOATS ATTENDIC	AFTER D/C	No Auth Required				
G9406	CLN DOC RSN PT NO 7 DA F/U INPT D/C		No Auth Required				
03400	CEN DOCKSIN TINO 7 DATYO INI T D/C	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	No Auth Required				
05107		DAYS AFTER D/C	no man neganea				
G9408	PT CT &/PERICARDIOCENTESIS WI 30 DA	PATIENTS W/CT	No Auth Required				
	,	&/PERICARDIOCENTESIS OCR WI 30 DA					
		-,					
G9409	PT WO CT &/PERICARDIOCENT WI 30 DA	PATIENTS WO CT	No Auth Required				
	,	&/PERICARDIOCENTESIS OCR WI 30 DA					
		,					
G9410	PT ADM WI 180 DAYS POST CIED W/INF	PT ADM WI 180 DAYS POST CIED W/INF	No Auth Required				
		RQR DEVC REMV	·				
G9411	PT NOT ADM WI 180 D PST CIED W/INF	PT NOT ADM WI 180 D PST CIED W/INF	No Auth Required				
		RQR DVC RMV					
G9412	PT ADM WI 180 D P CIED INF DVC RMV	PT ADM WI 180 D PST CIED W/INF DVC	No Auth Required				
		RMV/SURG REV					
G9413	PT NOT ADM WI 180 D POST CIED W/INF	PT NOT ADM WI 180 DAYS POST CIED	No Auth Required				
		W/INF DEVC REMV					
G9414	PT 1 D MC VAC ON/BETWN PT 11&13 BD	PT HAD 1 DOSE MC VAC ON/BETWN PT	No Auth Required				
		11TH & 13TH BD					
G9415	PT NO 1 DOS MC V ON/BTW PT 11&13 BD	PT NO 1 DOSE MC VAC ON/BTW PT	No Auth Required				
		11TH & 13TH BDAY					
G9416	PT 1 TET DT TDAP ON/BTW 10 & 13 BD	PATIENT HAD 1 TET DT & TDAP	No Auth Required				
		ON/BTW PT 10 & 13 BD					
G9417	PT NO 1 TET DT TDAP ON/BTW 10&13 BD	PATIENT NO 1 TET DT & TDAP ON/BTW	No Auth Required				
		PT 10 & 13 BD					
G9418	P NSCLC BX&CY SPEC DOC CL NSCLC-NOS	PRIM NSCLC BX&CY SPEC DOC CLASS	No Auth Required				
		NSCLC-NOS EXPLAN					
G9419	DOC M RSN NO H T/NSCLC-NOS CL EXPLN	DOC MED RSN NOT INCL HIS T/NSCLC-	No Auth Required				
00400	5055 6 NOT 1 00 1 1 NO 6 NOT DD 1 4 NO 6 1	NOS CLASS EXPLN					
G9420	SPEC S NOT LOC LUNG/NOT PRIM NSCLC	SPEC SITE OTH THAN LOC LUNG/NOT	No Auth Required				
60424	D NICCI C DVO CV C NO DOC CI NICCI C NOC	CLASS PRIM NSCLC	No. Acade Described				
G9421	P NSCLC BX&CY S NO DOC CL NSCLC-NOS	PRIM NSCLC BX&CY S NO DOC CLASS	No Auth Required				
C0422	NICCLO BY 8. CYTOLOGY CREC BRRT	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		No Auth Required	1			
03423	DOC WILD NOW IND NEW I IT ITP/INOCLE-INUS	NOS CLASS EXPLN	No Auth Required				
G9424	SPEC SITE OTH THAN LOC L NOT NSCLC	SPEC SITE OTH THAN ANAT LOC LUNG	No Auth Required				
0,5424	STEESTE OTH THAN LOCK INOT NOCEC	NOT NSCLC/NOS	Auth Nequileu				
G9425	NSCLC BX & CY SPC NOT DOC NSCLC-NOS	NSCLC BX & CY SPC NOT DOC CLASS	No Auth Required				
33423	THE SECOND CONTROL OF THE SECOND CONTROL OF	NSCLC-NOS EXPLAN	Addi nequired				
G9426	IMP MED TM ED AR-INIT P MED PRF ADM	IMP MED TM ED AR-INIT ED PN MED	No Auth Required				
		ADMIN PRF ADM PT					
G9427	IMP MN TM ED AR-I P MED NOT PRF ADM	IMP MED TM ED AR-INIT PAIN MED	No Auth Required				
/		ADMIN NOT PRF ADM					
		p ==	L	I.	1	1	I.

	T					
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		

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ADMINISTRATE   DECLARA MEDICANA   ADMINISTRATE	G9479	SRVC PRF QUAL PHARM HOSPICE EA 15 M		No Auth Required	Hospice			
COOKED MODEL PROCESS AND   COOKED PROCESS AND   C								
NEW TITLEY DO NEW MEN MEN MEN TITLEY 20 MM   NEW MET TITLEY 20 MM	G9480	ADMISSION TO MCCM PROGRAM		No Auth Required				
SHAPE   MIN   IN YST FOR E/MAN WEIT PTT 20 MAN   SHAPE   PET 20 MAN	G9481	RMT IH VST FOR E/M NEW PT;TYP 10 MN		No Auth Required				
MATERIAN FOR EARLY REPORT 93 DANN   REMOTE IN-HORIEW STRY DIE (MIT OF MATERIAN STRY DIE (MIT O	G9482	RMT IH VST FOR E/M NEW PT:TYP 20 MN	REMOTE IN-HOME VISIT FOR E/M OF	No Auth Required				
NEW PT/PY 8 DN   New PT/PY 9 DN   New	C0492	DNAT ILL VCT EOD E/NA NIEVA/ DT.TVD 20 NANI		No Auth Required				
SAME   SAME   THE YET FOR EAR NEW PETYY 45 NM	G9463	INVIT IN VST FOR E/IVI NEW PT, TTP SU IVIN		No Autii Kequireu				
SAME   NAT   IN YET FOR FAM NEW PETTY BO MN   SENDITE IN-HOME VST FOR EAM OF MAJER Required	G9484	RMT IH VST FOR E/M NEW PT;TYP 45 MN		No Auth Required				
No. Part In VST FOR E/M EST PT; YP 3.0 MN			NEW PT;TYP 45 MN					
ETAB FT/TP 19 MN	G9485	RMT IH VST FOR E/M NEW PT;TYP 60 MN		No Auth Required				
SATE HINDST FOR E/M ST PT/PY 5 NN   SEMOTE IN HOME VST FOR E/M OF SEM PT/PY 5 S NN   SEMOTE IN HOME VST FOR E/M OF SEM PT/PY 5 S NN   SEMOTE IN HOME VST FOR E/M OF SEM PT/PY 5 S NN   SAWS Required	G9486	RMT IH VST FOR E/M EST PT;TYP 10 MN		No Auth Required				
STAB PTITYP 15 NM			ESTAB PT;TYP 10 MN					
SAME   MAT   MAY   TOR REM EST PT, TYP 25 M   REMOTE IN HOME VST FOR REMOTE   MAY   SAME   MAY   SAME   MAY   SAME   MAY   MAY   SAME   MAY	G9487	RMT IH VST FOR E/M EST PT;TYP 15 MN	-	No Auth Required				
SAME OF CONTRACT   STATE	G9488	RMT IH VST FOR E/M EST PT;TYP 25 MN	•	No Auth Required				
STAB_PTYP 40 MN								
CMSIC MOLHY PA CLINNOT BILL 30 P   CMSIC MOLHY PT ASMT CLINNOT BILL   No Auth Required   So Joba'r PR	G9489	RMT IH VST FOR E/M EST PT;TYP 40 MN	-	No Auth Required				
30 DA FER   SOUNTS ANES/FRXY ABSTN SM DA SX   SMOKING DAY SX   SMOKING D	C0400	CARCIC MADELLINADA CINI-NIOT DEL 20 D.D.		No Auth Desuised				
SMOKING DAY SX   SMOK	G9490	CMS IC MDE HV PA CEN;NOT BEL 30-D P		No Auth Required				
G9950   ADTIBIOTIC REGIMEN PRESCRIBED   ANTIBIOTIC REGIMEN PRESCRIBED   No Auth Required	G9497	RECV INSTR ANES/PRXY ABSTN SM DA SX	RECEIVED INSTR ANES/PROXY ABSTAIN	No Auth Required				
ABDATION EXPOSURE INDICES DOC   RAD EXP INDICES/EXP TM & NUMB   No Auth Required								
FLUORO IMAGES DOC								
MG N DOC N SSN   MG N DOC N N DOC N SSN   MG N DOC N N DOC N SSN   MG N DOC N N D N DOC N N D N DOC N N N N D N D N D N D N D N D N D N D	G9500	RADIATION EXPOSURE INDICES DOC		No Auth Required				
DOCUMENTATION MEDICAL RSN FOR NO Auth Required	G9501	RE INDCS/EXP TM&NO FL I N DOC N RSN		No Auth Required				
PATENT TAKING TAMSULOSIN HYDROCHLORIDE	G9502	DOC MED RSN FOR NOT PERF FOOT EXAM	DOCUMENTATION MEDICAL RSN FOR	No Auth Required				
HYDROCHLORIDE	G9503	PT TAKING TAMSHI OSIN HYDROCHI ORIDE		No Auth Required				
G9504 DOC NOT ASSESS HBV PRI ANTI-TNF TX A	03303	T T TAKING TAWASSESSIN TIT BROCKLESKIDE		No Auth Required				
ABX PRSC 10 D AFT ON SX DOC MED RSN ABX REG PRSC W/I 10 DA AFTR ONSET SX DOC MED RSN BIOLOGIC IMMUNE RESPONSE MOD PRSC BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED MODIFIER PRESCRIBED DOC PT ON STATIN MED/DOC VALID CONTRAININED/DOC VALID CONTRAININED/DOC VALID CONTRAININED/DOC VALID CONTRAININED/DOC VALID CONTRAININED/CATION DOC PT ON STATIN MEDICATION DOC WMENTATION PT IS NOT ON A STATIN MEDICATION DOC WMENTATION PT IS NOT ON A STATIN MEDICATION DOC WMENTATION PT IS NOT ON A STATIN MEDICATION ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA R 12 MO ADULT PT 18/SMD NO REM 12 M DOR MI 12 MO DEM 12 MO DEM 12 MO PHQ-9 -5 ADULT PT 18/SMD NO REM 12 M DNM ID P IDX PHQ-9/SH SC>9 DOC DUR 12 M DNM ID P IDX PHQ-9/PHQ-9 MSC>9 DOC DUR 12 M DNM ID P IDX PHQ-9/PHQ-9 MSC>9 DOC DUR 12 M DNM ID PRD  G9512 INDIVIDUAL HAD A PDC OF 0.8/GREATER G9513 INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL DID NOT HAVE A PDC OF 0.8/S INDIVIDUAL DID NOT HAVE A PDC OF 0.8/S PT RQR RETURN TO THE OR W/I 90 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 NO Auth Required	G9504	DOC NOT ASSESS HBV PRI ANTI-TNF TX		No Auth Required				
SX DOC MED RSN  BIOLOGIC IMMUNE RESPONSE MOD PRSC BIOLOGIC IMMUNE RESPONSE MOD PRSC BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED  G9507 DOC PT ON STATN MED/DOC VALID CNTRA DOC PT ON STATIN MED/DOC VALID CNTRA STATIN MED/CATION  G9508 DOC PT IS NOT ON STATIN MEDICATION  G9509 ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO NO Auth Required 12 MO PHQ-9 <5 NO Auth Required MO DNOM ID PRD  MO DNOM ID PRD MO DNOM ID PRD MO DNOM ID PRD MO DNOM ID PRD MO DNOM ID PRD NO Auth Required GREATER  MIDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL HAD A PDC OF 0.8/S INDIVIDUAL HAD A PDC OF 0.8			ANTI-TNF TX					
G9506   BIOLOGIC IMMUNE RESPONSE   MODIFIER PRESCRIBED	G9505	ABX PRSC 10 D AFT ON SX DOC MED RSN		No Auth Required			1	
MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER PRESCRIBED   MODIFIER MODIFIER MEDICATION   MODIFIER MODIFI								
G9507 DOC PT ON STATN MED/DOC VALID CNTRA DOC PT ON STATN MED/DOC VALID CONTRAINDICATION G9508 DOC PT IS NOT ON STATIN MEDICATION DOCUMENTATION PT IS NOT ON A STATIN MEDICATION STATIN MEDICATION DOCUMENTATION PT IS NOT ON A STATIN MEDICATION STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required STATIN MEDICATION No Auth Required No Auth Required STATIN MEDICATION No Auth Required No Auth Required STATIN MEDICATION No Auth Required No Auth Required MO DNOMN ID PRD No Auth Required MO DNOMN ID PRD No Auth Required STATIN MEDICATION No Auth Required MO DNOMN ID PRD No Auth Required STATIN MEDICATION No Auth Required MO DNOMN ID PRD No Auth Required STATIN MEDICATION No Auth Required No Auth Required No Auth Required No Auth Required	G9506	BIOLOGIC IMMUNE RESPONSE MOD PRSC		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 R REMISS AT 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA R REMISS AT 12 MO REM 12 MD PRO PROPERTY OF ADLT PT 18/>MD NO REM 12 MD PNQ-9 <5 ADLT PT 18/>MD NO REM 12 MD NO REM 12 MD DEM 12 MD PNQ-9 <5 ADLT PT 18/>MD NO REM 12 MD DEM 12 MD PNQ-9 <5 ADLT PT 18/>MD NO REM 12 MD DEM 12 MD PNQ-9 <5 ADLT PT 18/>PPQ-9/PMQ-9 M SC>9 DOC DUR 12 MD NM ID P IDX PHQ-9/PHQ-9 M SC>9 DOC DUR 12 MO DNOMN ID PRD IDX PHQ-9/PHQ-9 M SC>9 DOC DUR 12 MO DNOMN ID PRD IDX PHQ-9/PHQ-9 M SC>9 DOC DUR 12 MO DNOMN ID PRD IDX PHQ-9/PHQ-9 M SC>9 DOC DUR 12 MO DNOMN ID PRD IDX PHQ-9/PHQ-9 M SC>9 DOC DUR 12 MO Auth Required GREATER INDIVIDUAL HAD A PDC OF 0.8 OR GREATER INDIVIDUAL DID NOT HAVE A PDC OF O	G9507	DOC PT ON STATN MED/DOC VALID CNTRA	DOC PT ON STATIN MED/DOC VALID	No Auth Required				
STATIN MEDICATION  G9509 ADULT 18 YR/O MD/DYSTHYMIA R 12 MO ADULT 18 YR/OLDER MD/DYSTHYMIA REMISS AT 12 MO  G9510 ADLT 18/>MD NO REM 12M PHQ-9 <5 ADLT PT 18/>MD NO REM 12 MO DRM 12 MO DRM 12 MO PHQ-9 <5 ADLT PT 18/>MD NO REM 12 MO DRM 12 MO DRM 12 MO PHQ-9 HQ-9 MSC>9 DOC DUR 12 MO NOMN ID PRD MO DNOMN ID PRD MO Auth Required GREATER  G9513 INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  G9514 PT RQR RTN TO OR W/I 90 D OF SURG PT RQR A RETURN TO THE OR W/I 90 No Auth Required	G9508	DOC PT IS NOT ON STATIN MEDICATION		No Auth Required				
REMISS AT 12 MO   REMISS AT 12 MO   REMISS AT 12 MO DEM   Required   REMISS AT 12 MO DEM   Required   REMISS AT 12 MO PHQ-9 <5   ADLT PT 18/>MD NO REM 12 MO DEM   No Auth Required   Repaired   Rep								
G9510 ADLT 18/>MD NO REM 12M PHQ-9 <5 ADLT PT 18/>MD NO REM 12 MO DEM 12 MO DEM 12 MO PHQ-9 <5 NO Auth Required 12 MO PHQ-9 <5 NO Auth Required MO DNOMN ID PRD INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL HAD A PDC OF 0.8 OR GREATER GREATER INDIVIDUAL DID NOT HAVE A PDC OF 0.8/>  G9513 INDIV DID NOT HAVE A PDC OF 0.8/>  INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR OR OR OR OR OR OR OR OR OR OR OR OR	G9509	ADULT 18 YR/O MD/DYSTHYMIA R 12 MO		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 Auth Required MO DNOMN ID PRD  G9512 INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL HAD A PDC OF 0.8 OR GREATER  G9513 INDIV DID NOT HAVE A PDC OF 0.8/> INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  G9514 PT RQR RTN TO OR W/I 90 D OF SURG PT RQR A RETURN TO THE OR W/I 90 No Auth Required	G9510	ADLT 18/>MD NO REM 12M PHQ-9 <5		No Auth Required				
MO DNOMN ID PRD  G9512 INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL HAD A PDC OF 0.8 OR GREATER  G9513 INDIV DID NOT HAVE A PDC OF 0.8/> INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  G9514 PT RQR RTN TO OR W/I 90 D OF SURG PT RQR A RETURN TO THE OR W/I 90 No Auth Required			12 MO PHQ-9 <5					
G9512 INDIVIDUAL HAD A PDC OF 0.8/GREATER INDIVIDUAL HAD A PDC OF 0.8 OR GREATER  G9513 INDIV DID NOT HAVE A PDC OF 0.8/> INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  G9514 PT RQR RTN TO OR W/I 90 D OF SURG PT RQR A RETURN TO THE OR W/I 90 No Auth Required	G9511	PHQ-9/9M SC>9 DOC DUR 12 M DNM ID P		No Auth Required				
G9513 INDIV DID NOT HAVE A PDC OF 0.8/> INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER  G9514 PT RQR RTN TO OR W/I 90 D OF SURG PT RQR A RETURN TO THE OR W/I 90 No Auth Required	G9512	INDIVIDUAL HAD A PDC OF 0.8/GREATER	INDIVIDUAL HAD A PDC OF 0.8 OR	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 No Auth Required	G9513	INDIV DID NOT HAVE A PDC OF 0.8/>	INDIVIDUAL DID NOT HAVE A PDC OF	No Auth Required				
	G951/I	PT ROR RTN TO OR W/I 90 D OF SURG		No Auth Required	1		1	
	G5514	THE THE TO SK W/1 50 D OF SORG		No Auth Required				

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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	1	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	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			
G9537	DOC SYS RSN OBT HEAD CT MRI STUDY	MRI	No Auth Required		
G9539	INTENT FOR PTNTL REMV TIME OF PLCMT	INTENT FOR POTENTIAL REMOVAL TIME OF PLACEMENT	·		
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 G9547	PT THAT DO NOT HAVE THE FILTER RMVD	PATIENTS THAT DO NOT HAVE THE FILTER REMOVED	No Auth Required		
	R LS =1.0 CM/ 1.0 CM BUT =4.0 CM</td <td>CYST RNL LES/AD LES<!--=1.0 CM/-->1.0 CM BUT<!--=4.0CM</td--><td>No Auth Required</td><td></td><td></td></td>	CYST RNL LES/AD LES =1.0 CM/ 1.0 CM BUT =4.0CM</td <td>No Auth Required</td> <td></td> <td></td>	No Auth Required		
G9548 G9549	F RPT IMG STDY STAT NO F/U IMG RECM  DOC MED RSN F/U IMAGING INDICATED	FINAL REPORTS IMAG STDY STAT NO F/U IMAG RECOM	No Auth Required		
		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		

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G9551 F	F RPT IMAG STDY W/O INCDNTL LES NTD	FINAL RPT IMAG STDY W/O INCIDENTAL FND LES NOTED	No Auth Required		
G9552 I	INCIDNTL THYRD NODUL <1.0 CM IN RPT	INCIDENTAL THYROID NODULE < 1.0 CM	No Auth Required		
		NOTED REPORT			
G9553 F	PRIOR THYROID DISEASE DIAGNOSIS	PRIOR THYROID DISEASE DIAGNOSIS	No Auth Required		
G9554 F	FR CT CTA MRI/MRA CH/N N F/U I REC	FINAL RPT CT CTA MRI/MRA CH/N/U/S	No Auth Required		
		N F/U IMAG REC			
G9555 [	DOC MED RSN RECOMMEND F/U IMAGING	DOCUMENTATION MED RSN	No Auth Required		
		RECOMMENDING F/U IMAGING			
G9556 F	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	No Auth Required		
		IMAG NOT RCM			
G9557 F	F RP CT/MRI CH/NCK NO THR NOD<1.0CM	FINAL RPT CT/MRI CHEST/NCK/U/S NO	No Auth Required		
		THR NOD<1.0 CM			
G9558 F	PT TX W/BETA-LACTAM ABX DEFINITV TX	PT TREATED W/BETA-LACTAM ABX AS	No Auth Required		
		DEFINITIVE TX			
G9559	DOC MED RSN NOT PRSC BETA-LACTM ABX	DOC MED RSN FOR NOT PRESCRIBING	No Auth Required		
		BETA-LACTAM ABX			
G9560 F	PT NOT TX BETA-LCTM ABX RSN NOT GVN	PT NOT TX BETA-LACTM ABX DEFINITV	No Auth Required		
		TX RSN NOT GVN			
G9561 F	PT PRSC OPIATES FOR LNGR THAN 6 WKS	PATIENTS PRSC OPIATES FOR LONGER	No Auth Required		
		THAN 6 WEEKS			
G9562	PT F/U EVAL EV 3 MOS DUR OPIOID TX	PT F/U EVAL AT LEAST EVRY 3 MOS DUR	No Auth Required		
		OPIOID TX			
G9563	PT NO F/U EVL EV 3 MOS DR OPIOID TX		No Auth Required		
		DUR OPIOID TX			
G9573	AD >18 YR MD/DYSTHYM REMISS 6 M PHQ	ADULT >18 YR MD/DYSTHYMIA REMISS	No Auth Required		
60574	40 OLDB AAD IDVCTU NO DENC CAA DUO NO	AT 6 MO PHQ-9>5	No Auth Doubled		
G9574 1	18/OLDR MD/DYSTH NO REMS 6M PHQ NO	18 YR/OLDER MD/DYSTHYMIA NO	No Auth Required		
G9577 F	PT PRSC OPIATES FOR LNGR THAN 6 WKS	REMISS 6 MO PHQ-9>5 PATIENTS PRESCRIBED OPIATES FOR	No Auth Required		
G95// F	PI PRSC OPIATES FOR LINGR THAIN 6 WKS	LNGR THAN 6 WKS	No Autii kequireu		
G9578 [	DOC SGND OPIOID TX AGRMNT 1 DUR TX	DOC SIGNED OPIOID TX AGRMNT AT	No Auth Required		
03370	December of the text of the te	LEAST ONCE DUR TX	110 / Idaii ilequiled		
G9579 N	NO DOC SGND OPIOID TX AGRMNT DUR TX	NO DOC SIGNED OPIOID TX AGRMNT	No Auth Required		
		LST ONCE DUR TX			
G9580 [	DOOR TO PUNCTURE TIME OF < 2 HOURS	DOOR TO PUNCTURE TIME OF LESS	No Auth Required		
		THAN 2 HOURS			
G9582 [	DOOR TO PUNCT TIME>2 HRS NO RSN GVN	DOOR TO PUNCTURE TIME OF >2 HRS	No Auth Required		
		NO REASON GIVEN	·		
G9583 F	PT PRSC OPIATES FOR LNGR THAN 6 WKS	PATIENTS PRESCRIBED OPIATES FOR	No Auth Required		
		LNGR THAN 6 WKS			
G9584 F	PT EVAL RISK MISUSE OPI VAL INSTRM	PT EVAL RSK MISUSE OPIATES USING	No Auth Required		
		BRF VAL INSTRUM		 	
G9585 F	PT NOT EVL RSK MSUSE OPI VAL INSTRM	PT NOT EVAL RISK MISUSE OPIATES BRF	No Auth Required	 	
		VAL INSTRUM		 	
G9593 F	PED PT M BLNT HD TRMA LW RSK PECARN	PED PT MIN BLUNT HEAD TRMA LW	No Auth Required	 	 
		RISK PECARN RULES			
G9594	PT MINOR BLUNT HT & HEAD CT TR ECP	PT PRES MIN BLUNT HEAD TR & HEAD	No Auth Required		
		CT ORDER TR ECP			
G9595 F	PT HAS DOC VT SHUNT BT/COAGULOPATHY	PT HAS DOC VENTRICULAR SHUNT	No Auth Required		
		BT/COAGULOPATHY			
G9596	PEDIAC HD CT TR ORD OTH ECP OTH RSN	PED PT HEAD CT TRAUMA ORD OTH ECP	No Auth Required		
L		OR REAS OTH TR			
G9597	PED PT MI HD TRMA NOT LW RSK PECARN	PEDIATRIC PT MI BLNT HEAD TRMA	No Auth Required		
00500	44.5.5.5.0.014.10V.B.01.07/b.11.B.4V.5-	NOT LW RSK PECARN			
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	No Auth Required		
		CT/MIN DIA AX CT			

G9950   SYM AAS THAT ROR URG/EMERGENT REPR   SYMPTONATIC AAST SHATE ROR   SYM AAS THAT ROR URGEST/EMERGENT REPR   SYMPTONATIC AAST SHATE ROR   SYMPTONATIC ARCHITECTURE SHA						1	
GSS00   SYM AAAS THAT RQU WG/FMREGENT REPR   GSS01   PT D/C HOME NO LITR TIN POST-OP D AY PATENT D/C HOME NO LATER THAN   No Auth Required	39599	AA 6.0 CM/>MX DIA CL CT/M DIA AX CT		No Auth Required			
UNGENT/EMERGENT REPAIR  G9602 PT DO'C HOME NO LITE TINN POST-OP DAY 37  PATIENT DO'C HOME NO LITE TINN POST-OP DAY 47  PATIENT TO TO'C HOME BY POST-OP DAY 47  PATIENT TO TO'C HOME BY POST-OP DAY 47  PATIENT TO TO'C HOME BY POST-OP DAY 47  PATIENT SURVEY SCRE IMPROY FROM BASE FLIV TX  PATIENT SURVEY SCRE IMPROY FROM BASE FLIV TX  PATIENT SURVEY RESULTS NOT  AVAILABLE  G9605 PT SURV SCRE IMPROY BASE FLIV TX  PATIENT SURVEY RESULTS NOT  AVAILABLE  G9606 ORT CYSTSCOPY PERF EVAL LW TRCT INJ  IND CHEMPS CARE FOR THE TO EVAL FOR  INM TRACT INJ  G9607 D M RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN NOT PRF IO CYSTO/CASE PT D  GOOM MD RSN PT REC NOT ORD AP AGT  GOOD MD RSN PT REC NOT ORD AP AGT  GOOD MD RSN PT REC NOT ORD AP AGT  GOOD MD RSN PT REC NOT ORD AP AGT  GOOD MD RSN PT REC NOT ORD AP AGT  GOOD MD RSN PT REC NOT OR		·					
PT DUC HOME NO LITE THE POST-OP DAT   PARTENT DUC HOME NO LATER THAN   No Auth Required	39600	SYM AAAS THAT RQR URG/EMERGENT REPR		No Auth Required			
POST-OP DAY #7	00004	DT D /C HOME NO LTD THAN DOCT OD D 117		N. A. All D. a. dand			
G9602   PT NOT D/C HOME BY POST-OP DAY BY   DATIENT NOT D/C HOME BY POST-OPERATIVE DAY BY   DATIENT SURVEY SCORE MAPRY FROM   DATIENT SURVEY RESULTS NOT   No Auth Required   DATIENT SURVEY RESULTS NOT   DATIENT SURVEY RESULTS NOT   NO Auth Required   DATIENT SURVEY RESULTS NOT   DATIENT S	39601	PI D/C HOME NO LIK IHN POSI-OP D#/		No Auth Required			
OPERATIVE DAY #7  OPERATIVE DA	0000	DT NOT D /C HOME BY DOCT OF DAY #7		No Auth Desuised			
FT SURV SCRE IMPRV PROM BASE FLW TX   PATTENT SURVEY SCORE IMPRV FROM BASELINE FLW TX   BASELINE FLW TX   BASELINE FLW TX   PATTENT SURVEY RESULTS NOT AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT MAD AVAILABLE   PATTENT SURVEY RESULTS NOT PERF FOR THE PATTENT SURVEY RESULTS NOT PERF FOR THE PATTENT SURVEY RESULTS NOT PERF FOR TO STOLD FOR THE PATTENT SURVEY RESULTS NOT PERF FOR TO STOLD FOR THE PATTENT SURVEY RESULTS NOT PERF FOR TO STOLD FOR THE PATTENT SURVEY RESULTS NOT PERF FOR THE PATTENT SURVEY RESULTS NOT PERF FOR TO STOLD FOR THE PATTENT SURVEY RESULTS NOT PERF FOR THE PATTENT SURVEY	39002	PT NOT D/C HOME BY POST-OP DAY #/	-	No Auth Required			
BASELINE FLW TX	20602	DT SLIDV SCRE IMADDY EDOM BASE ELW TV		No Auth Poquired			
G9604 PATIENT SURVEY RSLT NOT AVAILABLE PATIENT SURVEY RESULTS NOT AVAILABLE PT SURVEY RESULTS NOT AVAILABLE PT SURVEY SCRE NO IMPRIV BASE FLUY TX PATIENT SURV SCRE DID NOT IMPRIV FORM BASE FLUY TX PATIENT SURV SCRE DID NOT IMPRIV FORM BASE FLUY TX PATIENT SURV SCRE DID NOT IMPRIV FORM BASE FLUY TX PROVED	19003	FI SONV SCRE IIVIFNV FNOIVI BASE FEW TX		No Auth Required			
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LSMK EST COMPLETE EX  G9615 PREOPERATIVE ASSESSMENT DOCUMENTED PREOPERATIVE ASSESSMENT DOCUMENTED PREOPERATIVE ASSESSMENT DOCUMENTED  G9616 DOC RSN NOT DOC A PREOP ASSESSMENT DOCUMENTATION RSN NOT NO Auth Required DOCUMENTING A PREOP ASSESS  G9617 PREOP ASSESS NOT DOC RSN NOT GVN PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN  G9618 DOC SCR UTEN MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP  G9620 PT NOT SCR UTERN MALG/NO U/S NO RSN PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN  LSMK EST COMPLETE EX  No Auth Required MALIG/US&/ENDOMET SAMP  No Auth Required MALIG/US&/ENDOMET SAMP  No Auth Required U/S RSN NOT GVN							
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G9616 DOC RSN NOT DOC A PREOP ASSESSMENT DOCUMENTATION RSN NOT NO Auth Required DOCUMENTING A PREOP ASSESS G9617 PREOP ASSESS NOT DOC RSN NOT GVN PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN G9618 DOC SCR UTEN MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP MALIG/US&/ENDOMET							
G9616 DOC RSN NOT DOC A PREOP ASSESSMENT DOCUMENTATION RSN NOT DOCUMENTING A PREOP ASSESS G9617 PREOP ASSESS NOT DOC RSN NOT GVN PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN  G9618 DOC SCR UTEN MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP NOT GVN  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 No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required U/S RSN NOT GVN	39615 H	PREOPERATIVE ASSESSMENT DOCUMENTED		No Auth Required			
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G9617 PREOP ASSESS NOT DOC RSN NOT GVN PREOPERATIVE ASSESSMENT NOT DOC RSN NOT GVN No Auth Required RSN NOT GVN No Auth Required No Auth Required MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP NOT SCR UTERN MALG/NO U/S NO RSN PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN No Auth Required U/S RSN NOT GVN	39616	DOC KSN NOT DOC A PREOP ASSESSMENT		No Auth Required			
RSN NOT GVN  G9618 DOC SCR UTEN MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP  MALIG/US&/ENDOMET SAMP  G9620 PT NOT SCR UTERN MALG/NO U/S NO RSN PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN	00617	DREOD ACCESS NOT DOC DON NOT CVA		No Auth Required			
G9618 DOC SCR UTEN MALIG/US&/ENDOMET SAMP DOCUMENTATION OF SCR UTEN MALIG/US&/ENDOMET SAMP  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 U/S RSN NOT GVN	1901/	PREOF ASSESS NOT DOCKSN NOT GVIN		No Autii Kequileu			
MALIG/US&/ENDOMET SAMP  G9620 PT NOT SCR UTERN MALG/NO U/S NO RSN PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN  MALIG/US&/ENDOMET SAMP  PATIENT NOT SCR UTERINE MALIG/NO U/S NO RSN U/S RSN NOT GVN  No Auth Required U/S RSN NOT GVN	39618	DOC SCRITTEN MALIG/LIS&/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 PATIENT NOT SCR UTERINE MALIG/NO U/S RSN NOT GVN		200000 OTEN NINEIG, ODG, ENDOWLET JAIVIE		Nati nequired			
U/S RSN NOT GVN	39620	PT NOT SCR UTERN MALG/NO U/S NO RSN		No Auth Required			
0.0021 ILLIN OMILLITI ALCOUN JONGEN COUNT FAILLIN IN OMILLITI ALCOHOL OULA IND AUTH REQUIRED	G9621 F	PT ID UNHLTHY ALC USR SCR&BRF COUNS	PATIENT ID UNHLTHY ALCOHOL USER	No Auth Required			
SCR & BRF COUNS	· - [						
G9622 PT NOT ID UNHLTHY ALC USR SCR ALC U PT NOT ID UNHLTHY ALC USER SCR No Auth Required	39622	PT NOT ID UNHLTHY ALC USR SCR ALC U	•	No Auth Required			
UNHLTHY ALC USE				1			
G9623 DOC MED RSN NO SCR UNHLTHY AL USE DOCUMENTATION MED RSN NO SCR No Auth Required	39623	DOC MED RSN NO SCR UNHLTHY AL USE		No Auth Required			
UNHLTHY ALCOHL USE			UNHLTHY ALCOHL USE				
G9624 PT NOT SCR UHLTY AU USING SYS SCR M PT NOT SCR UHLTY ALCOHOL USE No Auth Required	39624	PT NOT SCR UHLTY AU USING SYS SCR M	PT NOT SCR UHLTY ALCOHOL USE	No Auth Required		 	
USING SYS SCR METH							
G9625 PT SUST BLAD INJ SRG/DSCV SUBSQ >30 PT SUSTAIN BLAD INJ SRG/DSCV SUBSQ No Auth Required	39625	PT SUST BLAD INJ SRG/DSCV SUBSQ >30		No Auth Required	<u> </u>		
UP 30 DAY P S							
G9626 DOC MED RSN NOT REPORT BLADDER INJ DOCUMENTED MED RSN NOT No Auth Required	39626	DOC MED RSN NOT REPORT BLADDER INJ		No Auth Required			
REPORTING BLADDER INJURY	$\longrightarrow$						
G9627 DIDNT SUST BLAD INJ SRG/NOR 30D P S DID NOT SUST BLAD INJ SRG/NOR DSCV No Auth Required	39627	DIDNT SUST BLAD INJ SRG/NOR 30D P S		No Auth Required			
	ı		SUBSQ UP 30PS	1	1	1	

						,
G9628	PT BOWEL INJ SURG/DISC SUBS 30D PST	PT SUSTN BOWEL INJ SURG/DISC	No Auth Required			
60620	DOCATE DOLLAROT REPORT DOLLER INI	SUBSEQ 30D PST SRG	No Auth Descriped			
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	No Auth Required			
G9031	FI OKETKING SKG/DISC SO D FOSTSOKG	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	No Auth Required			
		PELV MALIG DOC				
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	No Auth Required			
		TOOL DOC RSN				
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	No Auth Required			
		REDUCTION TECH				
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	No Auth Required			
60640	DOC OF DI ANIAIED LIVEDID (CTA CED DDOC	BYPASS NOT RQR	No. Acath Dogwiles d			
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	No Auth Required			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BYPASS 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	No Auth Required			
G9645	PT NOT F ABST SMK PRI ANES D SX/PCR	OF SURG/PROC PT DID NOT ABST FROM SMOKING PRI	No Auth Required			
03043	THO THAD SWIKTKI ANES D SKYTCK	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	No Auth Required			
C0C40	DATIENTS WITH OO DAY MADS SCORE : 3	90 DAY FOLLOW-UP	No Auth Decition	1		
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	No Auth Required			
	200 71 200 107 11114 2270 271011	BNCHMK BSA SEV				
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	No Auth Required			
		TOOL/CHECKLIST				
G9656	PT TR D F AA LOC TO PACE/OTH N-ICU	PT TRANS DIRECT F ANES LOC TO	No Auth Required			
G9658	A TRAN CARE PROT/HO TOOL/CHECKLIST	PACE/OTH N-ICU LOC A TRANSFER OF CARE PROT/HANDOFF	No Auth Required			
0,000	A TIVITY CARE I ROT/TIO TOOL/CITEOREIST	TOOL/CHECKLIST	Audi Required			
G9659	PT>85 YRS NO HX CC/MED RSN COLO	PT>85 YRS NO HX COLORECTAL CA/MED	No Auth Required			
		RSN COLONOSCOP				
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	No Auth Required			
		ROUTINE COLONOSCOPY	]			

		1	1		1	
G9662	PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	PREVIOUSLY DIAGNOSED/HAVE ACTIVE	No Auth Required			
00000	100 100 Inc.	DX CLIN ASCVD				
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	No Auth Required			
03001	The content of the co	ORDER STATIN TX				
G9665	PT NO CUR STATN USR/NO ORD STATN TX	PT NOT CURR STATIN TX USERS/NO	No Auth Required			
	·	ORDER STATIN TX	·			
G9666	HI F/DIR LDL-C LB RSLT 70/189 MG/DL	THE HI FAST/DIR LDL-C LAB TEST RSLT	No Auth Required			
		70/189 MG/DL				
G9674	PATIENTS W/CLINICAL ASCVD DIAGNOSIS	PATIENTS WITH CLINICAL ASCVD	No Auth Required			
		DIAGNOSIS				
G9675	PT HAD F/DR LB RSLT LDL-C=190 MG/DL	PT WHO HAVE HAD F/DIR LAB RSLT LDL-	No Auth Required			
G9676	PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	C=190 MG/DL PT AGED 40-75 YRS BEG MSR PRD TYPE	No Auth Boquired			
09070	F1 40-73 TK3 BEG WISK PKD 1 1/2 DIAB	1/TYPE 2 DIAB	No Autii Kequireu			
G9678	OCM MEOS PMT ENHNCD CARE MGMT SRVC	ONCOL CARE MODEL MEOS PMT	No Auth Required			
03070		ENHNCD CARE MGMT SRVC				
G9679	ONSITE AC T N FAC RES PNE BILL SID	ONSITE AC C TX NSG FAC RES W/PNE	No Auth Required			
		BILLD SID-BENEF	·			
G9680	ONSITE AC TX NF RES W/CHF BILL SID	ONSITE AC C TX NSG FAC RES W/CHF	No Auth Required			
		BILLD SID-BENEF				
G9681	ONSITE AC T NF RES COPD/AS BILL SID	ONSITE AC C TX NSG FAC RES COPD/AS	No Auth Required			
		BILL SID-BNEF				
G9682	ONSITE AC T NF RES SKN INF BILL SID		No Auth Required			
COCOO	FAC AC TX NSG FL/ELCT DO BILL SID	BILL SID-BNEF	No Auth Doguined			
G9683	FAC AC 1X N3G FL/ELCT DO BILL 3ID	FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID	No Autii Kequireu			
G9684	ONSITE AC TX NF RES UTI BILL SID	ONSITE AC C TX NSG FAC RES UTI BILL	No Auth Required			
		SID-BENEF				
G9685	PHYS OTH PROF E&M BENEF CHG COND NF	PHYS OTH PROF E&M BENEFIC CHG	No Auth Required			
		COND NSG FACILITY				
G9687	HOSPC SVC PROV PT ANY TM DUR MSR PR	HOSPICE SRVC PROV TO PT ANY TIME	No Auth Required			
		DUR MSR PR				
G9688	PT HOSPICE SRVC ANY TIME DUR MSR PR	PATIENTS USING HOSPICE SRVC ANY	No Auth Required			
COCOO	PT ADM PRFRM ELECT CAROTID INTERVNT	TIME DUR MSR PR	No Auth Doguined			
G9689	PT ADM PRFRIM ELECT CAROTID INTERVINT	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	No Auth Required			
03030	THE CONTENT OF THE CO	DUR MSR PR				
G9691	PT HAD HOSPC SRVC ANY TM DUR MSR PR	PT HAD HOSPICE SERVICES ANY TIME	No Auth Required			
		DUR MSR PERIOD	·			
G9692	HSPC SRVC RECV PT ANY TM DUR MSR PR	HOSPICE SERVICES RECEIVED PT ANY	No Auth Required			
		TIME DUR MSR PR				
G9693	PT HOSPICE SRVC ANY TIME DUR MSR PR	PATIENT USE OF HOSPICE SRVC ANY	No Auth Required			
C0C04	LIOCDC CDVC LLDT ANV TIME DUD MCD DO	TIME DUR MSR PR	No Auth Dogudand			
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	No Auth Required			
33333	25.75 ACTIVO INTIMEED DD I RESCRIDED	BRONCHODILATOR PRESCRIBED	Addi Nequileu			
G9696	DOC MED RSN NOT PRSC LA INHALED BD	DOC MED RSN NOT PRSC LA INHALED	No Auth Required			
		BRONCHODILATOR	,			
G9697	DOC PT RSN NOT PRSC LA INHALED BD	DOC OF PT RSN NOT PRSC LA INHALED	No Auth Required			
		BRONCHODILATOR				
G9698	DOC SYS RSN NOT PRSC LA INHALED BD	DOC SYS RSN NOT PRSC LA INHALED	No Auth Required			
		BRONCHODILATOR				

G9699	LONG-ACT INHAL BD NOT PRSC RSN NOS	LONG-ACTING INHAL BRONCHODILATR	No Auth Required		
		NOT PRSC RSN NOS			
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	No Auth Required		
G9708	WOMEN WHO HAD BIL MAST/HX BIL MAST	DUR MSR PERIOD  WOMEN WHO HAD BIL	No Auth Required		
G9709	HOSPICE SRVC PT ANY TIME DUR MSR PR	MASTECTOMY/HX BIL MASTECTOMY HOSPICE SRVC PATIENT ANY TIME DUR	No Auth Required		
G9710	PT PROV HSPC SRVC ANY TM DUR MSR PR	MEASUREMENT 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	No Auth Required		
G9712	DOC MED RSN FOR PRESCRIB/DISP ABX	COLECTOMY/CRC  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	1	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		No Auth Required		
G9726	PATIENT REFUSED TO PARTICIPATE	PATIENT REFUSED TO PARTICIPATE	No Auth Required		
	PT UN CMPL KN FS PROM INIT EVL&/D/C	PATIENT UNABLE COMPL KNEE FS	No Auth Required		
		PROM INIT EVAL&/D/C			

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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	No Auth Required			
	DATE: 17 DEC 1650 TO 0 /	INIT EVAL & D/C				
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	No Auth Required			
		INIT EVAL &/ D/C				
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	No Auth Required			
		INIT EVAL &/ D/C				
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	No Auth Required			
		INIT EVAL &/ D/C				
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	No Auth Required			
		INIT EVAL &/ D/C				
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	No Auth Required			
		INIT EVAL &/ D/C				
G9740	HOSPC SRVC GVN PT ANY TM DUR MSR PR	HOSPICE SRVC GIVEN TO PT ANY TIME	No Auth Required			
		DUR MSR PR				
G9741	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPICE SRVC ANY	No Auth Required		 	
		TM DUR MSR PR				
G9744	PATIENT NOT ELIG D/T ACTIVE DX HTN	PATIENT NOT ELIGIBLE D/T ACTIVE DX	No Auth Required		 	
		HYPERTENSION			 	
G9745	DOC RSN FOR NOT SCREEN/REC F/U HBP	DOCUMENTED REASON FOR NOT	No Auth Required		 	
		SCREENING/REC F/U HBP			 	
G9746	PT HAS MS/PROS HV/PT TSNT/R CAUS AF	PT HAS MS/PROS HEART VLV/PT TSNT/R	No Auth Required			
		CAUSE OF AF				
G9747	PT IS UNDRGO PALLIAT DIALYSIS CATH	PATIENT IS UNDERGOING PALLIATIVE	No Auth Required			
		DIALYSIS W/CATH			 	
G9748	PT APV QUAL TP PROG & SCH LD KID TP	PT APPRVD QUAL TPLNT PROG & SCHED	No Auth Required		 	
		LD KID TPLNT			 	
G9749	PT IS UNDRGO PALLIAT DIALYSIS CATH	PATIENT IS UNDERGOING PALLIATIVE	No Auth Required		 	
		DIALYSIS W/CATH			 	
G9750	PT APV QUAL TP PROG & SCH LD KID TP	PT APPRVD QUAL TPLNT PROG & SCHED	No Auth Required		 	
<u></u>		LD KID TPLNT			 	
G9751	PT DIED ANY TIME DUR 24-MO MSR PRD	PATIENT DIED ANY TIME DUR 24-	No Auth Required			
		MONTH MSR PERIOD				
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	No Auth Required			
		IMAG W/I P 12 MO	,			
G9754	A FINDING OF INCIDENTAL PULM NODULE	A FINDING OF AN INCIDENTAL	No Auth Required			
		PULMONARY NODULE	,			
G9755	DOC RES NOT INC INTVL MOD FU OR NO		No Auth Required			
		OR NO FU RECOM	,			
G9756	SURGICAL PROC INCL USE SILICONE OIL	SURGICAL PROCEDURES INCL USE OF	No Auth Required			
		SILICONE OIL	,			
G9757	SURGICAL PROC INCL USE SILICONE OIL	SURGICAL PROCEDURES THAT INCL USE	No Auth Required			
		SILICONE OIL				
G9758	PT IN HOSPICE ANY TIME DUR MSR PER	PT IN HOSPICE ANY TIME DURING	No Auth Required			
	2222	MEASUREMENT PERIOD				
G9759	HISTORY PREOP POS CAPSULE RUPTURE	HISTORY PREOPERATIVE POSTERIOR	No Auth Required			
03.33		CAPSULE RUPTURE				
G9760	PT USE HSPC SVC ANY TIME DUR MSR PR	PATIENTS WHO USE HOSPC SRVC ANY	No Auth Required			
55700		TIME DUR MSR PR				
G9761	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS WHO USE HOSPC SRVC ANY	No Auth Required			
33701		TIME DUR MSR PR				
		THE DON WORTH	l	l	l	

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		
	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	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	& NO STATIN	No Auth Required		
G9784	PATH/DERMATOPATH PRVDG 2ND OP ON BX	PATHOLOGISTS/DERMATOPATH PRVDG 2ND OPINION ON BX	·		
G9785	PR CUT BCC/SCC RVW IN 7 D RECV PATH	PATH RPRT CUT BCC SCC/MM RVW W/I 7 D RECV PATH			
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	·		
G9787	PT ALIVE AS OF LAST DAY OF MSR YEAR	PATIENT ALIVE AS OF THE LAST DAY OF THE MSR YEAR			
G9788	MOST RECENT BP = TO 140/90 MM HG</td <td>MOST RECENT BP LESS THAN/EQUAL TO 140/90 MM HG</td> <td>·</td> <td></td> <td></td>	MOST RECENT BP LESS THAN/EQUAL TO 140/90 MM HG	·		
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	·		
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		

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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	No Auth Required			
		TOBACCO FREE				
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	No Auth Required			
G9795	PATIENT IS NOT ON DAILY ASP/OTH AP	ASPIRIN/OTH AP PATIENT IS NOT CUR ON A DAILY	No Auth Required			
G9793	PATIENT IS NOT ON DAILY ASP/OTH AP	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		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			
COROC	DTC ID HAV INTOLEDNICE ALLEDCY PRITY		No Auth Boquired			
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	No Auth Required			
		FAC FOR ANY DX	,			
G9802	PT USE HOSPC SVC ANY TM DUR MSR PR	PATIENTS USE HOSPICE SRVC ANY TIME	No Auth Required			
60003	DT DDCC 400 D MCD DD DCT D/C AAA!	DUR MSR PR	N. A. Al- D			
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	No Auth Required			
		BB POST DX AMI				
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	No Auth Required			
		CYTOLOGY/HPV TEST				
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		No Auth Required			
		DISP DUR MSR YR	·			
G9809	PT USE HOSPC SRVC ANY TM DUR MSR PR	PATIENTS USE HOSPICE SRVC ANY TIME	No Auth Required			
G9810	PT ACHV PDC AL 75% ASTHMA CONTR MED	DUR MSR PR PATIENT ACHIEVED PDC AL 75% FOR	No Auth Required			
		ASTHMA CONTR MED				
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	No Auth Required			
		DUR HOS OP PER				
G9813	PT NOT DIE W/I 30 DA PROC/DUR I HSP	PT DID NOT DIE W/I 30 DA OF	No Auth Required			
60611	DEATH OCD DUD INDEX 10175 0105 115 1	PROC/DUR INDEX HOSP	No Acade Doc. 1			
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	No Auth Required			
		ACUTE CARE HOSP				
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	No Auth Required			
		DAYS POST PROC	·			
G9818	DOCUMENTATION OF SEXUAL ACTIVITY	DOCUMENTATION OF SEXUAL ACTIVITY	No Auth Required			
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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		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	No Auth Required		
		14 DAYS OF LIFE			

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G9848	PT DID NOT RECV CHMO LST 14 DA LIFE	PATIENT DID NOT RECV CHEMO LAST 14	No Auth Required			
		DAYS OF LIFE				
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	No Auth Required			
		DAYS OF LIFE				
G9851	PT HAD 1/< ED VST LAST 30 DA LIFE	PATIENT HAD 1/< ED VST IN THE LAST	No Auth Required			
		30 DA OF LIFE				
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	No Auth Required			
		DAYS OF LIFE	·			
G9854	PT NOT ADM TO ICU IN LST 30 DA LIFE	PATIENT WAS NOT ADM TO ICU IN LAST	No Auth Required			
		30 DA OF LIFE				
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	No Auth Required			
03030	FATILITY WAS NOT ADMITTED TO HOSFICE	HOSPICE	No Auth Required			
C00F7	PATIENT ADMITTED TO HOSPICE		No Auth Desuined			
G9857		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	No Auth Required			
		HOSPICE CARE				
G9861	PT SPENT >/=3 DAYS IN HOSPICE CARE	PATIENT SPENT >/ EQUAL TO 3 DAYS IN	No Auth Required			
		HOSPICE CARE				
G9862	DOC MED RSN NOT RCM AL 10 Y F/U INT	DOC MED RSN FOR NOT RECOMMEND	No Auth Required			
		AL 10 YR F/U INTVL				
G9868	RCPT & ANLYS REMT ASYNC IMG<10 MINS	RECEIPT & ANALYSIS REMT ASYNC	No Auth Required			
		IMAGES <10 MINS				
G9869	RCPT & ANLYS RMT ASYNC IMG 10-20 MN	RECEIPT & ANALYSIS REMOTE ASYNC	No Auth Required			
		IMAGES 10-20 MIN				
G9870	RCPT & ANLYS RMT ASYNC IMG 20/>MINS	RECEIPT & ANALYSIS REMOTE ASYNC	No Auth Required			
		IMAGES 20/> MINS	·			
G9873	1ST MDPP COR SESS ATD MDPP B UND EM	1ST MDPP C SESS ATD MDPP	No Auth Required			
		BENEFICIARY UND MDPP EM				
G9874	4 T MDPP COR SESS ATD MDPP B UND EM	4 TOTAL MDPP CORE SES ATD MDPP	No Auth Required			
		BENEF UND MDPP EM				
G9875	9 T MDPP COR SESS ATD MDPP B UND EM	9 TOTAL MDPP C SESS ATD MDPP BENEF	No Auth Required			
03073	3 TIMBET CONSESS AND MIDEL DOND EIN	UND MDPP EM	140 Addi Negali ed			
G9876	2 MDPP COR MS ATD BNF MO 7-9 UND EM		No Auth Required			
G3670	2 WIDER COR WIS ATD BINT WIO 7-9 OND EW	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-	No Auth Required			
G9677	2 MIDER C MIS AT D BINE MIO 10-12 OIND EM		No Autii Requireu			
C0070	2 MADDO COD MIC ATD DAIL MAD 7 O LINID 554	12 UND MDPP EM	No Auth Board			
G9878	2 MDPP COR MS ATD BNF MO 7-9 UND EM	2 MDPP C MS ATD MDPP BENEF IN MO	NO Auth Required			
C0070	2 MADDE C MC ATD DME MAD 40 42 UND 51	7-9 UND MDPP EM	No Auth Doguter d			
G9879	2 MDPP C MS ATD BNF MO 10-12 UND EM	2 MDPP C MS ATD MDPP BENEF MO 10-	No Auth Required			
		12 UND MDPP EM				
G9880	MDPP BNF ACHV AL 5% WL MO 1-12 U EM		No Auth Required			
		12 MDPP SP UND EM				
G9881	MDPP BNF ACHV AL 9% WL MO 1-24 U EM	MDPP BNF ACHV AL 9% WL B WT MO 1-	No Auth Required			
		24 UND MDPP EM				
G9882	2 MDPP O MS ATD BNF MO 13-15 U EM	2 MDPP ONGOING MS ATD BNF MO 13-	No Auth Required			
		15 UND MDPP EM				
G9883	2 MDPP OM S ATD BNF MO 16-18 U EM	2 MDPP ONGO MS ATD MDPP BNF MO	No Auth Required			
		16-18 UND MDPP EM				
G9884	2 MDPP OM S ATD BNF MO 19-21 U EM	2 MDPP ONGO MS ATD MDPP BNF MO	No Auth Required	<u> </u>		
		19-21 UND MDPP EM				
G9885	2 MDPP OM S ATD BNF MO 22-24 U EM	2 MDPP ONGO MS ATD MDPP BNF MO	No Auth Required			
		22-24 UND MDPP EM	,			
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G9890	BRDG PMT:1ST MDPP SPL BNF M 1-24 EM	BRDG PMT:1ST MDPP CS C/OM S SPL	No Auth Required				
		BNF MO 1-24 EM					
G9891	MDPP S RPT LN-I CLM PAYABL MDPP EM	MDPP SESS RPT AS LN-I ON CLM FOR	No Auth Required				
		PAYABL MDPP EM					
G9892	DOC PT RSN NOT PERF DIL MACULAR EX	DOC PT REASON NOT PERFORMED	No Auth Required				
		DILATED MACULAR EXAM					
G9893	DILATED MACULAR EX NOT PERF RSN NOS	DILATED MACULAR EX WAS NOT	No Auth Required				
		PERFORMED REASON NOS					
G9894	AD TX RX/ADMN COMB EXT BEAM RT PROS	ANDROGEN DEP TX RX/ADMN COMB	Authorization Required	Radiation Therapy		Full Clinical Review	
		EXT BEAM RT TO PROS					
G9895	D M R NOT RX/ADM AD TX COM EBRT PR	DOC M RSN NOT RX/ADM AD TX COMB	Authorization Required	Radiation Therapy		Full Clinical Review	
		EXT BEAM RT PROS					
G9896	D PT R NO RX/ADMN AD TX COM EBRT PR	DOCUMENT PT RSN NOT RX/ADMN AD	Authorization Required	Radiation Therapy		Full Clinical Review	
		TX COM EBRT PROS					
G9897	PT NO RX/ADM AD TX COM EBRT PR NO R	PTS NOT RX/ADM AD TX COM EBRT	No Auth Required				
		PROS RSN NOT GVN					
G9898	PT 65/> INST SNP/RSD LTC >90 DA MSR	PT 65/> INSTITUTIONAL SNP/RESID LTC	No Auth Required				
		>90 DA MSR					
G9899	SCR DX F DGTL/DBT MAMMO RSLT D&REV	SCR DX FILM DIGITAL/DBT MAMMO	No Auth Required		1		
		RESULTS DOC & REV					
G9900	SCR DX MAMMO RESULT NOT DOC RSN NOS	SCR DX F DGTL/DBT MAMMO RSLT NOT	No Auth Required				
		DOC&REV RSN NOS					
G9901	PT 65/> INST SNP/RSD LTC >90 DA MSR	PT 65/> INSTITUTIONAL SNP/RESID LTC	No Auth Required				
		>90 DAYS MSR					
G9902	PT SCR TOB USE & ID AS TOB USER	PATIENT SCR TOBACCO USE & ID AS	No Auth Required				
		TOBACCO USER					
G9903	PT SCR TOB USE & ID AS TOB NON-USER	PATIENT SCR TOBACCO USE & ID AS	No Auth Required				
		TOB NON-USER					
G9904	DOC MED RSN FOR NOT SCR TOBACCO USE	DOCUMENTATION MED RSN FOR NOT	No Auth Required				
		SCR TOBACCO USE					
G9905	PATIENT NOT SCR TOB USE RSN NOT GVN	PATIENT NOT SCREENED FOR TOBACCO	No Auth Required				
		USE RSN NOT GVN					
G9906	PT ID TOB USER RECV TOB CESS INT	PT ID TOB USER RECV TOB CESSATION	No Auth Required				
		INTERVENTION					
G9907	DOC MED RSN NOT PROV TOB CESS INT	DOC MED RSN NOT PROV TOBACCO	No Auth Required				
		CESS INTERVENTION					
G9908	PT ID T U NOT RECV T CESS INT NO R	PT ID TOB USER NOT RECV TOB CESS	No Auth Required				
		INT RSN NOT GVN					
G9909	D M R NOT PROV T CESS INT IF ID T U	DOC MED RSN NOT PROV TOB CESS INT	No Auth Required				
		IDENT TOB USER					
G9910	PTS 66/> INST SNP/RSD LTC >90 D MSR	PTS 66/> INSTITUTIONAL SNP/RESID LTC	No Auth Required				
		>90 DA MSR	·				
G9911	CLIN NODE NEG IBC BEF/AFT NA SYS TX	CLINIC NODE NEG IBC BEF/AFT	No Auth Required				
	·	NEOADJUVANT SYS TX	·				
G9912	HBV ASSESS INTRP PRI ANTI-TNF TX	HBV STS ASSESS & RSLT INTERP PRIOR	No Auth Required				
		ANTI-TNF TX	· ·				
G9913	HBV ASSESS INTRP PR ANTI-TNF NO RSN	HBV STS ASSESS INTRP PRI ANTI-TNF TX	No Auth Required				
		RSN NOT GVN					
G9914	PATIENT RECEIVING AN ANTI-TNF AGENT	PATIENT RECEIVING AN ANTI-TNF	No Auth Required				
		AGENT					
G9915	NO RECORD OF HBV RESULTS DOCUMENTED	NO RECORD OF HBV RESULTS	No Auth Required	•	•		
		DOCUMENTED					
G9916	FUNC STS PERF ONCE IN LAST 12 MOS	FUNC STATUS PERFORMED ONCE IN	No Auth Required				
		THE LAST 12 MONTHS			1		
G9917	DOC ADV STAGE DEMENT & CG KNWL LTD	DOC ADV STAGE DEMENTIA &	No Auth Required				
		CAREGIVER KNWL LIMITED					
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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	No Auth Required				
G9920	SCREENING PERFORMED AND NEGATIVE	RECOMMENDATIONS  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	·				
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				

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G9948	PT ADD SP PROC SD LUMB DISCECT/LAM	PT ADD SPINE PROC SAME DT LUMB	No Auth Required			
		DISCECTOMY/LAMI				
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-	No Auth Required			
		OP VOMITING	,			
G9955	CASES WHICH INO ANES U ONLY FOR IND	CASES WHICH AN INHALATION ANES	No Auth Required			
		USED ONLY FOR IND				
G9956	PATIENT RECEIVED COMBINATION TX	PATIENT RECEIVED COMBINATION	No Auth Required			
		THERAPY				
G9957	DOC MEDICAL REASON NOT RECV COMB TX	DOCUMENTATION MEDICAL REASON	No Auth Required			
		NOT RECV COMB TX				
G9958	PATIENT DID NOT RECV COMBINATION TX	PATIENT DID NOT RECEIVE	No Auth Required			
COOLO	CVCTENAIC ANTINAICDODIAIC NOT DDCCD	COMBINATION THERAPY	No Auth Doguined			
G9959	SYSTEMIC ANTIMICROBIALS NOT PRSCR	SYSTEMIC ANTIMICROBIALS NOT	No Auth Required			
60060	DOC MED RSN PRSCR SYS ANTIMICROBLS	PRESCRIBED	No Auth Poquired			
G9960	DOC MILD USIN LUSCU 313 AN HIVIICUODES	DOC MED RSN PRESCRIBING SYSTEMIC ANTIMICROBIALS	No Auth Required			
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED	SYSTEMIC ANTIMICROBIALS	No Auth Required			
03301		PRESCRIBED				
G9962	EMB EPT D SEP EA EMBO VES&OA AG/EMB	EMBO EPT DOC SEP EA EMBO VESSEL &	No Auth Required			
	, and the second	OA ANGIO/EMBO				
G9963	EMB EPT NOT DOC SEP VESS NOT PERF	EMB EPT NOT DOC SEP EMB VESS/OA	No Auth Required			
		AG/EMB NOT PERF				
G9964	PT RCV AT LEAST 1 WCV PCP DUR PRF P	PT RECV AT LEAST 1 WCV W/PCP DUR	No Auth Required			
		PRFRM PERIOD				
G9965	PT NOT RECV AT LEAST 1 WCV DUR PER	PT DID NOT RECV AT LEAST 1 WCV PCP	No Auth Required			
		DUR PRFRM PER				
G9966	CHLDRN SCR RISK DVLP BEHA & SOC DLA	CHLDRN WHO WERE SCR RISK DVLP	No Auth Required			
C00C7	CUDDNI NOT CCD DCK DVII D DEUA (CCC DI A	BEHAV & SOC DLA	N. A. Ale D. a. de de			
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	No Auth Required			
03300	THE THE THE THE THE THE THE THE THE THE	PRFRM PER	No riadi nequired			
G9969	PRV REF PT PROV RCV RPRT PRV PT REF		No Auth Required			
		FRM PROV PT REF				
G9970	PROV REF PT PROV NO RPRT PRV PT REF	PROV REF PT ANR PROV NOT RECV RPRT	No Auth Required			
		PROV PT REF				
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	No Auth Required			
		DILATED MACULAR EXAM				
G9976	DOC PT RSN NOT PRFRM DIL MACULAR EX	DOC PT RSN FOR NOT PRFRM A	No Auth Required			
C0077	DILATED MACHINAD EV NOT DEDE DON NOC	DILATED MACULAR EXAM	No Auth Dogwigod			
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	No Auth Required			
0,370	TANNEL VOI L/WINE WICK BECLADY 10 W	ADV EOC TYP 10 M	Auth Nequileu			
G9979	RMT IH VST E/M NP MCR BPCI ADV 20 M	RMT IH VST E/M NP MCR-APVD BPCI	No Auth Required			
	,	ADV EOC TYP 20 M				
G9980	RMT IH VST E/M NP MCR BPCI ADV 30 M	RMT IH VST E/M NP MCR-APVD BPCI	No Auth Required			
		ADV EOC TYP 30 M	· .			
G9981	RMT IH VST E/M NP MCR BPCI ADV 45 M	RMT IH VST E/M NP MCR-APVD BPCI	No Auth Required			
		ADV EOC TYP 45 M				
G9982	RMT IH VST E/M NP MCR BPCI ADV 60 M	RMT IH VST E/M NP MCR-APVD BPCI	No Auth Required			
		ADV EOC TYP 60 M				

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	
Н0009	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	
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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	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			

H1005 PRENATAL RENINCE SERVICE PER DIEM H1005 PRENATAL RENINCE SERVICE PER DIEM PRENATAL CARE AT-RISK ENHANCED NO A-MER REQUIRED NO-M-MEDICAL FAM PLANNING BOX PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FAM PLANNING PER SESSION NO M-MEDICAL FA						
H1000 PRENATAL BRISE ENHANCE SINCE PER CASE AT HISE ENHANCED  MON-MEDICAL FAM PLANNING ED-SSSSION NON-MEDICAL FAM PLANNING  MON-MEDICAL FAM PLANNING ED-SSSSION NON-MEDICAL FAM PLANNING  H1011 PAM ASSESS LIC BHYAL HITTH STATE DEF  FAM ASSESS LIC BHYAL HITTH POOP  H2020 COMP PMULTIDISCIPILINARY PALLLATION  REHABILITATION PROGRAM PER 1/2 DAY			No Auth Required		PRENATAL @RISK ENHNCD SRVC; F/U HOM	H1004
H1010 NON-MEDICAL FAM PLANNING ED SESSION  MOM MEDICAL FAM PLANNING ED SESSION  BULCATION PER SESSION  H1011 FAM ASSESS LIC BIMAL HITH STATE DEF  FAM ASSESS LIC BIMAL HITH PROF  STATE DEFINIO  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  ENABLISTATE DEFINIO  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  ENABLISTATE DEFINIO  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  COMPREHENSIVE MULTIDISCIPILINARY EVALUATION  ENABLITATION PROGRAM PER 1/2 CAN'  BEHABUTATION PROGRAM PER 1/2 CAN'  BEHABUTATION PROGRAM PER 1/2 CAN'  COMPREHENSIVE MULTIDISCIPILINARY  COMPREHENSIVE MULTIDISCIPILINARY  COMPREHENSIVE MULTIDISCIPILINARY  REPUBLICATION PROGRAM PER 1/2 CAN'  BEHABUTATION PROGRAM PER 1/2 CAN'  COMPREHENSIVE MULTIDISCIPILINARY  COMPREHENSIVE MULTICATION  COMPREHENSIVE MULTICATI			No Auth Required	PRENATAL CARE AT-RISK ENHANCED	PRENATAL @RISK ENHNCD SRVC PKG	H1005
H2002 COMP MULTIDISCIPLINARY EVALUATION COMPREHENSIVE MULTIDISCIPLINARY IN O Auth Required EVALUATION PROGRAM PER 1/2 DAY DAY REPUBLICATION PROGRAM PER 1/2 DAY DAY REPUBLICATION PROGRAM PER 1/2 DAY DAY REPUBLICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICE PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN COMPREHENSIVE MEDICATION SERVICES PER 15 MIN MINUTES SERVICES PER 15 MI			No Auth Required	NON-MEDICAL FAM PLANNING	NON-MEDICAL FAM PLANNING ED-SESSION	H1010
H2011 CRISIS INTERVEN SERVICE PER 15 MIN  H2012 BEHAVIORAL HEALTH DAY TREATMENT FACILITY SERVICE PER 15 MIN Auth Required MINUTES  H2013 CRISIS INTERVEN SERVICE PER 15 MIN  H2014 CRISIS INTERVEN SERVICE PER 15 MIN  H2015 BEHAVIORAL HEALTH DAY TREATMENT FACILITY SERVICE PER 15 MINUTES  H2016 BEHAVIORAL HEALTH DAY TREATMENT FACILITY SERVICE PER 15 MINUTES  H2017 PSYCHEALTH FACL SERVICE PER 15 MINUTES  H2018 COMP CMTY SUPPORT SRV CEPE DIEM  H2019 COMP CMTY SUPPORT SRV CEPE 15 MINUTES  H2019 COMP CMTY SUPPORT SRV CEPE 15 MINUTES  H2010 COMP CMTY SUPPORT SRV CPER 15 MINUTES  H2011 COMP CMTY SUPPORT SRV CPER 15 MINUTES  H2012 COMP CMTY SUPPORT SRV CPER 15 MINUTES  H2013 PSYCHOSOCIAL REHAB SRV C 15 MINUTES  H2014 SINUS SRV CEPE 15 MINUTES  H2015 COMP CMTY SUPPORT SRV CPER 15 MINUTES  H2016 COMP CMTY SUPPORT SRV CPER 15 MINUTES  H2017 PSYCHOSOCIAL REHAB SRV C 15 MINUTES  H2018 PSYCHOSOCIAL REHAB SRV C PER DIEM  H2019 PSYCHOSOCIAL REHAB SRV C PER DIEM  H2010 PSYCHOSOCIAL REHAB SRV C PER DIEM  H2011 PHERAPEUTIC BEHAVIORAL SRV C 15 MINUTES  H2012 CMTY-BASED WRAP-AROUND SRV C 15 MIN  HERAPEUTIC BEHAVIORAL SRV C 15 MINUTES  H2022 CMTY-BASED WRAP-AROUND SRV C 15 MINUTES  H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES  SUPPORTED EMP			No Auth Required		FAM ASSESS LIC BHVAL HLTH STATE DEF	H1011
REHABILITATION PROGRAM PER 1/2 DAY   REHABILITATION PROGRAM PER 1/2   DAY			No Auth Required		COMP MULTIDISCIPLINARY EVALUATION	H2000
H2012 CMSULS TRAINING EVEN PER 15 MIN SERVICES PER 15 MINUTES H2013 BEHAVIORAL HEALTH DAY TX PER HOUR BEHAVIORAL HEALTH DAY TREATMENT Authorization Required H2014 BEHAVIORAL HEALTH DAY TX PER HOUR BEHAVIORAL HEALTH DAY TREATMENT Authorization Required H2015 BEHAVIORAL HEALTH DAY TX PER HOUR BEHAVIORAL HEALTH DAY TREATMENT Authorization Required H2016 PSYC HEALTH FACL SERVICE PER DIEM PSYCHIATRIC HEALTH FACILITY SERVICE Authorization Required H2017 PSYC HEALTH FACL SERVICE PER DIEM PSYCHIATRIC HEALTH FACILITY SERVICE Authorization Required PER 15 MINUTES H2016 COMP CMTY SUPPORT SRVC PER 15 MIN COMP COMMUNITY SUPPORT SERVICES No Auth Required PER 15 MINUTES H2017 PSYCHOSOCIAL REHAB SRVC 15 MINUTES H2018 PSYCHOSOCIAL REHAB SRVC 15 MINUTES H2019 THERAPEUTIC BEHAVIORAL SRVC 15 MIN THEAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES H2019 THERAPEUTIC BEHAVIORAL SRVC 15 MIN THEAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES H2020 CMTY-BASED WRRP-AROUND SRVC 15 MIN H2021 CMTY-BASED WRRP-AROUND SRVC 15 MIN SERVICES PER 15 MINUTES H2022 CMTY-BASED WRRP-AROUND SRVC 15 MIN SERVICES PER 15 MINUTES H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES NO Auth Required PER DIEM H2021 CMTY-BASED WRRP-AROUND SRVC 15 MIN SERVICES PER 15 MINUTES H2022 CMTY-BASED WRRP-AROUND SRVC 15 MIN SERVICES PER 15 MINUTES NO Auth Required PER DIEM SERVICES PE			No Auth Required	REHABILITATION PROGRAM PER 1/2	REHABILITATION PROGRAM PER 1/2 DAY	H2001
H2011   CRISIS INTERVENTOS SERVICE PER 15 MIN   CRISIS INTERVENTON SERVICE PER 15   No Auth Required   MINUTES			No Auth Required	COMPREHENSIVE MEDICATION	COMP MEDICATION SERVICES PER 15 MIN	H2010
PER HOUR    health and behavior assessment/intervention			No Auth Required	CRISIS INTERVENTION SERVICE PER 15	CRISIS INTERVEN SERVICE PER 15 MIN	H2011
PER DIEM   PER DIEM   PER 15 MINUTES   SKILLS TRAINING & NO DEVELOPMENT   No Auth Required   PER 15 MINUTES   SKILLS TRAINING & NO DEVELOPMENT   No Auth Required   PER 15 MINUTES   PSYCHOSOCIAL REHAB SRVC PER DIEM   PSYCHOSOCIAL REHAB SRVC 15 MINUTES   PSYCHOSOCIAL REHAB SRVC PER DIEM   PSYCHOSOCIAL REHABILITATION   SERVICES PER 15 MINUTES   PSYCHOSOCIAL REHABILITATION   SERVICES PER DIEM   SERVICES PER DIEM   PSYCHOSOCIAL REHABILITATION   PSYC	Full Clinical Review	health and behavior	Authorization Required		BEHAVIORAL HEALTH DAY TX PER HOUR	H2012
PER 15 MINUTES   COMP CMTY SUPPORT SRVC PER 15 MIN   COMP COMMUNITY SUPPORT SERVICES   No Auth Required	Full Clinical Review		Authorization Required		PSYC HEALTH FACL SERVICE PER DIEM	H2013
PER 15 MINUTES			No Auth Required		SKILLS TRAINING&DVLP PER 15 MINUTES	H2014
PER DIEM PSYCHOSOCIAL REHAB SRVC 15 MINUTES PSYCHOSOCIAL REHAB SERVICES PER 15 MO Auth Required MINUTES  H2018 PSYCHOSOCIAL REHAB SRVC PER DIEM PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM Authorization Required  Full Clinical Review health and behavior assessment/intervention  THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES Authorization Required General Medicine - health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  Full Clinical Review health and behavior assessment/intervention  No Auth Required  SERVICES PER 15 MIN  H2022 CMTY-BASED WRAP-AROUND SRVC DIEM COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM MINUTES SUPPORTED EMPLOYMENT PER 15 MINUTES			No Auth Required		COMP CMTY SUPPORT SRVC PER 15 MIN	H2015
H2018 PSYCHOSOCIAL REHAB SRVC PER DIEM PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM PER 15 MINUTES  H2019 THERAPEUTIC BEHAVIORAL SRVC 15 MIN THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRRVICES Authorization Required THERAPEUTIC BEHAVIORAL SRVC DIEM THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEHAVIORAL SRRVICES Full Clinical Review THUR DIEM THERAPEUTIC BEHAVIORAL SRRVICES Full Clinical Review THUR DIEM THERAPEUTIC BEHAVIORAL SRRVICES Full Clinical Review THUR DIEM THERAPEUTIC BEHAVIORAL SRRVICES Full Clinical Review THUR DIEM THERAPEUTIC BEHAVIORAL SRRVICES THERAPEUTIC BEH			No Auth Required		COMP CMTY SUPPORT SRVC PER DIEM	H2016
SERVICES PER DIEM  H2019 THERAPEUTIC BEHAVIORAL SRVC 15 MIN THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES  H2020 THERAPEUTIC BEHAVIORAL SRVC DIEM  THERAPEUTIC BEHAVIORAL SRVC			No Auth Required		PSYCHOSOCIAL REHAB SRVC 15 MINUTES	H2017
PER 15 MINUTES  health and behavior assessment/intervention  THERAPEUTIC BEHAVIORAL SRVC DIEM  THERAPEUTIC BEHAVIORAL SERVICES PER DIEM  THERAPEUTIC BEHAVIORAL SERVICES PER DIEM  THERAPEUTIC BEHAVIORAL SERVICES PER DIEM  Authorization Required General Medicine - health and behavior assessment/intervention  Full Clinical Review  Full Clinical Review  No Auth Required SERVICES PER 15 MIN  No Auth Required SERVICES PER DIEM  THERAPEUTIC BEHAVIORAL SRVC DIEM  COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN  No Auth Required SERVICES PER DIEM  SUPPORTED EMPLOYMENT PER 15 MINUTES  SUPPORTED EMPLOYMENT PER 15 MINUTES  MINUTES			No Auth Required		PSYCHOSOCIAL REHAB SRVC PER DIEM	H2018
PER DIEM health and behavior assessment/intervention  H2021 CMTY-BASED WRAP-AROUND SRVC 15 MIN COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN  H2022 CMTY-BASED WRAP-AROUND SRVC DIEM COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM SERVICES PER DIEM SERVICES PER DIEM SUPPORTED EMPLOYMENT PER 15 MINUTES SUPPORTED EMPLOYMENT PER 15 MO Auth Required MINUTES	Full Clinical Review	health and behavior	Authorization Required		THERAPEUTIC BEHAVIORAL SRVC 15 MIN	H2019
SERVICES PER 15 MIN  H2022 CMTY-BASED WRAP-AROUND SRVC DIEM COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM  H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES SUPPORTED EMPLOYMENT PER 15 MINUTES NO Auth Required MINUTES	Full Clinical Review	health and behavior	Authorization Required		THERAPEUTIC BEHAVIORAL SRVC DIEM	H2020
SERVICES PER DIEM  H2023 SUPPORTED EMPLOYMENT PER 15 MINUTES SUPPORTED EMPLOYMENT PER 15 No Auth Required MINUTES			No Auth Required		CMTY-BASED WRAP-AROUND SRVC 15 MIN	H2021
MINUTES			No Auth Required		CMTY-BASED WRAP-AROUND SRVC DIEM	H2022
H2024 SUDDODTED EMDLOYMENT DED DIEM SUDDODTED EMDLOYMENT DED DIEM No Auth Paguired			No Auth Required		SUPPORTED EMPLOYMENT PER 15 MINUTES	H2023
112024 JOURNALIA LINITEOTINILIA I FEN DILINI JOURNALIA PEN DILINI JINO AULII NEQUIIRU			No Auth Required	SUPPORTED EMPLOYMENT PER DIEM	SUPPORTED EMPLOYMENT PER DIEM	H2024
H2025 ONGOING SUPP MNTAIN EMPLOY 15 MIN ONGOING SUPPORT MAINTAIN No Auth Required  EMPLOYMENT PER 15 MIN					ONGOING SUPP MNTAIN EMPLOY 15 MIN	H2025
H2026 ONGOING SUPP MNTAIN EMPLOYMENT DIEM ONGOING SUPPORT TO MAINTAIN No Auth Required EMPLOYMENT PER DIEM			No Auth Required	ONGOING SUPPORT TO MAINTAIN	ONGOING SUPP MNTAIN EMPLOYMENT DIEM	H2026
H2027 PSYCHOEDUCATIONAL SERVICE 15 MIN PSYCHOEDUCATIONAL SERVICE PER 15 No Auth Required MINUTES			No Auth Required	PSYCHOEDUCATIONAL SERVICE PER 15	PSYCHOEDUCATIONAL SERVICE 15 MIN	H2027
H2028 SEXLOFFENDER TX SERVICE PER 15 MIN SEXUAL OFFENDER TREATMENT No Auth Required SERVICE PER 15 MINUTES			No Auth Required		SEXLOFFENDER TX SERVICE PER 15 MIN	H2028
H2029 SEXUAL OFFENDER TX SERVICE PER DIEM SEXUAL OFFENDER TREATMENT No Auth Required SERVICE PER DIEM			No Auth Required		SEXUAL OFFENDER TX SERVICE PER DIEM	H2029

H2030	MENTAL HEALTH CLUBHOUSE SRVC 15 MIN	MENTAL HEALTH CLUBHOUSE SERVICES	No Auth Required			
		PER 15 MINUTES				
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	No Auth Required	Drug Administration		
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG	MG INJECTION ALATROFLOXACIN MESYLATE	No Auth Required	Drug Administration		
10202	INTECTION ALEMATITITINA A D.4 MAC	100 MG	Authorization Described	Davis Advainistantion	Full Clinical Davieur	
J0202 J0205	INJECTION ALEMTUZUMAB 1 MG INJECTION ALGLUCERASE PER 10 UNITS	INJECTION ALEMTUZUMAB 1 MG INJECTION ALGLUCERASE PER 10 UNITS	Authorization Required No Auth Required	Drug Administration Drug Administration	Full Clinical Review	
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
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10275	ALBROSTABIL LIBETURAL SURPOSITORY	ALDROCTADU LIDETUDAL CURROCITORY	A sale a signation B a serior d	Davis Administration	Full Clinian Barrian	Al., and a second by the second secon
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		
10360	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	

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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	T dir cimical review	
J0571	BUPRENORPHINE ORAL 1 MG	BUPRENORPHINE ORAL 1 MG	No Auth Required	Drug Administration		
J0571	BPN/NALOXONE ORAL =TO 3 MG BPN</td <td>BUPRENORPHINE/NALOXONE ORAL</td> <td>No Auth Required</td> <td></td> <td></td> <td></td>	BUPRENORPHINE/NALOXONE ORAL	No Auth Required			
		=TO 3 MG BPN</td <td></td> <td>Drug Administration</td> <td></td> <td></td>		Drug Administration		
J0573	BPN/NLX ORAL >3 MG BUT =6 MG BPN</td <td>BUPRENORPHNE/NALOXONE ORAL &gt;3 MG BUT <!--=6 MG BPN</td--><td>No Auth Required</td><td>Drug Administration</td><td></td><td></td></td>	BUPRENORPHNE/NALOXONE ORAL >3 MG BUT =6 MG BPN</td <td>No Auth Required</td> <td>Drug Administration</td> <td></td> <td></td>	No Auth Required	Drug Administration		
J0574	BPN/NLX O >6 MG BUT =TO 10 MG BPN</td <td>BUPRENORPHINE/NLX ORAL &gt;6 MG BUT <td>No Auth Required</td><td>Drug Administration</td><td></td><td></td></td>	BUPRENORPHINE/NLX ORAL >6 MG BUT <td>No Auth Required</td> <td>Drug Administration</td> <td></td> <td></td>	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	
	INJECTION ABOBOTULINUMTOXINA 5 UNIT				Full Clinical Review	
J0586		INJECTION ABOBOTULINUMTOXINA 5 UNITS	Authorization Required	Drug Administration		
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		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	No Auth Required	Drug Administration	Tuli cililical Review	
		MG				
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	Tan amaga never	
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	No Auth Required	Drug Administration		
		MG				
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	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		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		
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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		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		
J0873 J0878	INJECTION DAEBAVANCIN SING INJECTION DAPTOMYCIN 1 MG	INJECTION DAEBAVANCIN SING INJECTION DAPTOMYCIN 1 MG	Authorization Required	Drug Administration	Network Validation	
J0878 J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	INJECTION DAPTOMITCIN 1 MG INJECTION DARBEPOETIN ALFA 1 MCG			Full Clinical Review	
		NON-ESRD USE	Authorization Required	Drug Administration	ruii Cililical Neview	
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	Tall clinical review	
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	No Auth Required	Drug Administration	i dii Cililicai Review	
		MALEATE PER 10 MG	,			
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		

J1130 INJE  J1160 INJE  J1162 INJ E  J1165 INJ F  J1170 INJE  J1190 INJ E  J1200 INJ E  J1201 INJ E  J1201 INJ E  J1201 INJ E	J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG	UP TO 500 MG INJECTION DICLOFENAC SODIUM .5 MG INJECTION DIGOXIN UP TO 0.5 MG INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL INJECTION PHENYTOIN SODIUM PER 50 MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1160 INJE J1162 INJ E J1165 INJ F J1170 INJE J1170 INJE J1190 INJ E J1200 INJ E J1201 INJ E J1201 INJ E J1201 INJ E	JECTION DIGOXIN UP TO 0.5 MG J DIGOXIN IMMUNE FAB OVINE VIAL J PHENYTOIN SODIUM PER 50 MG JECTION HYDROMORPHONE UP TO 4 MG JECTION DYPHYLLINE UP TO 500 MG J DEXRAZOXANE HCL PER 250 MG J DIPHENHYDRAMINE HCL TO 50 MG J CHLOROTHIAZIDE SODIUM 500 MG J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG JECTION DIMENHYDRINATE TO 50 MG	INJECTION DIGOXIN UP TO 0.5 MG INJECTION DIGOXIN UP TO 0.5 MG INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL OVINE PER VIAL INJECTION PHENYTOIN SODIUM PER 50 MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required	Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration Drug Administration		
J1162 INJ E  J1165 INJ F  J1170 INJE  J1180 INJ E  J1190 INJ E  J1200 INJ E  J1201 INJ E  J1202 INJ E  J1212 INJ E	J DIGOXIN IMMUNE FAB OVINE VIAL J PHENYTOIN SODIUM PER 50 MG JECTION HYDROMORPHONE UP TO 4 MG JECTION DYPHYLLINE UP TO 500 MG J DEXRAZOXANE HCL PER 250 MG J DIPHENHYDRAMINE HCL TO 50 MG J CHLOROTHIAZIDE SODIUM 500 MG J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG JECTION DIMENHYDRINATE TO 50 MG	INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL INJECTION PHENYTOIN SODIUM PER 50 MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1162 INJ E  J1165 INJ F  J1170 INJE  J1180 INJ E  J1190 INJ E  J1200 INJ E  J1201 INJ E  J1202 INJ E  J1212 INJ E	J DIGOXIN IMMUNE FAB OVINE VIAL J PHENYTOIN SODIUM PER 50 MG JECTION HYDROMORPHONE UP TO 4 MG JECTION DYPHYLLINE UP TO 500 MG J DEXRAZOXANE HCL PER 250 MG J DIPHENHYDRAMINE HCL TO 50 MG J CHLOROTHIAZIDE SODIUM 500 MG J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG JECTION DIMENHYDRINATE TO 50 MG	INJECTION DIGOXIN IMMUNE FAB OVINE PER VIAL INJECTION PHENYTOIN SODIUM PER 50 MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1165 INJ F  J1170 INJE  J1180 INJ E  J1190 INJ E  J1200 INJ E  J1201 INJ E  J1212 INJ E  J1230 INJE	J PHENYTOIN SODIUM PER 50 MG  JECTION HYDROMORPHONE UP TO 4 MG  JECTION DYPHYLLINE UP TO 500 MG  J DEXRAZOXANE HCL PER 250 MG  J DIPHENHYDRAMINE HCL TO 50 MG  J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	OVINE PER VIAL INJECTION PHENYTOIN SODIUM PER 50 MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1170 INJE  J1180 INJE  J1190 INJ D  J1200 INJ D  J1201 INJ D  J1212 INJ D  J1230 INJE	JECTION HYDROMORPHONE UP TO 4 MG  JECTION DYPHYLLINE UP TO 500 MG  J DEXRAZOXANE HCL PER 250 MG  J DIPHENHYDRAMINE HCL TO 50 MG  J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	MG INJECTION HYDROMORPHONE UP TO 4 MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1180 INJE  J1190 INJ E  J1200 INJ E  J1212 INJ E  J1230 INJE	JECTION DYPHYLLINE UP TO 500 MG  J DEXRAZOXANE HCL PER 250 MG  J DIPHENHYDRAMINE HCL TO 50 MG  J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	MG INJECTION DYPHYLLINE UP TO 500 MG INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1190 INJ E  J1200 INJ E  J1205 INJ C  J1212 INJ E  J1230 INJE	J DEXRAZOXANE HCL PER 250 MG  J DIPHENHYDRAMINE HCL TO 50 MG  J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1200 INJ 0  J1205 INJ 0  J1212 INJ 0  J1230 INJE	J DIPHENHYDRAMINE HCL TO 50 MG  J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	HYDROCHLORIDE PER 250 MG INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration  Drug Administration		
J1205 INJ C  J1212 INJ E  J1230 INJE	J CHLOROTHIAZIDE SODIUM 500 MG  J DMSO DIMETHYL SULFOXID 50% 50ML  JECTION METHADONE HCL UP TO 10 MG  JECTION DIMENHYDRINATE TO 50 MG	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required  No Auth Required	Drug Administration  Drug Administration  Drug Administration		
J1212 INJ E	J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG JECTION DIMENHYDRINATE TO 50 MG	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required  No Auth Required	Drug Administration Drug Administration		
J1230 INJE	J DMSO DIMETHYL SULFOXID 50% 50ML JECTION METHADONE HCL UP TO 10 MG JECTION DIMENHYDRINATE TO 50 MG	INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	No Auth Required	Drug Administration		
	JECTION DIMENHYDRINATE TO 50 MG	INJECTION METHADONE HCL UP TO 10 MG INJECTION DIMENHYDRINATE UP TO 50	·	-		
J1240 INJE	JECTION DIMENHYDRINATE TO 50 MG	INJECTION DIMENHYDRINATE UP TO 50	No Auth Required	Drug Administration		
1	IFCTION DIPYRIDAMOLE PER 10 MG	IVIG	1	Drug Auministration		
J1245 INJE	,255 DII TIND/NVIOLET EN 10 IVIO	INJECTION DIPYRIDAMOLE PER 10 MG	No Auth Required	Drug Administration		
J1250 INJE	JECTION DOBUTAMINE HCI PER 250 MG	INJECTION DOBUTAMINE HCI PER 250	No Auth Required	Drug Administration		
J1260 INJE	JECTION DOLASETRON MESYLATE 10 MG		No Auth Required	Drug Administration		
112CE INUE	IECTION DODANAINE LICE 40 MAC	MG	No Auth Doguinad	Davis Administration		
	JECTION DOPAMINE HCL 40 MG JECTION DORIPENEM 10 MG	INJECTION DOPAMINE HCL 40 MG INJECTION DORIPENEM 10 MG	No Auth Required No Auth Required	Drug Administration Drug Administration		
	JECTION DONIFENEW 10 MIG	INJECTION DOKIFENEM 10 MIG	No Auth Required	Drug Administration		
	JECTION DOXERCALCIFEROL 1 MCG JECTION ECALLANTIDE 1 MG	INJECTION BOXERCALCIFEROL 1 MCG	Authorization Required	Drug Administration	Full Clinical Review	
	JECTION ECALLANTIDE 1 MG	INJECTION ECALLANTIDE 1 MG	Authorization Required	Drug Administration	Full Clinical Review	
	JECTION ECOLIZONIAB 10 MG	INJECTION ECOLIZOMAB 10 MG	Authorization Required	Drug Administration	Full Clinical Review	
	JECTION RAVULIZUMAB-CWVZ 10 MG	INJECTION RAVULIZUMAB-CWVZ 10 MG		Drug Aummstration	Full Clinical Review	
J1320 INJ A	J AMITRIPTYLINE HCL TO 20 MG	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	No Auth Required	Drug Administration		
J1322 INJE	JECTION ELOSULFASE ALFA 1 MG	INJECTION ELOSULFASE ALFA 1 MG	Authorization Required	Drug Administration	Full Clinical Review	
	JECTION ELEGISTICATE ALT A TIMO	INJECTION ENFUVIRTIDE 1 MG	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
	JECTION EPOPROSTENOL 0.5 MG	INJECTION EPOPROSTENOL 0.5 MG	Authorization Required	Drug Administration	Full Clinical Review	
	JECTION EPTIFIBATIDE 5 MG	INJECTION EPTIFIBATIDE 5 MG	No Auth Required	Drug Administration	· · · · · · · · · · · · · · · · · · ·	
	J ERGONOVINE MALEATE UP TO 0.2 MG	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG	No Auth Required	Drug Administration		
J1335 INJE	JECTION ERTAPENEM SODIUM 500 MG	INJECTION ERTAPENEM SODIUM 500 MG	No Auth Required	Drug Administration		
J1364 INJE	JECTION ERYTH LACTOBIONATE 500 MG	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG	No Auth Required	Drug Administration		
J1380 INJ E	J ESTRADIOL VALERATE TO 10 MG	INJECTION ESTRADIOL VALERATE UP TO 10 MG	No Auth Required	Drug Administration		
J1410 INJE	JECTION 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	
J1428 J1429	Inj golodirsen 10 mg	Injection, golodirsen, 10 mg	Authorization Required	Drug Administration	Full Clinical Review	
J1430	INJ ETHANOLAMINE OLEATE 100 MG	INJECTION ETHANOLAMINE OLEATE 100	•	Drug Administration	Tuli clinical Keview	
31430	THE ETT WOLD WINTE GEENTE 100 WIG	MG	No riati nequirea	Drug / turninstrution		
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		Drug Administration		
		300 MG	·			
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	Authorization Required	Drug Administration	Full Clinical Review	
		MG				
J1442	INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC	INJECTION FILGRASTIM EXCLUDES	Authorization Required	Drug Administration	Full Clinical Review	Always processed by medical
J1443	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	BIOSIMILARS 1 MIC INJ FERRIC PRPP CITRATE SOL 0.1 MG	No Auth Required	Drug Administration		
J1445	TINJ FERRIC PRPP CIT SOL U.1 IVIG IRON	OF IRON	No Auth Required	Drug Administration		
J1444	INJECTION FPC POWDER 0.1 MG IRON	INJ FERRIC PYROPHOSPHATE CITRATE	No Auth Required			
32444	INSECTION TO COMPENSION INCINCIN	PWD 0.1 MG IRON	No riati nequired			
J1447	INJECTION TBO-FILGRASTIM 1 MICROG	INJECTION TBO-FILGRASTIM 1	Authorization Required	Drug Administration	Full Clinical Review	
		MICROGRAM				
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	No Auth Required	Drug Administration		
		INTRAOCULAR 1.65 MG	,			
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 &	No Auth Required	Drug Administration		
		PALONOSETRON 0.25 MG				
J1455	INJECTION FOSCARNET SODIUM 1000 MG	INJECTION FOSCARNET SODIUM PER	No Auth Required	Drug Administration		
		1000 MG				
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	No Auth Required	Drug Administration		
		INTRAMUSCULAR 1 CC				
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	Authorization Required	Drug Administration	Full Clinical Review	
		BIVIGAM 500 MG				
J1557	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV	Authorization Required	Drug Administration	Full Clinical Review	
		NONLYOPHILIZED 500 MG				
J1559	INJECTION IG HIZENTRA 100 MG	INJECTION IMMUNE GLOBULIN	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
		HIZENTRA 100 MG				
J1560	INJECTION GAMMA GLOB IM OVER 10 CC	INJECTION GAMMA GLOB	No Auth Required	Drug Administration		
		INTRAMUSCULAR OVER 10 CC				
J1561	INJ IG NONLYOPHILIZED 500 MG	INJECTION IMMUNE GLOBULIN	Authorization Required	Drug Administration	Full Clinical Review	
		NONLYOPHILIZED 500 MG				
J1562	INJECTION IG VIVAGLOBIN 100 MG	INJECTION IMMUNE GLOBULIN	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
14566		VIVAGLBIN 100 MG			5 11 01: 1 1 1 1 1	
J1566	INJ IG IV LYPHILIZED NOS 500 MG	INJ IG IV LYPHILIZED NOT OTHERWISE	Authorization Required	Drug Administration	Full Clinical Review	
115.00	INLLIC OCTOCANA IV NONLI VO FOOMAC	SPEC 500 MG	Authorization Bassis -	Drug Administration	Full Clinical Devices	
J1568	INJ IG OCTOGAM IV NONLYO 500MG	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration	Full Clinical Review	
J1569	INLIG GAMMAGAPD IV NONLYO 500 MC	INJ IG GAMMAGARD LIQ IV	Authorization Poquired	Drug Administration	Full Clinical Review	
11203	INJ IG GAMMAGARD IV NONLYO 500 MG	NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration	ruli Clinical Review	
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	INJECTION GANCICLOVIR SODIUM 500	No Auth Required	Drug Administration		
31370	INSECTION GUIVEIGEOVIN SODIOIVI SOU IVIG	MG	Auth Nequileu	Dias Administration		
J1571	INJ HEP B IG HEPAGAM B IM 0.5 ML	INJ HEPATITIS B IG HEPAGAM B IM 0.5	No Auth Required	Drug Administration		
323.2		ML				
	l	ı	1	L	L.	I

J1572	INJ IG IV NONLYOPHILIZED 500 MG	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Authorization Required	Drug Administration	Full Clinical R	eview	
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 R	eview 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 R	eview	
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 R	eview	
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 R		
J1628	INJECTION GUSELKUMAB 1 MG	INJECTION GUSELKUMAB 1 MG	Authorization Required	Drug Administration	Full Clinical R	eview	
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 Clinica	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 R	eview 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	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 Vali	dation	
J1726	INJECTION HPC 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Authorization Required	Drug Administration	Full Clinical R	eview	

J1729	INJECTION HPC NOS 10 MG	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Authorization Required	Drug Administration	Fu	ll 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	No Auth Required	Drug Administration			
14744	WALEST ON THE PROPERTY ASS A 40	MG					
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		Il Clinical Review	
J1744	INJECTION ICATIBANT 1 MG	INJECTION ICATIBANT 1 MG	Authorization Required	Drug Administration		II Clinical Review	Always processed by pharmacy
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration	Fu	ll Clinical Review	
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	INJECTION IBALIZUMAB-UIYK 10 MG	Authorization Required	Drug Administration	Fu	II 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	Fu	Il 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	No Auth Required	Drug Administration			
		MG	·				
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	Fu	II Clinical Review	Always processed by pharmacy
J1817	INSULIN ADMIN THRU DME PER 50 UNITS	INSULIN ADMINISTRATION THROUGH	Authorization Required	Drug Administration		Il Clinical Review	Always processed by pharmacy
		DME PER 50 UNITS	·	·			Always processed by pharmacy
J1826	INJECTION INTERFERON BETA-1A 30 MCG	INJECTION INTERFERON BETA-1A 30 MCG	Authorization Required	Drug Administration	Ful	ll Clinical Review	
J1830	INJ INTERFERON BETA-1B 0.25 MG	INJECTION INTERFERON BETA-1B 0.25 MG	Authorization Required	Drug Administration	Fu	ll Clinical Review	Always processed by pharmacy
J1833	INJECTION ISAVUCONAZONIUM 1 MG	INJECTION ISAVUCONAZONIUM 1 MG	Authorization Required	Drug Administration	Fu	II Clinical Review	
J1835	INJECTION ITRACONAZOLE 50 MG	INJECTION ITRACONAZOLE 50 MG	No Auth Required	Drug Administration	10	ii ciiiicai iicvicw	
J1840	INJ KANAMYCIN SULFATE TO 500 MG	INJECTION KANAMYCIN SULFATE UP TO	·	Drug Administration			
J1850	INJ KANAMYCIN SULFATE TO 75 MG	500 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	Fu	II Clinical Review	
J1931	INJECTION LARONIDASE 0.1 MG	INJECTION LARONIDASE 0.1 MG	Authorization Required	Drug Administration		Il Clinical Review	
J1940	INJECTION FUROSEMIDE UP TO 20 MG	INJECTION FUROSEMIDE UP TO 20 MG	No Auth Required	Drug Administration	Tu	iii ciiiiicai Neview	
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 LEVOCARMINET ER 1 G	INJECTION LEVOCARMITME FER TO	No Auth Required	Drug Administration			
J1960	INJ LEVORPHANOL TARTRATE TO 2 MG	INJECTION LEVORPHANOL TARTRATE	No Auth Required	Drug Administration			
11700		UP TO 2 MG	Addi nequired	S. ag / ammotiation			
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	r dir cililical Keview	
J2170	INJECTION MECASERMIN 1 MG	INJECTION MECASERMIN 1 MG	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
					ruii Ciiiiicai Keview	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	No Auth Required	Drug Administration		
		VABORBACTAM 10 MG/10 MG				
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	No Auth Required	Drug Administration		Always processed by pharmacy
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	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	No Auth Required	Drug Administration		
12222	INJECTION NATALIZUMAD 4 MC	UP TO 50 MG	Authorization Decuired	Drug Administration	Full Clinical Davieur	+
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	Full Clinical Davieur	
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	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		
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J2360	INJ ORPHENADRINE CITRATE TO 60 MG	INJECTION ORPHENADRINE CITRATE UP	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		

12675	INJECTION PROCESTEDONE DED TO MC	INJECTION PROCESTERONE DED TO MC	No Auth Doguined	Davis 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	No Auth Required	Drug Administration		
		METHYLSULFATE UP TO 0.5 MG				
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	No Auth Required	Drug Administration		
		HUMAN 10 IU				
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	Dura Administration		
				Drug Administration	National Malidation	
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		
	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 ROMIFEOSTIM TO MICG	Authorization Required	Drug Administration	Full Clinical Review	
J2797 J2798	INJECTION ROLAPITANT 0.5 MG	INJECTION ROLAPITANT 0.5 MG	No Auth Required	Drug Mullillistration	i un cillical neview	
J2798 J2800	INJECTION RISPERIDONE U.S MIG	INJECTION RISPERIDONE 0.5 MIG INJECTION METHOCARBAMOL UP TO 10		Drug Administration	1	
J20UU	INSECTION WETHOCARDAWIOL OF TO 10 WIL	ML	No Auth Required	Drug Auministration		
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	No Auth Required	Drug Administration		
		HUMAN 1 MICROGRAM				

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	No Auth Required	Drug Administration	T all difficult Neview	
32320		50 MG	no natir negatica	Drug / turningtrution		
J2916	INJ SODIM FERRIC GLUCONATE 12.5 MG	INJ SODIM FERRIC GLUCONATE CMPLX	No Auth Required	Drug Administration		
		SUCROSE 12.5 MG				
J2920	INJ METHYLPRDNISOLON SODIM TO 40 MG	INJ METHYLPRDNISOLONE SODIUM	No Auth Required	Drug Administration		
		SUCCNAT TO 40 MG				
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	INJ METHYLPRDNISOLONE SODIUM	No Auth Required	Drug Administration		
		SUCCNAT TO 125 MG				
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	No Auth Required	Drug Administration		
12002	INJECTION DETERMACE 40.4 MC	MG	No Acado Donocios d	Donor Administration		
J2993	INJECTION RETEPLASE 18.1 MG	INJECTION RETEPLASE 18.1 MG INJECTION STREPTOKINASE PER 250000	No Auth Required	Drug Administration		
J2995	INJ STREPTOKINASE PER 250000 IU	III	No Auth Required	Drug Administration		
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	INJECTION ALTEPLASE RECOMBINANT 1	No Auth Required	Drug Administration		
12337	ALTEL EASE RECOMBINANT I MG	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	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
		MG	·			
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	INJECTION FREMANEZUMAB-VFRM 1	Authorization Required		Full Clinical Review	
		MG				
J3060	INJECTION TALIGLUCERASE ALFA 10 U	INJECTION TALIGLUCERASE ALFA 10	Authorization Required	Drug Administration	Full Clinical Review	
		UNITS				
J3070	INJECTION PENTAZOCINE 30 MG	INJECTION PENTAZOCINE 30 MG	No Auth Required	Drug Administration		
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	INJECTION TEDIZOLID PHOSPHATE 1	No Auth Required	Drug Administration		
		MG				
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	No Auth Required	Drug Administration		
J3110	INJECTION TERIPARATIDE 10 MCG	TO 1 MG INJECTION TERIPARATIDE 10 MCG	Authorization Required	Drug Administration	Full Clinical Review	Always processed by pharmacy
J3110 J3111	INJECTION TENIPARATIDE 10 MCG	INJECTION ROMOSOZUMAB-AQQG 1	Authorization Required	Drug Auministration	Full Clinical Review Full Clinical Review	Always processed by pharmacy
33111	INSECTION NOWOSOZOWAD-AQQQ I WIQ	MG	Authorization Required		Tull Cliffical Neview	
J3121	INJ TESTOSTERONE ENANTHATE 1 MG	INJECTION TESTOSTERONE ENANTHATE	No Auth Required	Drug Administration		
70121		1 MG	no nam negamea	Drug / tarringti attori		
J3145	INJ TESTOSTERONE UNDECANOATE 1 MG	INJECTION TESTOSTERONE	No Auth Required	Drug Administration		
		UNDECANOATE 1 MG				
J3230	INJ CHLORPROMAZINE HCL TO 50 MG	INJECTION CHLORPROMAZINE HCL UP	No Auth Required	Drug Administration		
		TO 50 MG				
J3240	INJ THYROTROPIN .9 MG PROV 1.1 VIAL	INJ THYROTROPIN ALPHA 0.9 MG PROV	Authorization Required	Drug Administration	Full Clinical Review	
		1.1 MG VIAL				
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	No Auth Required	Drug Administration		
12252	INITORDANAVCINI CILI CATO TO COLACO	UP TO 200 MG	No. A. Ab Do. 1	Donor Administrative		
J3260	INJ TOBRAMYCIN SULFATE TO 80 MG	INJECTION TOBRAMYCIN SULFATE UP	No Auth Required	Drug Administration		
J3262	INJECTION TOCILIZUMAB 1 MG	TO 80 MG INJECTION TOCILIZUMAB 1 MG	Authorization Required	Drug Administration	Full Clinical Review	+
J3262 J3265	INJECTION TOCILIZUMAB 1 MG INJECTION TORSEMIDE 10 MG/ML	INJECTION TOCILIZUMAB 1 MG INJECTION TORSEMIDE 10 MG/ML	No Auth Required	Drug Administration  Drug Administration	Full Clinical Review	
J3280	INJ THIETHYLPRAZINE MALEAT TO 10 MG	INJECTION TORSEMIDE 10 MIG/MIL  INJECTION THIETHYLPERAZINE	No Auth Required	Drug Administration		
13200	THE THE NAZIVE WALLAT TO 10 WIG	MALEATE UP TO 10 MG	No Matir Required	Drag Administration		
J3285	INJECTION TREPROSTINIL 1 MG	INJECTION TREPROSTINIL 1 MG	Authorization Required	Drug Administration	Full Clinical Review	
30200					. dii diiinda Neview	

INJ TRIAMCINOLONE ACETONIDE PF 1 MG	INJ TRIAMCINOLONE ACETONIDE PRES	No Auth Required	Drug Administration			
INJ TRIAMCINOLON ACETONID NOS 10 MG	INJECTION TRIAMCINOLONE	No Auth Required	Drug Administration			
INJ TRIAMCINOLONE DIACTAT 5 MG	INJECTION TRIAMCINOLONE DIACETATE	No Auth Required	Drug Administration			
INJ TRIAMCINOLONE HEXACETONIDE 5 MG	INJECTION TRIAMCINOLONE	No Auth Required	Drug Administration			
INJ TAA PF ER MS FORMULATION 1 MG		No Auth Required	Drug Administration			
INJ TRIMETREXATE GLUCORONATE 25 MG	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG	No Auth Required	Drug Administration			
INJECTION PERPHENAZINE UP TO 5 MG	INJECTION PERPHENAZINE UP TO 5 MG	No Auth Required	Drug Administration			
INJ TRIPTORELIN PAMOATE 3.75 MG	INJECTION TRIPTORELIN PAMOATE 3.75 MG	No Auth Required	Drug Administration			
INJECTION TRIPTORELIN ER 3.75 MG	INJECTION TRIPTORELIN EXTENDED- RELEASE 3.75 MG	No Auth Required	Drug Administration			
INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM	No Auth Required	Drug Administration			
INJECTION UREA UP TO 40 G	INJECTION UREA UP TO 40 G	No Auth Required	Drug Administration			
INJECTION UROFOLLITROPIN 75 IU	INJECTION UROFOLLITROPIN 75 IU	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
USTEKINUMAB FOR SUBQ INJECTION 1 MG	USTEKINUMAB FOR SUBCUTANEOUS	Authorization Required	Drug Administration		Full Clinical Review	, , , , ,
USTEKINUMAB INTRAVENOUS INJ 1 MG	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
INJECTION DIAZEPAM UP TO 5 MG	INJECTION DIAZEPAM UP TO 5 MG	No Auth Required	Drug Administration			
INJ IV UROKINASE 250000 IU VIAL	INJECTION IV UROKINASE 250000 IU	No Auth Required	Drug Administration			
INJECTION VANCOMYCIN HCL 500 MG	INJECTION VANCOMYCIN HCL 500 MG	No Auth Required	Drug Administration			
INJECTION VEDOLIZUMAB 1 MG	INJECTION VEDOLIZUMAB 1 MG	Authorization Required	Drug Administration		Full Clinical Review	
INJ VELAGLUCERASE ALFA 100 UNITS	INJECTION VELAGLUCERASE ALFA 100 UNITS	Authorization Required	Drug Administration		Full Clinical Review	
INJECTION VERTEPOREIN 0.1 MG	INJECTION VERTEPOREIN 0.1 MG	No Auth Required	Drug Administration			
INJECT VESTRONIDASE ALFA-VJBK 1 MG			Drug Administration		Full Clinical Review	
INJ VORETGN NEPARVVC-RZYL 1 B VEC G	INJECTION VORETIGENE NEPARVOVEC- RZYL 1 B VEC G	No Auth Required	Drug Administration			
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	
INJ TRIFLUPROMAZINE HCL TO 20 MG	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG	No Auth Required	Drug Administration			
INJECTION HYDROXYZINE HCL TO 25 MG	INJECTION HYDROXYZINE HCL UP TO 25 MG	No Auth Required	Drug Administration			
INJECTION THIAMINE HCL 100 MG	INJECTION THIAMINE HCL 100 MG	No Auth Required	Drug Administration			
INJECTION PYRIDOXINE HCL 100 MG	INJECTION PYRIDOXINE HCL 100 MG	No Auth Required	Drug Administration			
INJ VIT B-12 CYNOCOBLMN TO 1000 MCG			Drug Administration			
INJECTION PHYTONADIONE PER 1 MG	INJECTION PHYTONADIONE PER 1 MG	No Auth Required	Drug Administration			
			•			
INJ HYALURONIDASE TO 150 UNITS			Drug Administration			
INE HYALURONIDASE OVINE 1 USP U	INE HYALURONIDASE OVINE PRES FREE  1 USP UNIT	No Auth Required	Drug Administration			
	INJ TRIAMCINOLON ACETONID NOS 10 MG  INJ TRIAMCINOLONE DIACTAT 5 MG  INJ TRIAMCINOLONE HEXACETONIDE 5 MG  INJ TRIAMCINOLONE HEXACETONIDE 5 MG  INJ TRIAMCINOLONE HEXACETONIDE 5 MG  INJ TRIMETREXATE GLUCORONATE 25 MG  INJ TRIMETREXATE GLUCORONATE 25 MG  INJ TRIPTORELIN PAMOATE 3.75 MG  INJ TRIPTORELIN PAMOATE 3.75 MG  INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM  INJECTION UREA UP TO 40 G  INJECTION UREA UP TO 40 G  INJECTION UROFOLLITROPIN 75 IU  USTEKINUMAB FOR SUBQ INJECTION 1 MG  USTEKINUMAB INTRAVENOUS INJ 1 MG  INJECTION DIAZEPAM UP TO 5 MG  INJECTION UROKINASE 5000 IU VIAL  INJ IV UROKINASE 250000 IU VIAL  INJ IV UROKINASE 1 MG  INJECTION VENCOMYCIN HCL 500 MG  INJECTION VERTEPORFIN 0.1 MG  INJECTION VERTEPORFIN 0.1 MG  INJECTION VERTEPORFIN 0.1 MG  INJ VORETGN NEPARVVC-RZYL 1 B VEC G  INJ AVSX-101-XIOI P-TX TO 5X10^15VG  INJ TRIFLUPROMAZINE HCL TO 25 MG  INJECTION HYDROXYZINE HCL TO 25 MG  INJECTION THIAMINE HCL 100 MG  INJECTION PYRIDOXINE HCL 100 MG	INJ TRIAMCINOLON ACETONID NOS 10 MG INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG INJECTION TRIAMCINOLONE DIACTAT 5 MG INJECTION TRIAMCINOLONE DIACTAT 5 MG INJECTION TRIAMCINOLONE DIACTAT 5 MG INJECTION TRIAMCINOLONE DIACETATE PER 5 MG INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG INJECTION TRIAMCINOLONE ACETONIDE PER 5 MG INJECTION TRIAMCINOLONE ACETONIDE PER 5 MG INJECTION TRIMETREXATE GLUCORONATE PER 25 MG INJECTION PERPHENAZINE UP TO 5 MG INJECTION PERPHENAZINE UP TO 5 MG INJECTION PERPHENAZINE UP TO 5 MG INJECTION PERPHENAZINE UP TO 5 MG INJECTION TRIPTORELIN PAMOATE 3.75 MG INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 40 G INJECTION UREA UP TO 5 MG INJECTION UREA UP TO	REEE 1 MG	FREE 1 MG	REE 1 MG   NINTRANCHOLON ACETONID NOS 10 MG   NINECTION TRAMCKINOLONE   No. Auth Required   Drug Administration   RECTION TRAMCKINOLONE DIACETATE   No. Auth Required   Drug Administration   RESCRIPTION TRAMCKINOLONE DIACETATE   No. Auth Required   Drug Administration   RESCRIPTION TRAMCKINOLONE DIACETATE   No. Auth Required   Drug Administration   RESCRIPTION TRAMCKINOLONE   No. Auth Required   Drug Administration   RELEASE 3.75 MG   NO. Auth Required   Drug Administration   No. Auth Required   Drug Administration   No. Auth Required   Drug Administration   RELEASE 3.75 MG   NO. Auth Required   Drug Administration   No. Auth Required   Drug Administr	INTERMANDICION ACECTONID NOS 10 MG ACTONIDO ROS 10 MG ACTONIDOR ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10 MG ACTONIDO ROS 10

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			, majo processor a j messor
J3530	NASAL VACCINE INHALATION	NASAL VACCINE INHALATION	No Auth Required	5 ag / tarrinistration			
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		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	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		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	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		Drug Administration	Full Clinical Review	
	•	FOR IA INJ 1 MG	·	-		
J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	HYALURONAN/DERIVITIVE GENVISC 850 IA INJ 1 MG		Drug Administration	Full Clinical Review	
J7321	HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D	HYAL/DERIV HYALGAN SUPARTZ/VISCO- 3 IA INJ-DOSE	·	Drug Administration	Full Clinical Review	
J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG	HYALURONAN/DERIVATIVE HYMOVIS IA INJ 1 MG	·	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		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	,		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	Authorization Required		Full Clinical Review	
37.401		IMPLANT 10 MCG	. ida.ionzacion neganea		i dii ciiniddi Neview	

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	No Auth Required	Drug Administration		
		0.25 MG				
J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	LYMPHCYT IMMUN GLOB EQUINE	No Auth Required	Drug Administration		
	·	PARENTERAL 250 MG	·			
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	No Auth Required	Drug Administration		
		ORAL 1 MG				
J7508	TACROLIMUS EXT RELEASE ORAL 0.1 MG	TACROLIMUS EXTENDED RELEASE ORAL	No Auth Required	Drug Administration		
		0.1 MG				
J7509	METHYLPREDNISOLONE ORAL PER 4 MG	METHYLPREDNISOLONE ORAL PER 4	No Auth Required	Drug Administration		
		MG				
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	No Auth Required	Drug Administration		
		PARENTERAL 25 MG				
J7512	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	PREDNISONE IMMEDIATE	No Auth Required	Drug Administration		
	D. O. ITHIA AND DADENITED AT A S. A.O.	RLSE/DELAYED RLSE ORAL 1 MG				
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	No Auth Required	Drug Administration		
17510	MYCOPHENOLIC ACID ORAL 180 MG	MG MYCOPHENOLIC ACID ORAL 180 MG	No Auth Required	Drug Administration		
J7518 J7520	SIROLIMUS ORAL 1 MG	SIROLIMUS ORAL 1 MG	No Auth Required No Auth Required	Drug Administration 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	No Auth Required	Drug Administration		
37333	INVINIONOSOFT RESSIVE BROWNES	OTHERWISE CLASSIFIED	140 Auth Required	Drug Aummistration		
J7604	ACETYLCYSTEINE I SOL CP PROD UD P G	ACETYLCYSTEINE INHAL SOL COMP	No Auth Required	Drug Administration		
37001	7.02.1120.012.112.1002.01.1100.00.1.0	PROD UNIT DOSE P G		Drug / turminstrution		
J7605	ARFORMOTEROL I SOL NONCOMP UD 15 MG	ARFORMOTEROL INHAL SOL NONCOMP	No Auth Required	Drug Administration		
		UNIT DOSE 15 MG	·			
J7606	FORMOTEROL FUMARATE IHAL U D 20 MCG	FORMOTEROL FUMARATE INHAL SOL U	No Auth Required	Drug Administration		
		DOSE FORM 20 MCG				
J7607	LEVALBUTERAL INHAL CP DME 0.5 MG	LEVALBUTEROL INHAL CP PROD THRU	No Auth Required	Drug Administration		
		DME CONC 0.5 MG				
J7608	ACETYLCYSTEINE I SOL NONCP UD PER G	ACETYLCYSTEINE INHAL SOL NONCOMP	No Auth Required	Drug Administration		
		UNIT DOSE PER G				
J7609	ALBUTEROL INHAL CP THRU DME 1 MG	ALBUTEROL INHAL CP PROD THRU DME	No Auth Required	Drug Administration		
		UNIT DOSE 1 MG				
J7610	ALBUTEROL INHAL ADMIN THRU DME 1MG	ALBUTEROL INHAL SOL ADMIN THRU	No Auth Required	Drug Administration		
		DME CONC 1 MG				
J7611	ALBUTEROL INHAL NON-CP CONC 1 MG		No Auth Required	Drug Administration		
		CONC FORM 1 MG				
J7612	LEVALBUTROL INHL NON-CP CONC 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU	No Auth Required	Drug Administration		
		DME CONC 0.5 MG		D 41 11 11		
J7613	ALBUTEROL INHAL NON-CP U DOSE 1 MG	ALBUTEROL INHAL NON-CP PROD THRU	No Auth Required	Drug Administration		
17644	LEVAL DUTEDOL INIUAL MON CD LLO 5 222	DME U DOSE 1 MG	No. Austle Donnière d	Down Administration		
J7614	LEVALBUTEROL INHAL NON-CP U 0.5 MG	LEVALBUTEROL INHAL NON-CP THRU	No Auth Required	Drug Administration		
17615	LEVALBUTEROL INHAL DME UNIT 0.5 MG	DME U DOSE 0.5 MG	No Auth Boquired	Drug Administration		
J7615	LEVALDO I EKOL INMAL DIVIE UNIT U.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	No Auth Required	Drug Administration		
37020	ALDO LENGE TO 2.3 INIG IPT TO 0.3 INIG	BROM TO 0.5 MG	No Auth Required	Prug Aummistration		
L		טועו כ.ט טד ועוטאם	l			

J7622	BECLOMETHASONE INHAL CP UNIT PER MG	BECLOMETHASOME INHAL CP PROD	No Auth Required	Drug Administration		
17624	DETAMETHACONE INHIAL COLUMN DED MC	UNIT DOSE PER MG	No Auth Desuised	Dura 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	No Auth Required	Drug Administration		
37020		DOSE UP TO 0.5 MG	- To rider rieganica	Drug / turmistrution		
J7627	BUDESONIDE INHAL CP UNIT TO 0.5 MG	BUDESONIDE INHAL CP PROD UNIT	No Auth Required	Drug Administration		
		DOSE UP TO 0.5 MG				
J7628	BITOLTEROL MESYLAT INHAL CP CONC MG	BITOLTEROL MESYLATE INHAL CP PROD	No Auth Required	Drug Administration		
		CONC PER MG				
J7629	BITOLTEROL MESYLATE INHAL CP U MG	BITOLTEROL MESYLATE INHAL CP UNIT	No Auth Required	Drug Administration		
		DOSE PER MG				
J7631	CROMOLYN NA I SOL NONCP UD P 10 MG	CROMOLYN SODIUM INHALATION SOL	No Auth Required	Drug Administration		
J7632	CROMOLYN NA I SOL CP PROD UD 10 MG	NONCP UD P 10 MG	No Auth Desuised	Davis Advainistantian		
1/032	CROWOLTN NATSOL CP PROD OD 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	No Auth Required	Drug Administration		
37033	BODESCHIDE INTINE NON CIT CITE 0.25 INIG	FORM PER 0.25 MG	No Auth Required	Drug / ammistration		
J7634	BUDESONIDE INHAL CP DME 0.25 MG	BUDESONIDE INHAL CP PROD THRU	No Auth Required	Drug Administration		
		DME CONC 0.25 MG	·			
J7635	ATROPINE INHAL CP CONC FORM PER MG	ATROPINE INHAL SOL COMP PROD	No Auth Required	Drug Administration		
		CONC FORM PER MG				
J7636	ATROPINE INHAL CP UNIT DOSE PER MG	ATROPINE INHAL COMP PROD UNIT	No Auth Required	Drug Administration		
		DOSE FORM PER MG				
J7637	DEXAMETHASONE INHAL CP CONC PER MG	DEXAMETHASONE INHAL COMP PROD	No Auth Required	Drug Administration		
17600	257444557446045444444444604447	CONC FORM PER MG				
J7638	DEXAMETHASONE INHAL CP UNIT PER MG	DEXAMETHASONE INHAL COMP PROD	No Auth Required	Drug Administration		
J7639	DORNASE ALFA I SOL NONCP U D-MG	UNIT DOSE PER MG  DORNASE ALFA INHAL SOL NONCOMP	No Auth Required	Drug Administration		
37033	DOMNAGE ALLA I SOE NONCI O D-IVIG	UNIT DOSE PER MG	No Auth Required	Drug Administration		
J7640	FORMOTEROL INHAL CP U DOSE 12 MCG	FORMOTEROL INHAL COMP PROD UNIT	No Auth Required	Drug Administration		
		DOSE FORM 12 MCG				
J7641	FLUNISOLIDE INHAL COMP UNIT PER MG	FLUNISOLIDE INHAL COMP PROD UNIT	No Auth Required	Drug Administration		
		DOSE PER MG				
J7642	GLYCOPYRROLATE INHAL CP CONC PER MG	GLYCOPYRROLATE INHAL COMP PROD	No Auth Required	Drug Administration		
		CONC FORM PER MG				
J7643	GLYCOPYRROLATE INHAL U DOSE PER MG	GLYCOPYRROLATE INHAL COMP UNIT	No Auth Required	Drug Administration		
17644	IDDATEONIUM DEOM INUM NON CE UMAC	DOSE FORM PER MG	No Auth Desuised	Davis Advainistantian		
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	No Auth Required	Drug Administration		
37043	IN WITHOUT BROWN DE INVINCE OF ER WIG	DME U DOSE PER MG	No Auth Required	Drug / ammistration		
J7647	ISOETHARINE HCL INHAL CP DME PER MG	ISOETHARINE HCL INHAL CP PROD THRU	No Auth Required	Drug Administration		
		DME PER MG	·			
J7648	ISOETHARINE HCI INH NON-CP CONC MG	ISOETHARINE HCI INHAL NON-CP CONC	No Auth Required	Drug Administration		
		FORM PER MG				
J7649	ISOETHARINE HCI NON-CP U DOS PER MG	ISOETHARINE HCI NON-COMP UNIT	No Auth Required	Drug Administration		
		DOSE FORM PER MG				
J7650	ISOETHARINE HCI INHAL U DOSE PER MG	ISOETHARINE HCI INHAL THRU DME	No Auth Required	Drug Administration		
17657	ISODBOTEBENOL LICHNIHAL CD DAME \$40	UNIT DOSE PER MG	No Auth Desuises	Dura 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	No Auth Required	Drug Administration		
37.050	issi no iziatoz ne minimon en concinid	CONC FORM PER MG		5. 35 /10/11/11/50/00/01/		
J7659	ISOPROTERENOL HCI INH NON-CP U MG	ISOPROTERENOL HCI INHAL NON-CP	No Auth Required	Drug Administration		
		UNIT DOSE PER MG	1	<u> </u>		
	•	•		•		•

17660	ISOPPOTEDENIOL LICUNUM LINUT DED MAC	ICODDOTEDENOL LICENSIAL TUDIL DAGE	N. A. Alb D. a. Jane	Davis Administration	I		
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	No Auth Required	Drug Administration			
		PROD CONC 10 MG					
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	No Auth Required	Drug Administration			
		UNIT DOSE 10 MG					
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	No Auth Required	Drug Administration			
		PROD U D 300 MG		3			
J7677	REVEFENACIN I SOL NONCP DME 1 MCG	REVEFENACIN INHAL SOL NONCOMPND	No Auth Required				
J7680	TERBUTALINE SULFATE INH CP CONC MG	ADM DME 1 MCG TERBUTALINE SULFATE INHAL COMP	No Auth Required	Drug Administration			
37080	TERBOTALINE SOLI ATE INIT OF CONCINIO	CONC FORM PER MG	No Auth Required	Drug Aummistration			
J7681	TERBUTALINE SULF INH COMP U DOSE MG	TERBUTALINE SULFATE INHAL COMP	No Auth Required	Drug Administration			
		UNIT DOSE PER MG		_			
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	No Auth Required	Drug Administration			
J7684	TRIAMCINOLONE INHAL CP UNIT PER MG	CONC FORM PER MG TRIAMCINOLONE INHAL COMP PROD	No Auth Required	Drug Administration			
		UNIT DOSE PER MG	,				
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	Authorization Required	Drug Administration		Full Clinical Review	
		DOSE 1.74 MG					
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	No Auth Required	Drug Administration			
J8498	ANTIEMETIC DRUG RECTAL/SUPP NOS	CLASSIFIED ANTIEMETIC DRUG	No Auth Required	Drug Administration			
10430	ANTIENIETIC DROG RECTAL/30FF NOS	RECTAL/SUPPOSITORY NOS	No Auth Required	Drug Aummistration			
J8499	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	PRESCRIPTION DRUG ORAL	No Auth Required	Drug Administration			
		NONCHEMOTHERAPEUTIC NOS	<u> </u>				
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	No Auth Required	Drug Administration			
		OTHERWISE SPECIFIED					
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 &	No Auth Required	Drug Administration		
		PALONOSETRON 0.5 MG ORAL				
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	No Auth Required	Drug Administration		
		CHEMOTHERAPEUTIC NOS				
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	Authorization Required	Drug Administration	Full Clinical Review	
		USE VIAL				
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	Authorization Required	Drug Administration	Full Clinical Review	
10000		1000 IU			5 11 01: 1 1 5 1	
J9020	INJECTION ASPARAGINASE 10000 UNITS	INJECTION ASPARAGINASE 10000 UNITS	Authorization Required	Drug Administration	Full Clinical Review	
10022	INJECTION ATEZOLIZADAAD 10 MAC	INJECTION ATEZOUZUMAN 10 MAC	Authorization Descriped	Davis Administration	Full Clinical Basiass	
J9022 J9023	INJECTION ATEZOLIZUMAB 10 MG INJECTION AVELUMAB 10 MG	INJECTION ATEZOLIZUMAB 10 MG INJECTION AVELUMAB 10 MG	Authorization Required	Drug Administration	Full Clinical Review	
J9025	INJECTION AVELONIAB 10 MG	INJECTION AVELOMAB 10 MG INJECTION AZACITIDINE 1 MG	Authorization Required Authorization Required	Drug Administration Drug Administration	Full Clinical Review Full Clinical Review	
J9023 J9027	INJECTION AZACTIDINE 1 MG	INJECTION AZACTIDINE 1 MG INJECTION CLOFARABINE 1 MG	Authorization Required	Drug Administration	Full Clinical Review Full Clinical Review	
J9030	BCG LIVE INTRAVESICAL INSTL 1 MG	BCG LIVE INTRAVESICAL INSTILLATION 1		Drug Administration	Full Clinical Review	
13030	BCG LIVE INTRAVESICAL INSTELLING	MG	Authorization Required		Tuli Cililical 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	Authorization Required	Drug Administration	Full Clinical Review	
		TREANDA 1 MG				
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	INJECTION BENDAMUSTINE HCL	Authorization Required	Drug Administration	Full Clinical Review	
		BENDEKA 1 MG				
J9035	INJECTION BEVACIZUMAB 10 MG	INJECTION BEVACIZUMAB 10 MG	No Auth Required	Drug Administration		
J9036	INJ BENDAMUSTINE HYDROCHLORIDE 1 MG	INJECTION BENDAMUSTINE	Authorization Required		Full Clinical Review	
		HYDROCHLORIDE 1 MG				
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	INJECTION BLINATUMOMAB 1	Authorization Required	Drug Administration	Full Clinical Review	
		MICROGRAM				
J9040	INJECTION BLEOMYCIN SULFATE 15 UNIT	INJECTION BLEOMYCIN SULFATE 15	Authorization Required	Drug Administration	Full Clinical Review	
		UNITS				
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	Authorization Required	Drug Administration	Full Clinical Review	
		MG				
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	Full Clinical Basiass	
J9047 J9050	INJECTION CARFILZOMIB 1 MG INJECTION CARMUSTINE 100 MG	INJECTION CARFILZOMIB 1 MG INJECTION CARMUSTINE 100 MG	Authorization Required Authorization Required	Drug Administration	Full Clinical Review Full Clinical Review	
J9050 J9055	INJECTION CARMOSTINE 100 MG INJECTION CETUXIMAB 10 MG	INJECTION CARMOSTINE 100 MG INJECTION CETUXIMAB 10 MG	Authorization Required  Authorization Required	Drug Administration Drug Administration	Full Clinical Review Full Clinical Review	
J9055 J9057	INJECTION CETOXIMAB 10 MG	INJECTION CETOXIMAB 10 MG INJECTION COPANLISIB 1 MG	Authorization Required  Authorization Required	Drug Administration  Drug Administration	Full Clinical Review Full Clinical Review	
J9060	INJ CISPLATIN POWDER/SOLUTION 10 MG	INJECTION COPANLISIS I MIG	No Auth Required	Drug Administration	Tuli Cililical Review	
33000	IN SISTEMINAL OWNER/SOLUTION TO MIG	SOLUTION 10 MG	Auth Nequileu	Drug Aummistration		
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	. un chinear neview	
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	INJECTION CYTARABINE LIPOSOME 10	Authorization Required	Drug Administration	Full Clinical Review	
		MG				
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-	Authorization Required		Full Clinical Review	
		MKNL 10 UNITS				
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	

John   John	
J9151   INJ DAUNORUBICIN CITRATE LIP 10 MG	
J9153   INJLIPOSOMAL 1 MG DNR & 2.27 MG CA   INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA   INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA   2.27 MG CA	w
J9153   INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA   INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA   INJECTION DEGARELIX 1 MG   Authorization Required   Drug Administration   Full Clinical Reviews   J9150   INJECTION DEGARELIX 1 MG   Authorization Required   Drug Administration   Full Clinical Reviews   J9160   INJ DENILEUKIN DIFITTOX 300 MCG   INJECTION DENILEUKIN DIFITTOX 300   Authorization Required   Drug Administration   Full Clinical Reviews   MCG   INJECTION DESTRUCTION D	w l
J9155   INJECTION DEGARELIX 1 MG	w
J9160   INJ DENILEUKIN DIFTITOX 300 MCG   INJECTION DENILEUKIN DIFTITOX 300   Authorization Required   Drug Administration   Full Clinical Review   Drug A	w
J9155   INJ DIETHYLSTILBESTROL 250 MG	
DIPHOSPHATE 250 MG  J9171 INJECTION DOCETAXEL 1 MG INJECTION DOCETAXEL 1 MG INJECTION DURVALUMAB 10 MG INJECTION DURVALUMAB 10 MG INJECTION DURVALUMAB 10 MG INJECTION DURVALUMAB 10 MG INJECTION DURVALUMAB 10 MG INJECTION DURVALUMAB 10 MG INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ELIOTTS B SOLUTION 1 ML INJECTION ERIBULION HCL 2 MG INJECTION ERIBULION HCL 2 MG INJECTION ERIBULION MESYLATE 0.1 MG INJECTION ERIBULION MESYLATE 0.1 MG INJECTION ERIBULION MESYLATE 0.1 MG INJECTION ERIBULION MESYLATE 0.1 MG INJECTION ERIBULION MESYLATE 0.1 MG INJECTION ELIOT ELION ERIBULION MESYLATE 0.1 MG INJECTION ELION	
J9173   INJECTION DURVALUMAB 10 MG   INJECTION DURVALUMAB 10 MG   Authorization Required   Drug Administration   Full Clinical Reviet   J9175   INJECTION ELLIOTTS' B SOLUTION 1 ML   INJECTION ELLIOTTS B SOLUTION 1 ML   Authorization Required   Drug Administration   Full Clinical Reviet   J9176   INJECTION ELOTUZUMAB 1 MG   INJECTION ELOTUZUMAB 1 MG   Authorization Required   Drug Administration   Full Clinical Reviet   J9178   INJECTION EIOTUZUMAB 1 MG   INJECTION EPIRUBICIN HCL 2 MG   Authorization Required   Drug Administration   Full Clinical Reviet   J9179   INJECTION ERIBULIN MESYLATE 0.1 MG   INJECTION ERIBULIN MESYLATE 0.1 MG   Authorization Required   Drug Administration   Full Clinical Reviet   J9181   INJECTION ETOPOSIDE 10 MG   INJECTION ETOPOSIDE 10 MG   Authorization Required   Drug Administration   Full Clinical Reviet   J9185   INJ FLUDARABINE PHOSPHATE 50 MG   INJECTION FLUDARABINE PHOSPHATE   Authorization Required   Drug Administration   Full Clinical Reviet   J9190   INJECTION FLUDROURACIL 500 MG   INJECTION FLUDROURA	w
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   J9185   INJECTION ETOPOSIDE 10 MG   INJECTION FLODARABINE PHOSPHATE   Authorization Required   Drug Administration   Full Clinical Review   J9190   INJECTION FLUOROURACIL 500 MG   INJECTION FLOOROURACIL 500 MG   INJ	w
J9176 INJECTION ELOTUZUMAB 1 MG INJECTION ELOTUZUMAB 1 MG Authorization Required Drug Administration Full Clinical Revies INJECTION EPIRUBICIN HCL 2 MG INJECTION EPIRUBICIN HCL 2 MG Authorization Required Drug Administration Full Clinical Revies INJECTION ERIBULIN MESYLATE 0.1 MG INJECTION ERIBULIN MESYLATE 0.1 MG Authorization Required Drug Administration Full Clinical Revies INJECTION ETOPOSIDE 10 MG INJECTION ETOPOSIDE 10 MG Authorization Required Drug Administration Full Clinical Revies INJECTION ETOPOSIDE 10 MG INJECTION FLUDARABINE PHOSPHATE Authorization Required Drug Administration Full Clinical Revies So MG INJECTION FLUDARABINE PHOSPHATE Authorization Required Drug Administration Full Clinical Revies So MG INJECTION FLUOROURACIL 500 MG INJECTION FLUOROURACIL 500 MG Authorization Required Drug Administration Full Clinical Revies Injection Fluorouracil Solom MG INJECTION FLOOROURACIL Solom MG Authorization Required Drug Administration Full Clinical Revies Injection Floorouracil Solom MG INJECTION FLOOROURACIL Solom MG Authorization Required Drug Administration Full Clinical Revies Injection Floorouracil Solom MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required Drug Administration Full Clinical Revies MG	ew
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   INJECTION FLUDARABINE PHOSPHATE   Authorization Required   Drug Administration   Full Clinical Review   J9185   INJ FLUDARABINE PHOSPHATE 50 MG   INJECTION FLUDARABINE PHOSPHATE   Authorization Required   Drug Administration   Full Clinical Review   J9190   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   Authorization Required   Drug Administration   Full Clinical Review   J9200   INJECTION FLOXURIDINE 500 MG   INJECTION GEMCITABINE HCL INFUGEM   Authorization Required   Drug Administration   Full Clinical Review   J9201   INJ GEMCITABINE HCL NOS 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   J9202   GOSERELIN ACETATE IMPLANT 3.6 MG   GOSERELIN ACETATE IMPLANT PER 3.6   Authorization Required   Drug Administration   Full Clinical Review   J9203   INJ GEMTUZUMAB   OZOGAMICIN 0.1 MG   INJECTION GEMTUZUMAB   Authorization Required   Drug Administration   Full Clinical Review   J9204   J9205   INJ GEMTUZUMAB   OZOGAMICIN 0.1 MG   INJECTION GEMTUZUMAB   Authorization Required   Drug Administration   Full Clinical Review   J9206   J9207   J	ew
J9178 INJECTION EPIRUBICIN HCL 2 MG INJECTION EPIRUBICIN HCL 2 MG Authorization Required Drug Administration Full Clinical Revier Injection Eribulin Mesylate 0.1 MG INJECTION ERIBULIN MESYLATE 0.1 MG Authorization Required Drug Administration Full Clinical Revier Drug Administration	w
J9179   INJECTION ERIBULIN MESYLATE 0.1 MG   INJECTION ERIBULIN MESYLATE 0.1 MG   Authorization Required   Drug Administration   Full Clinical Reviews   J9181   INJECTION ETOPOSIDE 10 MG   INJECTION ETOPOSIDE 10 MG   Authorization Required   Drug Administration   Full Clinical Reviews   J9185   INJ FLUDARABINE PHOSPHATE 50 MG   INJECTION FLUDARABINE PHOSPHATE   Authorization Required   Drug Administration   Full Clinical Reviews   J9190   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   No Auth Required   Drug Administration   Full Clinical Reviews   J9199   INJ GEMCITABINE HCL INFUGEM 200 MG   INJECTION GEMCITABINE HCL INFUGEM   Authorization Required   200 MG   INJECTION FLOXURIDINE 500 MG   Authorization Required   Drug Administration   Full Clinical Reviews   J9201   INJ GEMCITABINE HCL NOS 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Reviews   J9202   GOSERELIN ACETATE IMPLANT 3.6 MG   GOSERELIN ACETATE IMPLANT PER 3.6   Authorization Required   Drug Administration   Full Clinical Reviews   J9203   INJ GEMTUZUMAB OZOGAMICIN 0.1 MG   INJECTION GEMTUZUMAB   Authorization Required   Drug Administration   Full Clinical Reviews   J9204   J9205   J9206   J9206   J9206   J9206   J9207   J920	
J9181 INJECTION ETOPOSIDE 10 MG INJECTION ETOPOSIDE 10 MG Authorization Required Drug Administration Full Clinical Review So MG INJECTION FLUDARABINE PHOSPHATE Authorization Required Drug Administration Full Clinical Review So MG INJECTION FLUDROURACIL 500 MG No Auth Required Drug Administration Full Clinical Review So MG INJECTION FLUOROURACIL 500 MG No Auth Required Drug Administration Full Clinical Review Drug Administration Full Clinical Review So MG INJECTION FLOOROURACIL 500 MG Authorization Required Drug Administration Full Clinical Review Drug Administrati	
J9185 INJ FLUDARABINE PHOSPHATE 50 MG INJECTION FLUDARABINE PHOSPHATE Authorization Required Drug Administration Full Clinical Reviews 50 MG  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 Authorization Required 200 MG  J9200 INJECTION FLOXURIDINE 500 MG INJECTION FLOXURIDINE 500 MG Authorization Required Drug Administration  Full Clinical Reviews Drug Administration Full Clinical Reviews Drug Admin	
SO MG   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   INJECTION FLUOROURACIL 500 MG   INJECTION GEMCITABINE HCL INFUGEM   Authorization Required   Drug Administration   Full Clinical Review   200 MG   INJECTION FLOXURIDINE 500 MG   Authorization Required   Drug Administration   Full Clinical Review   INJECTION FLOXURIDINE 500 MG   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review   I	w
J9199   INJ GEMCITABINE HCL INFUGEM 200 MG   INJECTION GEMCITABINE HCL INFUGEM   Authorization Required   200 MG   INJECTION FLOXURIDINE 500 MG   Authorization Required   Drug Administration   Full Clinical Reviews   Ful	ew
J9199   INJ GEMCITABINE HCL INFUGEM 200 MG   INJECTION GEMCITABINE HCL INFUGEM 200 MG   Authorization Required 200 MG   INJECTION FLOXURIDINE 500 MG   Authorization Required 200 MG   INJECTION FLOXURIDINE 500 MG   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required 200 MG   INJECTION GEMCITABINE HCL INFUGEM 200 MG   Authorization Required 200 MG   INJECTION GEMCITABINE HCL NOS 200 MG   Authorization Required 200 MG   INJECTION GEMCITABINE HCL INFUGEM 200 MG   Authorization Required 200 MG   INJECTION GEMCITABINE HCL INFUGEM 200 MG   Authorization Required 200 MG   INJECTION GEMCITABINE HCL INFUGEM 200 MG   INJECTION GEMCITABINE HCL INFU	
200 MG  J9200 INJECTION FLOXURIDINE 500 MG INJECTION FLOXURIDINE 500 MG Authorization Required Drug Administration Full Clinical Review MG  J9201 INJ GEMCITABINE HCL NOS 200 MG INJECTION GEMCITABINE HCL NOS 200 Authorization Required MG  J9202 GOSERELIN ACETATE IMPLANT 3.6 MG GOSERELIN ACETATE IMPLANT PER 3.6 Authorization Required MG  J9203 INJ GEMTUZUMAB OZOGAMICIN 0.1 MG INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG  Authorization Required Drug Administration Full Clinical Review OZOGAMICIN 0.1 MG  Drug Administration Full Clinical Review OZOGAMICIN 0.1 MG	w
J9201   INJ GEMCITABINE HCL NOS 200 MG   INJECTION GEMCITABINE HCL NOS 200   Authorization Required   Drug Administration   Full Clinical Review MG   GOSERELIN ACETATE IMPLANT 3.6 MG   GOSERELIN ACETATE IMPLANT PER 3.6   Authorization Required   Drug Administration   Full Clinical Review MG   GOSERELIN ACETATE IMPLANT PER 3.6   Authorization Required   Drug Administration   Full Clinical Review MG   INJECTION GEMTUZUMAB   Authorization Required   Drug Administration   Full Clinical Review GOZOGAMICIN 0.1 MG   INJECTION GEMTUZUMAB   OZOGAMICIN 0.1 MG   Drug Administration   Full Clinical Review GOZOGAMICIN 0.1 MG   Drug Administr	
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J9205 INJECTION IRINOTECAN LIPOSOME 1 MG INJECTION IRINOTECAN LIPOSOME 1 Authorization Required Drug Administration Full Clinical Review	PW
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 Revie	AW.
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 Revie	
J9210 INJECTION EMAPALUMAB-LZSG 1 MG INJECTION EMAPALUMAB-LZSG 1 MG Authorization Required Full Clinical Revie	
J9211 INJECTION IDARUBICIN HCL 5 MG INJECTION IDARUBICIN HCL 5 MG Authorization Required Drug Administration Full Clinical Revie	
J9212 INJ INTRFERN ALFACON-1 RECOMB 1 MCG INJECTION INTERFERON ALFACON-1 Authorization Required Drug Administration Full Clinical Review	
RECOMBINANT 1 MCG  J9213 INJ INTERFERON ALFA-2A RECOM 3 M U INJECTION INTERFERON ALFA-2A Authorization Required Drug Administration Full Clinical Review	Always processed by pharmacy
RECOMBINANT 3 M U  J9214 INJ INTERFERON ALFA-2B RECOMB 1 M U INJECTION INTERFERON ALFA-2B Authorization Required Drug Administration Full Clinical Review	w
RECOMBINANT 1 M U  J9215 INJ INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON ALFA-N3 Authorization Required Drug Administration Full Clinical Review	ew
250,000 IU   250,000 IU   19216   INJ INTERFERON GAMMA-1B 3 MILLION U   INJECTION INTERFERON GAMMA-1B 3 Authorization Required   Drug Administration   Full Clinical Review   Full Cl	Always processed by pharmacy
J9217 LEUPROLIDE ACETATE 7.5 MG LEUPROLIDE ACETATE 7.5 MG Authorization Required Drug Administration Network Validation	on
J9217 LEUPROLIDE ACETATE PER 1 MG LEUPROLIDE ACETATE PER 1 MG Authorization Required Drug Administration Full Clinical Review	
J9219 LEUPROLIDE ACETATE IMPLANT 65 MG LEUPROLIDE ACETATE IMPLANT 65 MG Authorization Required Drug Administration Full Clinical Review	
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J9225 HISTRELIN IMPLANT VANTAS 50 MG HISTRELIN IMPLANT VANTAS 50 MG Authorization Required Drug Administration Full Clinical Revie	

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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		Drug Administration	Full Clinical Review
33223	INSECTINOTOZOWA B CZOGAWIICIN C. I MG	0.1 MG	/ danonzation required	Drug / turninistration	Tull cliffical review
J9230	INJECTION MECHLORETHAMINE HCL 10 MG	INJECTION MECHLORETHAMINE HCL 10	Authorization Required	Drug Administration	Full Clinical Review
33230		MG	/ tatilonization nequired	Jag / tallimistration	Tall Chillian Nevich
J9245	INJECTION MELPHALAN HCL 50 MG	INJECTION MELINJECTION MELPHALAN	Authorization Required	Drug Administration	Full Clinical Review
		HCL 50 MG			
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	Authorization Required	Drug Administration	Full Clinical Review
		MEPESUCCINATE 0.01 MG			
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	Authorization Required	Drug Administration	Full Clinical Review
		PARTICLES 1 MG			
J9266	INJ PEGASPARGASE SINGLE DOSE VIAL		Authorization Required	Drug Administration	Full Clinical Review
		DOSE VIAL			
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
10270	INTECTION DITCAMANCIAL 2 E MAC	INJECTION DI ICAMVCINI 2 E MC	Authorization Required	Drug Administration	Full Clinical Pavious
J9270 J9271	INJECTION PLICAMYCIN 2.5 MG INJECTION PEMBROLIZUMAB 1 MG	INJECTION PLICAMYCIN 2.5 MG INJECTION PEMBROLIZUMAB 1 MG	Authorization Required	Drug Administration	Full Clinical Review Full Clinical Review
J9271 J9280	INJECTION PEMBROLIZOMAB 1 MG	INJECTION PEMBROLIZUMAB 1 MG	Authorization Required Authorization Required	Drug Administration Drug Administration	Full Clinical Review
J9285	INJECTION OLARATUMAB 10 MG	INJECTION OLARATUMAB 10 MG	Authorization Required	Drug Administration  Drug Administration	Full Clinical Review Full Clinical Review
J9293	INJECTION GLARATOMAS 10 MG INJECTION MITOXANTRONE HCL PER 5 MG	INJECTION GEARATONIAS TO MIG	Authorization Required	Drug Administration  Drug Administration	Full Clinical Review
33233	INSECTION WIT ON WITHOUT THEFT EN STATE	MG	/ danonzation required	Drug / turninistration	Tull cliffical 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-	Authorization Required		Full Clinical Review
		PIIQ 1 MG			
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	INJECTION RITUXIMAB 10 MG AND	Authorization Required	Drug Administration	Full Clinical Review
		HYALURONIDASE			- 11-21/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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	Authorization Required		Full Clinical Review
10245	INJECTION DOMINEDON 4 MAC	PASUDOTOX-TDFK 0.01 MG	Authorization Bassis -	Drug Administration	Full Clinical Review
J9315	INJECTION ROMIDEPSIN 1 MG INJECTION STREPTOZOCIN 1 G	INJECTION ROMIDEPSIN 1 MG INJECTION STREPTOZOCIN 1 G	Authorization Required	Drug Administration	Full Clinical Review
J9320 J9325	INJECTION STREPTOZOCIN 1 G INJ T-VEC PER 1 M PLAQUE FORM UNITS	INJ TALIMOGENE LAHERPAREPVEC PER	Authorization Required Authorization Required	Drug Administration Drug Administration	Full Clinical Review Full Clinical Review
13323	1143 1-AFC LEW T IAI LEWONE LOWIN OINITS	1 M PLAQUE F U	Authorization Required	Drug Administration	i dii Cilindal Neview
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	Authorization Required	Drug Administration	Full Clinical Review
		MG			

1935   NI TRA 10 NG & INPALIDIONIS C-975K   NUCCION TRANSPERIOLAND SO ME   NUCCION WARRING INTERVESCAL   NUCCION WARRING INT	J9355	INJ TRASTUZUMAB EXCLD BIOSIM 10 MG	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Authorization Required	Drug Administration	Full Clinical Review	
MY VARIABRICA INTERSECTATION (ACCOUNT VARIABLES DUTY ET AL 100   Authorisation Required   Triple (Circles Review   Trip	J9356	INJ TRA 10 MG & HYALURONIDASE-OYSK	INJECTION TRASTUZUMAB 10 MG &	Authorization Required		Full Clinical Review	
MINICTION VINBLASTIES SULFATE 1 MG	J9357	INJ VALRUBICIN INTRAVESICAL 200 MG	INJECTION VALRUBICIN INTRAVESICAL	Authorization Required	Drug Administration	Full Clinical Review	
MAYWORSTIRE SULF PURSONER 1 MG	J9360	INJECTION VINBLASTINE SULFATE 1 MG		Authorization Required	Drug Administration	Full Clinical Review	
MAYWORSTIRE SULF PURSONER 1 MG	19370	VINCRISTINE SULFATE 1 MG	VINCRISTINE SULFATE 1 MG	Authorization Required	Drug Administration	Full Clinical Review	
NA VINCHELBNET RATRATE 2 DAMS   INJECTION VINCHELBNET FARTRATE 10   Authorization Required   Origi Administration   Full Clinical Review			INJECTION VINCRISTINE SULFATE				
	J9390	INJ VINORELBINE TARTRATE 10 MG	INJECTION VINORELBINE TARTRATE 10	Authorization Required	Drug Administration	Full Clinical Review	
MILECTION ZIVA-AFLIBERCEPT 1 MG   MILECTION ZIVA-AFLIBERCEPT 2 MG   MILECTION ZIVA-AFLIBERCEPT 2 MG   MILECTION ZIVA-AFLIBERCEPT 2 MG   MILE	19395	INJECTION FULVESTRANT 25 MG		Authorization Required	Drug Administration	Full Clinical Review	
MICHION PORFIMER SOULUN 75 MG				·	-		
ANTINEOPLASTIC DRUG  ANTINEOPLASTIC DRUG  ANTINEOPLASTIC DRUG  STANDABAD WHEELCHAIR  STANDABAD WHEELCHAIR  STANDABAD WHEELCHAIR  STANDABAD WHEELCHAIR  Authorization Required  MME  Full Clinical Review  Full Clinical Review  Full Clinical Review  MME  Full Clinical							
STANDARD WHEELCHAIR   STANDARD WHEELCHAIR   Authorization Required   ME   Full Clinical Review	J9999	NOT OTHWISE CLASS ANTINEOPLSTC DRUG		Authorization Required	Drug Administration	Full Clinical Review	Always processed by medical
MODITAL   MICHAEL PRINCE   MICHAEL	K0001	STANDARD WHEELCHAIR		Authorization Required	DME	Full Clinical Review	
HIGH STRENGTH LICHTWEIGHT WHICHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR LICHTWEIGHT WHEELCHAIR WHEELCHAIR KOOD6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 MEAV-DUTY WHEELCHAIR KOOT6 MEAV-DUTY WHEELCHAIR KOOT7 WHEELCHAIR KOOT7 WHEELCHAIR KOOT7 WHEELCHAIR KOOT8 WHEELCHAIR KO	K0002	STANDARD HEMI WHEELCHAIR	STANDARD HEMI WHEELCHAIR		DME	Full Clinical Review	
HIGH STRENGTH LICHTWEIGHT WHICHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR WHEELCHAIR LICHTWEIGHT WHEELCHAIR WHEELCHAIR KOOD6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 HEAV-DUTY WHEELCHAIR KOOT6 MEAV-DUTY WHEELCHAIR KOOT6 MEAV-DUTY WHEELCHAIR KOOT7 WHEELCHAIR KOOT7 WHEELCHAIR KOOT7 WHEELCHAIR KOOT8 WHEELCHAIR KO	K0003			·			
Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required   Mode   Multiplication Required	K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR		Authorization Required	DME	Full Clinical Review	
MEANY-DUTY WHEELCHAIR   HEAVY-DUTY WHEELCHAIR   Authorization Required   DME   Full Clinical Review	K0005	ULTRALIGHTWEIGHT WHEELCHAIR		Authorization Required	DME	Full Clinical Review	
EXTRA HEAVY-DUTY WHEELCHAIR   EXTRA HEAVY-DUTY WHEELCHAIR   Authorization Required   CUSTOM MANUAL WHEELCHAIR/BASE   CUSTOM MANUAL WHEELCHAIR/BASE   No Auth Required   CUSTOM MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR/BASE   OTHER MANUAL WHEELCHAIR WIRDGE (NTR.   OTHER	K0006	HEAVY-DUTY WHEELCHAIR		· · · · · · · · · · · · · · · · · · ·	+	Full Clinical Review	
K0009 OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR/BASE OTHER MANUAL WHEELCHAIR OTHER OT							
K0010 STD-WT FRME MOTRIZED/PWR WHLCHAIR MOTRIZED/PWR WHELCHAIR MOTORIZED/POWER WHEELCHAIR MOTORIZED/PWR WHLCHAIR W/PROG STD-WT FRME MOTRIZED/PWR WHLCHAIR W/PROG CNTRL WHCHAIR WHEELCHAIR BASE WATER WHEELCHAIR BASE WHEELCHAIR BAS	К0008	CUSTOM MANUAL WHEELCHAIR/BASE	CUSTOM MANUAL WHEELCHAIR/BASE	No Auth Required			
K0010 STD-WT FRME MOTRIZED/PWR WHLCHAIR MOTORIZED/POWER WHEELCHAIR STD-WT FRME MOTRIZED/PWR WHLCHAIR W/PROG STD-WT FRME MOTRIZED/PWR WHLCHAIR W/PROG CNTRL WHCHAIR W/PROG CNTRL WHCHAIR W/PROG CNTRL WHCHAIR W/PROG CNTRL WHOTORIZED/POWER WHLCHAIR W/PROG CNTRL WHOTORIZED/POWER WHEELCHAIR BASE WHEELCHAIR B	K0009	OTHER MANUAL WHEELCHAIR/BASE	OTHER MANUAL WHEELCHAIR/BASE	No Auth Required			
K0012 LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR W/PROG CNTRL  K0013 CUSTOM MOTORIZED/POWER WHEELCHAIR BASE  K0014 OTH MOTORIZED/POWER WHEELCHAIR BASE  K0015 DETACHBLE NONADJUSTBL HT ARMREST EA  DETACHBLE ADJUST HT ARMREST REPL EA  DETACHBLE ADJUST HT ARMREST REPL EA  DTACHBLE ADJUST HT ARMREST PAIR  K0019 ARM PAD REPLACEMENT ONLY EACH  K0020 FIXED ADJUSTBLE HEIGHT ARMREST PAIR  K0037 HIGH MOUNT FLIP-UP FOOTREST EACH  K0038 LEG STRAP EACH  K0038 LEG STRAP EACH  K0038 LEG STRAP EACH  K0038 LEG STRAP EACH  K0038 LEG STRAP EACH  K0038 LEG STRAP EACH  K0039 LEG STRAP EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0030 ADJUSTABLE ANGLE FOOTPLATE EACH  K0040 ADJUSTABLE ANGLE FOOTPLATE EACH  K0040 ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  AUthorization Required  DME  Full Clinical Review  Muthorization Required  DME  Full Clinical Review  DME  Cuthorization Required  DME  Full Clinical Review  Authorization Required  DME  Full Clinical Review  DME  Cuthorization Required  No Auth Required	K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	STANDARD-WEIGHT FRAME		DME	Full Clinical Review	
K013 CUSTOM MOTORIZED/POWER WHEELCHAIR B CUSTOM MOTORIZED/POWER WHEELCHAIR B CUSTOM MOTORIZED/POWER WHEELCHAIR BASE WHEELCHAIR BASE CHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER MOTORIZED/POWER NO Auth Required  BOTH MOTORIZED/POWER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER WHEELCHAIR BASE OTHER MOTORIZED/POWER WHEELCHAIR BASE OTHER WHEELCHAIR BASE	K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	STD-WT FRME MOTRIZD/PWR	Authorization Required	DME	Full Clinical Review	
WHEELCHAIR BASE   WHEELCHAIR	K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR		Authorization Required	DME	Full Clinical Review	
WHEELCHAIR BASE   DETACHBLE NONADJUSTBL HT ARMREST EAD   DETACHABLE NONADJUSTABLE HEIGHT   No Auth Required   ARMREST EACH   ARMREST WITH ARMREST UP PRTN REPL EACH   ARM PAD REPLACEMENT ONLY EACH   No Auth Required   ARM PAD REPLACEMENT ONLY EACH   ARM PAD REPLACEMENT ONLY EACH   No Auth Required   ARM PAD REPLACEMENT ONLY EACH   HIGH MOUNT FLIP-UP FOOTREST EACH   No Auth Required   ARM PAD REPLACEMENT ONLY EACH   HIGH MOUNT FLIP-UP FOOTREST EACH   No Auth Required   ARMREST	K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR B		No Auth Required			
ARMREST EACH  K0017 DTACHBLE ADJUST HT ARMREST REPL EA  DETACHABLE ADJUST HT ARMREST BASE REPL ONLY EA  BASE REPL ONLY EA  DTACHBLE ADJUST HT ARMREST UP PRTN REPL EA  DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA  K0018 DTACH ADJ HT ARMRST UP PRTN REPL EA  DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA  K0019 ARM PAD REPLACEMENT ONLY EACH ARM PAD REPLACEMENT ONLY EACH ARM PAD REPLACEMENT ONLY EACH ARM PAD REPLACEMENT ONLY EACH ARM PAD REPLACEMENT ONLY EACH No Auth Required  No Auth Required  No Auth Required  K0037 HIGH MOUNT FLIP-UP FOOTREST EACH HIGH MOUNT FLIP-UP FOOTREST EACH HIGH MOUNT FLIP-UP FOOTREST EACH HIGH MOUNT FLIP-UP FOOTREST EACH HIGH MOUNT FLIP-UP FOOTREST EACH No Auth Required  K0038 LEG STRAP EACH LEG STRAP EACH LEG STRAP H STYLE EACH LEG STRAP H STYLE EACH ADJUSTABLE ANGLE FOOTPLATE EACH No Auth Required  K0040 ADJUSTABLE ANGLE FOOTPLATE EACH ADJUSTABLE ANGLE FOOTPLATE EACH No Auth Required	K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE		No Auth Required			
BASE REPL ONLY EA  K0018 DTACH ADJ HT ARMRST UP PRTN REPL EA  DTACHBLE ADJUST HT ARMREST UP PRTN REPL ONLY EA  K0019 ARM PAD REPLACEMENT ONLY EACH  K0020 FIXED ADJUSTBLE HEIGHT ARMREST PAIR  FIXED ADJUSTABLE ANGLE FOOTPLATE EACH  No Auth Required  No Auth Required  K0039 LEG STRAP H STYLE EACH  LEG STRAP H STYLE EACH  LEG STRAP H STYLE EACH  ADJUSTABLE ANGLE FOOTPLATE EACH  No Auth Required  No Auth Required	K0015	DETACHBLE NONADJUSTBL HT ARMREST EA		No Auth Required			
PRTN REPL ONLY EA  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  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	K0017	DTACHBLE ADJUST HT ARMREST REPL EA		No Auth Required			
K0020 FIXED ADJUSTBLE HEIGHT ARMREST PAIR FIXED ADJUSTABLE HEIGHT ARMREST 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	K0018	DTACH ADJ HT ARMRST UP PRTN REPL EA		No Auth Required			
RO037 HIGH MOUNT FLIP-UP FOOTREST EACH HIGH MOUNT FLIP-UP FOOTREST EACH No Auth Required  KO038 LEG STRAP EACH LEG STRAP EACH No Auth Required  KO039 LEG STRAP H STYLE EACH LEG STRAP H STYLE EACH No Auth Required  KO040 ADJUSTABLE ANGLE FOOTPLATE EACH ADJUSTABLE ANGLE FOOTPLATE EACH NO Auth Required	K0019	ARM PAD REPLACEMENT ONLY EACH	ARM PAD REPLACEMENT ONLY 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	K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR		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	K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	HIGH MOUNT FLIP-UP FOOTREST 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	K0038	LEG STRAP EACH	LEG STRAP EACH	No Auth Required			
K0040 ADJUSTABLE ANGLE FOOTPLATE EACH ADJUSTABLE ANGLE FOOTPLATE EACH No Auth Required	K0039		LEG STRAP H STYLE EACH	·			
KO041 LIARGE SIZE FOOTPLATE FACH LIARGE SIZE FOOTPLATE FACH No Auth Required	K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	ADJUSTABLE ANGLE FOOTPLATE EACH				
	K0041	LARGE SIZE FOOTPLATE EACH	LARGE SIZE FOOTPLATE EACH	No Auth Required	<del>                                     </del>		

	T		1		T	ı	,
K0042	STANDARD SIZE FOOTPLTE REPL ONLY EA	STANDARD SIZE FOOTPLATE	No Auth Required				
K0043	FOOTREST LWR EXT TUBE REPL ONLY EA	REPLACEMENT ONLY EACH FOOTREST LOWER EXTENSION TUBE	No Auth Required				
K0043	TOOTKEST EWK EXT TOBE KEFE ONET EA	REPLACEMNT ONLY EA	No Auth Required				
K0044	FOOTREST UPR HGR BRKT REPL ONLY EA	FOOTREST UPPER HANGER BRACKET	No Auth Required				
		REPL ONLY EACH					
K0045	FOOTREST CMPL ASSEMBLY REPL ONLY EA	FOOTREST COMPLETE ASSEMBLY	No Auth Required				
		REPLACEMENT ONLY EACH					
K0046	ELEVAT LEGRST L EXT TUBE RPL ONLY E	ELEVATING LEGREST LWR EXTENSN	No Auth Required				
		TUBE REPL ONLY EA					
K0047	ELEVT LEGRST UP HGR BRKT RPL ONLY E	ELEVATING LEGREST UPR HANGER	No Auth Required				
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY	BRACKT REPL ONLY EA RATCHET ASSEMBLY REPLACEMENT	No Auth Required				
K0030	RATCHET ASSEMBLT REPLACEMENT ONLY	ONLY	No Auth Required				
K0051	CAM RLS ASSM FTRST/LGRST RPL ONLY E	CAM RLS ASSEM FOOTREST/LEGREST	No Auth Required				
	, , , , , ,	REPL ONLY EACH					
K0052	SWNGAWAY DTACHBLE FTRSTS RPL ONLY E	SWINGAWAY DETACHABLE FOOTRESTS	No Auth Required				
		REPL ONLY EACH					
K0053	ELEVATING FOOTRESTS ARTICULATING EA	ELEVATING FOOTRESTS ARTICULATING	No Auth Required				
		EACH					
K0056	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	SEAT HT<17/=TO/>21 IN	No Auth Required				
K0065	SDOVE DBOTECTORS EACH	LTWT/ULTRALTWT WHLCHAIR  SPOKE PROTECTORS EACH	No Auth Boquired				
K0069	SPOKE PROTECTORS EACH RW ASM CMPL SOLID T SPKE/MLD RPL EA	REAR WHL ASM CMPL SLD TIRE	No Auth Required No Auth Required				
Kooos	INV ASIVICIVII E SOLID I SI KL/WILD KI L LA	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	No Auth Required				
		SPKS/MLD RPL ONLY E					
K0071	FRT C ASM COMPL PN TIRE REPL ONLY E	FRONT CASTER ASSEM COMPLETE PN	No Auth Required				
		TIRE REPL ONLY EA					
K0072	FRT C ASM CMPL SEMIPN T RPL ONLY E		No Auth Required				
		TIRE REPL ONLY E					
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				
коо98	DRIVE BELT FOR POWER WC REPL ONLY	DRIVE BELT FOR POWER WHEELCHAIR	No Auth Required				
10030	DRIVE BEET FOR FOWER WE'RE E ONE!	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	No Auth Required				
		PARENTERAL ADMIN MED					
K0462	TEMP REPL PT EQUIP REPR ANY TYPE	TEMP REPL PT OWNED EQUIP BEING	No Auth Required				
1/0552	CDL EVALUACE DV INC DAAD CVD CDT C.E.	REPR ANY TYPE	N. A. M. D. a. Jane	Constitution for David			
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 =	Authorization Required	General Medicine -		Full Clinical Review	
1.0555	S. E. LEEST. IN COUNT WIS SI E = 1 0 SINVE	1 U OF SERVICE		health and behavior		. a cillical neview	
		1		assessment/intervention			
K0554	RECEIVER DEDICATED TX GCM SYS	RECEIVER DEDICATED FOR USE	Authorization Required	General Medicine -		Full Clinical Review	
		W/THERAPEUTIC GCM SYS		health and behavior			
				assessment/intervention			
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	REPL BATTRY EXT INFUS PUMP SILVER	No Auth Required	Supplies for Drug			
KOOOI	NEI E DATTENT SIEVEN ONIDE 1.5 V EA	OXIDE 1.5 V EA	Auth Nequileu	Administration			
K0602	REPL BATTERY SILVER OXIDE 3 V EA		No Auth Required	Supplies for Drug			
	-	OXIDE 3 V EA		Administration			

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K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	REPL BATTERY EXT INFUS PUMP	No Auth Required	Supplies for Drug			
		ALKALINE 1.5 VOLT EA		Administration			
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	REPL BATTERY EXT INFUS PUMP	No Auth Required	Supplies for Drug			
		LITHIUM 3.6 VOLT EA		Administration			
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	REPL BATTERY EXT INFUS PUMP	No Auth Required	Supplies for Drug			
		LITHIUM 4.5 VOLT EA		Administration			
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	AUTO EXT DEFIB W/INTGR ECG ANALY	Authorization Required	DME		Full Clinical Review	
		GARMENT TYPE					
K0607	REPL BATTERY AUTO EXT DEFIB EA	REPL BATTRY AUTO EXT DEFIB GARMNT	No Auth Required				
		TYPE ONLY EA					
K0608	REPL GARMNT W/AUTO EXT DEFIB EA	REPLACEMENT GARMENT USE W/AUTO	No Auth Required				
	,	EXTERNAL DEFIB EA					
K0609	REPL ELECTRODE W/AUTO EXT DEFIB EA	REPL ELEC W/AUTO EXT DEFIB GARMNT	Authorization Required	DME		Full Clinical Review	
		TYPE ONLY EA					
K0669	WC ACCSS SEAT/BK CUSHN NO DME PDAC		No Auth Required				
Rooos	We needs serving the cost in the blue i brief	NO DME PDAC	No riatii nequirea				
K0672	ADD LOW EXT ORTHOSIS REPL EACH	ADD LOW EXT ORTHOSIS REMV SOFT	No Auth Boquired				
K0072	ADD LOW EXT OXTHOSIS KEPL EACH		No Auth Required				
1/0720	CNITRU DOCE INIUAL DV DEL EDVICVO	INTERFACE REPLEA	No Acade Described				
K0730	CNTRL DOSE INHAL RX DEL ERY SYS	CONTROLLED DOSE INHALATION DRUG	No Auth Required				
		DELIVERY SYSTEM					
K0733	PWR WC 12-24 AMP HR LEAD BATT EACH	PWR WC 12-24 AMP HR SEALED LEAD	No Auth Required				
		ACID BATTERY EA					
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	PORTABLE GASEOUS O2 SYS RENTAL;	Authorization Required	DME		Full Clinical Review	
		HOME COMPRESSOR					
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	REPR/SRVC DME NOT O2 RQR TECH	No Auth Required				
		CMPNT PER 15 MINS					
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	REPR/SRVC FOR O2 EQP RQR TECH	No Auth Required				
		CMPNT PER 15 MINS					
K0743	SX PUMP HOME MDL PORT FOR WOUNDS	SUCTION PUMP HOME MODEL	No Auth Required				
		PORTABLE FOR USE WOUNDS					
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	ABSORB WD DR HOM MDL PRTBLE PAD	No Auth Required				
		SZ 16 SQ IN/LESS					
K0745	ABS WD DR PAD>16 SQ IN = 48 SQ IN</td <td>ABSRB WD DR HOM MDL PRT PAD&gt;16</td> <td>No Auth Required</td> <td></td> <td></td> <td></td> <td></td>	ABSRB WD DR HOM MDL PRT PAD>16	No Auth Required				
		SQ IN = 48 SQ IN</td <td>· ·</td> <td></td> <td></td> <td></td> <td></td>	· ·				
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	ABSORB WND DRSG HOM MDL PRTBLE	No Auth Required				
		PAD SZ > 48 SQ IN					
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	PWR OP VEH GRP 1 STD PT WT CAP TO	Authorization Required	DME		Full Clinical Review	
ROOOO	TWK OF VEH GREEN TO SEE EES	& INCL 300 LBS	/ actionization required	DIVIE		Tan chinear neview	
K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	PWR OP VEH GRP 1 HEAVY DUTY PT 301	Authorization Poquirod	DME		Full Clinical Review	
KUOUI	FWK OF VEH GRE THVI ET 301-430 LB3	TO 450 LBS	Authorization Required	DIVIL		ruii Ciiiiicai Keview	
K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	PWR OP VEH GRP 1 VERY HEAVY DUTY	Authorization Descriped	DME		Full Clinical Davieur	
KU8U2	PWK OP VEH GRP I HVY PT 451-600 LBS		Authorization Required	DIVIE		Full Clinical Review	
1,0000	DIAMB OR VIEW CREATER AT TO 200 LBC	PT 451-600 LBS	Authorization Dominos	DNAF		Full Citataal Basiass	
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	PWR OP VEH GRP 2 STD PT WT CAP TO	Authorization Required	DME		Full Clinical Review	
		& INCL 300 LBS					
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	PWR OP VEH GRP 2 HEAVY DUTY PT 301	Authorization Required	DME		Full Clinical Review	
		TO 450 LBS					
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	PWR OP VEH GRP 2 VERY HEAVY DUTY	Authorization Required	DME		Full Clinical Review	
		PT 451-600 LBS				ļ	
K0812	POWER OPERATED VEHICLE NOC	POWER OPERATED VEHICLE NOT	Authorization Required	DME		Full Clinical Review	
		OTHERWISE CLASSIFIED					
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	PWR WC GRP 1 STD PORT SLING SEAT	Authorization Required	DME		Full Clinical Review	
		PT TO 300 LBS					
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	PWR WC GRP 1 STD PORT CAPT CHAIR	Authorization Required	DME		Full Clinical Review	
		PT TO 300 LBS					
K0815	PWR WC GRP 1 SLING PT UP TO 300	PWR WC GRP 1 STD SLING SEAT PT UP	Authorization Required	DME		Full Clinical Review	
		TO &= 300 LBS	,,				
	1	,,		1	1		ı

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	'	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	,	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	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/>	,	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	·	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	,	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	,	DME	Full Clinical Review
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	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	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	,	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	Authorization Required	DME	Full Clinical Review
ROOJ4	TWIN WE GILL S SEING SEATTT GOT EB/>	SEAT PT 601 LBS/>	Authorization Required	DIVIL	Tull Cliffical Neview
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		DME	Full Clinical Review
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	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	,	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		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	·	DME	Full Clinical Review
К0886	PWR WC 4 MX PWR SLING PT 301-450	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	·	DME	Full Clinical Review
К0890	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	,	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
К0900	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

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PREFAB OFF SHELF   CERV FLXBL THRMOPLSTC COLLR MOLD PT   CERV FLXBIBLE THERMOPLASTIC   No Auth Required   COLLAR MOLDED PT   CERV FLXBIBLE THERMOPLASTIC   COLLAR MOLDED PT   CERVICAL SEMI-RIGID ADJUSTABLE   CERVICAL SEMI-RIGID ADJUSTABLE   CERVICAL SEMI-RIGID ADJUSTABLE   No Auth Required   CERVICAL SEMI-RIGID ADJUSTABLE   No Auth Required   MOLDED CHIN CUP   MOLDED C			TYPE PREFAB	·			
LO140 CERV FLXBL THRMOPLSTC COLLR MOLD PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT COLLAR MOLDED PT MOLDED CHIN CUP CERVICAL SEMI-RIGID ADJUSTABLE No Auth Required No Auth Required MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CHIN CUP MOLDED CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB CERVICAL COLLAR MOLDED TO PATIENT Authorization Required MODEL MODEL CERV COLLAR SEMI-RIGID FOAM MODEL MOLDED TO PATIENT MODEL CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THO REXT PREFAB CERVICAL COLLAR	L0120	CERVICAL FLEX NONADJUSTABLE PREFAB	CERVICAL FLEXIBLE NONADJUSTABLE	No Auth Required			
COLLAR MOLDED PT  L0140 CERVICAL SEMI-RIGID ADJUSTABLE CERVICAL SEMI-RIGID ADJUSTABLE No Auth Required  L0150 CERV SEMI-RIGD ADJUST MOLD CHIN CUP  L0160 CERV SEMI-RIGID OCCIP/MAND PREFAB CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB  L0170 CERV COLLAR MOLDED PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT Authorization Required MODEL  L0172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  L0174 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  L0174 CERV COLLR SEMI-RIG THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM No Auth Required THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM No Auth Required  L0174 CERV COLLR SEMI-RIG THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM No Auth Required  L0180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required							
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LO150 CERV SEMI-RIGD ADJUST MOLD CHIN CUP CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP  LO160 CERV SEMI-RIGID OCCIP/MAND PREFAB CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB  LO170 CERV COLLAR MOLDED PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT MODEL  LO172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  LO174 CERV COLLAR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  LO180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required			•				
MOLDED CHIN CUP  LO160 CERV SEMI-RIGID OCCIP/MAND PREFAB CERVICAL SEMI-RIGID WIRE FRAME OCCIP/MAND PREFAB  LO170 CERV COLLAR MOLDED PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT Authorization Required MODEL  LO172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  LO174 CERV COLLAR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  LO175 CERV COLLAR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  LO176 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required				· ·			
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OCCIP/MAND PREFAB  L0170 CERV COLLAR MOLDED PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT Model  L0172 CERV COLLAR SEMI-RIGID FOAM PREFAB  CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  L0174 CERV COLLAR SEMI-RGD THOR EXT PREFAB  CERVICAL COLLAR SEMI-RIGID FOAM No Auth Required THOR EXT PREFAB  CERV COLLAR SEMI-RIGID FOAM No Auth Required THOR EXT PREFAB  L0180 CERV MX POST COLLAR SUPPS ADJ  CERV MX POST COLLAR SUPPS ADJ  CERV MX POST COLLAR SUPPS ADJ  CERV MX POST COLLAR OCCIP/MAND No Auth Required	10160	CERV SENAL RICID OCCID/MANID RREEAR		No Auth Roquired			
L0170 CERV COLLAR MOLDED PATIENT MODEL CERVICAL COLLAR MOLDED TO PATIENT MODEL DME Full Clinical Review  L0172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  L0174 CERV COLLR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  L0180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required	F0100	CERV SEIVII-KIGID OCCIP/IVIAIND PREFAB		ino Autri Kequirea			
MODEL  LO172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  LO174 CERV COLLR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  LO180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required	10170	CERV COLLAR MOLDED PATIENT MODEL	,	Authorization Required	DME	Full Clinical Review	
L0172 CERV COLLAR SEMI-RIGID FOAM PREFAB CERVICAL COLLAR SEMI-RIGID FOAM TWO PIECE PREFAB  L0174 CERV COLLR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  L0180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required	101/0	CELLY COLLAN MOLDED PATIENT MODEL		, actionzation required	DIVIL	i an chincal Neview	
TWO PIECE PREFAB  LO174 CERV COLLR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB  LO180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required  TWO PIECE PREFAB  No Auth Required	L0172	CERV COLLAR SEMI-RIGID FOAM PREFAR		No Auth Required			
LO174 CERV COLLR SEMI-RGD THOR EXT PREFAB CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required No Auth Required	20272						
THOR EXT PREFAB  LO180 CERV MX POST COLLR SUPPS ADJ CERV MX POST COLLAR OCCIP/MAND No Auth Required	L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB		No Auth Required			
SUPPORTS ADJUSTBL	L0180	CERV MX POST COLLR SUPPS ADJ	CERV MX POST COLLAR OCCIP/MAND	No Auth Required		 _	
			SUPPORTS ADJUSTBL				

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	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	No Auth Required			
L0454	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	REGION 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 PREAB	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			

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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	·	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	·	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	

HALO PROC CERV HALO IN JACKT VEST	HALO PROC CERV HALO INCORPORATED IN JACKET VEST	Authorization Required	DME		Full Clinical Review	
HALO PROC CERV HALO-PLAST BDY JACKT	HALO PROC CERV HALO INC IN PLASTR	Authorization Required	DME		Full Clinical Review	
HALO PROC CERV HALO-MLWAKEE ORTHOS	HALO PROC CERV HALO INC IN	Authorization Required	DME		Full Clinical Review	
RINGS&PINS	ADD HALO PROC MRI COMPAT SYS	Authorization Required	DME		Full Clinical Review	
ADD HALO PROC REPLCMT LINER/INTERFC	ADD HALO PROC REPLCMT	No Auth Required				
TI SO CORSET FRONT		No Auth Required				
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PERUNEAL STRAPS PREFAB PAIR		No Auth Required				
	OFF SHELF SET 4					
PROTECTIVE BODY SOCK PREFAB EACH	PROTECTIVE BODY SOCK PREFAB OFF SHELF EACH	No Auth Required				
ADDITION TO SPINAL ORTHOSIS NOS	ADD TO SPINAL ORTHOSIS NOT OTHERWISE SPECFIED	No Auth Required				
CTLSO INCL FURNISH INIT ORTHOS-MDL	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Authorization Required	DME		Full Clinical Review	
CTLS IMMOBILIZER INFANT SZ PREFAB	CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB	No Auth Required				
TENSION BASED SCOLIOSIS ORTHOSIS	TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PADS	Authorization Required	DME		Full Clinical Review	
ADD CTLSO/SCOLIO ORTHOS AX SLING	ADDITION CTLSO/SCOLIOSIS ORTHOSIS AXILLA SLING	No Auth Required				
ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	ADDITION CTLSO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD	No Auth Required				
ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	ADD CTLSO/SCOLIOS ORTHOS KYPHOS PAD FLOATING	No Auth Required				
ADD CTLSO/SCOLIO ORTHOS LUMB PAD	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD	No Auth Required				
ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	ADD CTLSO/SCOLIOSIS ORTHOSIS LUMB/LUMB RIB PAD	No Auth Required				
ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS STERNAL PAD	No Auth Required				
ADD CTLSO/SCOLIOS ORTHOS THOR PAD	ADDITION CTLSO/SCOLIOSIS ORTHOSIS THORACIC PAD	No Auth Required				
ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	ADD CTLSO/SCOLIOSIS ORTHOSIS TRAPEZIUS SLING	No Auth Required				
ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	ADDITION TO CTLSO/SCOLIOSIS ORTHOSIS OUTRIGGER	No Auth Required				
ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	ADD CTLSO/SCOLIO ORTHO OUTRIG BIL- VERTICL EXT	No Auth Required				
ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	ADDITION CTLSO/SCOLIOSIS ORTHOSIS LUMBAR SLING	No Auth Required				
ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	ADD CTLSO/SCOLIOS ORTHOS RING FLNGE PLSTC/LEATHR	No Auth Required				
ADD CTLSO/SCOLIOS RING MOLD PT MDL	ADD CTLSO/SCOLIOS RING FLNGE MOLD PT MDL	No Auth Required				
ADD CTLSO SCOLIO ORTHO COVR UPRT EA	ADDITION CTLSO SCOLIOSIS ORTHOSIS COVER UPRT EA	No Auth Required				
	HALO PROC CERV HALO-PLAST BDY JACKT HALO PROC CERV HALO-MLWAKEE ORTHOS RINGS&PINS ADD HALO PROC REPLCMT LINER/INTERFC TLSO CORSET FRONT TLSO CORSET FRONT TLSO FULL CORSET AXILLARY CRUTCH EXTENSION PERONEAL STRAPS PREFAB PAIR STOCKING SUPPORT GRIPS PREFAB SET 4 PROTECTIVE BODY SOCK PREFAB EACH ADDITION TO SPINAL ORTHOSIS NOS CTLSO INCL FURNISH INIT ORTHOS-MDL CTLS IMMOBILIZER INFANT SZ PREFAB TENSION BASED SCOLIOSIS ORTHOSIS ADD CTLSO/SCOLIO ORTHOS AX SLING ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS LUMB PAD ADD CTLSO/SCOLIO ORTHOS STERNL PAD ADD CTLSO/SCOLIOS ORTHOS STERNL PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS LUMB SLING ADD CTLSO/SCOLIOS ORTHOS LUMB SLING ADD CTLSO/SCOLIOS ORTHOS LUMB SLING ADD CTLSO/SCOLIOS ORTHOS LUMB SLING ADD CTLSO/SCOLIOS RING PLSTC/LEATHR ADD CTLSO/SCOLIOS RING PLSTC/LEATHR ADD CTLSO/SCOLIOS RING MOLD PT MDL	IN JACKET VEST HALO PROC CERV HALO-PLAST BDY JACKT HALO PROC CERV HALO-PLAST BDY JACKT HALO PROC CERV HALO-INC IN PLASTR BBY JACKET HALO PROC CERV HALO-INC IN PLASTR BBY JACKET HALO PROC CERV HALO INC IN PLASTR BBY JACKET HALO PROC CERV HALO INC IN PLASTR BBY JACKET HALO PROC CERV HALO INC IN MILWAKEE TYPE ORTHOSIS RINGS&PINS ADD HALO PROC REPLCMT LINER/INTERFC ADD HALO PROC REPLCMT LINER/INTERFCE MATERIAL TLSO CORSET FRONT LISO FULL CORSET LISO FULL CORSET LISO FULL CORSET LISO FULL CORSET LISO FULL CORSET LISO FULL CORSET STOCKING SUPPORT GRIPS PREFAB PAIR PERONEAL STRAPS PREFABRICATED OFF THE SHELF PAIR STOCKING SUPPORT GRIPS PREFAB EACH PROTECTIVE BODY SOCK PREFAB EACH PROTECTIVE BODY SOCK PREFAB FAR ADDITION TO SPINAL ORTHOSIS NOS OTHERWISE SPECFIED CTLSO INCL FURNISH INIT ORTHOS-MDL CTLS IMMOBILIZER INFANT SZ PREFAB TENSION BASED SCOLIOSIS ORTHOSIS TENSION BASED SCOLIOSIS ORTHOSIS TENSION BASED SCOLIOSIS ORTHOSIS ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD ADD CTLSO/SCOLIO ORTHOS STERNL PAD ADD CTLSO/SCOLIO ORTHOS STERNL PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS STERNL PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS THOR PAD ADD CTLSO/SCOLIOS ORTHOS ORTHOS STERNL PAD ADD CTLSO/SCOLIOS ORTHOS STE	IN JACKET VEST HALO PROC CERV HALO-PLAST BDY JACKT HALO PROC CERV HALO INC IN PLASTR BDY JACKET HALO PROC CERV HALO INC IN Authorization Required MWAKEE TYPE ORTHOSIS RINGS&PINS ADD HALO PROC CERV HALO INC IN MWAKEE TYPE ORTHOSIS RINGS&PINS ADD HALO PROC REPLOMT LINER/INTERCE MATERIAL ADD HALO PROC REPLOMT LINER/INTERCE MATERIAL ADD HALO PROC REPLOMT LINER/INTERCE MATERIAL TLSO CORSET FRONT TLSO CORSET FRONT LSO CORSET FRONT NO Auth Required LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET LSO FULL CORSET SOFULL CORSET LSO FULL CORSET RONA AXILLARY CRUTCH EXTENSION AXILLARY CRUTCH E	IN JACKET VEST  HALO PROC CERV HALO-PLAST BDY JACKET  HALO PROC CERV HALO-PLAST BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  BDY JACKET  MILO PROC CERV HALO-MILWAKEE ORTHOS  AUTHORIZED AND PROC CERV HALO INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY LAND IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY HALO INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY HALO INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY HALO INC IN MILWAKEE TYPE ORTHOSIS  ADD HALO PROC REPY HALO INC IN MILWAKEE TYPE ORTHOSIS AND IN MILWAKEE TYP	IN JACKET VEST HALD PROC CERV HALD-PLAST BDY JACKT HALD PROC CERV HALD-MICK IN PLASTR BOY JACKET HALD PROC CERV HALD-MILWAKEE ORTHOS MINASSEPINS ADD HALD PROC CERV HALD-MILWAKEE ORTHOS MINASSEPINS ADD HALD PROC CERV HALD-MILWAKEE ORTHOS MINASSEPINS ADD HALD PROC REPLCMT LINER/INTERFC ADD HALD PROC REPLCMT LINER/INTERFC ADD HALD PROC REPLCMT LINER/INTERFC ADD HALD PROC REPLCMT LINER/INTERFC LINER/INTERFC MATERIAL LISD CORSET FRONT LISD CORSET FRONT LISD CORSET FRONT LISD CORSET FRONT NO AUTH Required MILWER/INTERFC MATERIAL LISD CORSET FRONT NO AUTH Required MILLORISET MILLORISET LISD FULL CORSET NO AUTH REquired MILLORISET MILLORI	AND PROCEESY HALO PRIAST BDY JACKT  SOLVAREST  HALO PROCE SEN HALO MILWAKEE ORTHOO  HALO PROCE SEN HALO MILWAKEE ORTHOO  HALO PROCE SEN HALO MILWAKEE ORTHOO  HALO PROCE SEN HALO MILWAKEE ORTHOO  HALO PROCE SEN HALO MILWAKEE ORTHOO  HALO PROCE SEN HALO MILWAKEE ORTHOO  MILWAKEE TYPE ORTHOOSS  ADD HALO PROCE MILWAKEE ORTHOO  ADD HALO PROCE SEN HALO MILWAKEE ORTHOO  ADD HALO PROCE SEN HALO MILWAKEE ORTHOO  ADD HALO PROCE SEN HALO MILWAKEE ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ILWA ORTHOO  ADD HALO PROCEESY HALO MILWAKEE ORTHOO  ILWA O

L1200	TLSO INCL FURNISH INIT ORTHOS ONLY	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Authorization Required	DME	F	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	ī	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	F	Full Clinical Review	
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET	Authorization Required	DME	Ī	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	·				
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	THI CUFFS FAB	No Auth Required				
L1650	HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ	HIP ORTHOSIS ABDUCT CNTRL STAT ADJ PRFAB-FIT&ADJ	,				
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	·				
L1680	HIP ORTHOS DYN PELV CNTRL THI CSTM	HIP ORTHOS DYN PELV CONTROL THIGH CUFF CSTM FAB		DME		Full Clinical Review	
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	ABDCT CSTM	,	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		DME		Full Clinical Review	
L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	LEGG PERTHES ORTHOSIS TRILAT TACHDIJAN CSTM FAB	Authorization Required	DME	I	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	·	DME	Full Clinical Review
L1850	KNEE ORTHOS SWEDISH TYPE PREFAB	KNEE ORTHOSIS SWEDISH TYPE PREFAB OFF SHELF	·		
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	·	DME	Full Clinical Review
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB	No Auth Required		

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L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	AFO SINGLE UPRT W/STATIC/ADJUSTBL	No Auth Required			
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	STOP CSTM FAB  ANKLE FOOT ORTHOSIS PLASTIC/OTH	No Auth Required			
11930	AFO PLASTIC/OTH MATERIAL PREFAB	MATL PREFAB	No Autii kequireu			
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	AFO RIGD ANT TIBL TOT CARB	Authorization Required	DME	Full Clinical Review	
		FIBER/EQUL MATL PRFAB	·			
L1940	ANK FT ORTHOS PLSTC/OTH MATL CSTM	ANK FT ORTHOSIS PLASTIC/OTH	No Auth Required			
		MATERIAL CUSTOM FAB				
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	AFO MOLD PT MDL PLSTC RIGD ANT	Authorization Required	DME	Full Clinical Review	
		TIBL SECT CSTM				
L1950	AFO SPIRAL PLASTIC CUSTOM FAB		Authorization Required	DME	Full Clinical Review	
14054	AND ST ORTHOGODINAL RIGHT (OTHERS)	CUSTOM-FAB		2015	5 11 61: 1 1 2 1	
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	No Auth Required			
11300	AIOTOST SOLID AINKT ESTE CSTIVITAD	CUSTOM FAB	No Auth Required			
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	AFO PLASTIC WITH ANKLE JOINT	Authorization Required	DME	Full Clinical Review	
		CUSTOM FABRICATED				
L1971	ANK FT ORTHOS PLSTC/OTH MATL PREFAB	ANK FT ORTHOSIS PLSTC/OTH MATL	No Auth Required			
		W/ANK JNT PREFAB				
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	AFO 1 UPRT FREE PLANTR DORSIFLX	No Auth Required			
		SOLID STIRUP FAB				
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	AFO DBL UPRT PLANTR DORSIFLX SOLID	No Auth Required			
		STIRUP CSTM				
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	KAFO 1 UPRT FREE KNEE FREE ANK	Authorization Required	DME	Full Clinical Review	
12005	MATO ANNAMATI AUTO DIC ANIK INT COTA	SOLID STIRUP CSTM	Authorization Domino	DAAF	Full Clinical Business	
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	Authorization Required		Full Clinical Review	
12000	IN BYCANT WATERIAL ABS COSTON TAB	CUSTOM FAB	Authorization Required		Tun chinedi Neview	
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	KAFO 1 UPRT SOLID STIRUP W/O KNEE	Authorization Required	DME	Full Clinical Review	
		JNT CSTM FAB				
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	KAFO DBL UPRT SOLID STIRUP	Authorization Required	DME	Full Clinical Review	
		THI&CALF CSTM FAB				
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	KAFO DBL UPRT SOLID STIRUP W/O	Authorization Required	DME	Full Clinical Review	
		KNEE JNT CSTM				
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	KAFO PLASTIC MED LAT ROTAT CNTRL	Authorization Required	DME	Full Clinical Review	
12025	MARO ELILI DICTO CTAT DED CZ DDEAD	CSTM FAB	No. Acade Donoctor d			
L2035	KAFO FULL PLSTC STAT PED SZ PRFAB	KAFO FULL PLSTC STAT PED W/O FREE	No Auth Required			
L2036	KAFO FULL PLSTC DBL UPRT CSTM FAB	MOT ANK PRFAB  KAFO FULL PLASTIC DOUBLE UPRIGHT	Authorization Required	DME	Full Clinical Review	
12030	RATO TOLE FLOTE DBL OFRI CONVITAB	CSTM FAB	Authorization Required	DIVIE	Tuli Clinical Review	
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	KAFO FULL PLASTIC SINGLE UPRIGHT	Authorization Required	DME	Full Clinical Review	
22007		CUSTOM FAB	/ acrionización riequirea		i un dimidu ne ne n	
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	KAFO FULL PLASTIC MX-AXIS ANKLE	Authorization Required	DME	Full Clinical Review	
		CUSTOM FAB	<u> </u>			
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	HKAFO TORSION CNTRL BIL ROTAT	No Auth Required			
		STRAPS CSTM				
L2050	HKAFO BIL TORSION CABLES CSTM FAB	HKAFO TORSION CNTRL BIL TORSION	No Auth Required			
		CABLES CSTM FAB		ļ	- 11 - 11 - 11 - 11	
L2060	HKAFO BIL TORSION BALL BEAR CSTM	HKAFO TORSION CNTRL BIL TORSION	Authorization Required	DME	Full Clinical Review	
12070	LIVATO LINI DOTAT CTDADC CCTNA FAD	BALL BEAR CSTM	No Auth Desuised			
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	HKAFO TORSION CNTRL UNI ROTAT	No Auth Required			
L2080	HKAFO UNI TORSION CABLE CSTM FAB	STRAPS CSTM FAB  HKAFO TORSION CNTRL UNI TORSION	No Auth Required			
12000	TIMALO UNI TONSION CABLE CSTIVI FAD	CABLE CSTM FAB	No Auth Required			
	1	CUDIT COLINI LAD	I	L		

		T		<del> </del>		T
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	1	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	,			
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				
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	No Auth Required			
		PLSTC MOD PADD/LN				
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	,			
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		DME	Full Clinical Review	
L2520	ADD LW EXTRM THI/WT BEAR CSTM	ADD LW EXTRM THI/WT BEAR QUADRI- LAT BRIM CSTM	,			
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	

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L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	ADD LOW EXTREM THIGH/WEIGHT	No Auth Required				
		BEAR LACER NONMOLDED					
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	ADD LOW EXTREM THI/WEIGHT BEAR	No Auth Required				
		LACER MOLD PT MDL					
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	ADD LOW EXTREM THIGH/WEIGHT	No Auth Required				
		BEAR HIGH ROLL CUFF					
L2570	ADD LW EXT PELV HIP JNT CLEVIS	ADD LW EXT PELV HIP JNT CLEVIS TYPE	Authorization Required	DME		Full Clinical Review	
		TWO PSTN JNT					
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	ADDITION LOWER EXTREM PELV	Authorization Required	DME		Full Clinical Review	
		CONTROL PELV SLING					
L2600	ADD LW EXT PELV THRUST BEAR FREE	ADD LW EXT PELV HIP JNT	No Auth Required				
		CLEVIS/THRUST BEAR FREE					
L2610	ADD LW EXT PELV THRUST BEAR LOCK	ADD LW EXT PELV HIP JNT	No Auth Required				
		CLEVIS/THRUST BEAR LOCK					
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	ADD LOW EXTREM PELV CNTRL HIP	No Auth Required				
		JOINT HEVY-DUTY EA					
L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	ADD LOW EXTRM PELV CNTRL HIP JNT	No Auth Required				
		ADJUSTBL FLX EA					
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	ADD LW EXTRM PELV HIP JNT ADJ FLX	No Auth Required				
		EXT ABDUCT EA					
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	ADD LW EXT PELV PLSTC MOLD PT MDL	Authorization Required	DME		Full Clinical Review	
		HIP JNT&CABLES					
L2628	ADD LW EXT PELV METL FRME-CABLES	ADD LW EXT PELV METL FRME RECIP	Authorization Required	DME		Full Clinical Review	
22020	THE ENTITIES WELL WILLIAM GREET	HIP JNT&CABLES	/ tatilonization required	5.11.2		Tan omnour neview	
L2630	ADD LW EXTRM PELV BAND&BELT UNI	ADD LOW EXTREM PELVIC CONTROL	No Auth Required				
12030	ADD EW EXTRIBIT EEV BARDADEET ON	BAND & BELT UNI	No riatir nequired				
L2640	ADD LW EXTRM PELV BAND&BELT BIL	ADDITION LOW EXTREM PELV CONTROL	No Auth Required				
L2040	ADD EW EXTRIVITIES BANDADEET DIE	BAND & BELT BIL	No Auth Required				
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	ADD LOW EXTREM PELV&THOR	No Auth Required				
LZUJU	ADD EW EXTRINIT EEVENTION GEOTET AD EX	CONTROL GLUTEAL PAD EA	No riatii nequirea				
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	ADDITION LOWER EXTREM THOR	No Auth Required				
L2000	ADD LOW EXTREM THOR CHIRE THOR BAND	CONTROL THOR BAND	No Auth Required				
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	ADD LOW EXTREM THOR CONTROL	No Auth Required				
L2070	ADD LW EXTRIVITION CIVING PARASE OF RT	PARASPINAL UPRIGHTS	No Auti Required				
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT		No Auth Doguised				
L268U	ADD LW EXT THUR CNTRL LAT SUPP UPRT	ADD LOW EXTREM THOR CNTRL LAT	No Auth Required				
12750	ADD LW EXT ORTHOS PLAT CHROME/NICKL	SUPPORT UPRIGHTS	No Auth Dogwined				
L2750	ADD LW EXT ORTHOS PLAT CHROWE/NICKL	ADD LOW EXTREM ORTHOSIS PLATING	No Auth Required				
L2755	ADD LOW EXT ORTHOS PER SEG CSTM	CHROME/NICKL-BAR ADD LOW EXT ORTHOSIS HYBRID	No Auth Dogwined				
L2/55	ADD LOW EXT ORTHOS PER SEG CSTW		No Auth Required				
12760	ADD LOW EVEDENA ORTHOGIC EVE EVE DAD	COMPOS PER SEG CSTM	N. A. All Described				
L2760	ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR	ADDITION LOW EXTREM ORTHOSIS EXT	No Auth Required				
12760	ORTHOTIC CIDE DAD DISCOUCT DEVC DAD	PER EXT PER BAR	N. A. All Described				
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	ORTHOTIC SIDE BAR DISCONNECT	No Auth Required				
		DEVICE PER BAR				ļ	
L2780	ADD LW EXT ORTH NONCORROSIVE BAR	ADD LOW EXTREM ORTHOSIS	No Auth Required				
	ADD 1111 DOT 1100 DO	NONCORROSIVE FINISH BAR				1	
L2785	ADD LW EXT ORTHOS DROP LOCK RETN EA	ADDITION LOW EXTREM ORTHOSIS	No Auth Required				
		DROP LOCK RETAIN EA				1	
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	ADD LOW EXTREM ORTHOSIS KNEE	No Auth Required				
		CNTRL FULL KNEECAP					
L2800	ADD LOW EXT ORTHOS KNEE CAP CSTM	ADD LOW EXT ORTHOS KNEE CNTRL	No Auth Required				
		KNEE CAP CSTM ONLY					
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	ADD LOW EXTREM ORTHOSIS KNEE	No Auth Required				
		CONTROL CONDYLR PAD					
L2820	ADD LW EXT ORTH SFT INTRFC BLW KNEE	ADD LW EXT ORTH SFT INTERFCE MOLD	No Auth Required				
		BELW KNEE					

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L2830	ADD LW EXT ORTH SFT INTRFC ABV KNEE		No Auth Required			
		MOLD ABVE KNEE				
L2840	ADD LW EXT ORTHOS TIB LEN SOCK FX/=	ADD LOW EXTREM ORTHOSIS TIB	No Auth Required			
		LENGTH SOCK FX/= EA				
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	ADD LOW EXTREM ORTHOS FEM	No Auth Required			
		LENGTH SOCK FX/EQUL EA				
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	ADD LOW EXT JOINT KNEE/ANK CSTM	No Auth Required			
10000	LOWER SYTES ATTACASES AND	FAB ONLY EA				
L2999	LOWER EXTREMITY ORTHOSES NOS	LOWER EXTREMITY ORTHOSES NOT	No Auth Required			
12000	ET INCOT MOLD LICE TYPE DEDVIN CHELL	OTHERWISE SPECIFIED	Authorization Domino	DAME	Full Clinical Business	
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	FT INSRT MOLD PT MDL UCB TYPE	Authorization Required	DME	Full Clinical Review	
L3001	FOOT INSRT REMV MOLD PT SPENCO EA	BERKLY SHELL EA FOOT INSERT REMOVABLE MOLDED PT	Authorization Required	DME	Full Clinical Review	
L3001	FOOT INSKT REIVIV MOLD PT SPENCO EA	MODEL SPENCO EA	Authorization Required	DIVIE	Full Clinical Review	
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA	FOOT INSRT REMV MOLDED PT MDL	Authorization Required	DME	Full Clinical Review	
L3002	THINSKI KEWIV WIOLD I LASTAZOTEJ - LA	PLASTAZOTE/EQUL EA	Authorization Required	DIVIE	r dir cililical Neview	
L3003	FOOT INSRT REMV MOLD SILCON GEL EA	FOOT INSERT REMV MOLDED PT	Authorization Required	DME	Full Clinical Review	
L3003	TOOT INSK! KEIVIV WIOLD SILCON GEE LA	MODEL SILICONE GEL EA	Authorization Required	DIVIE	Tuli clinical Neview	
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA	FT INSRT REMV MOLD PT MDL	Authorization Required	DME	Full Clinical Review	
23010	THISKI MOED ENGIODINE/INCITSOTT EX	LNGTUDNL ARCH SUPP EA	Authorization Required	J.V.E	Tall chilled Neview	
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA	FOOT INSRT REMV MOLD PT MDL	Authorization Required	DME	Full Clinical Review	
20020	The month is the model and to be the source and the	LNGTUDNL/MT SUPP EA	rationization negatica		i dii diiiida nenen	
L3030	FOOT INSERT REMV FORMED PT FT EA	FOOT INSERT REMOVABLE FORMED	Authorization Required	DME	Full Clinical Review	
		PATIENT FOOT EACH				
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORS	FOOT INSRT/PLAT REMV ADD LW EXT	Authorization Required	DME	Full Clinical Review	
	,	ORTHOS HI STRGTH	· ·			
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	FOOT ARCH SUPPORT REMV	Authorization Required	DME	Full Clinical Review	
		PREMOLDED LONGTUDNL EA	·			
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	FOOT ARCH SUPPORT REMOVABLE	Authorization Required	DME	Full Clinical Review	
		PREMOLDED MT EA				
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	FOOT ARCH SUPPORT REMV	Authorization Required	DME	Full Clinical Review	
		PREMOLDED LONGTUDNL/MT EA				
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA	FOOT ARCH SUPPORT NONREMV ATTCH	Authorization Required	DME	Full Clinical Review	
		SHOE LNGTUDNL EA				
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT	FOOT ARCH SUPPORT NONREMOVABLE	Authorization Required	DME	Full Clinical Review	
		ATTCH SHOE MT EA				
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA	FOOT ARCH SUPP NONREMV ATTCH	Authorization Required	DME	Full Clinical Review	
		SHOE LNGTUDNL/MT EA				
L3100	HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	HALLUS-VALGUS NIGHT DYNAMIC	No Auth Required			
		SPLINT PREFABRICATED				
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	FOOT ABDUCTION ROTATION BAR	Authorization Required	DME	Full Clinical Review	
		INCLUDING SHOES			- 11 - 11 - 11 - 11	
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	FOOT ABDUCTION ROTATION BAR	Authorization Required	DME	Full Clinical Review	
		WITHOUT SHOES			- 11 - 11 - 11 - 11	
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	FOOT ADJUSTABLE SHOE-STYLED	Authorization Required	DME	Full Clinical Review	
10470	5007 01 4070 011 11551 0740 005540 54	POSITIONING DEVICE		2045	5 11 01: 1 10 1:	
L3170	FOOT PLASTC SIL HEEL STAB PREFAB EA	FOOT PLASTIC SILCONE HEEL STABILIZER	Authorization Required	DME	Full Clinical Review	
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	PREFAB EACH ORTHOPED SHOE OXFORD	Authorization Poquirad	DME	Full Clinical Review	
L3201	ON LUCKED SHOE OXEKD SORINATK INFINI	W/SUPINATOR/PRONATOR INFNT	Authorization Required	DIVIE	ruii Ciinicai keview	
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	ORTHOPED SHOE OXFORD	Authorization Required	DME	Full Clinical Review	
LJZUZ	OKTHOFED SHOE OXIKD W/SUPINATK CHED	W/SUPINATOR/PRONATOR CHILD	Authorization Required	DIVIE	i uli Cililicai Keview	
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	ORTHOPEDIC SHOE OXFORD	Authorization Required	DME	Full Clinical Review	
LJZUJ	ONTHOLED SHOE ON NO WYSOFINAIN IN	W/SUPINATOR/PRONATOR JR	, actionzacion nequired	DIVIL	i dii Cililical Neview	
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	ORTHOPED SHOE HIGHTOP	Authorization Required	DME	Full Clinical Review	
13204	SSI ED SHOE III OF SOF WATER IN 191	W/SUPINATOR/PRONATOR INFNT		J	Tan Chinear Neview	
	l .	TAN SOL HATCH THOUGHTON INTINT	L	<u> </u>		

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Object   Company   Compa	L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	ORTHOPED SHOE HIGHTOP	Authorization Required	DME	Full Clinical Review
MAJERIAN RICHARD PART   SURRICAN ROOT PART (PRINCE)   No. Auth Required		ORTHORER CHOS HITOR W/GURINATE IR			0.45	5 11 01: 1 10 :
SAMESIAN ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE   SAMESTAKE ACCOUNT AGE - PRIVATE ACCOUNT ACC	L3207	ORTHOPED SHOE HITOP W/SUPINATR JR		Authorization Required	DME	Full Clinical Review
33866CM_300T_ADG_TOLOGIS_	12222	SUBSIGNA POOT FASILINEANT				
				·		
SAMESCA BOOT PARK RANT   BRISSOR BOOT PARK DILLD   SA Auth Required						
SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH BOOT PARK MINION   SENSECH						
BERSEN BOOT PARK JAMON				·		
OFFINE   Private ALAINES OKYORD 14.0						
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13212   ORTHOP TWEAR ALADIES SHIDE OPTH INLAW ALCONOMINATE ALADIES SHOE   Authorization Required   OME   SHID Clinical Review	L3215	ORTHOPED FTWEAR LADIES OXFORD EA		Authorization Required	DME	Full Clinical Review
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L3510	ORTHOPED SHOE ADD INSOLE RUBBER	ORTHOPEDIC SHOE ADDITION INSOLE	Authorization Required	DME	Full Clinical Review
12520	ORTHO CHOE ADD INCOLE FELT W/LEATUR	RUBBER	Authorization Descrived	DME	Full Clinical Davieur
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	ORTHOPED SHOE ADDITION INSOLE	Authorization Required	DME	Full Clinical Review
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	FELT COVR W/LEATHR ORTHOPEDIC SHOE ADDITION SOLE	Ab.a.vization Dogivad	DAME	Full Clinical Davieur
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	HALF	Authorization Required	DME	Full Clinical Review
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	ORTHOPEDIC SHOE ADDITION SOLE	Authorization Required	DME	Full Clinical Review
L3340	OKTHOPEDIC SHOE ADDITION SOLE FOLL	FULL	Authorization Required	DIME	ruii Ciiiilcai Keview
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	ORTHOPEDIC SHOE ADDITION TOE TAP	Authorization Required	DME	Full Clinical Review
L3330	OKTHOFED SHOE ADD TOE TAF STANDARD	STANDARD	Authorization Required	DIVIL	Tuli Cillical Neview
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	ORTHOPEDIC SHOE ADDITION TOE TAP	Authorization Required	DME	Full Clinical Review
25500	00125 51.027.55 102 17.11 1101.0251.02	HORSESHOE	riadionization neganica		Tan diminda Nevicii
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	ORTHOPEDIC SHOE ADDITION SPECIAL	Authorization Required	DME	Full Clinical Review
		EXT INSTEP			
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	ORTHOPED SHOE ADD CONVERT INSTEP	Authorization Required	DME	Full Clinical Review
		VELCRO CLOS	,		
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	ORTHO SHOE ADD CONVRT FIRM	Authorization Required	DME	Full Clinical Review
		COUNTER SFT COUNTER			
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	ORTHOPEDIC SHOE ADDITION MARCH	Authorization Required	DME	Full Clinical Review
		BAR			
L3600	TRF ORTHOS 1 SHOE-ANR CALIP PL EXST	TRANSF ORTHOS 1 SHOE TO ANOTH	Authorization Required	DME	Full Clinical Review
		CALIP PLATE EXIST			
L3610	TX ORTHOS 1 SHOE-ANOTH CALIP PLT N	TRNSF ORTHOS ONE SHOE TO ANOTHER	Authorization Required	DME	Full Clinical Review
		CALIP PLATE NEW			
L3620	TRF ORTHOS 1 SHOE-ANOTH SLD STIR EX	TRANS ORTHOS 1 SHOE-ANOTHER SLD	Authorization Required	DME	Full Clinical Review
		STIRRUP EXISTING			
L3630	TRNS ORTHOS 1 SHOE-ANOTH SLD STIR N	TRNSF ORTHOS 1 SHOE TO ANOTHER	Authorization Required	DME	Full Clinical Review
		SOLID STIRRUP NEW			
L3640	TRNS ORTHOS SHOE-SHOE DENNS BRWNE B	TRNS ORTHOS SHOE TO ANOTH DENNIS	Authorization Required	DME	Full Clinical Review
	CONTROL OF LOS CONTROL OF CONTROL	BRWNE BTH SHOES		10.45	E HOU : LO
L3649	ORTHOPED SHOE MOD ADD/TRANSFER NOS	ORTHOPED SHOE MODIFICATION	Authorization Required	DME	Full Clinical Review
12050	CHOILI DED OBTHOC FIG & ADDITION DESCRIPTION	ADDITION/TRANSFER NOS	No Auth Dogudes d		
L3650	SHOULDER ORTHOS FIG 8 ABDUCT PREFAB	SHOULDER ORTHOSIS FIG 8 ABDUCT	No Auth Required		
12000	CHOLLI DED ODTHOC FIG & CANDIAG PREESS	RESTRAINER PREFAB	No Auth Doguder		
L3660	SHOULDER ORTHOS FIG 8 CANVAS PREFAB	SHOULDER ORTHOSIS FIG 8 CANVAS	No Auth Required		
L3670	SHOULDER ORTHOS ACROMIO/CLAV PREFAB	WEBBING PREFAB SHOULDER ORTHOSIS	No Auth Required	+ + + + + + + + + + + + + + + + + + + +	
130/0	SHOULDER ORTHOS ACKOMIO/CLAV PREFAB		No Auth Required		
		ACROMIO/CLAVICULAR PREFAB		1	

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	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			

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L3908	WRST-HND ORTHOS CNTRL COCK-UP PRFAB		No Auth Required			
L3912	HAND FINGR ORTHOS FINGR CNTRL PRFAB	COCK-UP PREFAB  HAND FINGER ORTHOSIS FLEX GLOV	No Auth Required			
13912	HAND FINGR ORTHOS FINGR CIVIL PREAD	FINGR CNTRL PRFAB	No Auth Required			
L3913	HFO W/O JOINTS CUSTOM FABRICATED	HAND FINGER ORTHOTIC W/O JOINTS	No Auth Required			
		CUSTOM FAB				
L3915	WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	WRIST HAND ORTHOSIS	No Auth Required			
		1/>NONTORSION JNT PRFAB CSTM				
L3916	WH ORTHOS 1/> NONTORSN JOINT PREFAB	WRIST HAND ORTHOSIS 1/>	No Auth Required			
12017	HAND ORTHOSIS MC FX PREFAB CSTM FIT	NONTORSION JOINT PREFAB	No Auth Doguined			
L3917	HAND ORTHOSIS INC FX PREFAB CSTWI FIT	HAND ORTHOSIS METACARPAL FX PREFAB CUSTOM FIT	No Auth Required			
L3918	HAND ORTHOSIS METACARPL FX ORTHOSIS	HAND ORTHOSIS METACARPAL FX	No Auth Required			
20020		ORTHOSIS PREFAB	- To riadir rieganica			
L3919	HAND ORTHOSIS W/O JOINTS CUSTOM FAB	HAND ORTHOSIS W/O JOINTS CUSTOM	No Auth Required			
		FABRICATED				
L3921	HFO 1/> NONTORSION JOINTS CSTM FAB	HFO INCL 1/MORE NONTORSION	No Auth Required			
		JOINTS CUSTOM FAB				
L3923	HF ORTHOSIS NO JOINT PRFAB CSTM FIT	HAND-FINGER ORTHOSIS W/O JOINT	No Auth Required			
L3924	HAND-FINGER ORTHOSIS W/O JOINTS	PREFAB CUSTOM FIT HAND-FINGER ORTHOSIS WITHOUT	No Auth Required			
L3324	HAND-FINGER ORTHOSIS W/O JOINTS	JOINTS PREFAB	No Auth Required			
L3925	FINGER ORTHOS NONTORSION JNT PREFAB	FINGER ORTHOSIS PIP/DIP	No Auth Required			
		NONTORSION JOINT PREFAB				
L3927	FINGER ORTHOSIS W/O JOINT PREFAB	FINGER ORTHOSIS PIP/DIP W/O JOINT	No Auth Required			
		PREFABRICATED				
L3929	HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	HAND-FINGER ORTHOSIS 1/>	No Auth Required			
12020	UE ORTHOGA / MONTORGON INT PREFAR	NONTORSN JNT PRFAB CSTM	N. A. Ale D. a. de de			
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 &	No Auth Required			
23331	WIT O THEIT IN CETTITING & ABS	ADJUSTMENT	No riadi nequired			
L3933	FINGER ORTHOSIS W/O JOINTS CSTM FAB	FINGER ORTHOSIS W/O JOINTS	No Auth Required			
		CUSTOM FABRICATED				
L3935	FO NONTORSION JOINT CUSTOM FAB	FINGER ORTHOSIS NONTORSION JOINT	No Auth Required			
	-	CUSTOM FAB				
L3956	ADD JNT UP EXTREM ORTHOS MATL; JNT	ADD JNT UPPER EXTREM ORTHOSIS ANY	No Auth Required			
L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	MATERIAL; JNT SEWHO ABDUCT PSTN AIRPLANE DESN	Authorization Required	DME	Full Clinical Review	
L3300	SEWIIO ABDOCI FSTN AIRFLANE DESIGN	PREFAB W/FIT&ADJ	Authorization Required	DIVIL	ruii Ciiiicai Keview	
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	SEWHO SHOULDER CAP DESIGN W/O	Authorization Required	DME	Full Clinical Review	
		JOINTS CSTM FAB				
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	SEWHO ABDUCT PSTN ERBS PALS DESN	Authorization Required	DME	Full Clinical Review	
		PRFAB W/FIT&ADJ				
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	SEWHO ABDUCTION POSITIONING W/O	Authorization Required	DME	Full Clinical Review	
12071	CENTILO CHOLILDED CAR SECURIO SOTTA E : -	JOINTS CSTM FAB	A sale a standa - D - 1 - 1	DME	Full Citate 1.2	
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	Authorization Required	DME	Full Clinical Review	
[ [ ]	SETTION CONTINUES AND ADDRESS OF THE PARTY O	CMPNT&SUPP BAR CSTM FAB	a.a.ozaaon nequireu		. a., chillean Neview	
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	SEWHFO SHOULDER CAP DESIGN W/O	Authorization Required	DME	Full Clinical Review	
		JOINTS CSTM FAB			 	
L3976	SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	SEWHFO ABDUCT PSTN THOR CMPNT	Authorization Required	DME	Full Clinical Review	
		W/O JOINTS CUS FAB				
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	SEWHFO SHOULD CAP DESIGN CUSTOM	Authorization Required	DME	Full Clinical Review	
		FAB ELASTIC BAND		<u> </u>		

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LISSEL DE FX CORTHOGS HAMERAL PREE STIARS   UPER EXTREMITY FX ORTHOGS   Authorization Required	
LIBBRY   DEXTRM PX ORTH PAGES (ALL PAGES AND AUTHORS AROUGH XIVE)	iew
LI3398 UP EXTRIME X ORTHOSIS WEST PREAB UP EXTREM PX ORTHOSIS WAST RREFAB No Auth Required  LI3399 ADD UP EXTREM ORTHOSIS COCK FV/E EA ADD UPPER EXTREM ORTHOSIS SOCK No Auth Required  FACTURE/FQUAL EA  LI3399 UPPER LIMB ORTHOSIS NOS UPPER LIMB ORTHOSIS NOT No Auth Required  GENERAL GERDLE FOR SPINAL ORTHOSIS ORTHOSIS REPLACE GIROLE FOR SPINAL ORTHOSIS AUthorization Required  GENERAL GERDLE FOR SPINAL ORTHOSIS REPLACE GIROLE FOR SPINAL ORTHOSIS Authorization Required  GENERAL GERDLE FOR SPINAL ORTHOSIS ALL CMPPINTS  REPLACE GIROLE FOR SPINAL ORTHOSIS ALL CMPPINTS  REPLACE METAL AUTHORITY  MOLEDO PT MODEL  LA0200 REPLACE STIM ONLY REPLACE COLOR ORTHOSIS ONLY  REPLACE METAL AUTHORITY  FAR CHITCHOSIS ONLY  REPLACE METAL AUTHORITY FAR ORTHOSIS ONLY  REPLACE METAL AUTHORITY  FAR CHITCHOSIS ONLY  REPLACE METAL AUTHORITY FAR ORTHOSIS	
LI3999 ADD UP EXTERN ORTHOS SOCK FY/= EA RATURE/ROULA EA LI3999 UPPER LIMB ORTHOSIS NOS UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED UPPER LIMB ORTHOSIS NOT UPPER LIMB ORTHOSIS NO	
AUTHORITION   CHILD FOR SPINAL ORTHOSIS   REPLACE GIRDLE FOR SPINAL ORTHOSIS   Authorization Required   CLSO OR SO   CLS	
CITISO OR SO  REPL STRAP ANY ORTHOSIS ALL CMPNTS  REPL STRAP ANY ORTHOSIS ALL CMPNTS ANY LEX TYPE  LEGOID  REPLACE TRILATERAL SOCKET BRIM  REPLACE TRILATERAL SOCKET BRIM  REPLACE GUADRILAT SOCKET BRIM  MOLDED PT MODEL  MOLDED PT MODEL  MOLDED PT MODEL  REPLACE GUADRILAT SOCKET BRIM  MOLDED PT MODEL  REPLACE TRILATERAL SOCKET BRIM  MOLDED PT MODEL  REPLACE GUADRILAT SOCKET BRIM  MOLDED PT MODEL  REPLACE GUADRILAT SOCKET BRIM  MOLDED PT MODEL  REPLACE GUADRILAT SOCKET BRIM  REPLACE GUADRILATERAL SOCKET  REPLACE MOLDED PT HI LACER CSTM FORLY  REPLACE MOUDED PT HI LACER CSTM FAB  NO Auth Required  REPLACE MOUDED PT HI LACER CSTM FAB  NO Auth Required  REPLACE MONOLOD THI LACER CSTM ONLY  REPLACE MONOLOD THI LACER CSTM  REPLACE MONOLOD THI LACER CSTM  REPLACE MONOLOD THI LACER CSTM  REPLACE MONOLOD THI LACER CSTM  REPLACE MONOLOD CALF LACER CSTM  REPLACE MONOLOD CALF LACER CSTM  REPLACE MONOLOD CALF LACER CSTM  REPLACE MONOLOD CALF LACER CSTM  REPLACE HIGH ROLL CUFF  REPLACE HIGH ROLL CUFF  REPLACE HIGH ROLL CUFF  REPLACE HIGH ROLL CUFF  REPLACE FORNIMAL AND DISTAL  LAGGO  REPLACE METAL BANDS KAFO PROX THIGH  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  LAGGO  REPLACE METAL BANDS KAFO PROX THIGH  REPLACE METAL BANDS KAFO AFO CALF/THI  CALF/ORDIAL THIGH  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF LACER CSTM  NO Auth Required  REPLACE MONOLOD CALF CALF CALF CALF CALF CALF CALF CALF	
L4010 REPLACE TRILATERAL SOCKET BRIM  REPLACE QUADRILAT SOCKET BRIM  REPLACE MOUDED THI LACER CSTM FAB  NO Auth Required  REPLACE MOUDED THI LACER CSTM FAB  NO Auth Required  REPLACE MOUDED THI LACER CSTM FAB  REPLACE ROMINOLD DET HI LACER CSTM FAB  REPLACE MOUDED THI LACER CSTM  FAB ORTHOSIS ONLY  REPLACE MOUDED CALF LACER CSTM  REPLACE MOUDED CALF LACER CSTM  FAB ORTHOSIS ONLY  REPLACE MOUDED CALF LACER CSTM  REPLACE MOUDED CALF LACER CSTM  FAB ORTHOSIS ONLY  REPLACE MOUDED CALF LACER CSTM  REPLACE MOUDED CALF LACER CSTM  FAB ORTHOSIS ONLY  REPLACE MOUDED CALF LACER CSTM  RALE CONTROL ORTHOS STIRRUP PREPAB  REPLACE	iew
L4020 REPL QUADRILAT SOCKT BRIM MOLD PT  REPLACE QUADRILAT SOCKT BRIM MOLD PT  MOLDED PT MODEL  L4030 REPL QUADRILAT SOCKT BRIM CSTM FIT  REPLACE QUADRILATERAL SOCKET  REPLACE GUIDED THI LACER CSTM NOLY  REPLACE MOLDED THI LACER CSTM NOLY  REPLACE MONDED THI LACER CSTM NOLY  REPLACE ROMMOLD THI LACER CSTM NOLY  REPLACE ROMMOLD THI LACER CSTM FAB ORTHOSIS ONLY  REPLACE MOLDED CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE MOLDED CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE MOLDED CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE MOLDED CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE PROMIMAL AND STATE FAB ORTHOSIS ONLY  REPLACE PROMIMAL AND STATE FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE HIGH ROLL CUFF FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLACE ROMMOLD CALE LACER CSTM FAB ORTHOSIS ONLY  REPLA	
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L631 AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFO WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AFOR WALK BOOT TYP ROCK R BOTTOM CSTM AND WALK BOOT TYP ROCK R BOTTOM CSTM ACT		No Auth Required	1	STATIC/DYNAMIC AFO MIN ABM PREFAB	L4397
LS00D PART FT SHOE INSRT W/LNGTUDNL ARCH PART TO SHOE INSRT W/LNGTUDNL ARCH 70E FILLER LS01D PART FT SHOE INSRT W/LNGTUDNL ARCH PART TO SHOE INSERT W/LDNGTUDNL ARCH 70E FILLER LS02D PART FT MOLD SOCKT ANN HT W/TOE FILL LS02D PART FT MOLD SOCKT ANN HT W/TOE FILL LS02D PART FT MOLD SOCKT TIB TUBERCLE HT THOUGHD SOCKET TIB TUBERCLE HT W/TOE FILLER PART FT MOLD SOCKET SHOE TO SHOE THE TOWN TOE FILL LS02D ANKLE SYMES MOLDED SOCKET SACH POOT ANKLE SYMES MOLDED SOCKET SACH AUthorization Required DME LS03D ANKLE SYMES MOLDED SOCKET SACH FOOT LS03D ANKLE SYMES MOLDED SOCKET SACH FOOT SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK SOCK ARKTIC ANK AUthorization Required DME Full Clinical Review  Authorization Required DME Full Clinical Review  Full Clinical Review  Full Clinical Review  ME Full Clinical Review  ME Full Clinical Review  Full Clinical Review  ME Full Clinical Revie		No Auth Required		FOOT DROP SPLINT RECUMBNT POS PRFAB	L4398
LS010 PART FT MOLD SOCKT ANK HT W/TOE FIL.  PART FT MOLDE SOCKET ANK HEIGHT W/TOE FILLER  LS020 PART FT MOLDE SOCKET INE HEIGHT W/TOE FILLER  LS030 ANKLE SYMES MOLDED SOCKET SACH FOOT  LS050 ANKLE SYMES MOLDED SOCKET SACH FOOT  LS050 ANKLE SYMES MOLDED SOCKET SACH FOOT  LS050 ANKLE SYMES MOLDED SOCKET SACH FOOT  LS050 ANKLE SYMES MOLDED SOCKET SACH FOOT  LS050 ANK SYMS METL FRIME MOLD LEATHR SCKT  LS050 BELOW KNEE MOLDE SOCKET SACH FOOT  LS050 ANK SYMS METL FRIME MOLD LEATHR SCKT  LS050 BELOW KNEE MOLDE SOCKET SHIN SACH FOOT  LS050 BELOW KNEE MOLDE SOCKET SHIN SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	ull Clinical Review	Authorization Required		AFO WALK BOOT TYP ROCKR BOTTOM CSTM	L4631
HEIGHT W/TOE FILLER	ull Clinical Review	Authorization Required	-	PART FT SHOE INSRT W/LNGTUDNL ARCH	L5000
TUBERCLE HT W/TOE FIL  LS500 ANKLE SYMES MOLDED SOCKET SACH FOOT ANKLE SYMES MOLDED SOCKET SACH FOOT FOOT ANKLE SYMES MOLDED SOCKET SACH FOOT SAKE SYMES MOLDED SOCKET SACH FOOT ANKLE SYMES MOLDED SOCKET SACH FOOT SCACH FOOT SCACH FOOT BELOW KNEE MOLDED SOCKET SHIN Authorization Required DME Full Clinical Review SOCK ARTIC ANK SYMES METLERME MOLD EATHR SCKT ANK SYMES METLERME MOLD BOCKET SHIN Authorization Required DME Full Clinical Review SOCK ARTIC ANK SCACH FOOT BELOW KNEE MOLDED SOCKET SHIN Authorization Required DME Full Clinical Review SACH FOOT BELOW KNEE PLSTC SOCKT JNT&THIGH Authorization Required DME Full Clinical Review SACH FOOT SACH FOOT KNEE DISTRICT MOLD SOCK TEXT KNEE JNT SHIN SACH FOOT KNEE DISTRICT MOLD SOCK TEXT KNEE JNT SHIN SACH FT SHIN SACH FT SACH FOOT SACH STATE SACH FT SACH SACH STATE SACH FT SACH SACH STATE SACH SACH STATE SACH SACH STATE SACH SACH SACH SACH SACH SACH SACH SACH	ull Clinical Review	Authorization Required		PART FT MOLD SOCKT ANK HT W/TOE FIL	L5010
FOOT   ANK SYMS METL FRME MOLD LEATHR SCKT   ANK SYMES METL FRME MOLD LEATHR   Authorization Required   DME   Full Clinical Review   SOCKT ARTIC ANK   Authorization Required   DME   Full Clinical Review   SOCKT ARTIC ANK   Authorization Required   DME   Full Clinical Review   SOCKT ARTIC ANK   Authorization Required   DME   Full Clinical Review   SOCKT STREET   SELOW KNEE MOLDS SOCKT STREET   Authorization Required   DME   Full Clinical Review   SOCKT STREET   SELOW KNEE PLSTC SOCKT JNT&THIGH   Authorization Required   DME   Full Clinical Review   SOCKT STREET   SELOW KNEE DISATC MOLD SOCKT EXT KNEE   Authorization Required   DME   Full Clinical Review   STREET   SELOW KNEE S	 ull Clinical Review	Authorization Required		PART FT MOLD SOCKET TIB TUBERCLE HT	L5020
SOCKT ARTIC ANK  L5100 BELW KNEE MOLD SOCKT SHIN SACH FOOT  BELOW KNEE MOLDED SOCKET SHIN  Authorization Required  DME  Full Clinical Review  SACH FOOT  SACH FOOT  BELOW KNEE PLSTC SOCKT JNT&THIGH  LACER SACH FOOT  L5105 BK PLSTC SCKT JNT&THI LACER SACH FT  BELOW KNEE PLSTC SOCKT JNT&THIGH  LACER SACH FOOT  L5106 KNEE DISRTC MOLD SCKT EXT KNEE JNT  KNEE DISRTC MOLD SOCKT EXT KNEE  JNT SHIN SACH FT  L5100 KNEE DISARTIC MOLD SOCKT BENT KNEE  JNT SHIN SACH FT  L5100 KNEE DISARTIC MOLD SOCKT BENT KNEE  KNEE DISARTIC MOLD SOCKT BENT KNEE  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE EXT KNEE JNT  ABOVE KNEE MOLD SOCKT 1 AXIS  CONSTANT FRICTION  L5200 AK MOLD SOCKT 1 AXIS CONSTANT FRICT  ABOVE KNEE SHRT PROSTN NO KNEE  JNT NO ANK JNT EA  ABOVE KNEE SHRT PROSTN NO KNEE  JNT NO ANK JNT EA  ABOVE KNEE SHRT PROSTH W/ARTIC  ANN/FOOT DYN  ABOVE KNEE SHRT PROSTH W/ARTIC  ANN/FOOT DYN  ABOVE KNEE SHRT PROSTH W/ARTIC  ANN/FOOT DYN  ABOVE KNEE SHRT PROSTH W/ARTIC  ANN/FOOT DYN  ABOVE KNEE SHRT PROSTH W/ARTIC  ANN/FOOT DYN  ANN/FOOT DYN  ANN/FOOT DYN  AUthorization Required  DME  Full Clinical Review  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  DME  Full Clinical Review  SOCKT HIP JNT  L5270 HIP DISRTC TLT TABL; MOLD SCKT LOCK  HIP DISRTC TLT TABLE; MOLD SCKT  HEMIPELVECT CANADIAN; MOLD SCKT HE HEMIPELVECT CANADIAN TYPE; MOLD  SOCKT HIP JNT  L5280 HEMIPELVECT CANADIAN; MOLD SCKT  HEMIPELVECT CANADIAN TYPE; MOLD  SOCKT HIP JNT  L5280 HEMIPELVECT CANADIAN TYPE; MOLD  SOCKT HIP JNT  L5301 BK MOLD SCKT SHIN SACH FT ENDO SYS  BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required  DME  Full Clinical Review  Full Clinical Review  SOCKET SHIP JNT  LOCK HIP  ull Clinical Review	Authorization Required		ANKLE SYMES MOLDED SOCKET SACH FOOT	L5050	
L5105 BK PLSTC SCKT JNT&THI LACER SACH FT  BELOW KNEE PLSTC SOCKT JNT&THIGH Authorization Required LACER SACH FOOT  L5150 KNEE DISRTC MOLD SCKT EXT KNEE JNT KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT  L5160 KNEE DISARTIC MOLD SOCKT BENT KNEE JNT SHIN SACH FT  L5200 KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE DISARTIC MOLD SOCKT BENT KNEE KNEE EXT KNEE JNT  Authorization Required DME  Full Clinical Review CONSTANT FRICTION  Authorization Required DME Full Clinical Review  AUTHORIZATION REQUIRED  AUTHORIZATION REQUIRED  AUTHORIZATION REQUIRED  AUTHORIZATION REQUIRED  AUTHORIZATION REQUIRED  DME Full Clinical Review  ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN ANK/FOOT DYN AUTHORIZATION REQUIRED  DEFIC SACH FOOT DEFIC SACH	ull Clinical Review	Authorization Required		ANK SYMS METL FRME MOLD LEATHR SCKT	L5060
LACER SACH FOOT  L5150 KNEE DISRTC MOLD SCKT EXT KNEE JNT  KNEE DISRTC MOLD SCKT EXT KNEE JNT  L5160 KNEE DISARTIC MOLD SOCKT BENT KNEE  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT BENT  KNEE DISARTIC MOLD SOCKT 1 AXIS  AUthorization Required  DME  Full Clinical Review  CONSTANT FRICTION  ABOVE KNEE SHRT PROSTH NO KNEE  JNT NO ANK JNT EA  ABOVE KNEE SHRT PROSTH NO KNEE  JNT NO ANK JNT EA  ABOVE KNEE SHRT PROSTH W/ARTIC  ANK/FOOT DYN  ABOVE KNEE SHORT PROSTH W/ARTIC  ANK/FOOT DYN  ABOVE KNEE SHORT PROSTH W/ARTIC  ANK/FOOT DYN  ABOVE KNEE PROXIMAL FEM FOCAL  ANK/FOOT DYN  ABOVE KNEE PROXIMAL FEM FOCAL  DEFIC SACH FOOT  DEFIC SACH FOOT  DEFIC SACH FOOT  AUthorization Required  DME  Full Clinical Review  Full Clinical Review  DME  Full Clinical Review	ull Clinical Review	Authorization Required		BELW KNEE MOLD SOCKT SHIN SACH FOOT	L5100
L5160 KNEE DISARTIC MOLD SOCKT BENT KNEE  KNEE DISARTIC MOLD SOCKT BENT KNEE DISARTIC MOLD SOCKT BENT KNEE DISARTIC MOLD SOCKT BENT KNEE DISARTIC MOLD SOCKT 1 AXIS CONSTANT FRICT  ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION  L5210 AK SHRT PROS NO KNEE JNT-ANK JNT EA ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA ABOVE KNEE SHRT PROSTH W/ARTIC ABOVE KNEE SHRT PROSTH W/ARTIC ANK SHRT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT  L5220 HIP DISRTC CANADIAN; MOLD SCKT HIP HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT L5240 HEMIPELVECT CANADIAN; MOLD SCKT LOCK HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT L5250 HEMIPELVECT CANADIAN; MOLD SOCKT HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT L5230 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKES SHIN SACH Authorization Required DME Full Clinical Review  Full Clinical Review  Full Clinical Review  SOCKT HIP JNT  L5240 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKES SHIN SACH Authorization Required DME Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review	ull Clinical Review	Authorization Required		BK PLSTC SCKT JNT&THI LACER SACH FT	L5105
L5200 AK MOLD SOCKT 1 AXIS CONSTANT FRICT  ABOVE KNEE MOLD SOCKT 1 AXIS  CONSTANT FRICTION  L5210 AK SHRT PROS NO KNEE JNT-ANK JNT EA  ABOVE KNEE SHRT PROSTH NO KNEE  JNT NO ANK JNT EA  L5220 AK SHRT PROSTH W/ARTIC ANK/FOOT DYN  ABOVE KNEE SHORT PROSTH W/ARTIC  ANK/FOOT DYN  ABOVE KNEE SHORT PROSTH W/ARTIC  ANK/FOOT DYN  ABOVE KNEE PROXIMAL FEM FOCAL  DEFIC SACH FOOT  ABOVE KNEE PROXIMAL FEM FOCAL  DEFIC SACH FOOT  HIP DISRTC CANADIAN; MOLD SCKT HIP  SOCKT HIP JNT  L5270 HIP DISRTC TLT TABL; MOLD SCKT LOCK  HIP DISRTC TLT TABLE; MOLD SCKT  LOCK HIP JNT  L5280 HEMIPELVECT CANADIAN; MOLD SOCKT  HEMIPELVECT CANADIAN TYPE; MOLD  SOCKT HIP JNT  BELOW KNEE MOLD SOCKT SHIN SACH FENDO SYS  BELOW KNEE MOLD SOCKT SHIN SACH Authorization Required  DME  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  SOCKT HIP JNT  L5280 BELOW KNEE MOLD SOCKT SHIN SACH Authorization Required  DME  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review  Full Clinical Review	ull Clinical Review	Authorization Required		KNEE DISRTC MOLD SCKT EXT KNEE JNT	L5150
CONSTANT FRICTION  L5210 AK SHRT PROS NO KNEE JNT-ANK JNT EA ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA ABOVE KNEE SHRT PROSTH W/ARTIC ANK JNT EA ABOVE KNEE SHORT PROSTH W/ARTIC ANK JNT EA ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT DEFIC SACH FOOT DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	ull Clinical Review	Authorization Required		KNEE DISARTIC MOLD SOCKT BENT KNEE	L5160
L5220 AK SHRT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN ABOVE KNEE PROXIMAL FEM FOCAL ANK/FOOT DYN ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT AUthorization Required DME Full Clinical Review SOCKT HIP DISRTC CANADIAN; MOLD SCKT HIP DISRTC TILT TABLE; MOLD SCKT Authorization Required DME Full Clinical Review  L5270 HIP DISRTC TLT TABL; MOLD SCKT LOCK HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT LOCK HIP JNT Authorization Required DME Full Clinical Review SOCKT HIP JNT BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required DME Full Clinical Review Full Clinical Review	ull Clinical Review	Authorization Required		AK MOLD SOCKT 1 AXIS CONSTANT FRICT	L5200
ANK/FOOT DYN  L5230 AK PROX FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT DEFIC SACH FOOT ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT DEFIC SACH FOO	ull Clinical Review	Authorization Required			L5210
DEFIC SACH FOOT  L5250 HIP DISRTC CANADIAN; MOLD SCKT HIP HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT  L5270 HIP DISRTC TLT TABL; MOLD SCKT LOCK HIP JNT  L5280 HEMIPELVECT CANADIAN; MOLD SOCKT HEMIPELVECT CANADIAN TYPE; MOLD Authorization Required DME  L5280 HEMIPELVECT CANADIAN; MOLD SOCKT HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT  L5301 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required DME  Full Clinical Review  Full Clinical Review  Full Clinical Review		·	ANK/FOOT DYN	·	
SOCKT HIP JNT  L5270 HIP DISRTC TLT TABL; MOLD SCKT LOCK HIP JNT  L5280 HEMIPELVECT CANADIAN; MOLD SOCKT HEMIPELVECT CANADIAN TYPE; MOLD Authorization Required SOCKT HIP JNT  L5301 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required DME  SOCKT HIP JNT  Authorization Required DME  Full Clinical Review  Full Clinical Review	ull Clinical Review	Authorization Required		AK PROX FEM FOCAL DEFIC SACH FOOT	L5230
LOCK HIP JNT  L5280 HEMIPELVECT CANADIAN; MOLD SOCKT HEMIPELVECT CANADIAN TYPE; MOLD Authorization Required SOCKT HIP JNT  L5301 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required DME Full Clinical Review			SOCKT HIP JNT	·	
SOCKT HIP JNT  L5301 BK MOLD SCKT SHIN SACH FT ENDO SYS BELOW KNEE MOLD SOCKET SHIN SACH Authorization Required DME Full Clinical Review		·	LOCK HIP JNT	·	
			SOCKT HIP JNT	·	
			FT ENDOSKEL SYS		
L5312 KNEE DISART MOLD SOCKET 1 AXIS KNEE KNEE DISARTIC MOLD SOCKET 1 AXIS Authorization Required DME Full Clinical Review KNEE SACH FOOT		Authorization Required	KNEE SACH FOOT		L5312
L5321 AK OPEN END SACH FT ENDO SYS 1 AXIS ABOVE KNEE OPEN END SACH FT ENDO Authorization Required DME Full Clinical Review SYS 1 AXIS KNEE		·	SYS 1 AXIS KNEE		L5321
L5331 JOINT SINGLE AXIS KNEE SACH FOOT JOINT SINGLE AXIS KNEE SACH FOOT Authorization Required DME Full Clinical Review	 ull Clinical Review	Authorization Required	JOINT SINGLE AXIS KNEE SACH FOOT	JOINT SINGLE AXIS KNEE SACH FOOT	L5331
L5341 SINGLE AXIS KNEE SACH FOOT SINGLE AXIS KNEE SACH FOOT Authorization Required DME Full Clinical Review	 ull Clinical Review	Authorization Required	SINGLE AXIS KNEE SACH FOOT	SINGLE AXIS KNEE SACH FOOT	
L5400 IMMED POSTSURG RIGD DRSG W/1 CHG BK IMMED PSTSRG/ERLY FIT APPLY RIGD Authorization Required DRSS W/1 CHG BK IMMED PSTSRG/ERLY FIT APPLY RIGD Authorization Required DRSS W/1 CHG BK	ull Clinical Review	Authorization Required		IMMED POSTSURG RIGD DRSG W/1 CHG BK	L5400

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L5410	IMMED POSTSURG RIGD DRS BK-EA CAST		No Auth Required			
		W/EA ADD CAST CHG				
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	No Auth Required			
		EA ADD CAST CHG				
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	IMMED POSTSURG APPLIC NONWT	No Auth Required			
		BEAR RIGD BELW KNEE				
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	IMMED POSTSURG APPLIC NONWT	Authorization Required	DME	Full Clinical Review	
		BEAR RIGD ABOVE KNEE				
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	INIT BELOW KNEE PTB SOCKET NON-	Authorization Required	DME	Full Clinical Review	
L5505	INIT ALL DICETC ISSUES EVALUATION ALLICAL	ALIGN DIR FORMED	Authorization Descriped	DAAF	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-	Authorization Required	DME	Full Clinical Review	
13310	FREE BR FTB SCRT NON-ALIGN WOLD WIDE	ALIGN MOLD MODEL	Authorization Required	DIVIL	Tuli Cililical Review	
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	PREP BK PTB SCKT NON-ALIGN	Authorization Required	DME	Full Clinical Review	
23320	THE BRITE HERWOTESTCY-SHATCHIN	THERMOPLSTC/=DIR FORM	/ danonzation required	DIVIE	Tall clinical Neview	
L5530	PREP BK PTB THERMOPLSTC/=MOLD MODEL	PREP BK PTB SCKT NON-ALIGN	Authorization Required	DME	Full Clinical Review	
		THERMOPLSTC/=MOLD MDL				
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	PREP BELOW KNEE PTB NON-ALIGN	Authorization Required	DME	Full Clinical Review	
		PRFAB ADJ OPEN END				
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	PREP BK PTB SCKT NON-ALIGN	Authorization Required	DME	Full Clinical Review	
		LAMNATD SCKT MOLD MDL				
L5560	PREP AK-DISARTIC PLASTER MOLD MODEL	PREP AK-DISRTC ISCH LEVL PLASTER	Authorization Required	DME	Full Clinical Review	
		SOCKET MOLD MDL				
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	PREP AK-DISRTC ISCH LEVL	Authorization Required	DME	Full Clinical Review	
		THERMOPLSTC/=DIR FORMED				
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	PREP AK DISARTIC NON-ALIGN	Authorization Required	DME	Full Clinical Review	
		THERMOPLSTC/=MOLD MDL			- 11-211-1-1-1-1	
L5585	PREP AK-DISARTIC PRFAB ADJ OPEN END	PREP AK-DISARTC NON-ALIGN PRFAB	Authorization Required	DME	Full Clinical Review	
L5590	PREP AK-DISARTC LAMINATD SCKT MOLD	ADJ OPN END SCKT PREP AK-DISARTIC NON-ALIGN	Authorization Descriped	DME	Full Clinical Review	
L5590	PREP AR-DISARTC LAMIINATO SCRT MIOLD	LAMINATED SOCKET MOLD	Authorization Required	DIVIE	Full Clinical Review	
L5595	PREP HIP DISARTC THERMOPLSTC/=MOLD	PREP HIP DISARTIC-HEMIPELVECT	Authorization Required	DME	Full Clinical Review	
L3333	THE THE DISARTE THERWIOLEST CY-WOLD	THERMOPLSTC/=MOLD	Authorization Required	DIVIE	Tuli clinical Neview	
L5600	PREP HIP DISARTC LAMINATD SCKT MOLD	PREP HIP DISARTIC-HEMIPELVECT	Authorization Required	DME	Full Clinical Review	-
		LAMINATD SCKT MOLD				
L5610	ADD LOW EXTRM ENDO AK HYDRACADENCE	ADD LW EXTRM ENDO SYS ABVE KNEE	Authorization Required	DME	Full Clinical Review	
		HYDRACADENCE SYS				
L5611	ADD LW EXT AK-DISARTC W/FRICT CNTRL	ADD LW EXTRM ENDO AK-DISRTC 4-BAR	Authorization Required	DME	Full Clinical Review	
		LINK W/FRICT				
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	ADD LOW EXTRM ENDO AK-DISARTIC 4-	Authorization Required	DME	Full Clinical Review	
		BAR W/HYDRAULIC				
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	ADD LOW EXT EXOSKEL SYS AK-DISARTC	Authorization Required	DME	Full Clinical Review	
15646	100 100 100 100 100 100 100 100 100 100	4-BAR PNEUMAT		1000	E HOLL LD .	
L5616	ADD LOW EXT AK UNIVRSL MXPLX FRICT	ADD LOW EXTRM ENDO AK UNIVERSAL	Authorization Required	DME	Full Clinical Review	
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	MXPLX SYS FRICT	Authorization Boguizad	DME	Full Clinical Review	
L301/	ADD LW EXTREM QUICK CHANGE AR/BK EA	ADD LOW EXTREMITY QUICK CHG SLF- ALIGN U AK/BK EA	Authorization Required	DIVIL	ruii Ciiiiicai Neview	
L5618	ADD LOW EXTREM TEST SOCKT SYMES	ADDITION TO LOWER EXTREMITY TEST	No Auth Required			
13010	AND LOW EXTREM TEST SOCKT STIVIES	SOCKET SYMES	Auth Nequileu			
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	ADDITION LOWER EXTREMITY TEST	No Auth Required			
		SOCKET BELOW KNEE				
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTC	ADDITION LOWER EXTREM TEST	No Auth Required			
		SOCKET KNEE DISARTIC				
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ADD LOW EXTREM TEST SOCKT ABVE KNEE	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE	No Auth Required				
ADD LW EXTRM TST SOCKT HIP DISARTIC	ADDITION LOWER EXTREM TEST	No Auth Required				
ADD LOW EXTRM TST SOCKT HEMIPELVECT	ADDITION LOWER EXTREM TEST	No Auth Required				
ADD LW EXTRM BELW KNEE ACRYLC SOCKT	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	No Auth Required				
ADD LW EXT SYMS TYPE XPND WALL SCKT	ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKT	No Auth Required				
ADD LW EXT ABVE KNEE/DISARTC ACRYLC	ADD LOW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT	No Auth Required				
ADD LW EXT SYMS PTB BRIM DESN SOCKT	ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKT	No Auth Required				
ADD LW EXT SYMS POST OPENING SOCKT	ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT	No Auth Required				
ADD LW EXT SYMS MED OPENING SOCKT	ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKT	No Auth Required				
ADD LOW EXTREM BELW KNEE TOTAL CNTC	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CONTCT	No Auth Required				
ADD LW EXTRM BELW KNEE LEATHR SOCKT	ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET	No Auth Required				
ADD LOW EXTREM BELW KNEE WOOD SOCKT	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LW EXT KNEE DISARTC LEATHR SCKT	ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT	Authorization Required	DME		Full Clinical Review	
ADD LW EXTRM ABVE KNEE LEATHR SOCKT	ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LW EXT HIP DISRTC FLX EXT FRAME	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Authorization Required	DME		Full Clinical Review	
ADD LOW EXTREM ABVE KNEE WOOD SOCKT	ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LOW EXTRM BK FLX INNR EXT FRME	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME	Authorization Required	DME		Full Clinical Review	
ADD LOW EXT BELOW KNEE CUSHN SOCKT	ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT	Authorization Required	DME		Full Clinical Review	
ADD LOW EXTRM BELW KNEE SUCTN SOCKT	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LOW EXT ABOVE KNEE CUSHN SOCKET	ADD LOW EXT ABOVE KNEE AIR FL GEL/= CUSHN SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LW EXT ISCHIAL CONTAINMENT SCKT	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Authorization Required	DME		Full Clinical Review	
ADD LW EXTRM TOT CONTACT AK/DISARTC	ADD LOW EXT TOTAL CONTACT ABVE	No Auth Required				
ADD LOW EXTRM AK FLX INNR EXT FRME	ADD LW EXT ABVE KNEE FLXIBLE INNR	Authorization Required	DME		Full Clinical Review	
ADD LOW EXTRM SUCTN SUSP AK/DISARTC		No Auth Required				
ADD LW EXT KNEE DISRTC XPNDABL WALL	ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKT	Authorization Required	DME		Full Clinical Review	
ADD LOW EXTREM SOCKT INSERT SYMES	ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES	No Auth Required				
ADD LOW EXTRM SOCKT INSRT BELW KNEE	ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE	No Auth Required				
ADD LW EXT SOCKT INSRT KNEE DISARTC	ADDITION LOWER EXTREM SOCKT INSERT KNEE DISARTIC	No Auth Required				
	ADD LW EXTRM TST SOCKT HEMIPELVECT  ADD LOW EXTRM TST SOCKT HEMIPELVECT  ADD LW EXTRM BELW KNEE ACRYLC SOCKT  ADD LW EXT SYMS TYPE XPND WALL SCKT  ADD LW EXT SYMS PTB BRIM DESN SOCKT  ADD LW EXT SYMS PTB BRIM DESN SOCKT  ADD LW EXT SYMS MED OPENING SOCKT  ADD LW EXT SYMS MED OPENING SOCKT  ADD LW EXTREM BELW KNEE TOTAL CNTC  ADD LW EXTREM BELW KNEE LEATHR SOCKT  ADD LW EXTREM BELW KNEE WOOD SOCKT  ADD LW EXTREM ABVE KNEE LEATHR SOCKT  ADD LW EXTRM ABVE KNEE LEATHR SOCKT  ADD LW EXTRM ABVE KNEE LEATHR SOCKT  ADD LOW EXTREM BELW KNEE WOOD SOCKT  ADD LOW EXTRM BK FLX INNR EXT FRAME  ADD LOW EXTRM BK FLX INNR EXT FRAME  ADD LOW EXTRM BELW KNEE SUCTN SOCKT  ADD LOW EXTRM BELW KNEE SUCTN SOCKT  ADD LOW EXTRM BELW KNEE SUCTN SOCKT  ADD LOW EXTRM BOVE KNEE CUSHN SOCKT  ADD LOW EXTRM SOCKT INSERT SYMES  ADD LOW EXTRM SUCTN SUSP AK/DISARTC  ADD LOW EXTRM SUCTN SUSP AK/DISARTC  ADD LOW EXTREM SOCKT INSERT SYMES  ADD LOW EXTREM SOCKT INSERT SYMES	ADD LW EXTRIM TST SOCKT HIP DISARTIC  ADD LIW EXTRM TST SOCKT HIP DISARTIC  ADD LOW EXTREM TST SOCKT HEMIPELVECT  ADD LOW EXTREM TST SOCKT HEMIPELVECT  ADD LOW EXTREM TST SOCKT HEMIPELVECT  ADD LIVION LOWER EXTREM TEST  SOCKET HIP DISARTIC  ADD LIVION LOWER EXTREM BELOW  KNEE ACRYLC SOCKT  ADD LOW EXTREM SYMES TYPE  EXPANDABLE WALL SOCKT  ADD LOW EXT ABVE KNEE/DISARTC ACRYLC  ADD LOW EXT ABVE KNEE/KNEE  DISARTIC ACRYLC SOCKT  ADD LOW EXT ABVE KNEE/KNEE  DISARTIC ACRYLC SOCKT  ADD LOW EXTREM SYMES TYPE PTB  BRIM DESIGN SOCKT  ADD LOW EXTREM SYMES TYPE POST  OPENING SOCKT  ADD LOW EXTREM SYMES TYPE POST  ADD LOW EXTREM SYMES TYPE POST  OPENING SOCKT  ADD LOW EXTREM SYMES TYPE POST  ADD LOW EXTREM SYMES TYPE POST  OPENING SOCKT  ADD LOW EXTREM SYMES TYPE BELOW  KNEE TOTAL CONTCT  ADD LOW EXTREM BELW KNEE LEATHR SOCKT  ADD LOW EXTREM BELOW  KNEE LEATHR SOCKT  ADD LOW EXTREM BELOW  KNEE LEATHR SOCKT  ADD LOW EXTREM BELOW  KNEE WOOD SOCKET  ADD LOW EXTREM BELOW  ADD LOW EXTREM BELOW  KNEE WOOD SOCKET  ADD LOW EXTREM BELOW  ADD LOW EXTREM BELOW  ADD LOW EXTREM BOVE  ADD LOW EXTREM BOVE  ADD LOW EXTREM BOVE  ADD LOW EXTREM BOVE  KNEE LEATHR SOCKT  ADD LOW EXTREM BOVE  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  KNEE WOOD SOCKET  ADD LOW EXTREM BOVE  ADD LOW EXTREM BOLOW  KNEE SUCTION SOCKET  ADD LOW EXTREM BOLOW  KNEE SUCTION SOCKET  ADD LOW EXTREM BOLOW  KNEE SUCTION SOCKET  ADD LOW EXTREM BELOW  KNEE SUCTION SOCKET  ADD LOW EXTREM BOLOW  KNEE SUCTION SOCKET  ADD LOW EXTREM	SOCKET ABOVE KNEE ADD LW EXTRM TST SOCKT HIP DISARTIC ADD LOW EXTRM TST SOCKT HEMIPELVECT ADD LOW EXTRM TST SOCKT HEMIPELVECT ADD LOW EXTRM BELW KNEE ACRYLC SOCKT ADD LW EXTRM BELW KNEE ACRYLC SOCKT ADD LW EXTREM BELW KNEE ACRYLC SOCKT ADD LW EXTREM STYPE XPND WALL SCKT ADD LW EXT SYMS TYPE XPND WALL SCKT ADD LW EXT SYMS TYPE XPND WALL SCKT ADD LW EXT ABVE KNEE/DISARTC ACRYLC DISABTIC ACRYLC SOCKT ADD LW EXT SYMS TYPE XPND WALL SCKT ADD LW EXT SYMS TYPE XPND WALL SCKT ADD LW EXT SYMS TYPE XPND WALL SCKT ADD LW EXT SYMS POST OPENING SOCKT ADD LW EXTREM SYMES TYPE POST OPENING SOCKT ADD LOW EXTREM SYMES TYPE POST ADD LW EXTREM BELW KNEE TOTAL CNTC ADD LW EXTREM BELW KNEE TOTAL CNTC ADD LOW EXTREM BELW KNEE SOCKT ADD LOW EXTREM BELW KNEE WOOD SOCKT ADD LOW EXTREM BELW KNEE WOOD SOCKT ADD LOW EXTREM BELW KNEE WOOD SOCKT ADD LW EXTREM BELW KNEE WOOD	SOCKET ABOVE KNEE  ADD LW EXTRM TST SOCKT HEP DISARTIC  ADD TOWN LOWER EXTREM TEST SOCKET HEP DISARTIC  ADD TOWN LOWER EXTREM TEST SOCKET HEM PISSARTIC  ADD TOWN LOWER EXTREM TEST SOCKET HEM PISSARTIC  SOCKET HEM PISSARTIC  ADD LW EXTRM BELW KNEE ACRYLC SOCKET  ADD LW EXTRM BELW KNEE ACRYLC SOCKET  ADD LW EXTRM SELW KNEE ACRYLC SOCKET  ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKET  ADD LOW EXTREM SYMES TYPE  ADD LOW EXTREM SYMES TYPE BRIM DESN SOCKT  ADD LOW EXTREM SYMES TYPE BRIM DESN SOCKT  ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT  ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT  ADD LOW EXTREM SYMES TYPE BRIM SEGIES SOCKET  ADD LOW EXTREM SYMES TYPE BRIM SEGIES SOCKT  ADD LOW EXTREM SYMES TYPE BRIM SEGIES SOCKT  ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT  ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT  ADD LOW EXTREM SYMES TYPE POST OPENING SOCKT  ADD LOW EXTREM BELW KNEE TOTAL CNITC  ADD LOW EXTREM SYMES TYPE BRIM SEGIES SOCKT  ADD LOW EXTREM BELW KNEE TOTAL CNITC  ADD LOW EXTREM BELW KNEE TOTAL CNITC  ADD LOW EXTREM BELW KNEE LEATHER SOCKT  ADD LOW EXTREM BELW KNEE WOOD SOCKT  ADD LOW EXTREM BELW KNEE WOOD SOCKT  ADD LOW EXTREM BELW KNEE WOOD SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM BELW KNEE WOOD SOCKET  ADD LOW EXTREM BELW KNEE WOOD SOCKET  ADD LOW EXTREM BELW KNEE WOOD SOCKET  ADD LOW EXTREM BELW KNEE WOOD SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM BELW KNEE SUCHNS SOCKET  ADD LOW EXTREM SYME SOCKET  ADD LOW EXTREM SYME	ADD LIW EXTRANTST SOCKT HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HIP DISARTIC ADDITION OWNER EXTREM TEST SOCKET HEMPIELVECTOMY ADDITION OWNER EXTREM BELOW KINE ACRIVIL'S SOCKET ADDITION OWNER EXTREM BELOW KINE ACRIVIL'S SOCKET ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM SECON ADDITION OWNER EXTREM STYPE POST OPENING SOCKT ADDITION OWNER EXTREMS TYPE POST OPENING SOCKT ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE SECON ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER EXTREMS TYPE ADDITION OWNER 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L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	ADDITION LOWER EXTREM SOCKET	No Auth Required				
		INSERT ABOVE KNEE					
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	ADD LOW EXTREM SOCKT INSERT	Authorization Required	DME		Full Clinical Review	
		MULTIDUROMETER SYMES					
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	ADD LOW EXTRM SOCKT INSRT	No Auth Required				
		MXIDUROMETER BELW KNEE					
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	ADDITION LOWER EXTREM BELOW	No Auth Required				
		KNEE CUFF SUSPENSION					
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	ADDITION LOW EXTREM BELOW KNEE	No Auth Required				
		MOLDED DIST CUSHN					
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	ADD LOW EXTREM BELOW KNEE MOLD	No Auth Required				
		SUPRACONDYLR SUSP					
L5671	ADD LOW EXTRM BK/AK SUSP LOCK MECH	ADD LOWER EXTRM BELOW/ABOVE	Authorization Required	DME		Full Clinical Review	
25072	THE LOW EXTRACT SIGN RESERVED TO SERVE SIGN RESERVED TO SERVED SIGN RESERVED TO SERVED SIGN RESERVED TO SERVED SIGN RESERVED SIG	KNEE SUSP LOCK MECH	/ tatilonization negatica	52		Tan omnour neview	
L5672	ADD LOW EXTRM BK REMV MED BRIM SUSP	ADD LOWER EXTREM BELOW KNEE	No Auth Required				
13072	AND LOW EXTRIVIOR RELIVIVING BRIDE BRIDE SCOT	REMV MED BRIM SUSP	140 Auth Required				
L5673	ADD LOW EXT BK/AK CSTM FAB XST MOLD		Authorization Required	DME		Full Clinical Review	
L30/3	ADD LOW EXT BRYAR CSTWIFAB AST WIOLD	ADD LOW EXT CSTM MOLD/PRFAB FOR	Authorization Required	DIVIE		ruii Ciiiiicai Keview	
15676	ADD LOW EVERY WAITE INT 4 AVIC DAID	USE W/LOCK MECH	N. A. Alb D				
L5676	ADD LOW EXT BK KNEE JNT 1 AXIS PAIR	ADD LOWER EXTREM BELW KNEE KNEE	No Auth Required				
		JNT 1 AXIS PAIR					
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	ADD LOW EXTREM BELW KNEE KNEE	No Auth Required				
		JNT POLYCNTRC PAIR					
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	ADDITION LOW EXTREM BELOW KNEE	No Auth Required				
		JOINT COVERS PAIR					
L5679	ADD LOW EXT BK/AK CSTM FAB XST MOLD	ADD LW EXT BK/AK CSTM MOLD/PRFAB	Authorization Required	DME		Full Clinical Review	
		NOT W/LOCK MECH					
L5680	ADD LOW EXTRM BK THI LACER NONMOLD	ADD LOW EXTREM BELOW KNEE THIGH	No Auth Required				
		LACER NONMOLDED					
L5681	ADD LW EXT BK/AK CONGN/AMPUTEE INIT	ADD LW EXT BK/AK CST INS CNG/ATYP	Authorization Required	DME		Full Clinical Review	
		TRAUM AMP INIT					
L5682	ADD LOW EXTREM BK THIGH LACER MOLD	ADD LW EXTRM BELW KNEE THI LACER	Authorization Required	DME		Full Clinical Review	
		GLUTL/ISCH MOLD					
L5683	ADD LOW EXT BK/AK NO CONGN/AMP INIT	ADD LW EXTR BK/AK CST FAB NO	Authorization Required	DME		Full Clinical Review	
	, ,	CNGN/TRAUM AMP INIT					
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	ADDITION LOWER EXTREMITY BELOW	No Auth Required				
L3004	AND LOW EXTREM BEEN RIVER TORK STIVE	KNEE FORK STRAP	140 Auth Required				
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	ADD LOW EXT PROS BELW KNEE	No Auth Required				
L3003	ADD LOW EXTTROS BELW KIVEL SELEVE	SUSP/SEAL SLEEVE EA	No Auth Required				
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	ADDITION LOWER EXTREMITY BELOW	No Auth Required				
L3000	ADD LOW EXTREM BELW RIVEE BACK CHECK		No Autii Kequileu				
15000	100 100 100 EVER 100 100 100 100 100 100 100 100 100 10	KNEE BK BACK CHCK					
L5688	ADD LOWER EXTRM BK WAIST BELT WEBNG	ADD LOWER EXTREMITY BELOW KNEE	No Auth Required				
		WAIST BELT WEBBNG					
L5690	ADD LOW EXTRMITY BK WAIST BELT PAD	ADD LOW EXTREM BELOW KNEE WAIST	No Auth Required				
		BELT PADD& LINED					
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	ADD LOW EXTREM ABVE KNEE PELV	No Auth Required				
		CONTROL BELT LIGHT					
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	ADD LOW EXTREM ABVE KNEE PELV	No Auth Required				
		CNTRL BELT PADD&LN					
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	ADD LOW EXTRM ABOVE KNEE PELV	No Auth Required				
		CNTRL SLV NEOPRENE		<u> </u>	<u> </u>		
L5696	ADD LOW EXTRM AK/DISARTIC PELV JNT	ADD LOW EXTREM ABOVE KNEE/KNEE	No Auth Required				
	·	DISARTIC PELV JNT	·				
L5697	ADD LOW EXTRM AK/DISARTIC PELV BAND	ADD LOW EXTREM ABVE KNEE/KNEE	No Auth Required				
	,	DISARTIC PELV BAND					
L5698	ADD LW EXTRM AK/KD SILESIAN BANDAGE	ADD LOW EXTRMITY AK/KNEE DISRTC	No Auth Required	1			
25050	TO SET EXTRIPTING TO STEED WITH BUILDING	SILESIAN BANDGE					
		SILLSIAN BANDOL	L	1			1

L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	ALL LOWER EXTREMITY PROSTHESES	No Auth Required		
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	SHOULDER HARNESS  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	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		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		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	·	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 AK 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	
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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	,	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		

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L6610	UP EXT ADD FLEX METAL HINGE PAIR	UPPER EXTREMITY ADD FLEXIBLE METAL HINGE PAIR	No Auth Required			
10011	ADD LIB EVE DDOC EVE DIAID ADD CIAITECH	-	No Avalla Describeral			
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	No Auth Required			
		LOCKING WRST UNIT				
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	No Auth Required			
20020	or extraor tery extraor of the	W/WO FRICTION	rio riaeri neganea			
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	UP EXTREM PROS ADD	Authorization Required	DME	Full Clinical Review	
		FLEXION/EXTENSION WRIST				
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	UP EXT ADD SPRNG ASST ROTATL WRST	Authorization Required	DME	Full Clinical Review	
	·	U W/LATCH RLSE				
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	UPPER EXTREMITY ADD FLX/EXT	Authorization Required	DME	Full Clinical Review	
	·	ROTATION WRIST UNIT				
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	UPPER EXTREM ADD ROTATION WRST	Authorization Required	DME	Full Clinical Review	
	·	UNIT W/CABLE LOCK				
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	UP EXTRM ADD QUICK DISCNCT HOOK	No Auth Required			
		OTTO BOCK/=				
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	UP EXTRM ADD QUICK DISCNCT	No Auth Required			
	· · · · · · · · · · · · ·	LAMINATION COLLR				
L6630	UP EXTREM ADD STAINLESS STEEL WRIST	UPPER EXTREM ADDITION STAINLESS	No Auth Required			
20000	or Extraction of the control of the	STEEL ANY WRIST	no man neganea			
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	UPPER EXTREM ADDITION LATEX	No Auth Required			
20052	or Extraction Branch State of Extraction	SUSPENSION SLEEVE EA	no man neganea			
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	UPPER EXTREMITY ADDITION LIFT	No Auth Required			
10033	OTTER EXTREMI ADD EITT ASSIST EED	ASSIST FOR ELBOW	No Auth Required			
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	UPPER EXTREMITY ADDITION NUDGE	No Auth Required			
10037	OF EXTREM ADD NODGE CNTRE EED LOCK	CONTROL ELB LOCK	No Auth Required			
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	UP EXT ADD PROS ELEC LOCK ONLY	Authorization Required	DME	Full Clinical Review	
10030	OF EXTRADET NOS EGEN W/WINET WIN ELD	W/MNL PWR ELB	Authorization Required	DIVIL	Tun chinical Neview	
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	UPPER EXTREMITY ADD SHOULDER	No Auth Required			
200.0	or Extraction of	ABDUCT JOINT PAIR	no man neganea			
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	UPPER EXTREM ADD EXCURSIONUPPER	No Auth Required			
20041	OF EXTRIBUTED EXCORDITATION ET OLLET	EXTREM ADD EXCUR	No riatii nequirea			
		EXTREM ADD EXCOR				
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	UPPER EXTREM ADD EXCURSION	No Auth Required			
20042	EXTRIVINED EXCORDINATION E LEVER	AMPLIFIER LEVER TYPE	No riadi nequired			
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA		No Auth Required			
20043	EXT NOD STILDING EX NODGET SINT EX	ABDUCT JOINT EA	No riadi nequired			
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	UP EXT ADD SHLDR JNT MX PSTN	Authorization Required	DME	Full Clinical Review	
200.0	or Extraor onesits to the state of	W/BDY/EXT PWR SYS	/ tatilonization negative	J2	Tun chinear neview	
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	UP EXTREM ADD SHLDR LOCK MECH	Authorization Required	DME	Full Clinical Review	
10047	OF EXTRIBUTION LOCK WEET BUT FWK	BDY PWR ACTUATOR	, adionzation required	Divic	i an chincar neview	
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	UP EXTREM ADD SHLDR LOCK MECH	Authorization Required	DME	Full Clinical Review	
10040	OF EAT ADD SHEDR LOCK WILCH EAT PWK	EXT PWR ACTUATOR	Authorization nequired	DIVIL	i un cillical neview	
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	UPPER EXTREM ADDITION SHLDR	No Auth Required	<del> </del>		
20030	OF EXTRIVIADO STIEDR GIVIVERSAL JIVI LA	UNIVERSAL JOINT EA	Auth Nequileu	1		
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	UPPER EXTREM ADD STANDARD	No Auth Required	+		
LUUSS	OF EXTREM ADD 31D CIVING CABLE XINA	CONTROL CABLE EXTRA	No Auth Nequileu	1		
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	UPPER EXTREM ADDITION HEAVY DUTY	No Auth Poquired			
LOODU	OF EVIVEIN AND HEAT DOLL CHIRL CARLE	CONTROL CABLE	ivo Autii Requirea	1		
LECCE	UP EXTREM ADD TEFLON/= CABLE LINING	UPPER EXTREM ADDITION	No Auth Boowing	+		
L6665	OF EXTREM ADD TEFLON/= CABLE LINING		No Auth Required	1		
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	TEFLON/EQUAL CABLE LINING UPPER EXTREMITY ADDITION HOOK	No Auth Boquired			
100/0	OF LATREIN ADD HOOK HIND CABLE ADAPTK	HAND CABLE ADAPTER	No Auth Required	1		
<u> </u>		HAND CADLE ADAPTEK	1	I.	L	

L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	UPPER EXTREM ADD HARNESS	No Auth Required			_
10072	OF EXT ADD HRNSS CHST/SHLDR SADDLE	CHST/SHLUPPER EXTREM AD	No Autii kequireu			
L6675	UP EXT ADD HARNESS 1 CABLE DESIGN	UPPER EXTREMITY ADD HARNESS	No Auth Required			
		SINGLE CABLE DESIGN				
L6676	UP EXT ADD HARNESS 2 CABLE DESIGN	UPPER EXTREMITY ADD HARNESS DUAL	No Auth Required			
		CABLE DESIGN				
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	UP EXT ADD HARNESS 3 CNTRL	No Auth Required			
		SIMULTAN OP DEVC&ELB				
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	UP EXTREM ADD TST SOCKT WRST	No Auth Required			
		DISARTIC/BELW ELB				
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	UPPER EXTREM ADD TST SOCKT ELB	No Auth Required			
1,000.4	LID EVERALA DE TOT COVE CILI DE DICADEC	DISARTIC/ABVE ELB	No. Acade Described			
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	Authorization Required	DME	Full Clinical Review	
20000	OTTER EXTREM ADDITION SOCION SOCKT	SOCKET	Authorization Required	DIVIL	i dii ciiiicai Neview	
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	UP EXTRM ADD FRME TYPE SCKT BELW	Authorization Required	DME	Full Clinical Review	
20007	or extraor time the education and	ELB/WRST DISRTC	/ acrionization riequirea	52	i un cinnear neview	
L6688	UP EXT ADD FRME TYPE SOCKT ABVE ELB	UP EXTRM ADD FRME TYPE SOCKT ABVE	Authorization Required	DME	Full Clinical Review	
		ELB/ELB DISRTC				
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	UPPER EXTREM ADD FRAME TYPE	Authorization Required	DME	Full Clinical Review	
		SOCKT SHLDR DISARTIC				
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	UPPER EXTREM ADD FRAME TYPE	Authorization Required	DME	Full Clinical Review	
		SOCKT INTERSCAP-THOR				
L6691	UPPER EXTREM ADD REMV INSERT EA	UPPER EXTREMITY ADDITION	No Auth Required			
		REMOVABLE INSERT EACH				
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA		Authorization Required	DME	Full Clinical Review	
		INSERT/EQUAL EA				
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	UPPER EXTREM ADD LOCK ELB FORARM	Authorization Required	DME	Full Clinical Review	
1,000.4	ADD UD EVE DDOG CCTAA WALLOCK AAECU	COUNTERBALANCE	Authorization Domino	DATE	Full Clinical Basiless	
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	Authorization Required	DME	Full Clinical Review	
10033	ADD OF EXTENOS CONTINUOS C	CSTM W/O LOCK MECH	Authorization Required	DIVIL	i dii ciiiicai Neview	
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	ADD UP EXT PROS ELB CSTM	Authorization Required	DME	Full Clinical Review	
		CNGN/TRAUMAT AMP INIT				
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	ADD UP EXT PROS ELB CSTM NOT	Authorization Required	DME	Full Clinical Review	
		CNGN/TRAUM AMP INIT				
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	ADD UP EXT PROS ELB LOCK MECH EXCL	Authorization Required	DME	Full Clinical Review	
		SCKT INSRT				
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	-	No Auth Required			
		ANY MATERIAL SZ				
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	TERMINAL DEVICE	Authorization Required	DME	Full Clinical Review	
		SPORT/RECREATIONAL/WORK ATTACH				
16706	TERMINAL DEVELOOK MECHANOL OPENING	TERMINAL DEVICE HOOK MECH	No Auth Descriped			
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	Authorization Required	DME	Full Clinical Review	
20707		VOLUNTARY CLOSING	a.monzadon Nequired	5	i un chinca neview	
L6708	TERMINAL DEVC HAND MECH VOL OPENING	TERMINAL DEVICE HAND MECH	Authorization Required	DME	Full Clinical Review	
		VOLUNTARY OPENING				
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	TERMINAL DEVICE HAND MECH	Authorization Required	DME	Full Clinical Review	
		VOLUNTARY CLOSING				
L6711	TERM DVC HOOK MECH VOL OPN PED	TERM DVC HOOK MECH VOL OPN ANY	Authorization Required	DME	Full Clinical Review	
		MATL ANY SZ PED				
L6712	TERM DVC HOOK MECH VOL CLOS PED	TERM DVC HOOK MECH VOL CLOS ANY	Authorization Required	DME	Full Clinical Review	
		MATL ANY SZ PED				

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	·	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	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		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
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Mathor Design Christ Group And Control Contr		1				
INTERCAP FIGURE OF DISCOCK-WHITCH   CHEEN TO MOVE   CHEEN THE MOVE   CHE	L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL		Authorization Required	DME	Full Clinical Review
MITSELS-PHONOLOGY DE DECCHAPOCELE DE DECCHAPOCELE CONTRE PAGE   DECCHAPOCEL CONTRE PAGE   DECCHAPOCELE CONTRE PAGE   DECCHAPOCE	L6970	INTERSCAPULR-THOR OTTO BOCK/=SWITCH	INTERSCAP-THOR OTTO BOCK/=SWTCH	Authorization Required	DME	Full Clinical Review
LECTIC HAND SWITCH/MODELEC CUTIL PLAN LOSS OF CONTROL PROJECTING ABOUT CONTROL PROJECTING CONTROL PROJECTING ABOUT CONTRO	L6975	INTERSCAP-THORAC OTTO BOCK/=MYOELEC	INTERSCAP-THOR OTTO	Authorization Required	DME	Full Clinical Review
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SWITCH CNTRL   SWIT	L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV		Authorization Required	DME	Full Clinical Review
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	L7405	ADD UP EXT PROS SD/INTERSCAP THOR	ADD UP EXTREM PROS SD/INTERSCAP	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	No Auth Required			
		WATER PAD				
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	TRUSS ADDITION TO STANDARD PAD	No Auth Required			
		SCROTAL PAD				
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	PROSTHETIC SHEATH BELOW KNEE	No Auth Required			
10440	DD OCTUETIO CUEATU AD OVE VALEE EA CU	EACH				
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	PROSTHETIC SHEATH ABOVE KNEE	No Auth Required			
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	PROSTHETIC SHEATH UPPER LIMB EACH	No Auth Poquired			
10413	TROSTILLIE SILATITOTTER ENVIR EACH	TROSTILLIE SHEATH OF TER EINIB EACH	No Auth Required			
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	PROSTH SHEATH/SOCK W/GEL CUSHION	No Auth Required			
		LAY BK/AK EACH				
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	PROSTHETIC SOCK MULTIPLE PLY	No Auth Required			
		BELOW KNEE BK EACH	,			
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	PROSTHETIC SOCK MULTIPLE PLY	No Auth Required			
		ABOVE KNEE AK EACH				
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	PROSTHETIC SOCK MULTIPLE PLY UPPER	No Auth Required			
		LIMB EACH				
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	PROSTHETIC SHRINKER BELOW KNEE BK	No Auth Required			
		EACH				
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	PROSTHETIC SHRINKER ABOVE KNEE AK	No Auth Required			
10465	DDOCTUETIC CUDINIVED LIDDED LINAD FACU	EACH PROSTUETIC CURINIVER LIBRER LIMB	No Auth Doguined			
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	No Auth Required			
20470	TROSTIT SOCK SINGLE FETTIT BK EACH	BELOW KNEE EA	No Auth Required			
L8480	PROSTH SOCK 1 PLY FIT ABOVE KNEE EA	PROSTHETIC SOCK SINGLE PLY FITTING	No Auth Required			
		ABOVE KNEE EA				
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	PROSTHETIC SOCK SINGLE PLY FITTING	No Auth Required			
		UPPER LIMB EA				
L8499	UNLISTED PROC MISC PROSTH SERVICES	UNLISTED PROC MISCELLANEOUS	Authorization Required	DME	Full Clinical Review	
		PROSTHETIC SERVICES				
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	No Auth Required			
10507	TRACILEO ECORILIVOISE PROCEIL DE INICRE	BATTRY/ACCESS ANY TYPE	N. A. Ale D. a. de de			
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	No Auth Required			
20303	Thirtened Esorit Voice Files Make Files	LIC HEALTH PROV	No riadi nequired			
L8510	VOICE AMPLIFIER	VOICE AMPLIFIER	No Auth Required			
L8511	INSRT INDWLL TRACHEOESOPH PROS W/WO	INSRT INDWLL TRACHEOESOPH PROS	No Auth Required			
		W/WO VALV REPLCMT				
L8512	GELATIN CAPS/EQUVALNT W/TRACHEOESOP	GELATIN CAPS/EQUVALNT	No Auth Required			
		W/TRACHEOESOPH VOICE PROS				
L8513	CLEANING DEVC USED W/TRACHEOESOPH V	CLEANING DEVC USED	No Auth Required			
		W/TRACHEOESOPH VOICE PROS PIP				
L8514	TRACHEOESOPH PUNCT DILAT REPLCMT ON	TRACHEOESOPH PUNCTURE DILAT	No Auth Required			
		REPLACEMENT ONLY EA				
L8515	GELATN CAP APPLC DEV TE VOICE PRSTH	GELATIN CAP APPLIC DEVC	No Auth Required			
10000	IMADI DDEACT DDOCTH CHICONE /50HA	TRACHOESOPH VOICE PROSTH	Authorization Domini	DME	Full Clinical Berriero	
L8600	IMPL BREAST PROSTH SILICONE/EQUAL	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	Authorization Required	DME	Full Clinical Review	
L	1	SILICONE UK EQUAL	1	I		

	,			
INJ COLL IMPL URIN TRACT 2.5 ML SYR	INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE	No Auth Required		
INJ BULKING AGT URINARY TRACT 1 ML	INJECTABLE BULKING AGENT URINARY	No Auth Required		
INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	INJ BULK AGT DX/HA COPOLYMER IMPL	Authorization Required	DME	Full Clinical Review
INJ SYNTH IMPL URIN TRACT 1 ML SYR	INJ BULK AGT SYNTH IMPL URIN TRACT	No Auth Required		
INJ BLK AGT VC MEDIALIZATION 0.1 ML	INJ BULKING AGT VOCAL CORD	No Auth Required		
MISC EXT COMP SPL/ACCESS ARGUS II	MISC EXT COMP SPL/ACSS FOR ARGUS II	Authorization Required		Full Clinical Review
ARTIFICIAL CORNEA		Authorization Descriped	DAAS	Full Clintar I Particus
				Full Clinical Review
				Full Clinical Review
			DME	Full Clinical Review
COCHLEAR DEVC INCL INT&EXT COMPNENT	COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS	Authorization Required	Hearing Aids	Full Clinical Review
HEADSET/HEADPIECE COCHLR IMPL REPL	HEADSET/HEADPIECE COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids	Full Clinical Review
MICROPHONE COCHLEAR IMPL DEVC REPL	MICROPHONE COCHLEAR IMPLANT DEVICE REPLACEMENT	Authorization Required	Hearing Aids	Full Clinical Review
TRNSMTTING COIL COCHLEAR IMPL REPL	TRANSMITTING COIL COCHLEAR IMPLANT DEVICE REPL	Authorization Required	Hearing Aids	Full Clinical Review
TX CBL U CI/AUD OSSEOINTG DVC REPL	TRNSMT CBL USE CI DEVC/AUD OSSEOINTG DEVC REPL	Authorization Required	Hearing Aids	Full Clinical Review
COCHLR IMPL SPCH PRCSSR/CNTLR REPL	COCHLEAR IMPL EXT SPEECH	Authorization Required	Hearing Aids	Full Clinical Review
ZUBC AIR BA CI & AUD SD PRC RPL E	ZINC AIR BATT COCHLR IMPL&AUD SD	No Auth Required		
ALKALIN BATT COCHLR IMPL ANY SZ RPL	ALKALIN BATTRY COCHLEAR IMPL DEVC	No Auth Required		
LITH ION BATT NOT EAR LEVEL REPL EA	LITHIUM ION BATTERY OTH THAN EAR LEVEL REPLEA	No Auth Required		
LIB CI/AO DVC SP EAR LEVEL REPL EA	LIB CI/AUD OSSEOINTEG DEVC SP EAR	No Auth Required		
EXT RECHRG BATT CI/AO DEVC REPL EA	EXT RECHARGING SYS BATT CI/AO DEVC	Authorization Required	Hearing Aids	Full Clinical Review
COCHLEAR IMPL EXT PROCSSR CMPNT RPL	COCHLEAR IMPL EXT SPEECH PROCESSR	Authorization Required	DME	Full Clinical Review
COCHLR IMPL EXT CONTRLLR CMPNT REPL	COCHLEAR IMPLANT EXT CONTROLLER	Authorization Required	DME	Full Clinical Review
TRANSMIT COIL CABLE COCHLR DEV RPL	TRANSMITTING COIL CABLE COCHLEAR	No Auth Required		
METACARPOPHALANGEAL JOINT IMPLANT	METACARPOPHALANGEAL JOINT	No Auth Required		
MPJ REPLCMT TWO/MORE PECES METL CER	MPJ REPLCMT TWO/MORE PECES METL	Authorization Required	DME	Full Clinical Review
METATARSAL JOINT IMPLANT		No Auth Required		
IP JOINT SPACER SILICONE/= EA	INTERPHALANGEAL JOINT SPACER	No Auth Required		
IP FNGR JNT REPL TWO/> PECES METAL	IP FNGR JNT REPL TWO/MORE PECES	Authorization Required	DME	Full Clinical Review
VASC GRAFT MATERIAL SYNTH IMPLANT		Authorization Required	DME	Full Clinical Review
	INJ BULKING AGT URINARY TRACT 1 ML  INJ BLK AGT DX/HA CP IMPL ANAL 1 ML  INJ SYNTH IMPL URIN TRACT 1 ML SYR  INJ BLK AGT VC MEDIALIZATION 0.1 ML  MISC EXT COMP SPL/ACCESS ARGUS II  ARTIFICIAL CORNEA  OCULAR IMPLANT AQUEOUS SHUNT OSSICULA IMPLANT COCHLEAR DEVC INCL INT&EXT COMPNENT  HEADSET/HEADPIECE COCHLR IMPL REPL  MICROPHONE COCHLEAR IMPL DEVC REPL  TRNSMITTING COIL COCHLEAR IMPL REPL  TX CBL U CI/AUD OSSEOINTG DVC REPL  COCHLR IMPL SPCH PRCSSR/CNTLR REPL  ZUBC AIR BA CI & AUD SD PRC RPL E  ALKALIN BATT COCHLR IMPL ANY SZ RPL  LITH ION BATT NOT EAR LEVEL REPL EA  EXT RECHRG BATT CI/AO DEVC REPL EA  COCHLEAR IMPL EXT PROCSSR CMPNT RPL  COCHLE IMPL EXT CONTRLIR CMPNT REPL  TRANSMIT COIL CABLE COCHLR DEV RPL  METACARPOPHALANGEAL JOINT IMPLANT  MPJ REPLCMT TWO/MORE PECES METL CER  METATARSAL JOINT IMPLANT  HALLUX IMPLANT  IP JOINT SPACER SILICONE/= EA	2.5 ML SYRINGE INJ BULKING AGT URINARY TRACT 1 ML INJ BULK AGT DX/HA CP IMPL ANAL 1 ML INJ BULK AGT DX/HA CP IMPL ANAL 1 ML INJ SYNTH IMPL URIN TRACT 1 ML SYR INJ BULK AGT DX/HA COPOLYMER IMPL ANAL CN. 1 ML INJ SYNTH IMPL URIN TRACT 1 ML SYR INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BUK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE INJ BULK ACT 1 ML SYRING 1 ML SYRING 1 ME ALLEY AGO CALL CORD 1 MEDIAL AGT 1 ML SYRING 1 MEDIAL AGT 1 ML SYRING 1 MEDIAL AGT 1 ML SYRING 1 MEDIAL AGT 1 ML	2.5 ML SYRINGE	2.5 ML, SYRINGE  INIS BULKING ACT URINARY TRACT I ML  INIS BULKING ACT URINARY TRACT I ML  INIS BULKING ACT DX/HA CP IMPL ANAL I ML  INIS BULK ACT DX/HA CP IMPL ANAL I ML  INIS BULK ACT DX/HA CP IMPL ANAL I ML  INIS BULK ACT DX/HA CP IMPL ANAL I ML  INIS BULK ACT DX C MEDIALIZATION 0.1 ML  INIS BULK ACT SYNTH IMPL URIN TRACT I ML SYR  INIS BULK ACT SYNTH IMPL URIN TRACT I ML SYNTH IMPL URIN TRACT I ML SYNTH IMPL URIN TRACT I ML SYNTH IMPL URIN TRACT I ML SYNTH IMPL URIN TRACT I

		T	I	T= T		
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	Authorization Required	DME	Full Clinical Review	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	IMPLANTABLE NEUROSTIMULATOR	Authorization Required	General Medicine - other	Full Clinical Review	
		ELECTRODE EACH		services and procedures		
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	PT PROG W/IMPL PROG NEUROSTM	Authorization Required	DME	Full Clinical Review	
20001		PULSE GEN REPL ONLY	/ tathonization required	52	r an emiliar neview	
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	IMPLANTABLE NEUROSTIMULATOR	Authorization Required	DME	Full Clinical Review	
		RADIOFREQ RECEIVER				
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	Authorization Required	DME	Full Clinical Review	
		BLADDR MGMT REPL	·			
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	IMPLANT NEUROSTIM 1 ARRAY	No Auth Required			
		RECHARGEABLE				
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	No Auth Required			
20007	2	RECHARGEABLE	- To read negative			
L8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	IMPLANT NEUROSTIM 2 ARRAY NON-	No Auth Required			
		RECHARGEABLE				
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	Authorization Required	Hearing Aids	Full Clinical Review	
		INT/EXT COMPONENTS				
L8691	AO D EXT SP EXCL TRNDCR/ACTR RPL EA	AUD OI DEVC EXT SP EXCL	Authorization Required	Hearing Aids	Full Clinical Review	
		TRNSDUCR/ACTUATR REPL EA				
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	Authorization Required	Hearing Aids	Full Clinical Review	
20033	NOD GSSEGNATEGIANTED DEVENDOT NETE	LENGTH REPL ONLY	/ tatriorization required	ricaring rias	Tun Chinear Neview	
L8694	AUD OI DVC TRNSDUCR/ACTUATR REPL EA	AUD OSSEOINTEG DEVC	Authorization Required	Hearing Aids	Full Clinical Review	
		TRANSDUCER/ACTR REPL ONLY EA				
L8695	EXT RECHARG SYS IMPL NEUROSTIM REPL	EXT RECHARGING SYS BATTERY W/IMPL	No Auth Required			
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	NEUROSTIM REPL ANTENNA FOR USE W/IMPL DIA/PN ST	No Auth Required			
10030	ANT TOK IIVII E DIAYTIN ST DEV KEI EEA	DEV REPLEA	No Auth Required			
L8698	MISC COMP SPL/ACS USE W/TOT AH SYS	MISC COMP SPL/ACCESS FOR USE WITH	Authorization Required		Full Clinical Review	
		TOT AH SYSTEM				
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	No Auth Required			
	·	1/DBL UP CUS FAB				
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	No Auth Required			
		OTH HCPCS L CODE	,			
M0075	CELLULAR THERAPY	CELLULAR THERAPY	No Auth Required			
M0076	PROLOTHERAPY	PROLOTHERAPY	Authorization Required	General Medicine - other	Full Clinical Review	
				services and procedures		
M0100	INTRAGASTR HYPOTHM USE GASTR FREEZ	INTRAGASTRIC HYPOTHERMIA USING	No Auth Required			
200	302 3.3	GASTRIC FREEZING				
M0300	IV CHELATION THERAPY	IV CHELATION THERAPY	Authorization Required	General Medicine - other	Full Clinical Review	
				services and procedures		
				]		

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M0301	FABRIC WRAPPING ABDOMINAL ANEURYSM	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	No Auth Required				
M1027	IMAGING OF THE HEAD WAS OBTAINED	IMAGING OF THE HEAD WAS OBTAINED	Authorization Required			Network Validation	
P2028	CEPHALIN FLOCULATION BLOOD	CEPHALIN FLOCULATION BLOOD	No Auth Required				
P2029	CONGO RED BLOOD	CONGO RED BLOOD	No Auth Required				
				Dath alass and Lab		Full Citataal Basiass	
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				
	1			1			
P9012	CRYOPRECIPITATE EACH UNIT	CRYOPRECIPITATE EACH UNIT	No Auth Required	1			
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			
13020	TENTELET MENT E GWYLE ACTION	T B T ELET MENT B BW/T E TOTAL	No Audi Regulieu	services and procedures			
P9021	RED BLOOD CELLS EACH UNIT	RED BLOOD CELLS EACH UNIT	No Auth Required				
P9022	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	No Auth Required				
		IRRADIATED EA UNIT	,				
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				
	•	•	•	•	•	•	

MISSION ASSEMBLY ASSE	P9046	INFUSION ALBUMIN HUMAN 25% 20 ML	INFUSION ALBUMIN HUMAN 25% 20	No Auth Required		
MILES PRIMA PRIOT FRACE HU 59: 200 ML. P0908 MANUS PRIMA PRIOT FRACE HU 59: 200 ML. P0907 MANUS PRIMA PRIOT FRACE HU 50: 200 ML. P0907 MANUS PRIMA PRIOT FRACE HU 50: 200 ML. P0907 MANUS PRIMA PRIOT FRACE HU 50: 200 ML. P0907 MANUS PRIMA PRIOT FRACE HU 50: 200 ML. P0907 MANUS PRIMA PRIOR SELVINOCTTS BRUC EACH PRIMA PR	1 3040	THE OSIGN FILESON TO WILL 25/8 20 WILL		No Auth Required		
HIAMAN SE 200 ML   PRODE   GRANULCYTES PREMENSE PACK UNIT   GRANULCYTES PROVED   No Auth Required	P9047	INFUSION ALBUMIN HUMAN 25% 50 ML		No Auth Required		
	P9048	INFUS PLSMA PROT FRAC HU 5% 250 ML		No Auth Required		
WHOLE BLD/RISCS LUCKOCYTES ROUC CANADEC SALMON	P9050	GRANULOCYTES PHERESIS EACH UNIT		No Auth Required		
PROSEST   R. T. HUAMATICHO LUCKOCTES BOUL CANA   APPRENENTIER EACH   APPRENENTIER EA	P9051		WHOLE BLD/RBCS LEUKOCYTES RDUC	·		
MEG SIRRADATO EA.  MINES SIRRA	P9052	PLT HLA-MATCHD LEUKOCYTES RDUC EACH	PLT HLA-MATCHD LEUKOCYTES RDUC	No Auth Required		
DEGINEERIN WASHID EA  PROSS PLEUKOCYT ROUC CMW-NEG AHPHHERS APRERS/PHERS EA  APRERS/PHERS EA  APRERS/PHERS EA  APRERS/PHERS EA  APRERS/PHERS EA  APRERS/PHERS EA  APRERS/PHERS EA  BROADER EQUIETE BROADER EA UNIT  BROADER EQUIETE BROADER EA UNIT  BROADER EA UNIT	P9053	PLT PHERES LEUKOCYT RDUC CMV-NEG EA		No Auth Required		
P9055   RT_ELEXOCYT BOUC CMV-NEG APH/PHEAS   PAT_LEXACOTES BOUC CMV-NEG	P9054	WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN		No Auth Required		
P9056 WHOLE BLD ELEKOCYTES ROUC IRRADATO WHOLE BLD LELKOCYTES REDUCED No Auth Required READATED ELEKOCYTES REDUCED LAWN SHED NO Auth Required LUKOCYTES ROUCE CMV-NEG No Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required READATED ELEKOCYTES REDUCED CMV-NEG NO Auth Required REDUCED REDUCED CMV-NEG NEGOLED REDUCED CMV-NEGOLEN REDUCED CM	P9055	PLT LEUKOCYT RDUC CMV-NEG APH/PHERS	PLT LEUKOCYTES RDUC CMV-NEG	No Auth Required		
P9057   RRCS FRZN/DEGLYCEROLZED/WASHED LEU   RRCS FRZN/DEGLYCEROLZED/WASHED No Auth Required	P9056	WHOLE BLD LEUKOCYTES RDUC IRRADATD	WHOLE BLD LEUKOCYTES REDUCED	No Auth Required		
READATO E A UNIT P9050 FRESH FRZIY PLAS BETWN 8.24 HB CLCT CLCT EA UNIT P9060 FRESH FRZIY PLASMA DONR RETESTED EA U RESH FRZIY PLASMA DONR PATH RDUC FRZIY EA U PROSED FRESH FRZIY PLASMA DONR PATH RDUC FRZIY EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U PLASMA PATHOGEN REDUCED FROZEN EA U REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED EACH UNIT REDUCED FROZEN EA U RESTED PATHOGEN REDUCED FROZEN EA U REDUCED EACH UNIT REDUCED FROZEN EA U RESTED PATHOGEN REDUCED FROZEN EA U REDUCED EACH UNIT REDUCED FROZEN EA U RESTED PATHOGEN REDUCED FROZEN EA U RESTED	P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	RBCS FRZN/DEGLYCEROLIZED/WASHED	No Auth Required		
P9050 FRESH FRZN PLAS BETWN 8-24 HR CLCT  FRESH FRZN PLASMA DONR RETESTED EA U  FRESH FRZN PLSMA DONR RETESTED EA U  FRESH FRZN PLSMA DONR RETESTED EA U  FRESH FRZN PLSMA DONR PATH RDUC FRZN EA U  FRESH FRZN PLSMA DONR PATH RDUC FRZN EA U  FRESH FRZN PLSMA POOLED MX DONR PATH RDUC FRZN EA U  PASMA POOLED MX DONR PATH RDUC FRZN EA U  PASMA POOLED MX DONR PATH RDUC FRZN EA U  PASMA PATHOGEN REDUCED FRZEN EA U  PLASMA PATHOGEN REDUCED FRZEN EA U  RESULED FRZEN EA U  PLASMA PATHOGEN REDUCED FRZEN EA U  PLASMA PATHOGEN REDUCED FRZEN EA U  RESULED FRZEN EA U  PATHOGEN REDUCED FRZEN EA U  PLASMA PATHOGEN REDUCED FRZEN EA U  RESULED FRZEN EA U  PATHOGEN REDUCED FRZEN EA U  PALANDA PATHOGEN REDUCED FRZEN EA U  PATHOGEN REDUCED FRZEN EA U  RESULED FRZEN EA U  ROALT REQUIRED FRZEN EA U  RESULED FRZ	P9058	RBCS LEUKOCYTES RDUC CMV-NEG IRRADA		No Auth Required		
P9050 FRESH FRZN PLSMA DONR RETESTED EAU REESTED EACH UNIT RETSTED EACH UNIT RETSTED EACH UNIT REACH UNIT REACH UNIT REACH UNIT REST PHERESS PATHOGEN REDUCED FROZEN EAU PLASMA POOLED MX DONOR ATHOGEN ROUGE FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU PLASMA PATHOGEN REDUCED FROZEN EAU WIT REDUCED EACH UNIT REDUCED EACH U	P9059	FRESH FRZN PLAS BETWN 8-24 HR CLCT	FRESH FRZN PLASMA BETWN 8-24 HR	No Auth Required		
P9070 PL POOLD MX DNR PATH RDUC FRZNE A U PATHOGEN RDUC FROZEN BA U PATHOGEN RDUC FROZEN BA U PATHOGEN RDUC FROZEN BA U PATHOGEN RDUC FROZEN BA U PATHOGEN RDUC FROZEN BA U PLASMA PATHOGEN REDUCED FROZEN BA U PLASMA PATHOGEN REDUCED FROZEN BA U PLASMA PATHOGEN REDUCED FROZEN BA U PLASMA PATHOGEN REDUCED FROZEN BA U PLASMA PATHOGEN REDUCED BACH UNIT PATHOGEN TEST PATHOGEN REDUCED BACH UNIT POPO99 BLOOD COMPONENT OR PRODUCT NOC BLOOD COMPONENT OR PRODUCT NOC NO Auth Required PP100 PATHOGEN TEST FOR PLATELETS PATHOGEN TEST FOR PLATE	P9060	FRESH FRZN PLSMA DONR RETESTED EA U	FRESH FROZEN PLASMA DONOR	No Auth Required		
P9071 PLASMA PATHOGEN REDUCED FROZEN EA U EACH UNIT P9073 PLATELETS PHERESIS PATHOGEN-REDUCED PROZEN PATELETS PHERESIS PATHOGEN-REDUCED PATELETS PHERESIS PATHOGEN- REDUCED EACH UNIT P9099 BLOOD COMPONENT OR PRODUCT NOC BLOOD COMPONENT OR PRODUCT NOC BLOOD COMPONENT OR PRODUCT NOC BLOOD COMPONENT OR PRODUCT NOC BLOOD COMPONENT OR PRODUCT NOC No Auth Required P9100 PATHOGEN TEST FOR PLATELETS PATHOGEN TEST FOR PLATELETS PATHOGEN TEST FOR PLATELETS PATHOGEN TEST FOR PLATELETS PROBAT ACTIL MILE P9603 TRAVL 1 WAY NEC LAB SPEC; ACTI. MILE P9604 TRAVL 1 WAY NEC LAB SPEC, TEIP CHRG TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTIL MILE P9612 CATH CLCT SPEC 1 PT ALL PLACES SRV CATH CLCT	P9070	PL POOLD MX DNR PATH RDUC FRZN EA U	PLASMA POOLED MX DONOR	No Auth Required		
REDUCED EACH UNIT 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 P9604 TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE P9612 CATH CLCT SPEC 1 PT ALL PLACES SRVC CATH CLCT SPECIMEN SINGLE PT ALL PLACES SRVICE P9615 CATHETERIZATION COLLECTION SPECIMEN CATHETERIZATION FOR COLLECTION OF SPECIMEN SPECIM	P9071	PLASMA PATHOGEN REDUCED FROZEN EA U	PLASMA PATHOGEN REDUCED FROZEN	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 P9604 TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT D TRIP CHRG PRORATD TRIP CHRG PRO	P9073	PLATELETS PHERESIS PATHOGEN-REDUCED		No Auth Required		
P9603 TRAVL 1 WAY NEC LAB SPEC; ACTL MILE TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT ACTL MILE PRORAT DRIP CHRG P	P9099	BLOOD COMPONENT OR PRODUCT NOC	BLOOD COMPONENT OR PRODUCT NOC	No Auth Required		
PRORAT ACTL MILE P9604 TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG P9612 CATH CLCT SPEC 1 PT ALL PLACES SRVC CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE CATHETERIZATION COLLECTION SPECIMEN CATHETERIZATION FOR COLLECTION OF SPECIMEN SPECIMEN  Q0035 CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY No Auth Required No Auth Required CHEMOTHERAPEUT CR X VISIT CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPEUT CR X VISIT CHEMO ADMIN INFUS TECH ONLY VISIT CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPEUT CR X VISIT CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPEUT CR X VISIT CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPEUT CR X VISIT CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPEUT CR X VISIT CHEMOTHERAPEUT CR X VISIT NO Auth Required TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT NO Auth Required TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN ADMIN ADMIN ADMIN ADMIN ADMIN ADMIN ADMIN	P9100	PATHOGEN TEST FOR PLATELETS	PATHOGEN TEST FOR PLATELETS	No Auth Required		
PRORATD TRIP CHRG P9612 CATH CLCT SPEC 1 PT ALL PLACES SRVC CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE P1615 CATHETERIZATION COLLECTION SPECIMEN CATHETERIZATION FOR COLLECTION OF No Auth Required SPECIMEN No Auth Required SPECIMEN No Auth Required ONA Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required ONLY STX USING OTH THAN CHEMOTHERAPEUTC RX VISIT CHEMOTHERAPEUTC RX VISIT ONLY PER VISIT ONLY PER VISIT ONLY PER VISIT ONLY PER VISIT ON Auth Required ONLY PER VISIT ON Auth Required ONLY PER VISIT ON Auth Required ONLY PER VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required TECHNIQUE ONLY VISIT ON Auth Required	P9603	TRAVL 1 WAY NEC LAB SPEC; ACTL MILE		No Auth Required		
PLACES SERVICE  P9615 CATHETERIZATION COLLECTION SPECIMEN CATHETERIZATION FOR COLLECTION OF SPECIMEN  Q0035 CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY No Auth Required  Q0081 INFUS TX OTH THAN CHEMO RX VISIT INFUS TX USING OTH THAN CHEMO THAN CHEMO THAN CHEMO THAN CHEMO THAN CHEMO THAN CHEMO THAN CHEMO THAN INFUS TECH ONLY VET CHEMO THERAPEUTC RX VISIT  Q0083 CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT  Q0084 CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPY ADMIN INFUS No Auth Required TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS  Q0085 CHEMO ADMIN INFUS&OTH TECH VISIT CHEMOTHAPY ADMIN BOTH INFUS No Auth Required  TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ON A Auth Required  ON ON A Auth Required  No Auth Required  No Auth Required  No Auth Required	P9604	TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG		No Auth Required		
SPECIMEN  Q0035 CARDIOKYMOGRAPHY CARDIOKYMOGRAPHY No Auth Required  Q0081 INFUS TX OTH THAN CHEMO RX VISIT INFUS TX USING OTH THAN NO Auth Required CHEMOTHERAPEUTC RX VISIT  Q0083 CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT  Q0084 CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPY ADMIN INFUS No Auth Required Q0085 CHEMO ADMIN INFUS TECH VISIT CHEMOTHAPY ADMIN BOTH INFUS Q0085 CHEMO ADMIN INFUS&OTH TECH VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	P9612	CATH CLCT SPEC 1 PT ALL PLACES SRVC		No Auth Required		
Q0081 INFUS TX OTH THAN CHEMO RX VISIT INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT CHEMOTHERAPEUTC RX VISIT  Q0083 CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT  Q0084 CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT  Q0085 CHEMO ADMIN INFUS&OTH TECH VISIT CHEMOTHAPY ADMN BOTH INFUS No Auth Required  TECHNIQUE ONLY VISIT ON Auth Required  TECHNIQUE ONLY VISIT ON Auth Required  TECHNIQUE ONLY VISIT NO Auth Required  TECHNIQUE ONLY VISIT ON Auth Required  TECHNIQUE VST  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	P9615	CATHETERIZATION COLLECTION SPECIMEN		No Auth Required		
CHEMO ADMIN NOT INFUS TECH ONLY VST  Q0083 CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT  Q0084 CHEMO ADMIN INFUS TECH ONLY VISIT CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE-VST  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB  CHEMOTHAPY ADMIN PREP &C NO Auth Required ON Auth Required ON Auth Required	Q0035	CARDIOKYMOGRAPHY	CARDIOKYMOGRAPHY	No Auth Required		
Q0083 CHEMO ADMIN NOT INFUS TECH ONLY VST CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT  CHEMOTHERAPY ADMIN INFUS No Auth Required TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE ONLY VISIT CHEMOTHAPY ADMIN BOTH INFUS TECHNIQUE-VST  ONO Auth Required TECHNIQUE-VST  SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	Q0081	INFUS TX OTH THAN CHEMO RX VISIT		No Auth Required		
TECHNIQUE ONLY VISIT  Q0085 CHEMO ADMIN INFUS&OTH TECH VISIT CHEMOTHAPY ADMN BOTH INFUS No Auth Required TECH&OTH TECHIQUE-VST  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	Q0083	CHEMO ADMIN NOT INFUS TECH ONLY VST	CHEMO ADMIN OTH THAN INFUS TECH	No Auth Required		
Q0085 CHEMO ADMIN INFUS&OTH TECH VISIT CHEMOTHAPY ADMN BOTH INFUS No Auth Required TECH&OTH TECHIQUE-VST  Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB	Q0084	CHEMO ADMIN INFUS TECH ONLY VISIT	CHEMOTHERAPY ADMIN INFUS	No Auth Required		
Q0091 SCR PAP SMER; OBTAIN PREP&CONVY-LAB SCREEN PAP SMEAR; OBTAIN PREP &C No Auth Required ONVEY TO LAB	Q0085	CHEMO ADMIN INFUS&OTH TECH VISIT	CHEMOTHAPY ADMN BOTH INFUS	No Auth Required		
	Q0091	SCR PAP SMER; OBTAIN PREP&CONVY-LAB	SCREEN PAP SMEAR; OBTAIN PREP &C	No Auth Required		
QUOSE PET OF TORRIBLE A TORT EQUITALET PET OF TORRIBLE ATTACL EQUITALET PROTUCTION PROTU	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	SET-UP PORTABLE X-RAY EQUIPMENT	No Auth Required		

	T	1	T	1		
Q0111	WET MOUNTS W/PREP VAG CERV/SKN SPEC	WET MOUNTS INCL PREP VAGINAL	No Auth Required			
		CERV/SKIN SPECIMENS				
Q0112	ALL POTASSIUM HYDROXIDE PREPARATNS	ALL POTASSIUM HYDROXIDE	No Auth Required			
		PREPARATIONS				
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	Authorization Required	Infertility Testing or	Full Clinical Review	
-	·	VAGINAL/CERV MUCOS	'	Treatment		
Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	INJ FERUMOXYTOL TX IRON DEF	No Auth Required			
4,111		ANEMIA 1 MG NON-ESRD				
Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	INJ FERUMOXYTOL TX IRON DEF	No Auth Required			
Q0139	INJ PEROINOATTOL TA IDA 1 ING ESRD		No Autii Kequireu			
	1777 D 01 1/201 O 01 01 01 01 01 01 01 01 01 01 01 01 01	ANEMIA 1 MG FOR ESRD				
Q0144	AZITHROMYCIN ORAL CAP/POWDER 1 GM	AZITHROMYCIN DIHYDRATE ORAL	No Auth Required			
		CAP/POWDER 1 GRAM				
Q0161	CHLORPROMAZINE HCL 5 MG ORAL	CHLORPROMAZINE HYDROCHLORIDE 5	No Auth Required			
		MG ORAL				
Q0162	ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	ONDANSETRON 1 MG ORL NOT EXCEED	No Auth Required			
		48 HR DOSE REG				
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL	DIPHENHYDRAMINE HCL 50 MG ORAL	No Auth Required			
		NOT>48 HR DOSE				
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL	PROCHLORPERAZINE MALEATE 5 MG	No Auth Required			
Q010.	THE GITEOTH ENGLES WE STATE OF THE	ORL NOT>48 HR DOSE	no man neganea			
Q0166	GRANISETRON HCL 1 MG ORAL	GRANISETRON HCL 1 MG ORL NOT >48	No Auth Required			
QUIUU	GRANISETRON TICE I IVIG ORAL		No Auti Required			
	222422424242	HR DOSE REGIMEN				
Q0167	DRONABINOL 2.5 MG ORAL	DRONABINOL 2.5 MG ORAL NOT >48 HR	No Auth Required			
		DOSE REGIMEN				
Q0169	PROMETHAZINE HCL 12.5 MG ORAL	PROMETHAZINE HCL 12.5 MG ORAL	No Auth Required			
		NOT>48 HR DOSE				
Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORAL	TRIMETHOBENZAMIDE HCL 250 MG	No Auth Required			
		ORL NOT>48 HR DOSE				
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORAL	THIETHYLPERAZINE MALEATE 10 MG	No Auth Required			
		ORL NOT>48HR DOSE				
Q0175	PERPHENZAINE 4 MG ORAL	PERPHENZAINE 4 MG ORAL NOT >48 HR	No Auth Required			
		DOSE REGIMEN				
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL		No Auth Required			
		NOT >48 HR DOSE				
Q0180	DOLASETRON MESYLATE 100 MG ORAL	DOLASETRON MESYLATE 100 MG ORL	No Auth Required			
Q0100	DOLASETRON WILSTEATE 100 MIG ORAL	NOT >48 HR DOSE	No Addi Nequired			
00404	LINIC ODAL ANTI FRAFTIC NOT: 40 UD DOCE		No Auth Donitord			
Q0181	UNS ORAL ANTI-EMETIC NOT>48 HR DOSE	UNS ORAL DOSAGE ANTI-EMETIC NOT	No Auth Required			
		>48 HR DOSE REG				
Q0477	PWR MODULE PT CABL ELEC/PN VAD REPL	PWR MODULE PT CABLE	Authorization Required	Surgery of cardiovascular	Full Clinical Review	
		ELEC/PNEUMATIC VAD REPL ONLY		system		
Q0478	PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	POWER ADAPTER ELECTRIC/PNEUMAT	No Auth Required			
		VAD VEHICLE TYPE				
L			<u> </u>	<u> </u>		
Q0479	POWER MODULE ELEC/PNEUMAT VAD REPL	POWER MODULE ELECTRIC/PNEUMATIC	Authorization Required	DME	 Full Clinical Review	
		VAD REPLACE ONLY				
Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY	DRIVER FOR USE WITH PNEUMATIC VAD	Authorization Required	DME	Full Clinical Review	
Q0-00	S. T. S. C. I NEOWN THE WAS RELEGISED	REPL ONLY	a.aonzadon negalieu		. a omnour neview	
Q0481	MICRPROCSS CU FOR ELEC VAD REPL	MICROPROCESSOR CNTRL UNIT FOR	Authorization Required	DME	Full Clinical Review	
Q0461	INITION FROM THE PROPERTY OF T		Authorization Required	DIVIL	r un Cillical Neview	
00:00	MICROPROCES CITETES (BYENDAM AND BEEN	ELEC VAD REPL ONLY	A value of a state of the state	DAAF	Full Oliviania	
Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL	MICROPROCESSOR CU FOR	Authorization Required	DME	Full Clinical Review	
		ELEC/PNEUMAT VAD REPL ONL				
Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL	MONITOR/DISPLAY MODULE FOR ELEC	Authorization Required	DME	Full Clinical Review	
		VAD REPL ONLY				

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	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			
	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	·		Full Clinical Review	
Q0508	MISC SUPL/ACCSSRY USE W/IMPLANT VAD	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	·		Full Clinical Review	
Q0509	MISC SPL IMPL VAD NO PAY MCR PRT A	MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A			Full Clinical Review	
Q0510	PHRM SPL FEE IMS 1ST MO FLW TPLNT	PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPLNT	·			
Q0511	PHRM FEE O ANTI-CA-EMET/IS RX;30-DA	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA	·			
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			

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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	No Auth Required				
Q2004	IRRIG SOL TX BLADDER CALCULI 500 ML	FEDERAL REG  IRRIGATION SOL TX BLADDER CALCULI	No Auth Required				
Q2009	INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ		No Auth Required				
00047	INVESTIGAL TENEDOCIDE SOLAR	EQUIVALENT				5 H OI: 1 LD .:	
Q2017	INJECTION PARISSES O ANA	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	Authorization Required	Drug Administration		Full Clinical Review	
Q2043	IN DOX HELEN INN KT EN ODOX 10 WIG	LIPODOX 10 MG	Authorization Required	Drug Administration		i dii ciiiicai neview	
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	No Auth Required				
Q3027	INJ INTERFERON BETA-1A 1 MCG IM USE	FACILITY FEE INJECTION INTERFERON BETA-1A 1	No Auth Required				
Q3028	INJ INTERFERON BETA-1A 1 MCG SUBQ	MCG IM USE INJECTION INTERFERON BETA-1A 1	Authorization Required	Drug Administration		Full Clinical Review	Always processed by pharmacy
02024	COLLACEN CVIN TECT	MCG SUBQ USE	No Auth Doguised	<del>                                     </del>		-	
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	·				
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				
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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			
	CAST SPL LNG ARM SPLINT PED PLASTR	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER	No Auth Required			
	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			
	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			
	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			
	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			

Q4034 CAST LNG LEG CYCLE CAST ADLT PLAST  Q4034 CAST LNG LEG CYCLE CAST ADLT F-GLSS  CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER  ADULT PLASTER  Q4035 CAST LNG LEG CYCLE CAST PED PLAST  CAST SUPPLIES LONG LEG CYCLE CAST ADLT FIBERGLASS  Q4036 CAST LNG LEG CYCLE CAST PED PLAST  CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR  Q4037 CAST SPL SHORT LEG CAST ADLT PLASTR  CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR  CAST SUPPLIES LONG LEG CYCLE CAST No Auth Required PED PLASTR  CAST SUPPLIES SHORT LEG CAST ADLT PLASTR  CAST SUPPLIES SHORT LEG CAST ADLT PLASTER  Q4038 CAST SPL SHRT LEG CAST ADLT FIBRGLS  CAST SUPPLIES SHORT LEG CAST ADULT PLASTER  Q4039 CAST SPL SHORT LEG CAST PED PLASTR  CAST SUPPLIES SHORT LEG CAST CAST SUPPLIES SHORT LEG CAST No Auth Required FIBERGLASS  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS  Q4041 CAST SPL LNG LEG SPLINT ADLT PLASTR  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS  No Auth Required	
Q4034 CAST LNG LEG CYCLE CAST ADLT F-GLSS CAST SUPPLIES LNG LEG CYCLE CAST NO Auth Required ADLT FIBERGLASS  Q4035 CAST LNG LEG CYCLE CAST PED PLAST CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR  Q4036 CAST LNG LEG CYCLE CAST PED F-GLSS CAST SPL LONG LEG CYCLE CAST PED PLASTR  Q4037 CAST SPL SHORT LEG CAST ADLT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT PLASTER  Q4038 CAST SPL SHORT LEG CAST ADLT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLASS  Q4039 CAST SPL SHORT LEG CAST PED PLASTR CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC FIBRGLS  NO Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC FIBRGLS	
Q4035 CAST LNG LEG CYCLE CAST PED PLAST CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR  Q4036 CAST LNG LEG CYCLE CAST PED F-GLSS CAST SPL LONG LEG CYCLE CAST PED I LONG LEG CYCLE CAST PEDIATRIC FIBRGLS  Q4037 CAST SPL SHORT LEG CAST ADLT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT PLASTR  Q4038 CAST SPL SHRT LEG CAST ADLT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST NO Auth Required PEDIATRIC FIBRGLS NO Auth Required	
Q4036 CAST LNG LEG CYCLE CAST PED F-GLSS CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS  Q4037 CAST SPL SHORT LEG CAST ADLT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT PLASTR CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLS CAST SPL SHORT LEG CAST ADLT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLSS CAST SPL SHORT LEG CAST PED PLASTR CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS No Auth Required PEDIATRIC FIBRGLS	
Q4037 CAST SPL SHORT LEG CAST ADLT PLASTR  CAST SUPPLIES SHORT LEG CAST ADULT PLASTR  CAST SUPPLIES SHORT LEG CAST ADULT No Auth Required FIBERGLASS  Q4039 CAST SPL SHORT LEG CAST PED PLASTR  CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS  CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER  CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS	
Q4038 CAST SPL SHRT LEG CAST ADLT FIBRGLS CAST SUPPLIES SHORT LEG CAST ADULT FIBRGLASS  Q4039 CAST SPL SHORT LEG CAST PED PLASTR CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS	
Q4039 CAST SPL SHORT LEG CAST PED PLASTR CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER  Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS  CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS	
Q4040 CAST SPL SHORT LEG CAST PED FIBRGLS CAST SUPPLIES SHORT LEG CAST No Auth Required PEDIATRIC FIBRGLS PEDIATRIC FIBRGLS	
PLASTER	
Q4042 CAST SPL LNG LEG SPLNT ADLT FIBRGLS CAST SUPPLIES LONG LEG SPLINT ADULT No Auth Required FIBERGLASS	
Q4043 CAST SPL LNG LEG SPLINT PED PLASTR CAST SUPPLIES LONG LEG SPLINT No Auth Required PEDIATRIC PLASTER	
Q4044 CAST SPL LNG LEG SPLINT PED FIBRGLS CAST SUPPLIES LONG LEG SPLINT No Auth Required PEDIATRIC FIBRGLS	
Q4045 CAST SPL SHRT LEG SPLINT ADLT PLAST CAST SUPPLIES SHORT LEG SPLINT No Auth Required ADULT PLASTER	
Q4046 CAST SPL SHRT LEG SPLNT ADLT F-GLSS CAST SUPPLIES SHORT LEG SPLINT No Auth Required ADULT FIBERGLASS	
Q4047 CAST SPL SHORT LEG SPLINT PED PLAST CAST SUPPLIES SHORT LEG SPLINT Authorization Required PEDIATRIC PLASTER Full Clinical Review	
Q4048 CAST SPL SHRT LEG SPLNT PED FIBRGLS CAST SUPPLIES SHORT LEG SPLINT No Auth Required PEDIATRIC FIBRGLS	
Q4049 FINGER SPLINT STATIC FINGER SPLINT STATIC No Auth Required	
Q4050 CAST SPL UNLIST TYPES&MATL CASTS CAST SUPPLIES UNLISTED No Auth Required TYPES&MATERIALS OF CASTS	
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 No Auth Required DOSE TO 20 MCG	
Q4081 INJ EPOETIN ALFA 100 UNITS INJ EPOETIN ALFA 100 UNITS FOR ESRD No Auth Required ON DIALYSIS	
Q4082 DRUG/BIOLOGICAL NOC PART B DRUG CAP DRUG OR BIOLOGICAL NOC PART B No Auth Required DRUG CAP	
Q4100 SKIN SUBSTITUTE NOT OTHERWISE SPECI SKIN SUBSTITUTE NOT OTHERWISE No Auth Required SPECIFIED	
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 No Auth Required	
DRESSING PER SQ CM	
Q4105 INTGRA DRT/OMNIGR DERM RGN MTX P SC INTEGRA DRT/INTEGRA OMNIGR DRML No Auth Required RGN MTX P SQ CM	
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			
	ALLODERM PER SQ CM	ALLODERM PER SQ CM	No Auth Required			
	HYALOMATRIX PER SQ CM	HYALOMATRIX PER SQ CM	No Auth Required			
	MATRISTEM MICROMATRIX 1 MG	MATRISTEM MICROMATRIX 1 MG	No Auth Required			
Q4121	THERASKIN PER SQ CM	THERASKIN PER SQ CM	No Auth Required			
	DERMACELL DERMACELL AWM/POROUS P SC	DERMACLL DERMACLL	No Auth Required			
Q.1222	52	AWM/DERMACLL AWM POROUS P SC				
Q4123	ALLOSKIN RT PER SQ CM	ALLOSKIN RT PER SQ CM	No Auth Required			
	OASIS ULTRA TRI-LAY WND MATRX SQ CM	OASIS ULTRA TRI-LAYER WOUND	No Auth Required			
Q4124	CASIS CETTA TRI-LAT WIND WATER SQ CW	MATRIX PER SQ CM	No Auth Required			
Q4125	ARTHROFLEX PER SQ CM	ARTHROFLEX PER SQ CM	No Auth Required			
	MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	MEMODERM DERMASPAN	No Auth Required			
Q4120	WEWODERW TRAINZGRAFT/INTEGOTET 5Q CW	TRANZGRFT/INTEGUPLY PER SQ CM	No Auth Required			
Q4127	TALYMED PER SQ CM	TALYMED PER SQ CM	No Auth Required			
	FLEX HD OR ALLOPATCH HD PER SQ CM	FLEXHD ALLOPATCHHD OR MATRIX HD	No Auth Required			
Q7120	TELL TID ON ALLOT ATCH TID FER 3Q CIVI	PER SQ CM	Auth Required			
Q4130	STRATTICE PER SQ CM	STRATTICE PER SQ CM	No Auth Required			
	GRAFIX CORE & GRAFIXPL CORE-SQ CM		No Auth Required			
Q4132	GRAFIX CORE & GRAFIXI E CORE-5Q CIVI	SQUARE CM	No Auth Required			
Q4133	GRFX P GRFXPL P STRVX & STRVXPL SC		No Auth Required			
Q4155	GREA P GREAPL P SIRVA & SIRVAPL SC	STRAVIXPL P SC	No Autii Kequileu			
Q4134	HMATRIX PER SQUARE CENTIMETER	HMATRIX PER SQUARE CENTIMETER	No Auth Required			
	MEDISKIN PER SQUARE CENTIMETER	MEDISKIN PER SQUARE CENTIMETER				
Q4135 Q4136		E-Z DERM PER SQUARE CENTIMETER	No Auth Required			
	E-Z DERM PER SQUARE CENTIMETER  AMNIOEXL AMNIOEL PLUS/BIODEXL P SC	AMNIOEXCEL AMNIOEXCEL	No Auth Required			
Q4137	AIVINIOEAL AIVINIOEL PLOS/BIODEAL P 3C	PLUS/BIODEXCEL PER SQ CM	No Auth Required			
04130	DIODEFNICE DRYFLEY DED CO CM		No Auth Doguisod			
	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			
	ALLOSKIN AC PER SQ CM	ALLOSKIN AC PER SQ CM	No Auth Required			
	XCM BIOLOGIC TISSUE MATRIX PER SQ C	XCM BIOLOGIC TISSUE MATRIX PER SQ				
Q4142	ACIVI BIOLOGIC 11330E IVIATRIA PER 3Q C	CM	No Auth Required			
04143	DEDDIZA DED CO CAA		No Auth Descrived			
Q4143 Q4145	REPRIZA PER SQ CM	REPRIZA PER SQ CM	No Auth Required			
	EPIFIX INJECTABLE 1 MG	EPIFIX INJECTABLE 1 MG	No Auth Required			
	TENSIX PER SQ CM	TENSIX PER SQ CM	No Auth Required			
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER	ARCHITECT EXTRACELLULAR MATRIX	No Auth Required			
04140	NEOX CORD 1K-RT/CLARIX CORD 1K-SC	PER SQ CM	No Auth Doguisod			
Q4148	NEOX CORD IR-RI/CLARIX CORD IR-SC	NEOX CORD 1K NEOX CORD RT/CLARIX	No Auth Required			
04140	EVCELLACEN O 1 CC	CORD 1K-SQ CM	No Auth Boquired			
	EXCELLAGEN 0.1 CC	EXCELLAGEN 0.1 CC	No Auth Required			
Q4150	ALLOWRAP DS/DRY PER SQ CENTIMETER	ALLOWRAP DS OR DRY PER SQUARE	No Auth Required			
04151	AMANUODANID/CUARDIANI DED CO CENTRASTO	CENTIMETER	No Auth Doguined			
Q4151	AMNIOBAND/GUARDIAN PER SQ CENTIMETR	AMNIOBAND OR GUARDIAN PER	No Auth Required			
04453	DEDAMA DUDE DED COULA DE CENTRA SETES	SQUARE CENTIMETER	N. A. Al- D			
Q4152	DERMAPURE PER SQUARE CENTIMETER	DERMAPURE PER SQUARE CENTIMETER	No Auth Required			
04453	DEDMAN/ECT AND DILIDINGST BED CO CAA	DEDMANUECT AND DULIDINGST DED CO.	No Auth Dogudes d			
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	DERMAVEST AND PLURIVEST PER SQ	No Auth Required			
04454	DIOVANCE DED COLLADE CENTRACTED	CM	No Auth Dogudand			
	BIOVANCE PER SQUARE CENTIMETER	BIOVANCE PER SQUARE CENTIMETER	No Auth Required			
	NEOXFLO OR CLARIXFLO 1 MG	NEOXFLO OR CLARIXFLO 1 MG	No Auth Required			
Q4156	NEOX 100 OR CLARIX 100-SQUARE CM		No Auth Required			
		CM		İ		

Q4157	REVITALON PER SQUARE CENTIMETER	REVITALON PER SQUARE CENTIMETER	No Auth Required				
Q.1257		The state of the s	- To read negative				
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	No Auth Required				
		SQUARE CENTIMETER					
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				
	··	PALINGEN OR PALINGEN XPLUS PER SQ			1		
Q4173	PALINGEN/PALINGEN XPLUS PER SQ CM	СМ	rio riaen neganea				
Q4174		PALINGEN OR PROMATRX 0.36 MG PER	No Auth Required				
Q4174	PALINGEN/PROMATRX 0.36 MG P 0.25 CC	0.25 CC					
Q4175	MIRODERM PER SQ CM	MIRODERM PER SQ CM	No Auth Required				
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4176					Applies to All Codes		
	NEOPATCH PER SQUARE CM	NEOPATCH PER SQUARE CM			within Specific Group		
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4177					Applies to All Codes		
	FLOWERAMNIOFLO 0.1 CC	FLOWERAMNIOFLO 0.1 CC			within Specific Group		
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4178					Applies to All Codes		
	FLOWERAMNIOPATCH PER SQUARE CM	FLOWERAMNIOPATCH PER SQUARE CM			within Specific Group		
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4179					Applies to All Codes		
	FLOWERDERM PER SQUARE CM	FLOWERDERM PER SQUARE CM			within Specific Group		
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4180					Applies to All Codes		
	REVITA PER SQUARE CM	REVITA PER SQUARE CM			within Specific Group		
			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4181					Applies to All Codes		
	AMNIO WOUND PER SQUARE CM	AMNIO WOUND PER SQUARE CM			within Specific Group	_ ,, _, , , ,	
0			Authorization Required	Wound Therapy	PA for Code in Group	Full Clinical Review	
Q4182	TRANSCOUTE DED COLLADE CAA	TRANSCOTE DED COLLADE CAA			Applies to All Codes		
0.1105	TRANSCYTE PER SQUARE CM	TRANSCYTE PER SQUARE CM			within Specific Group		
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				
0.4405		CELLESTA FLOWABLE AMNION; PER 0.5	No Auth Required				
Q4185	CELLESTA FLOWABLE AMNION;PER 0.5 CC	СС	,				
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		
		GENESIS AMNIOTIC MEMBRANE PER SQ	No Auth Required		
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	СМ			
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		
		MEMBRANE GRAFT OR MEMBRANE	No Auth Required		
Q4205	MEMBRANE GFT/MEMBRANE WRAP P SQ CM	WRAP PER SQ CM	·		
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		
0.404.0		AXOLOTL GRAFT OR AXOLOTL	No Auth Required		
Q4210	AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM	DUALGRAFT PER SQ CM			
0.404.4		AMNION BIO OR AXOBIOMEMBRANE	No Auth Required		
Q4211	AMNION BIO/AXOBIOMEMBRANE PER SQ CM	PER SQ CM	·		
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		
0.4045		AXOLOTL AMBIENT OR AXOLOTL CRYO	No Auth Required		
Q4215	AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG	0.1 MG	·		
Q4216	ARTACENT CORD PER SQ CM	ARTACENT CORD PER SQ CM	No Auth Required		
			No Auth Required		
Q4217		WNDFIX BIOWND			
	WNDFIX BIOWND WNDFIX + X + /X+ P SC	WNDFIX+BIOWND+WNDFIX X+/X+ P SC			
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	No Auth Required		
Q4220	BELLACELL HD OR SUREDERM PER SQ CM	CM			
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 SKIN INCL HARVEST & PREP	No Auth Required		
	MYOWN SK INCL HARV & PREP PROC P SC	PROC PER SQ CM			
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			
Q.223	COGENEX AMNIOTIC MEMBRANE PER SQ CM	SQ CM	No Auth Required		
Q4230		COGENEX FLOWABLE AMNION PER 0.5			
۵,7250	COGENEX FLOWABLE AMNION PER 0.5 CC	CC	No Auth Required		
Q4231	CORPLEX P PER CC	CORPLEX P PER CC	No Auth Required		
Q4232	CORPLEX P PER CC CORPLEX PER SQ CM	CORPLEX PER SQ CM	No Auth Required		
Q4232 Q4233	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC	No Auth Required No Auth Required		
Q4232 Q4233 Q4234	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM	No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM	No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236 Q4237	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236 Q4237	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMMIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM AMNIO-MAXX OR AMNIO-MAXX LITE	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMMIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		
Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238	CORPLEX P PER CC CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMMIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM	CORPLEX PER SQ CM SURFACTOR OR NUDYN PER 0.5 CC XCELLERATE PER SQ CM AMNIOREPAIR OR ALTIPLY PER SQ CM CAREPATCH PER SQ CM CRYO-CORD PER SQ CM DERM-MAXX PER SQ CM AMNIO-MAXX OR AMNIO-MAXX LITE	No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required		

		DOLLOWER FOR TORION LIST ONLY DER	1	1		T
Q4241	DOLVEYTE TOR LISE ONLY DED O F CC	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	No Auth Doguined			
Q4242	POLYCYTE TOP USE ONLY PER 0.5 CC AMNIOCYTE PLUS PER 0.5 CC	AMNIOCYTE PLUS PER 0.5 CC	No Auth Required No Auth Required			
Q4242 Q4244	PROCENTA PER 200 MG	PROCENTA PER 200 MG	No Auth Required			
	AMNIOTEXT PER CC	AMNIOTEXT PER CC	No Auth Required			
Q4245 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			
Q4247	ANNING TEXT TATELLY EN SQ CIVI	DERMACYTE AMNIOTIC MEMBRANE	140 Addi Nequired			
Q4248	DERMACYTE AM ALLOGFT PER SQ CM	ALLOGRAFT PER SQ CM	No Auth Required			
	22	AMNIPLY FOR TOPICAL USE ONLY PER	110 / Idai / Nequired			
Q4249	AMNIPLY TOPICAL USE ONLY PER SQ CM	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			
		REGUARD FOR TOPICAL USE ONLY PER	·			
Q4255	REGUARD TOPICAL USE ONLY PER SQ CM	SQ CM	No Auth Required			
05004		HOSPICE/HOME HEALTH CARE PROV PT	No Auth Required	Hospice		
Q5001	HOSPICE/HOME HLTH CARE PT HOME/RES	HOME/RESIDENCE	,			
05000		HOSPICE/HOME HEALTH CARE IN	No Auth Required	Hospice		
Q5002	HOSPICE/HHC PROV ASSTD LIVING FACL	ASSISTED LIVING FACL				
05003		HOSPICE CARE PROV NURSING LTC	No Auth Required	Hospice		
Q5003	HOSPICE CARE PRVO LTC/NON-SKILL NF	FACL/NON-SKILL NF				
Q5004		HOSPICE CARE PROVIDED SKILLED	No Auth Required	Hospice		
Q3004	HOSPICE CARE PROVIDED IN SNF	NURSING FACILITY				
Q5005		HOSPICE CARE PROVIDED IN INPATIENT	No Auth Required	Hospice		
Q3003	HOSPICE CARE PROV IN IP HOSPITAL	HOSPITAL				
Q5006		HOSPICE CARE PROV INPATIENT	No Auth Required	Hospice		
43000	HOSPICE CARE PROV IP HOSPICE FACL	HOSPICE FACILITY				
Q5007			No Auth Required	Hospice		
	HOSPICE CARE PROV IN LTC FACL	FACILITY				
Q5008		HOSPICE CARE PROV INPATIENT	No Auth Required	Hospice		
-	HOSPICE CARE PROV IP PSYCH FACILITY	PSYCHIATRIC FACILITY				
Q5009	HOSPICE /HOME HITH CARE IN DIACE NOS	HOSPICE/HOME HEALTH CARE	No Auth Required	Hospice		
	HOSPICE/HOME HLTH CARE IN PLACE NOS	PROVIDED IN PLACE NOS HOSPICE HOME CARE PROVIDED IN A	No Auth Doguined	Hanning		
Q5010	HOSPICE HOME CARE PROV HOSPICE FACL	HOSPICE FACILITY	No Auth Required	Hospice		
	TIOSTICE TIONE CARE TROVITOSTICE TACE	INJECTION FILGRASTIM BIOSIMILAR 1	Authorization Required		Full Clinical Review	Always processed by pharmacy
Q5101	INJ FILGRASTIM BIOSIMILAR 1 MCG	MCG	Authorization Required		ruii Ciiiiicai Keview	Always processed by pharmacy
	INTITIONASTIWI BIOSIWILAN I WICC	INJECTION INFLIXIMAB-DYYB	Authorization Required	Drug Administration	Full Clinical Review	
Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	BIOSIMILAR 10 MG	Authorization Required	Drug Aummistration	Tall Cliffical Review	
	IN THE EXAMPLE OF THE BROOMMEN TO THE	INJECTION INFLIXIMAB-ABDA	Authorization Required	Drug Administration	Full Clinical Review	
Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	BIOSIMILAR 10 MG	Authorization Required	Drug Auministration	Tall Cliffical Review	
		INJECTION EPOETIN ALFA-EPBX	Authorization Required	Drug Administration	Full Clinical Review	
Q5105	INJ EPO ALFA-EPBX BIOSIMILAR 100 U	BIOSIMILAR 100 UNITS				
		INJECTION EPOETIN ALFA-EPBX	Authorization Required	Drug Administration	Full Clinical Review	
Q5106	INJ EPO ALFA-EPBX BIOSIMILAR 1000 U	BIOSIMILAR 1000 U				
05407		INJECTION BEVACIZUMAB-AWWB	Authorization Required	Drug Administration	Full Clinical Review	
Q5107	INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG	BIOSIMILAR 10 MG		-		
05400		INJECTION PEGFILGRASTIM-JMDB	Authorization Required	Drug Administration	Full Clinical Review	
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG	BIOSIMILAR 0.5 MG				
05100		INJECTION INFLIXIMAB-QBTX	Authorization Required	Drug Administration	Full Clinical Review	
Q5109	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	BIOSIMILAR 10 MG			 	
05110		INJECTION FILGRASTIM-AAFI	Authorization Required	Drug Administration	 Full Clinical Review	
Q5110	INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG	BIOSIMILAR 1 MCG				
Q5111		INJECTION PEGFILGRASTIM-CBQV	Authorization Required	Drug Administration	Full Clinical Review	
QJIII	INJ PEGFLGRASTM-CBQV BIOSMLR 0.5 MG	BIOSIMILAR 0.5 MG				
Q5112		INJECTION TRASTUZUMAB-DTTB	Authorization Required		Full Clinical Review	
40111	INJ TRASTUZUMAB-DTTB BIOSIM 10 MG	BIOSIMILAR 10 MG				

Authorization Required   Full Clinical Review	
Rection Required   Control of C	
Q5114   INJ TRASTUZUMAB-DKST BIOSIM 10 MG   BIOSIMILAR 10 MG   INJECTION RITUXIMAB-ABBS   Authorization Required   Full Clinical Review	
Q5115 INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review BIOSIMILAR 10 MG Full Clinical Review RUXIENCE 10 MG Full Clinical Review BIOSIMILAR 10 MG Full	
Q5115   INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG   BIOSIMILAR 10 MG   INJECTION TRASTUZUMAB-QYYP   Authorization Required   Full Clinical Review	
Q5116 INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG BIOSIMILAR 10 MG BIOSIMILAR 10 MG INJECTION TRASTUZUMAB-QYYP Authorization Required BIOSIMILAR 10 MG INJECTION TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION TRASTUZUMAB-BNCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BNCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-PVVR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-PVVR BIOSIMILAR Authorization Required INJECTION BEVACIZUMAB-PVVR BIOSIMILAR AUTHORIZATION BEVACIZUMAB-PVVR BIOSIMILAR AUT	
Q5117 INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION TRASTUZUMAB-ANNS Authorization Required INJECTION TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ PEGFILGRASTIM-BMEZ BIOSIMLR Authorization Required INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRSTM-BMEZ BIOSMLR Authorization Required INJ PEGFILGRSTM-BMEZ BIOSMLR O.5 MG INJ PEGFILGRSTM-BMEZ BIOSMLR Authorization Required INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-BMEZ BIOSMLR AUTHORIZATION REQUIRED INJ PEGFILGRSTM-B	
Q5117 INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION TRASTUZUMAB-ANNS BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR Authorization Required INJECTION BOOSIMILAR BIOSIMILAR BIOSIMILAR BIOSIMILAR BIOSIMILAR BIOSIMILAR	
Q5117 INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR Authorization Required BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR Authorization Required Purg Administration Full Clinical Review INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRSTM-BMEZ BIOSMLR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR AUTHORIZATION FULL FULL FULL FULL FULL FULL FULL FUL	
Q5118 INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR 10 MG INJECTION BEVACIZUMAB-BVCR BIOSIMILAR Authorization Required Drug Administration Full Clinical Review  Q5119 INJ PEGFILGRSTM-BMEZ BIOSMLR 10 MG INJ PEGFILGRASTIM-BMEZ BIOSIMLR Authorization Required Drug Administration Full Clinical Review  INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ INFELIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFELIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5118 INJ BEVACIZUMAB-BVCR BIOSIMLR 10 MG BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR Authorization Required Drug Administration Full Clinical Review  Q5119 INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG RUXIENCE 10 MG INJ PEGFILGRASTIM-BMEZ BIOSIMLR Authorization Required Drug Administration Full Clinical Review  INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG ZIEXTENZO 0.5 MG INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review  INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5119 INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG RUXIENCE 10 MG RUXIENCE 10 MG INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5119 INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG RUXIENCE 10 MG  INJ PEGFILGRASTIM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRASTIM-BMEZ BIOSIMLR Authorization Required Drug Administration  INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ PEGFILGRASTIM-BMEZ BIOSIMLR Authorization Required Drug Administration  INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5120 INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5120 INJ PEGFILGRSTM-BMEZ BIOSMLR 0.5 MG ZIEXTENZO 0.5 MG INJ INFLIXIMAB-AXXO BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
INTERCRETARY OF THE PROPERTY O	
OS131 INJ INFLIXIMAB-AXXQ BIOSIMILAR Authorization Required Drug Administration Full Clinical Review	
Q5121 INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG AVSOLA 10 MG AVSOLA 10 MG	
ASSESSMENT BY DEPT VA AFFAIRS No Auth Required	
Q9001 ASSESSMENT BY DVA CHAPLAIN SERVICES CHAPLAIN SERVICES	
COUNSELING INDIVIDUAL BY DVA No Auth Required	
Q9002 COUNSELING IND BY DVA CHAPLAIN SVCS CHAPLAIN SERVICES	
COUNSELING GROUP BY DVA CHAPLAIN No Auth Required	
Q9003 COUNSELING GRP BY DVA CHAPLAIN SVCS SERVICES	
INJECTION SULFUR HEXAFLUORIDE No Auth Required	
Q9950 INJ S HEXAFLUORIDE LIPID MSS PER ML LIPID MSS PER ML	
LOW OSM CONTRST MATL 400/> No Auth Required	
Q9951 LOCM 400/> MG/ML IODINE CONC ML MG/ML IODINE CONC ML	
INJECTION IRONBASED MR CONTRAST No Auth Required	
Q9953 INJ IRONBASED MR CONTRAST AGENT ML AGENT PER ML	
ORAL MAGNETIC RESONANCE No Auth Required	
Q9954 ORAL MR CONTRAST AGENT 100 ML CONTRAST AGENT 100 ML	
INJECTION PERFLEXANE LIPID No Auth Required	
Q9955 INJ PERFLEXANE LIPID MICROSPHERS ML MICROSPHERES PER ML	
INJECTION OCTAFLUOROPROPANE No Auth Required	
Q9956 INJ OCTAFLUOROPROPANE MICROSPHERS PER ML MICROSPHERES PER ML	
INJECTION PERFILITREN LIPID No Auth Required	
Q9957 INJ PERFLUTREN LIPID MICROSPHERS ML MICROSPHERES PER ML	
HIGH OSM CONTRAST MATL 149 No Auth Required	
Q9958 HOCM UP TO 149 MG/ML IODINE CONC ML MG/ML IODINE CONC ML	
Q9959 HOCM 150-199 MG/ML IODINE CONC ML MG/ML IODINE CONC ML MG/ML IODINE CONC ML	
Q9960 HOCM 200-249 MG/ML IODINE CONC ML HI OSM CONTRST MATL 200-249 No Auth Required MG/ML IODINE CONC ML	
00061	
09962	
HOCM 300-349 MG/ML IODINE CONC ML   MG/ML IODINE CONC ML	
Q9963 HOCK 350 300 MC (MLI ODINE CONC ML MC (MLI ODINE CONC ML	
HOURI 350-339 MIG/ME IODINE CONC ME IMG/ME IODINE CONC ME	
Q9964 HIGH OSM CONTRST MATL 400/> No Auth Required	
HOCM 400 OK > MG/ML IODINE CONC ML MG/ML IODINE CONC ML	
Q9965 LOCAL 100 100 MC /ML L CONC PER ML	
LOCKI 100-199 MIG/MET CONC PER ME CONCENTRATION PER ME	
Q9966 LOCAL 200 200 MG/ML LCONG DED ML	
LOCM 200-299 MG/ML I CONC PER ML CONCENTRATION PER ML	

COMM NO. 399 MG/MIL COIL CREAM   COOK 300-399 MG/MIL COIL CREAM				T		
	09967		*	No Auth Required		
BIL HORDER ADDICTIVE TO ADDICT 1 MG	Q3307	LOCM 300-399 MG/ML I CONC PER ML				
BIL HORDER ADDICTIVE TO ADDICT 1 MG	00000		INJ NONRADIATIVE NONCONTRAST VIZ	No Auth Required		
C-9988   AUTION FLAME STORY DO TO STAND STORY DO STAND STORY DO STAND STORY DO STAND STORY DO TO STAND STORY DO TO STAND STA	Q9968	INJ NONRA NONCNTRST VIZ ADJNCT 1 MG				
C-9988   AUTION FLAME STORY DO TO STAND STORY DO STAND STORY DO STAND STORY DO STAND STORY DO TO STAND STORY DO TO STAND STA			TC-99M NON-HEU FULL COST REC ADD-	No Auth Required		
AUTHORITIME   SERVICE OF TO SERVE	Q9969	TC-99M NON-HEU COST ADD-ON STDY DS				
SURBITAMEN 1-30 NO PO DO TO S. MO				No Auth Required		
CORRESTABLE   FEB DX P DO TO 6.1 MC	Q9982	ELLITEMETAMI E19 DV STDV DO TO E MCI		No Auth Required		
Section   Sect		TEOTERICIANIET 18 DX 31D1 DO 10 3 MICI		No Auth Descrived		
Applied   Appl	Q9983	FLORDETAREN FAO DV D DO TO O 4 MC		No Auth Required		
Superior   Superior		FLORBETABEN F18 DX P DO TO 8.1 MCI				
December 2015   December 201	Q9991			No Auth Required		
MISSINGERINGERINGET-SECE 3-100 MG		INJECTION BU EXT-RLSE = TO 100 MG</td <td></td> <td></td> <td></td> <td></td>				
No. Auth Required	09992			No Auth Required		
TACHINE HYDROCHLORIDE 3 OM.  SULTOR HAND FROM THE STATE OF THE STATE O	Q3332	INJ BUPRENORPHINE EXT-RLSE >100 MG	RELEASE >100 MG			
NAMES PRIOL DATE SUPPRESS FIRE   P    NOWING NOW   NOW   New   Now   N	P0070		TRANS PRTBL X-RAY EQP&PERS	No Auth Required		
TRANS PRTBLERS A CORPER STRIP-) FT HOM/INS HOM TRIP-1 ET  80076 TRANS PRTBLERS ER FACI, LOCATION FT FACI, LOCATION PER PT FACI, LOCA	K0070	TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	HOM/NRS HOM-TRIP 1 PT			
TRANS PRITIL RAY EQPAPERS TRIBLE P. F. HOMNINS HOM-TRIPLE EX.  80076 TRANS PRITIL EXE FACL/LOCATION-PT FALC/LOCATION-PT FACL/LOCATION-PT FACL/	20075		TRANS PRTBL XRAY EQP&PERS	No Auth Required		
TRANSPRIBE EKG FACI/LOCATION PT   TRANSPORTATION PRIBLE EKG FACI/LOCATION PT	R0075	TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT	HOM/NRS HOM-TRIP>1 PT	·		
\$ 1,000 TRANS PRIBLE ERG YACA/LOCATION PT				No Auth Required		
S0012   BUTORPHANL TARTRAT NASL SPRAY 25 MG   SPRAY 25 M	R0076	TRANS PRTBLE EKG FACL/LOCATION-PT				
SUDDEPHANELTARTRAT NASL SPRAY 25 MG				Non-reimhursahla		
TACRINE HYDROCHLORIDE 10 MG	S0012	BLITORDHANI TARTRAT NASI SDRAV 25 MG				
1 TACRINE HYDROCHORIDE 10 MG 1 TACRINE HYDROCHORIDE 10 MG 1 NINECTION AMMINICAPROIC ACID S GRAMS 1 NINECTION AMMINICAPROIC ACID S GRAMS 1 NINECTION SUPPRICAINE 1 NINECTION SUPPRICAINE 1 NINECTION SUPPRICAINE 1 NINECTION SUPPRICAINE 1 NINECTION SUPPRICAINE 2 Service code 3 Service code 3 Service code 3 Service code 4 Service code 5 SO22 1 NI CEFOPERAZONE SODIUM 1 GM 1 NINECTION CEFOTERAZONE SODIUM 1 GM 2 SERVICE CODE 3 NINECTION FAMOTIDINE 20 MG 3 SERVICE CODE 4 SERVICE CODE 4 SERVICE CODE 5 SO22 1 NINECTION METRONIDAZOLE 500 MG 5 SO22 1 NINECTION METRONIDAZOLE 500 MG 5 SO23 2 NINECTION NAFCILLIN SODIUM 2 GRAMS 5 SOA34 5 NINECTION SOLUTA 2 GRAMS 5 SOA34 5 SOA34 6 NINECTION OFLOXACIN 400 MG 5 SOA35 5 SOA35 5 SOA35 5 NINECTION OFLOXACIN 400 MG 5 SOA36 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 5 SOA36 5 NINECTION AZTREDAMA 500 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 6 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUCCESSOA SOA360 MG 7 SUC		BOTOKFITANE TAKTKAT NASESFRAT 25 WIG	SFRAT 25 IVIO			
SOUTH   STANCE PLYBOCALIDATION AND AND ACTION   STANCE PLYBOCALIDATION AND ACTION   STANCE PLYBOCALIDATION   STANCE PLY	S0014	TA CRIME LIVEROCUL ORIDE 40 MC	TACRINE LIVEROCLII ORIDE 40 MC			
SODIA   INJECTION AMINOCAPROIC ACID S GRAMS   GRAMS   SERVICE CODE		TACRINE HYDROCHLORIDE 10 MG				
SO2020 INJ BUPIVICAINE HYDROCHLORIDE 30 ML INJECTION BUPIVICAINE Non-reimbursable service code  NU BUPIVICAINE HYDROCHLORIDE 30 ML INJECTION CEPOPERAZONE SODIUM 1 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 2 INJECTION CEPOPERAZONE SODIUM 3 INJECTION CEPOPERAZONE SODI	50017			Non-reimbursable		
SOCID   INJ BUPIVICAINE HYDROCHLORIDE 30 ML   HYDROCHLORIDE 30 ML   Service code		INJECTION AMINOCAPROIC ACID 5 GRAMS		service code		
IN SERVICE CODE  SOUZE IN LICETOR ACTION FAMOLIDINE SOUND IN LICETOR CEROPERAZONE SODIUM 1 SOUN-reimbursable service code  SOUZE IN LICETOR FAMOLIDINE 20 MG INJECTION CEROPERAZONE SODIUM 1 SOUN-reimbursable service code  SOUZE INJECTION FAMOLIDINE 20 MG INJECTION FAMOLIDINE 20 MG SERVICE code  SOUZE INJECTION FAMOLIDINE 20 MG INJECTION METRONIDAZOLE 500 MG SERVICE code  SOUZE INJECTION METRONIDAZOLE 500 MG INJECTION METRONIDAZOLE 500 MG SERVICE code  SOUZE INJECTION NAFCILLIN SODIUM 2 GRAMS GRAMS  SOURCE CODE  SOUZE INJECTION OFLOXACIN 400 MG INJECTION OFLOXACIN 400 MG SERVICE CODE  SOUZE INJECTION OFLOXACIN 400 MG INJECTION OFLOXACIN 400 MG SERVICE CODE  SOUZE INJECTION OFLOXACIN 400 MG INJECTION OFLOXACIN 400 MG SERVICE CODE  SOUZE INJECTION OFLOXACIN 400 MG INJECTION OFLOXACIN 400 MG SERVICE CODE  SOUZE INJECTION SODIUM 2 SERVICE CODE  SOUZE INJECTION SODIUM 2 SERVICE CODE  SOUZE INJECTION SODIUM 2 SERVICE CODE  SOUZE INJECTION SODIUM 2 SERVICE CODE  SOUZE INJECTION SODIUM 2 SERVICE CODE  SOUZE INJECTION SODIUM 3 SERVICE CODE  SOUZE INJECTION SODIUM 3 SERVICE CODE  SOUZE INJECTION SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SODIUM 5 SODIUM 5 SODIUM 5 SODIUM 5 SERVICE CODE  SOUZE INJECTION SODIUM 5 SOD	sonan		INJECTION BUPIVICAINE	Non-reimbursable		
SOC21   INJ CEPOPERAZONE SODIUM 1 GM   GM   Service code	30020	INJ BUPIVICAINE HYDROCHLORIDE 30 ML	HYDROCHLORIDE 30 ML	service code		
INJECTION FAMOTIDINE 20 MG INJECTION FAMOTIDINE 20 MG Service code  \$0028 INJECTION FAMOTIDINE 20 MG INJECTION FAMOTIDINE 20 MG Service code  \$0030 INJECTION FAMOTIDINE 20 MG INJECTION METRONIDAZOLE 500 MG Service code  \$0030 INJECTION METRONIDAZOLE 500 MG INJECTION METRONIDAZOLE 500 MG Service code  \$0031 INJECTION NAFCILLIN SODIUM 2 GRAMS	50021		INJECTION CEFOPERAZONE SODIUM 1	Non-reimbursable		
SO023   INJECTION FAMOTIDINE 20 MG	30021	INJ CEFOPERAZONE SODIUM 1 GM	GM	service code		
NOTICINE TRUNCHIONIDE 300 MG	50022		INJECTION CIMETIDINE	Non-reimbursable		
SOUZE   INJECTION FAMOTIDINE 20 MG   INJECTION FAMOTIDINE 20 MG   Service code	50023	INJ CIMETIDINE HYDROCHLORIDE 300 MG	HYDROCHLORIDE 300 MG			
SOUZE   INJECTION FAMOTIDINE 20 MG   INJECTION FAMOTIDINE 20 MG   Service code						
S0030   INJECTION METRONIDAZOLE 500 MG   INJECTION METRONIDAZOLE 500 MG   Service code   S0032   INJECTION NAFCILLIN SODIUM 2   SO	S0028	INJECTION FAMOTIDINE 20 MG	INJECTION FAMOTIDINE 20 MG			
SOUSD   INJECTION METRONIDAZOLE 500 MG   INJECTION METRONIDAZOLE 500 MG   Service code   SOUSD   INJECTION NAFCILLIN SODIUM 2 GRAMS   Service code   SOUSD						
SO032   INJECTION NAFCILLIN SODIUM 2 GRAMS   Service code   Serv	S0030	INJECTION METRONIDAZOJE 500 MG	INJECTION METRONIDAZOJE 500 MG			
S0032   INJECTION NAFCILLIN SODIUM 2 GRAMS   GRAMS   Service code		INSECTION WETKONDALOLE SOO WO				
S0034 INJECTION OFLOXACIN 400 MG INJECTION OFLOXACIN 400 MG Service code  S0039 INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML 10 ML Non-reimbursable service code  S0040 INJ TICARCILLIN SODIUM SO	S0032	INTECTION MATCHLING CONTINUA 2 CDAMC				
INJECTION OFLOXACIN 400 MG   INJECTION OFLOXACIN 400 MG   Service code		INJECTION NAPCILLIN SOCION 2 GRAINS	GRAIVIS			
S0039 INJECTION OFLOXACIN 400 MG Service code SULFAMETHOXAZOLE&TRIMETHOPRIM Service code SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML  S0040 INJ TICARCILIN & CLAVULANAT K+3.1 GM INJ TICARCILIN SOLITON AZTREONAM 500 MG INJECTION AZTREONAM 500 MG INJECTION AZTREONAM 500 MG INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 500 MG Service code INJECTION CEFOTETAN DISODIUM 750 MG Service code INJECTION FOSPHENYTOIN SODIUM 750 Non-reimbursable Service code INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable	S0034	INTECTION OF OVACIN 400 MC	INJECTION OF OVACIN 400 MC			
S0039   INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	<u> </u>	INJECTION OFLOXACIN 400 MG				
INJ TICARCLLN & CLAVULANAT K+3.1 GM  INJ TICARCLLN & CLAVULANAT K+3.1 GM  INJ TICARCLLN & CLAVULANAT K+3.1 GM  INJECTION AZTREONAM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CEFOTETAN DISODIUM 500 MG  INJECTION CLINDAMYCIN PHOSPHATE 300 MG  INJECTION FOSPHENYTOIN SODIUM 750 Mon-reimbursable service code  INJECTION FOSPHENYTOIN SODIUM 750 MG  INJECTION PENTAMIDINE ISETHIONATE  Non-reimbursable  SO080						
Non-reimbursable   Service code   S0073   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   INJECTION CEFOTETAN DISODIUM 500 MG   Service code   Service code   S0074   INJECTION CEFOTETAN DISODIUM 500 MG   INJECTION CEFOTETAN DISODIUM 500 MG   Service code   Service code   Service code   Service code   Service code   S0077   INJ CLINDAMYCIN PHOSPHATE 300 MG   Service code   Service code   S0078   INJECTION CONSPIENTION SODIUM 750 MG   INJECTION FOSPHENYTOIN SODIUM 750 MG   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   Servi	S0039			service code		
S0040   INJ TICARCILIN & CLAVULANAT K+3.1 GM   DISODIUM&CLAVULANATE K+ 3.1 GMS   Non-reimbursable   S0073   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   Service code   S0074   INJECTION CEFOTETAN DISODIUM 500 MG   INJECTION CEFOTETAN DISODIUM 500 MG   Service code   S0077   INJECTION CEFOTETAN DISODIUM 500 MG   Service code   S0078   INJECTION CEFOTETAN DISODIUM 750 MG   INJECTION CLINDAMYCIN PHOSPHATE   Non-reimbursable   Service code   S0078   INJECTION FOSPHENYTOIN SODIUM 750 MG   INJECTION FOSPHENYTOIN SODIUM 750 MG   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   Service code   S0078   INJECTION PENTAMIDINE ISETHIONATE   Non-reimbursable   S0078   INJECTION PENTAM		INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	10 ML			
INJECTION AZTREONAM 500 MG INJECTION AZTREONAM 500 MG Service code  S0074 INJECTION CEFOTETAN DISODIUM 500 MG MG INJECTION CEFOTETAN DISODIUM 500 MG Service code  S0077 INJECTION CEFOTETAN DISODIUM 500 MG MG Service code  INJECTION CEFOTETAN DISODIUM 500 MG MG Service code  S0078 INJ FOSPHENYTOIN SODIUM 750 MG MG Service code  S0080 INJECTION CEFOTETAN DISODIUM 750 MG MG Service code  INJECTION CEFOTETAN DISODIUM 750 MG Service code  INJECTION FOSPHENYTOIN SODIUM 750 MG MG Service code  S0080 INJECTION FOSPHENYTOIN SODIUM 750 MG Service code  S0080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable  S0080 Non-reimbursable				Non-reimbursable		
S0073   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   Service code   Source code   Sou	S0040		INJ TICARCILLIN	service code		
S0073   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   Service code   Source code   Sou		INJ TICARCLLN & CLAVULANAT K+3.1 GM	DISODIUM&CLAVULANATE K+ 3.1 GMS			
SOURD   INJECTION AZTREONAM 500 MG   INJECTION AZTREONAM 500 MG   Service code				Non-reimbursable		
S0074 INJECTION CEFOTETAN DISODIUM 500 MG MG Service code  S0077 INJ CLINDAMYCIN PHOSPHATE 300 MG SOUNG MG MG Service code  S0078 INJ FOSPHENYTOIN SODIUM 750 MG MG Service code  S0080 INJECTION CEFOTETAN DISODIUM 500 MG Non-reimbursable service code  S0078 INJ FOSPHENYTOIN SODIUM 750 MG MG Service code  S0080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable S0080 Non-reimbursable S0080 Non-reimbursable S0080 Non-reimbursable S0080 Non-reimbursable S0080 Non-reimbursable	S0073	INJECTION AZTREONAM 500 MG	INJECTION AZTREONAM 500 MG			
S0074 INJECTION CEFOTETAN DISODIUM 500 MG						
S0077 INJ CLINDAMYCIN PHOSPHATE 300 MG 300 MG Service code service code  S0078 INJ FOSPHENYTOIN SODIUM 750 MG MG Service code Service code  S0080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable service code Ser	S0074	INJECTION CEFOTETAN DISODIUM 500 MG				
S0077 INJ CLINDAMYCIN PHOSPHATE 300 MG 300 MG service code  S0078 INJ FOSPHENYTOIN SODIUM 750 MG MG service code  INJ FOSPHENYTOIN SODIUM 750 MG MG service code  S0080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable  S0080 Non-reimbursable						
S0078 INJ FOSPHENYTOIN SODIUM 750 MG INJECTION FOSPHENYTOIN SODIUM 750 MG MG Service code service code Non-reimbursable service code Non-reimbursable	S0077	INII CUINDAMYCIN BHOSBHATE 200 MC				
S0080 INJ FOSPHENYTOIN SODIUM 750 MG MG service code S0080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable	-	THE CENTRAL PROSPERATE SOUTING				
SO080 INJECTION PENTAMIDINE ISETHIONATE Non-reimbursable	S0078	INLL FOCULTALYTOIN CODULA 7F0 MC				
1 30080 1		IIIJ FUSPHENTTUIN SUDIUM 750 MG				
INJ PENTAMIDINE ISETHIONATE 300 MG   300 MG   Service code	S0080					
		INJ PENTAMIDINE ISETHIONATE 300 MG	300 MG	service code		

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S0081		INJECTION PIPERACILLIN SODIUM 500	Non-reimbursable				
	INJ PIPERACILLIN SODIUM 500 MG	MG	service code				
S0088			Non-reimbursable				
50000	IMATINIB 100 MG	IMATINIB 100 MG	service code				
S0090			Non-reimbursable				
30030	SILDENAFIL CITRATE 25 MG	SILDENAFIL CITRATE 25 MG	service code				
S0091			Non-reimbursable				
30031	GRANISETRON HYDROCHLORIDE 1 MG	GRANISETRON HYDROCHLORIDE 1 MG	service code				
S0092		INJECTION HYDROMORPHONE	Non-reimbursable				
30032	INJ HYDMORPHONE HYDROCHLORID 250 MG	HYDROCHLORIDE 250 MG	service code				
S0093			Non-reimbursable				
30033	INJECTION MORPHINE SULFATE 500 MG	INJECTION MORPHINE SULFATE 500 MG	service code				
S0104			Non-reimbursable				
30104	ZIDOVUDINE ORAL 100 MG	ZIDOVUDINE ORAL 100 MG	service code				
S0106		BUPROPION HCI SUSTAINED RLSE TAB	Non-reimbursable				
30100	BUPROPION HCI SR TAB 150 MG 60 TABS	150 MG 60 TABS	service code				
S0108			Non-reimbursable				
30108	MERCAPTOPURINE ORAL 50 MG	MERCAPTOPURINE ORAL 50 MG	service code				
S0109			Non-reimbursable				
30109	METHADONE ORAL 5MG	METHADONE ORAL 5MG	service code				
S0117			Non-reimbursable				
30117	TRETINOIN TOPICAL 5 GRAMS	TRETINOIN TOPICAL 5 GRAMS	service code				
CO110			Non-reimbursable				
S0119	ONDANSETRON ORAL 4 MG	ONDANSETRON ORAL 4 MG	service code				
CO122			Non-reimbursable				
S0122	INJECTION MENOTROPINS 75 IU	INJECTION MENOTROPINS 75 IU	service code				
504.25			Non-reimbursable				
S0126	INJECTION FOLLITROPIN ALFA 75 IU	INJECTION FOLLITROPIN ALFA 75 IU	service code				
60400			Non-reimbursable				
S0128	INJECTION FOLLITROPIN BETA 75 IU	INJECTION FOLLITROPIN BETA 75 IU	service code				
504.22		INJECTION GANIRELIX ACETATE 250	Non-reimbursable				
S0132	INJECTION GANIRELIX ACETATE 250 MCG	MCG	service code				
50426			Non-reimbursable				
S0136	CLOZAPINE 25 MG	CLOZAPINE 25 MG	service code				
60427			Non-reimbursable				
S0137	DIDANOSINE 25 MG	DIDANOSINE 25 MG	service code				
60400			Non-reimbursable				
S0138	FINASTERIDE 5 MG	FINASTERIDE 5 MG	service code				
60426			Non-reimbursable				
S0139	MINOXIDIL 10 MG	MINOXIDIL 10 MG	service code				
CO1.4C			Non-reimbursable				
S0140	SAQUINAVIR 200 MG	SAQUINAVIR 200 MG	service code				
CO4.43		COLISTMTHATE SODIUM INHAL SOL	Non-reimbursable				
S0142	COLISTMTHATE SODUIM INHAL CONC-MG	CONC FORM-PER MG	service code				
CO4.45		INJ PEGYLATED INTERFERON ALFA2A	Non-reimbursable				
S0145	INJ PEGYLATD IFN ALFA-2A 180 MCG ML	180 MCG PER ML	service code				
		INJECTION PEGYLATED INTERFERON	Non-reimbursable				
S0148	INJ PEGYLATD INTRFER ALFA-2B 10 MCG	ALFA-2B 10 MCG	service code				
60455		STERILE DILUTANT FOR EPOPROSTENOL	Non-reimbursable				
S0155	STERILE DILUTANT EPOPROSTENOL 50 ML	50 ML	service code				
50455			Non-reimbursable				
S0156	EXEMESTANE 25 MG	EXEMESTANE 25 MG	service code				
60455			Non-reimbursable				
S0157	BECAPLERMIN GEL 0.01% 0.5 GM	BECAPLERMIN GEL 0.01% 0.5 GM	service code				
504.66			Non-reimbursable				
S0160	DEXTROAMPHETAMINE SULFATE 5 MG	DEXTROAMPHETAMINE SULFATE 5 MG	service code				
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MINISTRAN PRANTOPRAJOLE SIGNIAM AND NECTION PRANTOPRAJOS (SOUM)   Non-institutional ministration of the color of the col			I	1	ı	Τ	
MINITED   MINITED CALLADOR   MINITED CLANARINE 2 A ME	S0164			Non-reimbursable			
MICHION CLAMAZAMES 2.5 MICHION MACAZAMES 2	5010.	INJECTION PANTOPRAZOLE SODIUM 40 MG	MG	service code			
MICHIGAN CANADAM   MICHIGAN CA	\$0166			Non-reimbursable			
ACCITIFICIO 25 MICRORAM   AMASTROCOE DAIL 1 MS   Non-rimbursable service code	30100	INJECTION OLANZAPINE 2.5 MG	INJECTION OLANZAPINE 2.5 MG	service code			
MILLETION DUMETANIDE O.S MG	50160			Non-reimbursable			
MASTROCOLE CORAL 1 MO	30109	CALCITROL 0.25 MICROGRAM	CALCITROL 0.25 MICROGRAM	service code			
MICHIGANIS   MICHIGAN   MICHIGA	60170			Non-reimbursable			
MICETORN BURETORNEO SIMONE   MICETORN BURETORNEO S MO   MICETORN BURETORNEO S MO   MICETORN BURETORNEO S MO   MICETORN BURETORNEO S MO   MICETORN BURETORNEO S MO   MICETORN BURETORN S MO   MICET	50170	ANASTROZOLE ORAL 1 MG	ANASTROZOLE ORAL 1 MG	service code			
MILE LIGHT STORE AND ASSESSIBLE AS SHOWN AS A STATE OF ALL STATE OF	60474			Non-reimbursable			
Section   Sect	501/1	INJECTION BUMETANIDE 0.5 MG	INJECTION BUMETANIDE 0.5 MG	service code			
CHICADAMBUCL CARL 2 MG							
SOLTAND   SOLTAND MISSYLATE CRAIL SO MG	S0172	CHLORAMBUCIL ORAL 2 MG	CHLORAMBUCIL ORAL 2 MG				
DOUASETRON METALTE DRALS DAMS   DOUASETRON METALTE DRALS DAMS   service code							
SOUTH   FULTAMIDE ORAL 125 MG	S0174	DOLASETRON MESYLATE ORAL 50 MG	DOLASETRON MESYLATE ORAL 50 MG				
SULTAMIDE CORAL 125 MG							
Monor   Mono	S0175	FILITAMIDE ORAL 125 MG	FILITAMIDE ORAL 125 MG				
MORDOXYUREA DRAIL 500 MG		120171111152 011112 125 1110	1 20 17 11111 22 0111 12 223 1110				
SOUTH   LEVAMISCIE HT/DROCHLORIDE CRIAL 50 MG   MG   MG   MG   MG   MG   MG   MG	S0176	HADBOAATIBEV OBVI 200 WC	HADBOANTIBEV OBVI 200 MC				
Introduction   Intr		TITOROX TOREA ORAE 300 IVIG					
Solidary   Solidary	S0177	LEVANISOLE HADBOCHLOBIDE OBAL EO MC					
		LEVAINISOLE HYDROCHLORIDE ORAL 50 MG	MG				
Community   Comm	S0178	LONGUETINE ORAL 40 MC	LONGLISTING ODAL 40 MC				
MEGESTROLACETATE ORAL 20 MG		LOMUSTINE ORAL 10 MG	LOMUSTINE ORAL 10 MG				
Melest No.L. ALE LATE URAL JUM	S0179						
SOLIS   PROCARRAZINE HYDROCHLORD CORAL 50 MG   SOM G   SOW GEOCHE   SOM GEOCHE		MEGESTROL ACETATE ORAL 20 MG					
Service code  PROCHLORPERAZINE MALEATE ORAL SMG  PROCHLORPERAZINE MALEATE ORAL SMG  PROCHLORPERAZINE MALEATE ORAL SMG  SMG  TAMOXIFEN CITRATE ORAL 10 MG  TESTOSTERONE PELLET 75 MG  TESTOSTERONE PELLET 75 MG  TESTOSTERONE PELLET 75 MG  MIFEPRISTONE ORAL 200 MG  MIFEPRISTONE ORAL 200 MG  MISOPROSTOL ORAL 200 MG  MISOPROSTOL ORAL 200 MCG  MISOPROSTOL ORAL 200 MCG  DIALYSIS/STRESS VITRAMIN SUPLORAL  DIALYSIS/STRESS VITRAMIN SUPLORAL  DIALYSIS/STRESS VITRAMIN SUPLORAL  DIALYSIS/STRESS VITRAMIN SUPLORAL  MED UNDUCED AS URRAL INCEST INCE  PRENATAL VITAMINS 30-DAY SUPPLY	50182			Non-reimbursable			
SPOCK   SPOC	30102	PROCARBAZINE HYDROCHLORD ORAL 50 MG		service code			
AND PRINCE COMPANY OF THE COMPANY OF	\$0183			Non-reimbursable			
TAMOXIFEN CITRATE ORAL 10 MG	30103	PROCHLORPERAZINE MALEATE ORAL 5MG	5MG	service code			
TRINOLATER LEGISLE DIM SERVICE CODE  1 TESTOSTERONE PELLET 75 MG  1 TESTOSTERONE PELLET 75 MG  1 TESTOSTERONE PELLET 75 MG  1 TESTOSTERONE PELLET 75 MG  1 TESTOSTERONE PELLET 75 MG  1 TESTOSTERONE PELLET 75 MG  1 MISOPROSTOL ORAL 200 MG  1 MISOPROSTOL ORAL 200 MG  1 MISOPROSTOL ORAL 200 MG  1 DIALYS/STRESS VIT SUPL ORAL 100 CAP  1 DIALYS/STRESS VIT SUPL ORAL 100 CAP  1 DIALYS/STRESS VIT SUPL ORAL 100 CAPSULES  1 DI	50197			Non-reimbursable			
TESTOSTERONE PELLET 75 MG	30167	TAMOXIFEN CITRATE ORAL 10 MG	TAMOXIFEN CITRATE ORAL 10 MG	service code			
TestOsterwerettet / 5 wing   TestOsterwerettet / 5 wing   Service code	CO180			Non-reimbursable			
MISOPROSTOL ORAL 200 MCG MISOPROSTOL ORAL 200 MCG Service code Service	30189	TESTOSTERONE PELLET 75 MG	TESTOSTERONE PELLET 75 MG	service code			
MISPROSTOL ORAL 200 MIG	50100			Non-reimbursable			
MISOPROSTOL ORAL 200 MCG MISOPROSTOL ORAL 200 MCG Service code  S0194 DIALYS/STRESS VIT SUPL ORAL 100 CAP DIALYSI/STRESS VITAMIN SUPL ORAL  S0197 PRENATAL VITAMINS 30-DAY SUPPLY PRENATAL VITAMINS 30-DAY SUPPLY Service code  S0201 PART HOSITALIZATN SRVC<24 HR-DIEM PARTAL HOSTALIZATION SERVICES OR  S0202 PARAMED INTERCEPT NON-HOS-BASED ALS  S0203 PARAMED INTERCEPT NON-HOS-BASED ALS  S0204 PARAMED INTERCEPT NON-HOS-BASED ALS  S0205 PARAMED INTERCEPT NON-HOS-BASED ALS  S0206 PARAMED INTERCEPT NON-HOS-BASED ALS  S0207 PARAMED INTERCEPT NON-HOS-BASED ALS  S0208 PARAMED INTERCEPT NON-HOS-BASED ALS  S0209 WHEELCHAIR VAN MILEAGE PER MILE  MED CONF MD W/TEAM HLTH PROF;30 MIN  MED CONF MD W/TEAM HLTH PROF;30 MIN  MED CONF MD W/TEAM HLTH PROF;50 MIN  MED CONF MD W/TEAM HLTH PROF;50 MIN  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable  S0216 Non-reimbursable  S0217 Non-reimbursable  S0218 MED CONF MD W/TEAM HLTH PROF;50 MIN  MED CONF MD W/TEAM HLTH PROF;50 MIN  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable  S0210 Non-reimbursable  S0211 MED CONF MD W/TEAM HLTH PROF;50 MIN  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable  S0212 Non-reimbursable  S0213 Non-reimbursable  S0214 MED CONF MD W/TEAM HLTH PROF;50 MIN  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable  S0215 Non-reimbursable  S0216 Non-reimbursable  S0217 Non-reimbursable  S0218 Non-reimbursable  S0219 Non-reimbursable  S0210 Non-	50190	MIFEPRISTONE ORAL 200 MG	MIFEPRISTONE ORAL 200 MG	service code			
MISOPROSTOL ORAL 200 MCG MISOPROSTOL ORAL 200 MCG service code  DIALYS/STRESS VIT SUPL ORAL 100 CAP  DIALYS/STRESS VIT SUPL ORAL 100 CAP  DIALYS/STRESS VIT SUPL ORAL 100 CAP  DIALYS/STRESS VIT SUPL ORAL 100 CAP  PRENATAL VITAMINS 30-DAY SUPPLY PRENATAL VITAMINS 30-DAY SUPPLY PRENATAL VITAMINS 30-DAY SUPPLY PART HOSITALIZATN SRVC<24 HR-DIEM PART HOSITALIZATON SERVICES OR PARAMED INTERCEPT NON-HOS-BASED ALS BASED ALS SRVC NON-T SRVC CODE  PARAMED INTERCEPT NON-HOS-BASED ALS SRVC NON-TRISPRT SRVC NON-TRIBDUTABILE SRVICE code SRVICE cod							
DIALYS/STRESS VIT SUPL ORAL 100 CAP  DIALYS/STRESS VIT SUPL  DIALYS/STRESS VIT SUPL ORAL 100 CAP  DIALYS/STRESS VIT SUPL O	S0191	MISOPROSTOL ORAL 200 MCG	MISOPROSTOL ORAL 200 MCG				
DIALYS/STRESS VIT SUPL ORAL 100 CAP   100 CAPSULES   Service code							
S0197   PRENATAL VITAMINS 30-DAY SUPPLY   PRENATAL VITAMINS 30-DAY SUPPLY   Service code   Ser	S0194	DIALYS/STRESS VIT SUPL ORAL 100 CAP					
S0197   PRENATAL VITAMINS 30-DAY SUPPLY   PRENATAL VITAMINS 30-DAY SUPPLY   Service code   S0199   MED INDUCED AB ORAL INGEST MED   MED INDUCED AB ORAL INGESTION   Man_reimbursable   Service code   S0201   PART HOSITALIZATION SERVICES   Non-reimbursable   Service code   S0207   PARAMED INTERCEPT NON-HOS-BASED ALS SRVC NON-T   Service code   S0208   PARAMED INTERCEPT NON-HOS-BASED ALS SRVC NON-T   SRVC NON-T   SRVC NON-T   SRVC NON-T   SRVC NON-T   SRVC NON-T   SRVC NON-TRINSPRT		-,					
MED INDUCED AB ORAL INGEST MED   MED INDUCED AB ORAL INGESTION   Mon-reimbursable   Mon	S0197	PRENATAL VITAMINS 30-DAY SUPPLY	PRENATAL VITAMINS 30-DAY SUPPLY				
PARTIAL HOSITALIZATION SERVICES < 24 HR PER DIEM 24 HR PER DIEM 24 HR PER DIEM 24 HR PER DIEM 25 HR PER DIEM 26 HR PER DIEM 26 HR PER DIEM 27	S0199						
PART HOSITALIZATN SRVC<24 HR-DIEM  PARAMEDIC INTERCEPT NON-HOS- BASED ALS SRVC NON-T  PARAMEDIC INTERCEPT NON-HOS- BASED ALS SRVC NON-T  SRVC NON-TRINSPRT  PARAMEDIC INTERCEPT HOS-BASE ALS  SRVC NON-TRINSPRT  NON-TRIMBURSable  SRVC Code  NON-TRINSPRT  NON-TRIMBURSable  SRVC CODE  NON-TRINSPRT  NON-TRIMBURSable  SRVC CODE  NON-TRINSPRT  NON-TRIMBURSable  SRVC CODE  NON-TRIMBURSABLE  SRVC CODE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  SRVC CODE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  NON-TRIMBURSABLE  SRVC CODE  NON-TRIMBURSABLE  NON-TRIM						Full Clinical Review	
PARAMED INTERCEPT NON-HOS-BASED ALS BASED ALS SRVC NON-T Service code  PARAMED INTERCEPT NON-HOS-BASED ALS PARAMED INTERCEPT NON-HOS-BASED ALS PARAMED INTERCEPT HOS-BASE ALS SRVC NON-TRNSPRT SRVC CODE SRVC CODE SRVC CODE SRVC CODE SRVC CODE NON-EMERGENCY TRANSPORTATION; PER MILE SRVICE CODE NON-Teimbursable SRVICE CODE NON-TEIMBURSABLE SRVICE CODE NON-TEIMBURSABLE SRVICE CODE SRVICE	S0201	PART HOSITALIZATN SRVC<24 HR-DIEM	24 HR PER DIEM				
PARAMED INTERCEPT NON-HOS-BASED ALS BASED ALS SRVC NON-T Service code  Non-reimbursable Service code  WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  NON-EMERGENCY TRANSPORTATION; PER MILE  Service code  Non-reimbursable service code  Non-reimbursable service code  MED CONF MD W/TEAM HLTH PROF;30 MIN  MED CONF PHYS W/TEAM HLTH PROF MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF PHYS W/TEAM HLTH PROF MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable Service code  Non-reimbursable Service code  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable			PARAMEDIC INTERCEPT NON-HOS-				
PARAMEDIC INTECPT HOS-BASE ALS SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC NON-TRNSPRT SRVC CODE  S0209 WHEELCHAIR VAN MILEAGE PER MILE WHEELCHAIR VAN MILEAGE PER MILE SERVICE CODE  NON-EMERGENCY TRANSPORTATION; PER MILE SRVC CODE  NON-EMERGENCY TRANSPORTATION; PER MILE SRVICE CODE  NON-TRNSPRT SRVC CODE NON-TRNSPRT SRV	S0207	PARAMED INTERCEPT NON-HOS-BASED ALS					
PARAMED INTRCPT ALS NON-TRNSPRT SRVC NON-TRNSPRT service code  S0209 WHEELCHAIR VAN MILEAGE PER MILE  WHEELCHAIR VAN MILEAGE PER MILE  NON-EMERG TRANSPORTATION; PER MILE  NON-EMERG TRANSPORTATION; PER MILE  NON-EMERG TRANSPORTATION; PER MILE  NON-EMERG TRANSPORTATION; PER MILE  NON-EMERG TRANSPORTATION; PER MILE  PER MILE  S0220 MED CONF MD W/TEAM HLTH PROF;30 MIN  MED CONF PHYS W/TEAM HLTH PROF  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable  service code  COMP GERIATRIC ASSESS&TX PLAN  Non-reimbursable							
SO209   WHEELCHAIR VAN MILEAGE PER MILE   WHEELCHAIR VAN MILEAGE PER MILE   Service code	S0208	PARAMED INTROPT ALS NON-TRNSPRT					
WHEELCHAIR VAN MILEAGE PER MILE  NON-EMERGENCY TRANSPORTATION; PER MILE  NON-EMERGENCY TRANSPORTATION; Non-reimbursable service code  NON-EMERGENCY TRANSPORTATION; Non-reimbursable service code  MED CONF MD W/TEAM HLTH PROF;30 MIN  MED CONF PHYS W/TEAM HLTH PROF  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF PHYS W/TEAM HLTH PROF  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF MD W/TEAM HLTH PROF;60 MIN  MED CONF PHYS W/TEAM HLTH PROF  Non-reimbursable  service code  Non-reimbursable  service code		THE WALLS WATER THE THE THE THE THE THE THE THE THE THE	Sitte the Internal				
NON-EMERGENCY TRANSPORTATION; PER MILE S0220 MED CONF MD W/TEAM HLTH PROF;30 MIN S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN MED CONF MD W/TEAM HLTH PROF;60 MIN S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN S0250 COMP GERIATRIC ASSESS&TX PLAN S0250 COMP GERIATRIC ASSESS&TX PLAN S026 COMP GERIATRIC ASSESS&TX PLAN S057 COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC ASSESS COMP GERIATRIC AS	S0209	WHEELCHAIR VAN MILEAGE DER MILE	WHEELCHAIR VAN MILEAGE DER MILE				
NON-EMERG TRANSPORTATION; PER MILE PER MILE Service code  MED CONF MD W/TEAM HLTH PROF;30 MIN PT CARE; 30 MIN Service code  MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN Service code  MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN Service code  MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN Service code  COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable		WHEELCHAIN VAIN WILLAGE FER WILE					
S0220 MED CONF MD W/TEAM HLTH PROF;30 MIN PT CARE; 30 MIN service code  S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN service code  MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN service code  S0250 COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable	S0215	NON EMERG TRANSPORTATIONS DEP MILE	-				
S0220 MED CONF MD W/TEAM HLTH PROF;30 MIN PT CARE; 30 MIN service code  S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN service code  S0250 COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable	$\vdash$	INOIN-EIVIENG TRAINSPORTATION; PER MILE					
S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 30 MIN Service code  MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN Service code  COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable S0250	S0220	MAED CONE MAD WITEAMA LILTU DDOG 30 A ****	T				
S0221 MED CONF MD W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN service code  COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable		INED CONFIND W/TEAM HETH PROF;30 MIN	*				
MED CONF MID W/TEAM HLTH PROF;60 MIN PT CARE; 60 MIN SERVICE CODE  COMP GERIATRIC ASSESS&TX PLAN Non-reimbursable	S0221		· ·				
\$0250		MED CONF MD W/TEAM HLTH PROF;60 MIN					
COMP GERIATRIC ASSESS& IX PLANNING PRFRM ASSESS TEAM Service code	S0250						
		COMP GERIATRIC ASSESS&TX PLANNING	PRFRM ASSESS TEAM	service code			

		BY NURSE SOCIAL WORKER OR OTHER	Ni a a matanta manatata			
S0255	DV NIDC COCL MADKED (OTH DECMATD CTAFE		Non-reimbursable			
	BY NRS SOCL WRKER/OTH DESNATD STAFF	DESIGNATED STAFF	service code			
S0257		CNSL&DISCUSS ADV DIRCTV/EOL CARE	Non-reimbursable			
	CNSL&DISCUSS AD/EOL PT&/SURROGATE	PT&/SURROGATE	service code			
S0260		HISTORY AND PHYSICAL RELATED TO	Non-reimbursable			
50200	HX & PHYS RELATED TO SURGICAL PROC	SURGICAL PROC	service code			
S0265		GENETIC COUNSELING PHYS	Non-reimbursable	Genetic testing and		
30203	GENETIC CNSL PHYS SUP EA 15 MINS	SUPERVISION EA 15 MINS	service code	counseling		
S0270		PHYSICIAN MGT PT HOME CARE STD	Non-reimbursable			
30270	PHYS MGT PT HOME CARE STD MON RATE	MONTHLY CASE RATE	service code			
50274		PHYS MGT PT HOME CARE HOSPICE	Non-reimbursable			
S0271	PHYS MGT PT HM CARE HOSPICE MO RATE	MONTHLY CASE RATE	service code			
60070		PHYS MGT PT HOME CARE EPISODIC	Non-reimbursable			
S0272	PHYS MGT PT HM CARE EPISODC MO RATE	CARE MO CASE RATE	service code			
		PHYS VST MEMBER HOME OUTSIDE	Non-reimbursable			
S0273	PHYS VST MEMBER HOME OUT CAPITATION	CAPITATION ARRNGMNT	service code			
		NP VST MEMBER HOME OUTSIDE	Non-reimbursable			
S0274	NP VST MEMBR HOM OUTSIDE CAPITATION	CAPITATION ARRANGMENT	service code			
		MEDICAL HOME PROG COMP CARE	Non-reimbursable			
S0280	MED HOME PROG COMP CARE COORD INIT	COORD INITIAL PLAN	service code			
	WEB HOWET ROS COME CARE COOKS INTO	MEDICAL HOME PROGRAM COMP CARE				
S0281	MED HOME PROGRAM CARE COORD MAINT	COORD MAINT PLAN	Non-reimbursable			
	WED HOWE PROGRAM CARE COORD MAINT	COLONOSCOPY CNSLT PRFRM PRI SCR	service code			
S0285	COL CALCIT REFERM RELOR COL COL REGG		Non-reimbursable			
	COL CNSLT PRFRM PRIOR SCR COL PROC	COLONOSCOPY PROC	service code			
S0302		CMPL EARLY PERIODIC SCREENING	Non-reimbursable			
	CMPL EARLY PRD SCREEN DX&TX SRVC	DX&TX SERVICE	service code			
S0310			Non-reimbursable			
50510	HOSPITALIST SERVICES	HOSPITALIST SERVICES	service code			
S0311		COMP MGMT & CARE COORD	Non-reimbursable			
30311	COMP MGMT&CARE COORD ADV ILL CAL MO	ADVANCED ILL PER CAL MO	service code			
S0315		DISEASE MANAGEMENT PROGM; INIT	Non-reimbursable			
30313	DZ MGMT PROGM; INIT ASSESS&INIT PRO	ASSESS&INIT PROGM	service code			
50246		DZ MANAGEMENT PROGRAM FOLLOW-	Non-reimbursable			
S0316	DZ MGMT PROGM FOLLOW-UP/REASSESS	UP/REASSESSMENT	service code			
		DISEASE MANAGEMENT PROGRAM;	Non-reimbursable			
S0317	DISEASE MANAGEMENT PROGM; PER DIEM	PER DIEM	service code			
		TEL CALLS RN TO DZ MGMT PROGM	Non-reimbursable			
S0320	TEL CALLS RN DZ MGMT MEMB MONITR;MO	MEMB MONITOR; MO	service code			
		LIFESTYL MOD PROG MGMT COR ART	Non-reimbursable			
S0340	LIFESTYL MOD MGMT COR ART DZ; 1 QTR	DZ; LIFESTYL MOD	service code	1		
<b>—</b>	E. ESTERIOD MONTECONANT DE, T QTN	LIFESTYL MOD PROG MGMT COR ART		<del> </del>		
S0341	LIFESTYL MOD MGMT CAD; 2ND/3RD QTR	DZ; 2ND/3RD QTR	Non-reimbursable	1		
-	LIFEST TE WIOD WIGWIT CAD, 2ND/SND QTK		service code			
S0342	LIFECTVI MAOD MACMAT COD ADT DZ. 4 OTD	LIFESTYL MOD PROG MGMT COR ART	Non-reimbursable			
	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	DZ; 4TH QTR/STAGE	service code			
S0353		TX PLANNING CARE COORDINATION	Non-reimbursable			
	TX PLAN CARE COORD MGMT CA INIT TX	MGMT CANCR INIT TX	service code			
S0354		TX PLAN CARE COORD MGMT CA EST PT		1		
30334	TX PLAN CARE MGMT CA EST PT CHG REG	CHG REGIMEN	service code			
S0390			Non-reimbursable	1		
30330	ROUTINE FOOT CARE; PER VISIT	ROUTINE FOOT CARE; PER VISIT	service code		 	
COZOE		IMPRESSION CASTING FOOT	Non-reimbursable		 	
S0395	IMPRESSION CAST FOOT-PRACTITIONER	PERFORMED PRACTITIONER	service code	1		
		GLOBAL FEE XTRACORP SHOCK WAVE	Non-reimbursable			
S0400	GLOBL FEE XTRACORP SHOCK WAVE LITH	LITH KIDNEY STONE	service code			
			Non-reimbursable			
S0500	DISPOSABLE CONTACT LENS PER LENS	DISPOSABLE CONTACT LENS PER LENS	service code	1		
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S0504		SINGLE VISION PRESCRIPTION LENS PER			
	SINGLE VISION PRSC LENS PER LENS	LENS	service code		
S0506		BIFOCAL VISION PRESCRIPTION LENS	Non-reimbursable		
50500	BIFOCAL VISION PRSC LENS PER LENS	PER LENS	service code		
S0508		TRIFOCAL VISION PRESCRIPTION LENS	Non-reimbursable		
50500	TRIFOCAL VISION PRSC LENS PER LENS	PER LENS	service code		
S0510			Non-reimbursable		
30310	NON-PRESCRIPTION LENS PER LENS	NON-PRESCRIPTION LENS PER LENS	service code		
S0512		DAILY WEAR SPECIALTY CONTACT LENS	Non-reimbursable		
30312	DAILY WEAR SPCLTY CNTC LENS-LENS	PER LENS	service code		
S0514			Non-reimbursable		
30314	COLOR CONTACT LENS PER LENS	COLOR CONTACT LENS PER LENS	service code		
S0515		SCLERAL LENS LIQUID BANDAGE DEVICE	Non-reimbursable		
30313	SCLERAL LENS LQD BANDGE DEVICE-LENS	PER LENS	service code		
S0516			Non-reimbursable		
30310	SAFETY EYEGLASS FRAMES	SAFETY EYEGLASS FRAMES	service code		
S0518			Non-reimbursable		
30318	SUNGLASSES FRAMES	SUNGLASSES FRAMES	service code		
S0580			Non-reimbursable		
30580	POLYCARBONATE LENS	POLYCARBONATE LENS	service code		
COE 01			Non-reimbursable		
S0581	NONSTANDARD LENS	NONSTANDARD LENS	service code		
50500		INTEGRAL LENS SERVICE MISC SERVICES	Non-reimbursable		
S0590	INTEGRL LENS SRVC MISC REPORTED SEP	REPORTED SEP	service code		
60500		COMPREHENSIVE CONTACT LENS	Non-reimbursable		
S0592	COMP CONTACT LENS EVALUATION	EVALUATION	service code		
50505		DISPNSING NEW SPECTACLE LENSES PT	Non-reimbursable		
S0595	DISPNS NEW SPCTCL LENS PT SPL FRME	SUPPLIED FRAME	service code		
50505		PHAKIC INTRAOCULAR LENS CORRECT	Non-reimbursable		
S0596	PHAKIC IOL CORRECT REFRACTIVE ERROR	REFRACTIVE ERROR	service code		
50504			Non-reimbursable		
S0601	SCREENING PROCTOSCOPY	SCREENING PROCTOSCOPY	service code		
		ANNUAL GYNECOLOGICAL	Non-reimbursable		
S0610	ANNUAL GYN EXAMINATION NEW PATIENT	EXAMINATION NEW PATIENT	service code		
		ANNUAL GYNECOLOGICAL	Non-reimbursable		
S0612	ANNUAL GYN EXAMINATION EST PATIENT	EXAMINATION EST PATIENT	service code		
		ANNUAL GYN EXAM CLIN BREAST EXAM	Non-reimbursable		
S0613	ANNUAL GYN EX CLIN BRST EX NO PELV	W/O PELV EVAL	service code		
		AUDIOMETRY FOR HEARING AID	Non-reimbursable		
S0618	AUDIOMETRY FOR HEARING AID EVAL	EVALUATION	service code		
		ROUTINE OPHTH EXAM INCL	Non-reimbursable		
S0620	ROUTINE OPHTH EX W/REFRAC; NEW PT	REFRACTION; NEW PT	service code		
		ROUTINE OPHTH EXAM INCL	Non-reimbursable		
S0621	ROUTINE OPHTH EX W/REFRAC; EST PT	REFRACTION; EST PT	service code		
		PHYSICAL EXAM COLLEGE NEW OR	Non-reimbursable		
S0622	PHYSICAL EXAM COLLEGE NEW/EST PT	ESTABLISHED PATIENT	service code		
	, -	RMV SUTURES; PHYS NOT PHYS WHO	Non-reimbursable		
S0630	REMV SUTURS; MD NOT MD WHO CLOS WND	ORIGLY CLOS WND	service code		
	.,		Non-reimbursable		
S0800	LASER IN SITU KERATOMILEUSIS	LASER IN SITU KERATOMILEUSIS	service code		
			Non-reimbursable		
S0810	PHOTOREFRACTIVE KERATECTOMY	PHOTOREFRACTIVE KERATECTOMY	service code		
			Non-reimbursable		
S0812	PHOTOTHERAPEUTIC KERATECTOMY	PHOTOTHERAPEUTIC KERATECTOMY	service code		
		2	Non-reimbursable		
S1001	DELUXE ITEM PATIENT AWARE	DELUXE ITEM PATIENT AWARE	service code		
			SCI VICE CODE		

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	S1002			Non-reimbursable			
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MOST POWER ADMINISTER NOT STARRE   MOST ST	51015	IV TUBING EXTENSION SET					
Month	\$1016			Non-reimbursable			
CONT NONINVAS GILL MON DEVE PURCHASE   SERVICE CODE   SERVICE CO	31010	NON-PVC IV ADMN SET RX NOT STABLE					
Service Code	\$1030		CONT NONINVASIVE GLU MONITORING	Non-reimbursable			
CONT NONINNAS GUIL MON DEVER RENTIAL   RENTIAL SENSING REPA   Service code	31030	CONT NONINVAS GLU MON DEVC PURCHASE	DEVICE PURCHASE	service code			
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RECEPT ENT OF ANTHER PRINCIPOL OF STATES AND	C1027		RECEIVER; EXTERNAL USE W/ARTIF	Non-reimbursable			
STORY   CRANIAL REMOLD ORTHOT PED GUST FAB   RIGID CUSTOM FAB   Service code	51037	RECVER; EXT USE ARTIF PANC DEVC SYS	PANCREAS DEVC SYS	service code			
OLANIAL REMOLI ON THO IT PECUS PAR MINE STO MICRO PARKS SERVICE CODE  STORY MOMETASONE FURGATE SIMPL 370 MICRO PARKS SERVICE CODE  STORY TO NONCORNARY TEMPORARY DELSYS  MITH DELVERY SYSTEM  MITH DELVERY SYSTEM  STENT TO NONCORNARY TEMPORARY DELSYS  MITH DELVERY SYSTEM  STENT TO NONCORNARY TEMPORARY DELSYS  TRANSPLANTATION SMALL  INTESTINEBLUVER ALLOGATES  TRANSPLANTATION SMALL  INTESTINEBLUVER ALLOGATES  Non-reimbursable service code  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION OF MULTIVISCERAL  ORGANS  Non-reimbursable service code  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION OF MULTIVISCERAL  Non-reimbursable service code  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION OF MULTIVISCERAL  Non-reimbursable service code  TRANSPLANTATION MULTIVISCERAL ORGN  TRANSPLANTATION OF MULTIVISCERAL  Non-reimbursable service code  TRANSPLANTATION OF MULTIVISCERAL  Non-reimbursable service code  TRANSPLANTATION  TRANSPLANTATION  TRANSPLANTATION  TRANSPLANTATION  TRANSPLANTATION  TRANSPLANTATION  TRANSPLANTATION  Non-reimbursable service code  TRANSPLANTATION  TRANSPLANTATION  Non-reimbursable service code  TRANSPLANTATION  TRANSPLANTATION  Non-reimbursable service code  TRANSPLANTATION  Non-reimbursable service code  TRANSPLANTATION  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-reimbursable service code  TRANSPLANTATION INNO DONOR  Non-r	64040		CRANIAL REMOLDING ORTHOTIC PED	Non-reimbursable			
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S2068		BREAST RECON DIEP/SIEA FLAP & CLOS	Non-reimbursable				
52000	BREAST RECON DIEP/SIEA FLAP UNI	DONR SITE UNI	service code				
		CYSTO	Non-reimbursable				
S2070		W/URETERSCPY&/PYELSCPY;LASR TX	service code				
	CYSTO; LASER TX URETERAL CALC	URETRL CALC					
62070			Non-reimbursable				
S2079	LAP ESOPHAGOMYOTOMY HELLER TYPE	LAP ESOPHAGOMYOTOMY HELLER TYPE	service code				
			Non-reimbursable	Surgery of respiratory			
S2080	LASER-ASSISTED UVULOPALATOPLASTY	LASER-ASSISTED UVULOPALATOPLASTY	service code	system			
		ADJ GASTRIC BAND DIAM SUBQ PORT	Non-reimbursable	Bariatric Surgery			
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT	INJ/ASPIR SALINE	service code				
		TRNSCATH OCCL/EMBOLIZ TUMR	Non-reimbursable				
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	DESTRUC PERQ METH USI	service code				
	THIRDS ITT OCCEPTION DESTROC	ISLET CELL TISS TRANSPLANT FROM	Non-reimbursable				
S2102	ISLET CELL TISS TPLNT PANC; ALLOGEN	PANC; ALLOGENEIC					
	ISLET CELL TISS TPLINT PAINC, ALLOGEN		service code				
S2103	ADDENIAL TICCLE TRANSPIANT TO PRAIN	ADRENAL TISSUE TRANSPLANT TO BRAIN	Non-reimbursable				
<u> </u>	ADRENAL TISSUE TRANSPLANT TO BRAIN	II.	service code	1			
S2107		ADOPTIVE IMMUNOTHERAPY PER	Non-reimbursable				
	ADOPTIVE IMMUNOTX COURSE TREATMENT	COURSE OF TREATMENT	service code				
S2112		ARTHROSCOPY KNEE SURGICAL	Non-reimbursable				
32112	ARTHROSCOPY KNEE SURG HARVEST CART	HARVESTING CARTILAGE	service code				
S2115		OSTEOTOMY PERIACETABULAR WITH	Non-reimbursable				
32113	OSTEOT PERIACETABULAR W/INTRL FIX	INTERNAL FIXATION	service code				
C2117			Non-reimbursable				
S2117	ARTHROEREISIS SUBTALAR	ARTHROEREISIS SUBTALAR	service code				
		METL-ON-METL TOT HIP RESRFC	Non-reimbursable				
S2118	MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	ACETAB&FEM CMPNT	service code				
		LDL APHERES HEPARN-INDUCD	Non-reimbursable				
S2120	LDL APHERES HEPARN XTRCRP LDL PRECP	XTRACORP LDL PRECIP	service code				
		CORD BLOOD HARVESTING	Non-reimbursable				
S2140	CORD BLD HARVEST TPLNT ALLOGENEIC	TRANSPLANTATION ALLOGENEIC	service code				
	COND DED THAT YELD CENTER	CORD BLD-DERIVED STEM-CELL TPLNT	Non-reimbursable				
S2142	CORD BLOOD STEM-CELL TPLNT ALLOGEN	ALLOGENEIC	service code				
	COND BLOOD STEW-CELE IT ENT ALLOGEN	ALLOGENEIC		Transplants and			
			Non-reimbursable	Transplants and			
60450			service code	transplant related			
S2150				services (including pre			
		BN MARROW/BLD DERIVD STEM CELLS		and post transplant			
<u> </u>	BN MARRW/STEM CELL HARV TPLNT∁	HARV TPLNT∁		testing)			
			Non-reimbursable	Transplants and			
			service code	transplant related			
S2152				services (including pre			
		SOLID ORGAN; TRANSPLANTATION &		and post transplant			
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C2202			Non-reimbursable				
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62225		MIN INVASV DIR CAB SURG; ART GFT 1	Non-reimbursable				
S2205	MIN INVAS DIR CAB; ART GFT 1 CAG	COR ART GFT	service code				
		MIN INVASV DIR CAB SURG; ART GFT 2	Non-reimbursable				
S2206	MIN INVAS DIR CAB; ART GFT 2 CAG	COR ART GFT	service code				
	,	MIN INVAS DIR CAB; VEN GFT ONLY 1	Non-reimbursable				
S2207	MIN INVAS DIR CAB; VEN ONLY 1 CVG	COR VEN GFT	service code	1			
		MIN INVAS DIR CAB SURG; 1 ART&VEN	Non-reimbursable	<u> </u>			
S2208	MIN INVAS DIR CAB; 1 ART&VG 1 VG	GFT 1 VEN GFT	service code	1			
-	DIN GND, I MIN GNO I VO	MIN INVASV DIR CAB SURG; 2 ART	Non-reimbursable				
S2209	MIN INVAS DIR CAB; 2 ART GFT&1 VG	GFT&1 VENUS GFT	service code	1			
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S2341   CHEMODERETVAT ADDUCT MUSC VOCAL CRD   MASAL ENDOSCOPE (POSTAD BEAR   NASAL ENDOSCOPE)		CHEMODNERVAT ABDUCTR MUSC VOCE CORD					
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S2348 DECOMP PERQ DISC RF 1/MX LUMB DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB Non-reimbursable service code neck and back conditions, including:  S2350 DISKECT ANT-OSTEOPHYT-LUMB 1 INTESP LUMBAR 1 INTERPACE  DISKECT ANT-OSTEOPHYT-LUMB 2 DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAD DISKECT ANT W/OSTEOPHYTECT; but many control of the conditions including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR CONCOUNTER DISKECT ANT W/OSTEOPHYTECT; but many conditions, including:  DISKECT ANT-OSTEOPHYT-LUMB ADD INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR DO INTESP EAR CONCOUNTER DISKECT AND INTESP EAR DO INTESP EAR CONCOUNTER DISKECT AND INTESP EAR DO INTESP EAR CONCOUNTER DISKECT AND INTESP EAR EAR EAR EAR EAR EAR EAR EAR EAR EAR		CHEMODENERVAT ADDUCT MUSC VOCAL CRD					
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S2348   DECOMP PERQ DISC RF 1/MX LUMB   ENREYO 1/MX LUMB   ENREYO 1/MX LUMB   ENREYO 1/MX LUMB   ENREYO 1/MX LUMB   ENREYO 1/MX LUMB   ENREYO 1/MX LUMB   Service code		NASL ENDO POSTOP DEBRID UNI/BIL	ENDOSCOPIC POSTOP DEBR				
DECOMP PERQ DISC RE 1/MX LUMB  S2350  DISKECT ANT-OSTEOPHYT-LUMB 1.INTRSP  LUMBAR 1.INTERSPACE  DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1.INTERSPACE  DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1.INTERSPACE  DISKECT ANT W/OSTEOPHYTECT; LUMB Service code  DISKECT ANT-OSTEOPHYT-LUMB ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EA ADD INTRSP  EFUS IN UTERO  Service code			DECOM AD DEDO 1817FD1 (FDT D100 DE				
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S2401   REPAIR URIN TRACT OBST FETUS-UTERO   FETUS IN UTERO   Service code		REPAIR CONGEN HERNIA FETUS-UTERO					
REPAIR CORN ITRACT OBST PETUS-UTERO  FETUS IN OTERO  SERVICE CODE  REPAIR COAM IN THE FETUS  ROBO-reimbursable  SERVICE CODE  REPAIR COAM IN THE FETUS  ROBO-reimbursable  SERVICE CODE  REPAIR COAM IN THE FETUS  ROBO-reimbursable  SERVICE CODE  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE FETUS IN UTERO  REPAIR COAM IN THE TETUS PROCEDURE  REPAIR COAM IN THE TETUS PROCEDURE  REPAIR COAM IN THE TUS PROCEDURE  REPAIR MYELOMETURE  Non-reimbursable  SERVICE CODE  REPAIR MYELOMETURE  REPAIR MYELOMETURE  Non-reimbursable  SERVICE CODE  Non-reimbursable  SERVICE CODE  Non-reimbursable  SERVICE CODE  Non-reimbursable  SERVICE CODE  Non-reimbursable  SERVICE CODE  Non-reimburs	S2401						
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S2403   REPAIR EPS IN THE FETUS IN UTERO   PERFORMED IN UTERO   Service code		REPAIR CONGEN CYST MALF FETUS-UTERO					
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S2411   FETOSCOPIC LASER THERAPY TX OF TITS   TREATMENT-TITS   Service code		REP CONGN MALFORM FETUS-UTERO NOC					
S2900 SURG TECH RQR USE ROBOTIC SURG SYS ROBOTIC SURG SYS ROBOTIC SURG SYS Service code  S3000 DIAB IND; RET EYE EX DILAT BIL EXAM DILATED BIL Service code  S3005 PRFRM MSR EVAL PT SELF ASSESS DPRSS ASSESS DEPRESSION Service code  Non-reimbursable service code  Non-reimbursable service code  Non-reimbursable service code  Non-reimbursable service code  Non-reimbursable service code	S2411						
SURG TECH RQR USE ROBOTIC SURG SYS  ROBOTIC SURG SYS  Service code  DIABETIC INDICATOR; RETINAL EYE Non-reimbursable service code  SINON  DIAB IND; RET EYE EX DILAT BIL  EXAM DILATED BIL SERVICE CODE  PREFORMANCE MSR EVAL PT SELF Non-reimbursable service code  Non-reimbursable SINON  Non-reimbursable  Non-reimbursable		FETUSCOPIC LASER THERAPY TX OF TITS					
S3000 DIAB IND; RET EYE EX DILAT BIL EXAM DILATED BIL Service code  S3005 PRFRM MSR EVAL PT SELF ASSESS DPRSS ASSESS DEPRESSION Service code  Non-reimbursable service code  Non-reimbursable service code  Non-reimbursable service code	S2900						
S3000 DIAB IND; RET EYE EX DILAT BIL EXAM DILATED BIL service code  S3005 PRFRM MSR EVAL PT SELF ASSESS DPRSS ASSESS DEPRESSION service code  Non-reimbursable Non-reimbursable		SURG TECH RQR USE ROBOTIC SURG SYS					
S3005 PRFRM MSR EVAL PT SELF ASSESS DPRSS PRESSION Service code  S3600 Non-reimbursable Service code  Non-reimbursable Service code	S3000		*				
S3005 PRFRM MSR EVAL PT SELF ASSESS DPRSS ASSESS DEPRESSION service code  Non-reimbursable		DIAB IND; RET EYE EX DILAT BIL					
PRERMINISE EVAL PT SELF ASSESS DEPRESSION SERVICE CODE  Non-reimbursable	S3005						
1 53600 1		PRFRM MSR EVAL PT SELF ASSESS DPRSS	ASSESS DEPRESSION				
ISTATIANDRATORY REQUEST ISTATIANDRATORY REQUEST Isonics code	S3600						
STAT ENDOTATION TREQUEST STAT ENDOTATION TREQUEST SERVICE CODE		STAT LABORATORY REQUEST	STAT LABORATORY REQUEST	service code			

		EMERG STAT LAB CHARGE PT	Niam material and the				
S3601	FMFDC CTAT LAD CUDC DT UD ANDC FACI		Non-reimbursable				
	EMERG STAT LAB CHRG PT HB/NRS FACL	HOMBOUND/RESID NRS FACL	service code				
S3620		NEWBORN METABOLIC SCREENING	Non-reimbursable				
	NEWBORN METABOLIC SCREENING PANEL	PANEL SPEC-STATE	service code				
S3630			Non-reimbursable				
55555	EOSINOPHIL COUNT BLOOD DIRECT	EOSINOPHIL COUNT BLOOD DIRECT	service code				
S3645		HIV-1 ANTIBODY TESTING ORAL	Non-reimbursable				
33043	HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	MUCOSAL TRANSUDATE	service code				
S3650		SALIVA TEST HORMONE LEVEL; DURING	Non-reimbursable	Pathology and Lab			
33030	SALIVA TEST HORMONE LEVEL;MENOPAUSE	MENOPAUSE	service code				
62652		SALIVA TST HORMONE LEVL; ASSESS	Non-reimbursable	Pathology and Lab			
S3652	SLIVA TST HORMONE LEVL;PRTERM LABOR	PRTERM LABR RISK	service code				
60655			Non-reimbursable				
S3655	ANTISPERM ANTIBODIES TEST	ANTISPERM ANTIBODIES TEST	service code				
		GASTROINTESTINAL FAT ABSORPTION	Non-reimbursable				
S3708	GASTROINTESTINAL FAT ABSORB STUDY	STUDY	service code				
		DOSE OPTIMIZ AUC ANALY INFUSIONAL	Non-reimbursable				
S3722	DOSE OPTIMIZATION AUC ANAL INF 5-FU	5-FLUOROURACIL	service code				
		GENETIC TESTING AMYOTROPHIC	Non-reimbursable				
S3800	GENETIC TESTING ALS	LATERAL SCLEROSIS	service code				
	deliverie restilive res	DNA ANALYSIS GERMLINE MUTATS RET	Non-reimbursable	Genetic testing and			
S3840	DNA ANALYSIS RET PROTO-ONCOGENE	PROTO-ONCOGENE		-			
	DIVA ANALISIS KET FROTO-ONCOGENE	GENETIC TESTING FOR	service code	counseling			
S3841	CENETIC TECTING FOR RETINORIA CTOMA		Non-reimbursable	Genetic testing and			
	GENETIC TESTING FOR RETINOBLASTOMA	RETINOBLASTOMA	service code	counseling			
S3842		GENETIC TESTING FOR VON HIPPEL-	Non-reimbursable	Genetic testing and			
	GENETIC TST VON HIPPEL-LINDAU DZ	LINDAU DISEASE	service code	counseling			
S3844		DNA ANALY CONNEXIN 26 GENE	Non-reimbursable	Genetic testing and			
550	DNA ANALY GJB2 CONGN PFND DEAFNESS	CONGN PFND DEAFNESS	service code	counseling			
S3845		GENETIC TESTING FOR ALPHA-	Non-reimbursable	Genetic testing and			
33043	GENETIC TESTING ALPHA-THALASSEMIA	THALASSEMIA	service code	counseling			
S3846		GENETIC TESTING HEMOGLOBIN E BETA-	Non-reimbursable	Genetic testing and			
33640	GENETIC TST HGB E BETA-THALASSEMIA	THALASSEMIA	service code	counseling			
62040		GENETIC TESTING FOR NIEMANN-PICK	Non-reimbursable	Genetic testing and			
S3849	GENETIC TESTING NIEMANN-PICK DZ	DISEASES	service code	counseling			
		GENETIC TESTING FOR SICKLE CELL	Non-reimbursable	Genetic testing and			
S3850	GENETIC TESTING SICKLE CELL ANEMIA	ANEMIA	service code	counseling			
		DNA ANALY APOE EPSILON 4 ALLELE	Non-reimbursable	Genetic testing and			
S3852	DNA ANALY APOE EPSILON 4 ALLELE ALZ	SUSECPT ALZS DZ	service code	counseling			
		GENETIC TESTING FOR MYOTONIC	Non-reimbursable	Genetic testing and			
S3853	GENETIC TST MYOTONIC MUSC DYSTROPHY	MUSCULAR DYSTROPHY	service code	counseling			
<b>—</b>	CELLET OF INTO TO THE WIGGE DISTROPTIT	GENE EXPRESSION PROFILING PANL	Non-reimbursable				
S3854	GENE EXPRESSION PROFILING PANEL	MGMT BREAST CA TX		Genetic testing and			
	GENE EXPRESSION PROFILING PANEL		service code	counseling			
S3861	CENETIC TEST SONE A RAVADIANTS SDCT DS	GENETIC TESTING SCN5A & VARIANTS	Non-reimbursable	Genetic testing and			
	GENETIC TEST SCN5A&VARIANTS SPCT BS	FOR SUSPECTED BS	service code	counseling			
S3865		COMP GENE SEQ ANALY HYPERTROPHIC	Non-reimbursable	Genetic testing and			
	COMP GENE SEQUENCE ANALYSIS HCM	CARDIOMYOPATHY	service code	counseling			
S3866		GENETIC ANALY GENE MUTAT HCM	Non-reimbursable	Genetic testing and			
33000	GENETIC ANALYSIS GENE MUTAT HCM	INDIV KNOWN HCM FAM	service code	counseling			
S3870		CGH MICROARRAY TEST DD ASD &/OR	Non-reimbursable	Genetic testing and			
33670	CGH MICROARRAY TEST DD ASD &/OR ID	INTELL DISABILTY	service code	counseling			
52000			Non-reimbursable				
S3900	SURFACE ELECTROMYOGRAPHY	SURFACE ELECTROMYOGRAPHY	service code				
			Non-reimbursable				
S3902	BALLISTOCARDIOGRAM	BALLISTOCARDIOGRAM	service code				
			Non-reimbursable				
S3904	MASTERS TWO STEP	MASTERS TWO STEP	service code				
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S4005	INTERIM LABOR FACILITY GLOBAL	INITERIM LARGE FACILITY CLORAL	Non-reimbursable	
	INTERIIVI LABOR FACILITY GLOBAL	INTERIM LABOR FACILITY GLOBAL	service code	LEAST TOURS
S4011	IN VITRO FERTILIZATION;	IN VITRO FERTILIZATION;	Non-reimbursable	Infertility Testing or
	IN VITRO FERTILIZATION;		service code	Treatment Infantility Trating on
S4013	COMPLETE CYCLE CIET CASE DATE	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE	Non-reimbursable	Infertility Testing or
	COMPLETE CYCLE GIFT CASE RATE		service code	Treatment Life Table 2
S4014	COMMUNICACIONALE CACE DATE	CMPL CYCLE ZYGOTE INTRAFALLOPIAN	Non-reimbursable	Infertility Testing or
	COMPLETE CYCLE ZIFT CASE RATE	TRNSF CASE RATE	service code	Treatment Life Table 2
S4015	COMMITTE IN ECYCLE CASE DATE NOS	CMPL IN VITRO FERTILIZATION CYCLE	Non-reimbursable	Infertility Testing or
	COMPLETE IVF CYCLE CASE RATE NOS	CASE RATE NOS	service code	Treatment
S4016	FROZEN IVE CYCLE CACE DATE	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE	Non-reimbursable	Infertility Testing or
	FROZEN IVF CYCLE CASE RATE	INCPL CYCLE TX CANCELED PRIOR TO	service code	Treatment
S4017	INICEL CYCL TY CANCELE BRICE TO CTIMA		Non-reimbursable	Infertility Testing or
	INCPL CYCL TX CANCELD PRIOR TO STIM	STIM CASE RATE	service code	Treatment
S4018		FRZN EMB TRANS PROC CANCEL BEFR	Non-reimbursable	Infertility Testing or
	FRZN EMB TRANS CANCL CASE RATE	TRANS CASE RATE	service code	Treatment
S4020		IVF PROC CANCELLED BEFORE	Non-reimbursable	Infertility Testing or
	IVF PROC CANCL BEFR ASPIR CASE RATE	ASPIRATION CASE RATE	service code	Treatment
S4021		IVF PROC CANCELLED AFTER	Non-reimbursable	Infertility Testing or
0.021	IVF PROC CANCL AFTR ASPIR CASE RATE	ASPIRATION CASE RATE	service code	Treatment
S4022		ASSISTED OOCYTE FERTILIZATION CASE	Non-reimbursable	Infertility Testing or
34022	ASSIST OOCYTE FERTILIZ CASE RATE	RATE	service code	Treatment
S4023		DONOR EGG CYCLE INCOMPLETE CASE	Non-reimbursable	Infertility Testing or
34023	DONOR EGG CYCLE INCPL CASE RATE	RATE	service code	Treatment
S4025		DONOR SERVICES IN VITRO	Non-reimbursable	Infertility Testing or
34023	DONOR SRVC IN VITRO FERTILIZATION	FERTILIZATION CASE RATE	service code	Treatment
S4026		PROCUREMENT OF DONOR SPERM	Non-reimbursable	Infertility Testing or
34026	PROCUREMENT DONR SPERM SPERM BANK	FROM SPERM BANK	service code	Treatment
C4027		STORAGE OF PREVIOUSLY FROZEN	Non-reimbursable	Infertility Testing or
S4027	STORAGE PREVIOUSLY FROZEN EMBRYOS	EMBRYOS	service code	Treatment
C4020		MICROSURGICAL EPIDIDYMAL SPERM	Non-reimbursable	Infertility Testing or
S4028	MICSURG EPIDIDYMAL SPERM ASPIR	ASPIRATION	service code	Treatment
64000		SPERM PROCUREMENT&CRYOPRES	Non-reimbursable	Infertility Testing or
S4030	SPERM PROCUREMENT&CRYOPRES 1 VISIT	SERVICES; INIT VISIT	service code	Treatment
54004		SPERM PROCUREMENT&CRYOPRES	Non-reimbursable	Infertility Testing or
S4031	SPERM PROCURE&CRYOPRES SUBSQT VST	SRVC; SUBSQT VISIT	service code	Treatment
		STIM INTRAUTERINE INSEMINATION	Non-reimbursable	Infertility Testing or
S4035	STIM INTRAUTERINE INSEMIN CASE RATE	CASE RATE	service code	Treatment
		CRYOPRESERVED EMBRYO TRANSFER	Non-reimbursable	Infertility Testing or
S4037	CRYOPRESERVD EMBRYO TRNSF CASE RATE	CASE RATE	service code	Treatment
		MON & STORAGE CRYOPRESERVED	Non-reimbursable	Infertility Testing or
S4040	MON & STOR CRYOPRESRV EMBRYOS 30 DA	EMBRYOS PER 30 DAYS	service code	Treatment
		MANAGEMENT OF OVULATION	Non-reimbursable	
S4042	MGMT OVULATION INDUCTION PER CYCLE	INDUCTION PER CYCLE	service code	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INSRTION LEVONORGESTREL-	Non-reimbursable	
S4981	INSRT LEVONORGESTREL INTRAUTRN SYS	RELEASING INTRAUTERN SYS	service code	
		CONTRACEPTIVE IUD INCLUDING	Non-reimbursable	
S4989	CONTRACEPT IUD INCL IMPL&SUPPLIES	IMPLANTS&SUPPLIES	service code	
	CONTROL FIOD INCLINI EGGOTT EIEG	E III SQUOTT EIES	Non-reimbursable	
S4990	NICOTINE PATCHES LEGEND	NICOTINE PATCHES LEGEND	service code	
<b>—</b>		THE TATELLE LEGEND		
S4991	NICOTINE PATCHES NON-LEGEND	NICOTINE PATCHES NON-LEGEND	Non-reimbursable	
-	INICOTINE PATCILS NON-LEGEND	CONTRACEPTIVE PILLS FOR BIRTH	service code	
S4993	CONTRACEPTIVE PILLS BIRTH CONTROL	CONTROL	Non-reimbursable	
-	CONTRACLY TIVE FILLS DIKTH CONTROL	CONTROL	service code	
S4995	SMOKING CESSATION GUM	SMOKING CESSATION CLIM	Non-reimbursable	
L	SIVIONING CESSATION GUIVI	SMOKING CESSATION GUM	service code	

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S5000	DDECCRIPTION DRUG CENERIC	DDECCRIPTION DRIVE CENTRIC	Non-reimbursable			
	PRESCRIPTION DRUG GENERIC	PRESCRIPTION DRUG GENERIC	service code			
S5001			Non-reimbursable			
	PRESCRIPTION DRUG BRAND NAME	PRESCRIPTION DRUG BRAND NAME	service code			
S5010		5% DEXTROSE AND 0.45% NORMAL	Non-reimbursable			
55010	5% DXTROS & 0.45% NL SALINE 1000 ML	SALINE 1000 ML	service code			
S5012		5% DEXTROSE WITH POTASSIUM	Non-reimbursable			
33012	5% DXTROS W/K+ CHLORID 1000 ML	CHLORIDE 1000 ML	service code			
S5013		5% DXTROS/0.45% NL SALINE	Non-reimbursable			
33013	5% DXTROS/0.45% S KCL&MGSO4 1000 ML	KCL&MGSO4 1000 ML	service code			
S5014		5% DEXTROSE/0.45% NL SALINE	Non-reimbursable			
33014	5% DXTRS/0.45% NS KCI&MGSO4 1500 ML	W/KCL&MGSO4 1500 ML	service code			
CEOSE		HOME INFUS THERAPY ROUTINE	Non-reimbursable			
S5035	HOME INFUS TX ROUTINE INFUS DEVC	SERVICE INFUS DEVICE	service code			
CEOOC		HOME INFUSION THERAPY REPAIR OF	Non-reimbursable			
S5036	HOME INFUS TX REPAIR INFUS DEVICE	INFUSION DEVICE	service code			
CE 4.00		DAY CARE SERVICES ADULT; PER 15	Non-reimbursable			
S5100	DAY CARE SERVICES ADULT; PER 15 MIN	MINUTES	service code			
65404		DAY CARE SERVICES ADULT; PER HALF	Non-reimbursable			
S5101	DAY CARE SRVC ADULT; PER HALF DAY	DAY	service code			
			Non-reimbursable			
S5102	DAY CARE SERVICES ADULT; PER DIEM	DAY CARE SERVICES ADULT; PER DIEM	service code			
		DAY CARE SRVC CENTER-BASED; SRVC	Non-reimbursable			
S5105	DAY CARE CNTR-BASD; SRVC NOT W/FEE	NOT W/PROGM FEE	service code			
		HOME CARE TRAINING HOME CARE	Non-reimbursable			
S5108	HOM CARE TRN HOM CARE CLIENT 15 MIN	CLIENT PER 15 MIN	service code			
		HOME CARE TRAINING HOME CARE	Non-reimbursable			
S5109	HOME CARE TRN HOME CARE CLIENT SESS	CLIENT PER SESSION	service code			
				Home Health Services		
S5110		HOME CARE TRAINING FAMILY; PER 15	Non-reimbursable	Home Health Services		
S5110	HOME CARE TRAINING FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES	Non-reimbursable service code	Home Health Services		
S5110 S5111	HOME CARE TRAINING FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER	Non-reimbursable service code Non-reimbursable	Home Health Services		
		HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION	Non-reimbursable service code Non-reimbursable service code	Home Health Services		
	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY;	Non-reimbursable service code Non-reimbursable service code Non-reimbursable	Home Health Services		
S5111	HOME CARE TRAINING FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
S5111	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION HOME CARE TRN NON-FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY;	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable	Home Health Services		
S5111 S5115	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
S5111 S5115	HOME CARE TRAINING FAM; PER 15 MIN  HOME CARE TRAINING FAM; PER SESSION  HOME CARE TRN NON-FAM; PER 15 MIN  HOME CARE TRN NON-FAM; PER SESSION	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable	Home Health Services		
S5111 S5115 S5116	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION HOME CARE TRN NON-FAM; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY;	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
S5111 S5115 S5116	HOME CARE TRAINING FAM; PER 15 MIN  HOME CARE TRAINING FAM; PER SESSION  HOME CARE TRN NON-FAM; PER 15 MIN  HOME CARE TRN NON-FAM; PER SESSION  CHORE SERVICES; PER 15 MINUTES	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION CHORE SERVICES; PER 15 MINUTES	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable	Home Health Services		
S5111 S5115 S5116 S5120	HOME CARE TRAINING FAM; PER 15 MIN  HOME CARE TRAINING FAM; PER SESSION  HOME CARE TRN NON-FAM; PER 15 MIN  HOME CARE TRN NON-FAM; PER SESSION	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION CHORE SERVICES; PER 15 MINUTES CHORE SERVICES; PER DIEM	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
S5111 S5115 S5116 S5120	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION HOME CARE TRN NON-FAM; PER 15 MIN HOME CARE TRN NON-FAM; PER SESSION CHORE SERVICES; PER 15 MINUTES CHORE SERVICES; PER DIEM	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION CHORE SERVICES; PER 15 MINUTES  CHORE SERVICES; PER DIEM ATTENDANT CARE SERVICES; PER 15	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable	Home Health Services		
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\$5111 \$5115 \$5116 \$5120 \$5121 \$5125	HOME CARE TRAINING FAM; PER 15 MIN  HOME CARE TRAINING FAM; PER SESSION  HOME CARE TRN NON-FAM; PER 15 MIN  HOME CARE TRN NON-FAM; PER SESSION  CHORE SERVICES; PER 15 MINUTES  CHORE SERVICES; PER DIEM  ATTENDANT CARE SERVICES; PER 15 MIN	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION CHORE SERVICES; PER 15 MINUTES CHORE SERVICES; PER DIEM ATTENDANT CARE SERVICES; PER 15 MINUTES	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
\$5111 \$5115 \$5116 \$5120 \$5121	HOME CARE TRAINING FAM; PER 15 MIN HOME CARE TRAINING FAM; PER SESSION HOME CARE TRN NON-FAM; PER 15 MIN HOME CARE TRN NON-FAM; PER SESSION CHORE SERVICES; PER 15 MINUTES CHORE SERVICES; PER DIEM	HOME CARE TRAINING FAMILY; PER 15 MINUTES HOME CARE TRAINING FAMILY; PER SESSION HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES HOME CARE TRAINING NON-FAMILY; PER SESSION CHORE SERVICES; PER 15 MINUTES CHORE SERVICES; PER DIEM ATTENDANT CARE SERVICES; PER 15 MINUTES	Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code Non-reimbursable service code	Home Health Services		
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S5145		FOSTER CARE THERAPEUTIC CHILD; PER					
	FOSTER CARE THERAPEUTIC CHILD; DIEM	DIEM	service code				
S5146		FOSTER CARE THERAPEUTIC CHILD; PER	Non-reimbursable				
33140	FOSTER CARE THERAPEUTIC CHLD; MONTH	MONTH	service code				
S5150		UNSKILLED RESPITE CARE NOT HOSPICE;	Non-reimbursable	Hospice			
35130	UNSKLD RESPITE CARE NOT HOSPICE; 15	PER 15 MIN	service code				
CE 1 E 1		UNSKILLED RESPITE CARE NOT HOSPICE;	Non-reimbursable				
S5151	UNSKLD RESPITE CARE NOT HOSPICE;PER	PER DIEM	service code				
65460		EMERGENCY RESPONSE SYSTEM;	Non-reimbursable				
S5160	EMERG RESPONSE SYSTEM; INSTL&TST	INSTALLATION&TESTING	service code				
		EMERGENCY RESPONSE SYSTEM;	Non-reimbursable				
S5161	EMERG RESPONSE SYS; SRVC FEE-MONTH	SERVICE FEE PER MONTH	service code				
	,	EMERGENCY RESPONSE SYSTEM;	Non-reimbursable				
S5162	EMERG RESPONSE SYS; PURCHASE ONLY	PURCHASE ONLY	service code				
			Non-reimbursable				
S5165	HOME MODIFICATIONS; PER SERVICE	HOME MODIFICATIONS; PER SERVICE	service code				
	THOME WOODING THOMS, I EN SERVICE	HOME DELIV MEALS INCLUDING					
S5170	HOME DEL MEALS INCL PREP; MEAL	PREPARATION; PER MEAL	Non-reimbursable				
-	HOWE DELIVIEALS INCL PREP, IVIEAL		service code				
S5175	I ALINDRY CERVICE EVERDOE, ORDER	LAUNDRY SERVICE EXTERNAL	Non-reimbursable				
	LAUNDRY SERVICE EXT PROF; ORDER	PROFESSIONAL; PER ORDER	service code				
S5180		HOME HEALTH RESPIRATORY THERAPY	Non-reimbursable	Home Health Services			
	HOME HEALTH RESP TX INIT EVALUATION	INIT EVALUATION	service code				
S5181		HOME HEALTH RESPIRATORY THERAPY	Non-reimbursable	Home Health Services			
33101	HOME HEALTH RESP TX NOS PER DIEM	NOS PER DIEM	service code				
S5185		MED REMINDER SERVICE NON-FACE-TO-	Non-reimbursable				
33163	MED REMINDR SRVC NON-FCE-TO-FCE; MO	FACE; MONTH	service code				
CE 100		WELLNESS ASSESSMENT PERFORMED	Non-reimbursable				
S5190	WELLNESS ASSESS PRFRM NON-PHYSICIAN	BY NONPHYSICIAN	service code				
65400			Non-reimbursable				
S5199	PERSONAL CARE ITEM NOS EACH	PERSONAL CARE ITEM NOS EACH	service code				
65.407		HOME INFUS TX CATH CARE/MAINT	Non-reimbursable				
S5497	HOME INFUS TX CATH CARE NOC; DIEM	NOC; PER DIEM	service code				
		HOME INFUS TX CATH CARE/MAINT	Non-reimbursable				
S5498	HOME INFUS TX CATH CARE SIMPLE DIEM	SIMPLE PER DIEM	service code				
		HOME INFUS TX CATH CARE/MAINT	Non-reimbursable				
S5501	HOME INFUS TX CATH CARE COMPLX DIEM	COMPLEX PER DIEM	service code				
		HOME INFUS TX CATH CARE IMPL	Non-reimbursable				
S5502	HIT CATH CARE IMPL ACSS DEVC PD	ACCESS DEVC DIEM	service code				
	THE CATH GARE HAN EACOS DEVELO	HIT ALL SPL NECES RESTOR CATH					
S5517	HIT SPL RESTOR CATH PATENCY/DECLOT	PATENCY/DECLOT	Non-reimbursable				
	THE SELECTION CATE PATENCY/DECLOT	HOME INFUSION THERAPY ALL SPL	service code				
S5518	LUIT ALL COL NECEC FOR CATULAGRAIN		Non-reimbursable				
-	HIT ALL SPL NECES FOR CATH REPAIR	NECES CATH REPAIR	service code				
S5520		HOME INFUSION TX ALL SPL NECES PICC					
	HIT ALL SPL NECES PICC LINE INSERT	LINE INSERT	service code				
S5521		HOME INFUS TX ALL SPL NECES MIDLINE	Non-reimbursable				
33321	HIT SPL NECES MIDLINE CATH INSERT	CATH INSERT	service code				
CEE22		HOME INFUS TX INSERT PICC NRS SRVC	Non-reimbursable				
S5522	HIT INSRT PICC NURSE SRVC ONLY	ONLY	service code				
CEESS		HOME INFUS TX INSERT MIDLINE CVC	Non-reimbursable				
S5523	HIT INSRT ML VEN CATH NRS SRVC ONLY	NRS SRVC ONLY	service code				
05			Non-reimbursable				
S5550	INSULIN RAPID ONSET; 5 UNITS	INSULIN RAPID ONSET; 5 UNITS	service code				
	,		Non-reimbursable				
S5551	INSULIN MOST RAPID ONSET; 5 UNITS	INSULIN MOST RAPID ONSET; 5 UNITS	service code				
	2	INSULIN INTERMEDIATE ACTING; 5	Non-reimbursable				
S5552	INSULIN INTERMED ACTING; 5 UNITS	UNITS					
	INSOCIA INTENIVIED ACTING, 5 ONITS	011113	service code	1	L		

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S5553	INCLUEN LONG ACTING FUNITG	INCLUDE ONE ACTING FUNITS	Non-reimbursable			
	INSULIN LONG ACTING; 5 UNITS	INSULIN LONG ACTING; 5 UNITS	service code			
S5560		INSULIN DELIVERY DEVICE REUSABLE	Non-reimbursable			
	INSULIN DEVC REUSABLE PEN;1.5 ML SZ	PEN; 1.5 ML SZ	service code			
S5561		INSULIN DELIVERY DEVICE REUSABLE	Non-reimbursable			
55501	INSULIN DEVC REUSABLE PEN; 3 ML SZ	PEN; 3 ML SIZE	service code			
S5565			Non-reimbursable			
33303	INSULIN CARTRIDGE NOT PUMP; 150 U	PUMP; 150 U	service code			
S5566		INSULIN CARTRIDGE INSULIN DEVC NOT	Non-reimbursable			
33300	INSULIN CARTRIDGE NOT PUMP; 300 U	PUMP; 300 U	service code			
CE E 70		INSULIN DELIV DEVICE DISPOSABLE	Non-reimbursable			
S5570	INSULIN DISPOSABLE PEN; 1.5 ML SZ	PEN; 1.5 ML SIZE	service code			
65574		INSULIN DELIV DEVICE DISPOSABLE	Non-reimbursable			
S5571	INSULIN DISPOSABLE PEN; 3 ML SZ	PEN; 3 ML SIZE	service code			
50000		SCLERAL APPLICATION TANTALUM RING	Non-reimbursable			
\$8030	SCLERAL APPLICATION TANTALUM RING	PROTON BEAM TX	service code			
			Non-reimbursable			
S8035	MAGNETIC SOURCE IMAGING	MAGNETIC SOURCE IMAGING	service code			
		MAGNETIC RESONANCE	Non-reimbursable	Radiology - diagnostic		
S8037	MR CHOLANGIOPANCREATOGRAPHY	CHOLANGIOPANCREATOGRAPHY	service code	radiology		
			Non-reimbursable	radiology		
S8040	TOPOGRAPHIC BRAIN MAPPING	TOPOGRAPHIC BRAIN MAPPING	service code			
	10.00.00.00.00.00.00.00.00	MAGNETIC RESONANCE IMAGING LOW-	Non-reimbursable	Radiology - diagnostic		
S8042	MAGNETIC RESONANCE IMAG LOW-FIELD	FIELD	service code			
	MAGNETIC RESONANCE IMAG LOW-FIELD	ULTRASOUND GUID MULTIFETAL PG	Non-reimbursable	radiology		
S8055	US GUID MXIFETL PG RDUC TECH CMPNT	RDUC TECH CMPNT				
	O3 GOID WAIFETE PG KDOC TECH CIVIPINT		service code	B 1: 1 1:		
S8080	S (1) T (1) A (1)	SCINTIMAMMOGRAPHY UNI INCL	Non-reimbursable	Radiology - diagnostic		
	SCINTIMAMMO UNI W/SPL RADIOPHARM	SUPPLY RADIOPHARM	service code	radiology		
S8085		F-18 FDG IMAG USING 2-HEAD	Non-reimbursable			
	F-18 FDG IMAG 2-HD COINCDENC DETCT	COINCIDENCE DETCT SYS	service code			
S8092		ELECTRON BEAM COMPUTED	Non-reimbursable	Radiology - diagnostic		
	ELECTRON BEAM COMPUTED TOMOGRAPHY	TOMOGRAPHY	service code	radiology		
S8096			Non-reimbursable			
38030	PORTABLE PEAK FLOW METER	PORTABLE PEAK FLOW METER	service code			
S8097			Non-reimbursable			
36097	ASTHMA KIT	ASTHMA KIT	service code			
C0100		HOLDING CHAMB/SPACR	Non-reimbursable			
S8100	HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	W/INHAL/NEBULIZR; W/O MASK	service code			
		HOLDING CHAMB/SPACR W/AN	Non-reimbursable			
S8101	HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	INHAL/NEBULIZR; W/MASK	service code			
			Non-reimbursable			
S8110	PEAK EXPIRATORY FLOW RATE	PEAK EXPIRATORY FLOW RATE	service code			
		O2 CONTENTS GASEOUS 1 UNIT EQULS	Non-reimbursable			
S8120	O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	1 CUBIC FOOT	service code			
-		OXYGEN CONTENTS LIQUID 1 UNIT	Non-reimbursable			
S8121	O2 CONTENTS LQD 1 U EQUALS 1 POUND	EQUALS 1 POUND				
-	OZ CONTENTO EQUA TO EQUALO I FOUND	EQUALS I TOURD	service code	Conoral Modicino		
C0430		INTERESEDENTIAL CURRENT	Non-reimbursable	General Medicine - other		
S8130	INTERFERENTIAL CURP CTIMA 2 CHANNEL	INTERFERENTIAL CURRENT	service code	services and procedures		
-	INTERFERENTIAL CURR STIM 2 CHANNEL	STIMULATOR 2 CHANNEL		0 111 "		
			Non-reimbursable	General Medicine - other		
S8131		INTERFERENTIAL CURRENT	service code	services and procedures		
	INTERFERENTIAL CURR STIM 4 CHANNEL	STIMULATOR 4 CHANNEL				
S8185			Non-reimbursable			
30103	FLUTTER DEVICE	FLUTTER DEVICE	service code			
S8186			Non-reimbursable			
30100	SWIVEL ADAPTOR	SWIVEL ADAPTOR	service code			

		TRACHEOSTOMY SUPPLY NOT	Nam naimahaanahla			
S8189	TRACHEOSTOMY SUPPLY NOC	OTHERWISE CLASSIFIED	Non-reimbursable			
	TRACILOSTOWIT SUFFLI NOC	OTTERWISE CEASSIFIED	service code			
S8210	MUCUSTRAD	MUCUSTRAD	Non-reimbursable			
	MUCUS TRAP	MUCUS TRAP	service code			
S8265	LIADEDAAAN EEEDED CLEET LID/DALATE	HABERMAN FEEDER FOR CLEFT	Non-reimbursable			
	HABERMAN FEEDER CLEFT LIP/PALATE	LIP/PALATE	service code			
S8270	5444 D 5646 A 4 4 D 4 4 D 4 T 5 D 4 4 D 5 D 5 V 6	ENURESIS ALARM AUDITORY BUZZER &/				
	ENURESIS ALARM BUZZ&/VIBRATION DEVC	VIBRATION DEVC	service code			
S8301	INTERCTION CONTROL CURRILECTION	INTERCTION CONTROL CURRING NOC	Non-reimbursable			
	INFECTION CONTROL SUPPLIES NOS	INFECTION CONTROL SUPPLIES NOS	service code			
S8415	CLIDDLIEC LIONAE DELIVEDY OF INFANT	SUPPLIES FOR HOME DELIVERY OF	Non-reimbursable			
	SUPPLIES HOME DELIVERY OF INFANT	INFANT	service code			
S8420	CDADENT DDESC AID CLEENER CLOVE COTA	GRADIENT PRESSURE AID	Non-reimbursable			
	GRADENT PRESS AID SLEEVE&GLOVE CSTM	SLEEVE&GLOVE CUSTOM MADE	service code			
S8421	CDADENT DDESC AID CLVG CLOV DDV AAADE	GRADIENT PRESSURE AID	Non-reimbursable			
	GRADENT PRESS AID SLV&GLOV RDY MADE	SLEEVE&GLOVE READY MADE	service code			
S8422	CDADENT DDESC AID CLEEK COTA A AED MAT	GRADIENT PRESSURE AID SLEEVE	Non-reimbursable			
	GRADENT PRESS AID SLEEV CSTM MED WT	CUSTOM MED WEIGHT	service code			
S8423	CDADENT DDESC AID CLEEN COTA UNIVERSE	GRADIENT PRESSURE AID SLEEVE	Non-reimbursable			
	GRADENT PRESS AID SLEEV CSTM HVY WT	CUSTOM HEAVY WEIGHT	service code			
S8424	CDADENT DDESC AID SLEEVE DEADY MADE	GRADIENT PRESSURE AID SLEEVE READY				
	GRADENT PRESS AID SLEEVE READY MADE	MADE CLOVE	service code			
S8425	CD A DENIT DDESC AID CLOVE CCTA A AED WE	GRADIENT PRESSURE AID GLOVE	Non-reimbursable			
	GRADENT PRESS AID GLOVE CSTM MED WT	CUSTOM MEDIUM WEIGHT	service code			
S8426	CDADENT DDESC AID CLOVE CCTAALIVAVIACE	GRADIENT PRESSURE AID GLOVE	Non-reimbursable			
	GRADENT PRESS AID GLOVE CSTM HVY WT	CUSTOM HEAVY WEIGHT	service code			
S8427	00.00.00.00.00.00.00.00.00.00.00.00.00.	GRADIENT PRESSURE AID GLOVE READY	Non-reimbursable			
	GRADENT PRESS AID GLOVE READY MADE	MADE	service code			
S8428	CDADENT DRESS AID CAUNTIET DRY MADE	GRADIENT PRESSURE AID GAUNTLET	Non-reimbursable			
	GRADENT PRESS AID GAUNTLET RDY MADE	READY MADE	service code			
S8429	CDADIENT DRESSURE EXTERIOR WOAR	CDADIENT DECCLIDE EVTERIOR WOAR	Non-reimbursable			
	GRADIENT PRESSURE EXTERIOR WRAP	GRADIENT PRESSURE EXTERIOR WRAP	service code			
S8430	DADDING COMPRESSION DANIDAGE BOLL	PADDING FOR COMPRESSION BANDAGE	Non-reimbursable			
	PADDING COMPRESSION BANDAGE ROLL	ROLL	service code			
S8431	COMPRESSION DANIDAGE BOLL	CONADDESCION DANIDACE DOLL	Non-reimbursable			
	COMPRESSION BANDAGE ROLL	COMPRESSION BANDAGE ROLL	service code			
S8450			Non-reimbursable			
	SPLINT PREFABRICATED DIGIT	SPLINT PREFABRICATED DIGIT	service code			
S8451	COLUMN DEFENDING TED MANUEL OF ANIVER	SPLINT PREFABRICATED WRIST OR	Non-reimbursable			
	SPLINT PREFABRICATED WRIST OR ANKLE	ANKLE	service code			
S8452			Non-reimbursable			
	SPLINT PREFABRICATED ELBOW	SPLINT PREFABRICATED ELBOW	service code			
S8460			Non-reimbursable			
	CAMISOLE POST-MASTECTOMY	CAMISOLE POST-MASTECTOMY	service code			
S8490	IN SURVINI SURVINI SES	IN COLUMN CONTRACTO	Non-reimbursable			
-	INSULIN SYRINGES	INSULIN SYRINGES	service code	1		
S8930	E CTIMA ALID ACD DNITLEA AS ANNA A ST	E-STIM AUR ACUPUNCT PNTS; EA 15	Non-reimbursable			
-	E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	MIN 1-1 CNTC PT	service code	1		
S8940	FOLLECT DIAM (HIDDOTHED ADV DED CESSION	EQUESTRIAN/HIPPOTHERAPY PER	Non-reimbursable			
-	EQUESTRIAN/HIPPOTHERAPY PER SESSION	SESSION	service code			
		APPLICATORAL 4/ACCES 12512 1111	Non-reimbursable	General Medicine - other		
S8948	ABBUG MODAL 4/MODE 12712	APPLIC MODAL 1/MORE AREAS; LW-	service code	services and procedures		
-	APPLIC MODAL 1/MORE AREAS; LW-LEVL	LEVL LASR; EA 15 M				
S8950	COMPLEY LYMADUEDENAN TY SA 45 MAIN	COMPLEX LYMPHEDEMA THERAPY	Non-reimbursable			
	COMPLEX LYMPHEDEMA TX EA 15 MIN	EACH 15 MINUTES	service code	1		
S8990	DLIVE A AANUD TV AAANUT NOT DECTOR : TO:	PHYSICAL/MANIP TX MAINT RATHER	Non-reimbursable			
	PHYS/MANIP TX MAINT NOT RESTORATION	THAN RESTORATION	service code	1		

		1				
S8999	DESCRIPTION DAG	250,100,717,01,01,0	Non-reimbursable			
	RESUSCITATION BAG	RESUSCITATION BAG	service code			
S9001		HOME UTERINE MONITOR W/WO	Non-reimbursable			
	HOME UTERIN MON W/WO ASSOC NRS SRVC	ASSOC NURSING SERVICES	service code			
S9007			Non-reimbursable			
55007	ULTRAFILTRATION MONITOR	ULTRAFILTRATION MONITOR	service code			
S9024			Non-reimbursable			
33024	PARANASAL SINUS ULTRASOUND	PARANASAL SINUS ULTRASOUND	service code			
S9025			Non-reimbursable			
33023	OMNICARDIOGRAM/CARDIOINTEGRAM	OMNICARDIOGRAM/CARDIOINTEGRAM	service code			
S9034		EXTRACORPOREAL SHOCKWAVE	Non-reimbursable			
33034	ESWL FOR GALL STONES	LITHOTRIPSY GALL STONES	service code			
S9055		PROCUREN/OTH GROWTH FCT PREP	Non-reimbursable			
39033	PROCUREN/OTH GROWTH FACTOR PREP	PROMOTE WND HEALING	service code			
S9056			Non-reimbursable			
39030	COMA STIMULATION PER DIEM	COMA STIMULATION PER DIEM	service code			
S9061		HOME ADMIN AEROSOLIZED DRUG	Non-reimbursable			
39001	HOME ADMIN AEROSOLIZED DRUG TX DIEM	THERAPY PER DIEM	service code			
S9083			Non-reimbursable			
39083	GLOBAL FEE URGENT CARE CENTERS	GLOBAL FEE URGENT CARE CENTERS	service code			
50000		SERVICES PROVIDED IN AN URGENT	Non-reimbursable			
S9088	SERVICES PROV AN URGENT CARE CENTER	CARE CENTER	service code			
50000		VERTEBRAL AXIAL DECOMPRESSION	Non-reimbursable			
S9090	VERT AXIAL DECOMPRS PER SESSION	PER SESSION	service code			
50007			Non-reimbursable			
S9097	HOME VISIT FOR WOUND CARE	HOME VISIT FOR WOUND CARE	service code			
50000		HOME VISIT PHOTOTHERAPY SERVICES	Non-reimbursable			
S9098	HOME VISIT PHOTOTHERAPY SRVC DIEM	PER DIEM	service code			
50110		TELEMONITORING PT HOME ALL NEC	Non-reimbursable			
S9110	TELEMON PT HOME ALL EQUIP; PER MTH	EQUIP; PER MONTH	service code			
60447			Non-reimbursable			
S9117	BACK SCHOOL PER VISIT	BACK SCHOOL PER VISIT	service code			
		HOM HLTH AIDE/CERT NURSE ASST	Non-reimbursable	Home Health Services		
S9122	HOM HLTH AIDE/CNA PROV CARE HOM; HR	PROV CARE HOM;-HR	service code			
		NURSING CARE THE HOME; REGISTERED		Home Health Services		
S9123	NRS CARE HOM; REGISTERED NURSE-HOUR	NURSE PER HOUR	service code			
		NURSING CARE IN THE HOME; BY LPN	Non-reimbursable	Home Health Services		
S9124	NURSING CARE THE HOME; LPN PER HOUR	PER HOUR	service code			
	,		Non-reimbursable	Home Health Services		
S9125	RESPITE CARE IN THE HOME PER DIEM	RESPITE CARE IN THE HOME PER DIEM	service code			
00:			Non-reimbursable	Hospice		
S9126	HOSPICE CARE IN THE HOME PER DIEM	HOSPICE CARE IN THE HOME PER DIEM	service code			
		SOCIAL WORK VISIT IN THE HOME PER	Non-reimbursable	Home Health Services		
S9127	SOCIAL WORK VISIT THE HOME PER DIEM	DIEM	service code			
		SPEECH THERAPY IN THE HOME PER	Non-reimbursable	Home Health Services		
S9128	SPEECH THERAPY IN THE HOME PER DIEM	DIEM	service code	. ,		
	- "	OCCUPATIONAL THERAPY IN THE HOME	Non-reimbursable	Home Health Services		
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	PER DIEM	service code			
		PHYSICAL THERAPY; IN THE HOME PER	Non-reimbursable	Home Health Services		
S9131	PHYSICAL THERAPY; HOME PER DIEM	DIEM	service code			
	,	DIABETIC MGMT PROGM F/U VISIT NON-		<u> </u>		
S9140	DM MGMT PROGM F/U VST NON-MD PROV	MD PROVIDER	service code			
		DIABETIC MANAGEMENT PROGM F/U	Non-reimbursable	<u> </u>		
S9141	DIAB MGMT PROGM F/U VISIT MD PROV	VISIT MD PROVIDER	service code			
		INSULIN PUMP INITIATION	Non-reimbursable	<u> </u>		
S9145	INSULIN PUMP INIT INSTRUCT USE PUMP	INSTRUCTION USE OF PUMP	service code			
			Je. Nee code	I.		

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S9150	EVALUATION BY OCCUPARICT	EVALUATION BY OCCUPARICE	Non-reimbursable			
	EVALUATION BY OCCULARIST	EVALUATION BY OCCULARIST	service code			
S9152			Non-reimbursable			
	SPEECH THERAPY RE-EVALUATION	SPEECH THERAPY RE-EVALUATION	service code			
S9208		HOME MANAGEMENT OF PRETERM	Non-reimbursable	Home Health Services		
33200	HOME MGMT PRETERM LABOR PER DIEM	LABOR PER DIEM	service code			
S9209		HOME MGMT PRETERM PRMAT	Non-reimbursable	Home Health Services		
33203	HOME MANGEMENT PPROM DIEM	RUPTURE MEMBRANES DIEM	service code			
S9211		HOME MGMT GESTATIONAL	Non-reimbursable	Home Health Services		
39211	HOME MGMT GESTATIONAL HTN; DIEM	HYPERTENSION; PER DIEM	service code			
S9212		HOME MANAGEMENT POSTPARTUM	Non-reimbursable	Home Health Services		
39212	HOME MANAGEMENT POSTPARTUM HTN DIEM	HYPERTENSION PER DIEM	service code			
50212		HOME MANAGEMENT OF	Non-reimbursable	Home Health Services		
S9213	HOME MANAGEMENT PREECLAMPSIA; DIEM	PREECLAMPSIA; PER DIEM	service code			
CO214		HOME MANAGEMENT OF	Non-reimbursable	Home Health Services		
S9214	HOME MGMT GESTATIONAL DIABETES; DIEM	GESTATIONAL DIABETES; DIEM	service code			
50225		HIT PAIN MANAGEMENT INFUSION; PER	Non-reimbursable	Home Health Services		
S9325	HIT PAIN MANAGEMENT INFUS; PER DIEM	DIEM	service code			
50005		HIT CONT PAIN MGMT INFUS; CARE	Non-reimbursable	Home Health Services		
S9326	HIT CONT PAIN MGMT INFUS; PER DIEM	COORD PER DIEM	service code			
		HIT INTERMIT PAIN MGMT INFUS; CARE	Non-reimbursable	Home Health Services		
S9327	HIT INTERMIT PAIN MGMT INFUS; DIEM	COORD DIEM	service code			
	·	HIT IMPLANTED PUMP PAIN MGMT	Non-reimbursable	Home Health Services		
S9328	HIT IMPLANTED PUMP PAIN MGMT; DIEM	INFUS; PER DIEM	service code			
	,	HOME INFUSION TX CHEMOTHERAPY	Non-reimbursable	Home Health Services		
S9329	HIT CHEMOTHERAPY INFUSION; PER DIEM	INFUSION; PER DIEM	service code			
		HIT CONT CHEMOTHAPY INFUS; CARE	Non-reimbursable	Home Health Services		
S9330	HIT CONT CHEMOTHAPY INFUS; PER DIEM	COORD PER DIEM	service code	Home Health Services		
	ini con chemena i ini os, i en siem	HIT INTERMIT CHEMOTHAPY INFUS;	Non-reimbursable	Home Health Services		
S9331	HIT INTERMIT CHEMOTHAPY INFUS; DIEM	CARE COORD-DIEM	service code	Home Health Services		
		HOM TX HD; ADMIN PROF PHRM SRVC	Non-reimbursable	Home Health Services		
S9335	HOM TX HD; ADMIN SPL & EQP PER DIEM	SPL&EQP PER DIEM	service code	Home Health Services		
-	nom mis, nom or z a za, i zmolem	HOME INFUS TX CONT	Non-reimbursable	Home Health Services		
S9336	HIT CONT ANTICOAGULNT INFUS TX DIEM	ANTICOAGULANT INFUS TX DIEM	service code	Home Health Services		
-	THE CONTINUES ACCEPTED TO THE OFFICE ACCEPTED	HIT IMMUOTHAPY; CARE	Non-reimbursable	Home Health Services		
S9338	HOME INFUS TX IMMUOTHAPY; PER DIEM	COORDINATION PER DIEM	service code	Home Health Services		
-	HOME IN 03 TX INNOOTHALL, LEK BIEN	HOME THERAPY; PERITONEAL DIALYSIS	Non-reimbursable	Home Health Services		
S9339	HOME TX; PERITONL DIALYSIS PER DIEM	PER DIEM		nome nearm services		
<b>—</b>	HOWE IN, I ENTIONE DIALISIS FER DIEW	HOME THERAPY; ENTERAL NUTRITION;	service code	Homo Hoalth Convices		
S9340	HOME TX; ENTERAL NUTRITION; DIEM	PER DIEM	Non-reimbursable	Home Health Services		
-	HOWLE 1A, LINTERAL NOTRITION, DIEWI	HOME TX; ENTERAL NUTRITION VIA	service code	Homo Hoalth Comicae		
S9341	HT. ENTED! NUITDIT VIA CRAVITY, DIFA	· ·	Non-reimbursable	Home Health Services		
-	HT; ENTERL NUTRIT VIA GRAVITY; DIEM	GRAVITY; PER DIEM	service code	Hama Haalth Comiles	+	
S9342	LIT, ENTED AL MILITRIT VIA DUNAD. DIENA	HOME TX; ENTERAL NUTRITION VIA	Non-reimbursable	Home Health Services		
-	HT; ENTERAL NUTRIT VIA PUMP; DIEM	PUMP; PER DIEM	service code			
S9343	LIT. ENTED AL MUTDIT VIA DOLLIG DIENA	HOME TX; ENTERAL NUTRITION VIA	Non-reimbursable	Home Health Services		
<u> </u>	HT; ENTERAL NUTRIT VIA BOLUS; DIEM	BOLUS; PER DIEM	service code			
S9345		HOME INFUSION TX ANTI-HEMOPHILIC	Non-reimbursable	Home Health Services		
	HIT ANTI-HEMOPHILIC AGENT; PER DIEM	AGENT; PER DIEM	service code			
S9346	<u>                                     </u>	HOME INFUS TX ALPHA-1-PROTEINASE	Non-reimbursable	Home Health Services		
	HIT ALPHA-1-PROTENAS INHIBITR; DIEM	INHIBITOR; DIEM	service code			
S9347		HIT UNINTRPED LNG-TERM CNTRL RATE	Non-reimbursable	Home Health Services		
	HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	IV/SUBQ;-DIEM	service code			
S9348		HIT SYMPATHOMIMETIC/INOTROPIC	Non-reimbursable	Home Health Services		
33340	HIT SYMPATHOMIMETIC/INOTROPIC DIEM	AGENT PER DIEM	service code			
S9349		HOME INFUSION THERAPY TOCOLYTIC;	Non-reimbursable	Home Health Services		
33343	HOME INFUS TX TOCOLYTIC; PER DIEM	PER DIEM	service code			

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S9351		HOME INFUSION THERAPY CONT ANTI-	Non-reimbursable	Home Health Services		
33331	HIT CONT ANTI-EMETIC; PER DIEM	EMETIC; PER DIEM	service code			
50353		HOME INFUSION THERAPY CONT	Non-reimbursable	Home Health Services		
S9353	HOME INFUS TX CONT INSULIN; DIEM	INSULIN; PER DIEM	service code			
		HOME INFUSION THERAPY CHELATION;	Non-reimbursable	Home Health Services		
S9355	HOME INFUS TX CHELATION; PER DIEM	PER DIEM	service code			
		HOME INFUSION TX ENZYME REPL IV	Non-reimbursable	Home Health Services		
S9357	HIT ENZYME REPL IV TX; PER DIEM	TX; PER DIEM		Home Health Services		
	HIT ENZIVIE KEPLIV IX, PER DIEWI	*	service code			
S9359		HIT ANTI-TUMOR NECROS FACTOR IV	Non-reimbursable	Home Health Services		
	HIT ANTI-TUMR NECROS FACTOR IV TX;	TX; PER DIEM	service code			
S9361		HOME INFUSION THERAPY DIURETIC IV	Non-reimbursable	Home Health Services		
55501	HIT DIURETIC IV TX; PER DIEM	TX; PER DIEM	service code			
S9363		HIT ANTI-SPASMOTIC TX; CARE	Non-reimbursable	Home Health Services		
39303	HIT ANTI-SPASMOTIC TX; PER DIEM	SPL&EQP PER DIEM	service code			
		HIT TOTAL PARENTERAL NUTRITION;	Non-reimbursable	Home Health Services		
S9364	HIT TPN; CARE COORDINATION DIEM	CARE COORD DIEM	service code			
	·		Non-reimbursable	Home Health Services		
S9365	HIT TPN; 1 LITER PER DAY PER DIEM	HOM INFUS TX TPN; 1 LITER-DAY DIEM	service code	Trome fredien der trees		
		HIT TPN; > 1 LITER BUT NOT > 2 LITERS-	Non-reimbursable	Home Health Services		
S9366	LUT TONI - 1 L DUT NOT - 2 L DA DIEM	1		nome nearm services		
	HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	DA-DIEM	service code			
S9367		HIT TPN; > 2 LITERS BUT NOT > 3 LITERS-	Non-reimbursable	Home Health Services		
	HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	DA -DIEM	service code			
S9368		HIT TOTAL PARENTERAL NUTRIT; > 3	Non-reimbursable	Home Health Services		
39300	HOM INFUS TX TPN; > 3 L-DAY-DIEM	LITERS-DA -DIEM	service code			
		HOME THERAPY INTERMITTENT ANTI-	Non-reimbursable	Home Health Services		
S9370	HT INTERMITTENT ANTI-EMETIC INJ TX;	EMETIC INJ TX;	service code			
		HOME THERAPY; INTERMITTENT	Non-reimbursable	Home Health Services		
S9372	HT; INTERMIT ANTICOAGULANT INJ TX;	ANTICOAGULANT INJ TX;	service code	Trome freature oct trees		
-	111) 1111 21111111 711111 2271 22 1111 1113 171	· ·	Non-reimbursable	Home Health Services		
S9373	HIT HYDRATION TX; PER DIEM	TX: PER DIEM		Home Health Services		
-	THE HIDRATION IX, FER DIEW	HOME INFUSION THERAPY HYDRATION	service code	Harris Harlib Comitan		
S9374	LUT LIVERATION TV. 4 LITER DAY		Non-reimbursable	Home Health Services		
	HIT HYDRATION TX; 1 LITER DAY	TX; 1 LITER DAY	service code	<b>—</b>		
S9375		HIT HYDRATION TX; >1 LITER NO>2	Non-reimbursable	Home Health Services		
03073	HIT HYDRAT; >1 LITR NO>2 LITR DAY	LITERS DAY	service code			
S9376		HIT HYDRATION TX; >2 LITERS NO>3	Non-reimbursable	Home Health Services		
39370	HIT HYDRAT; >2 LITR NO>3 LITR DAY	LITERS DAY	service code			
		HOME INFUS THERAPY HYDRATION TX;	Non-reimbursable	Home Health Services		
S9377	HIT HYDRATION TX; >3 LITERS DAY	>3 LITERS DAY	service code			
	, -	HOME INFUSION THERAPY INFUSION	Non-reimbursable	Home Health Services		
S9379	HOME INFUS TX INFUSION TX NOC; DIEM	THERAPY NOC; DIEM	service code			
	TO THE OUT OF THE OUT OUT OF THE OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	DEL/SRVC HI RISK REQ ESCORT/EXTRA				
S9381	DEL /HI DICK DEO ECCDT/DDOTECT VCT		Non-reimbursable			
-	DEL/HI RISK REQ ESCRT/PROTECT VST	PROTECT VISIT	service code			
S9401		ANTICOAGULAT CLIN INCL ALL SERV NO				
	ANTICOAGULAT CLIN NO LAB PER SESS	LAB PER SESS	service code			
S9430		PHARMACY COMPOUNDING AND	Non-reimbursable			
35430	PHARM COMPOUNDING & DISPENSING SERV	DISPENSING SERVICES	service code	<u>[                                    </u>		 
50.405		MED FOOD NUTR CMPL ORAL 100%	Non-reimbursable			
S9433	MED FOOD NUTR ORAL 100% NUTR INTAKE	NUTRITNL INTAKE	service code			
		MOD SOLID FOOD SUPPLEMENTS	Non-reimbursable			
S9434	MOD SOLID FOOD SUP INBORN ERR METAB	INBORN ERRORS METAB	service code			
	INCO SOLIS FOOD SOF INDOMINE LIMITAL	MEDICAL FOODS FOR INBORN ERRORS		+		
S9435	MEDICAL FOODS INDODN EDDORS METAR		Non-reimbursable			
<u> </u>	MEDICAL FOODS INBORN ERRORS METAB	OF METABOLISM	service code			
S9436		CHILDBIRTH PREP/LAMAZE CLASS NON-	Non-reimbursable			
	CHLDBRTH PREP/LAMAZE CLASS PER SESS	MD PER SESS	service code			
S9437		CHILDBRTH REFRESH CLASSES NON-	Non-reimbursable			
33437	CHILDBIRTH REFRESH CLASS PER SESS	PHYSICIAN PER SESS	service code			 

	T	CESAREAN BIRTH CLASSES NON-	Ni ana matanda manadala	T		1
S9438	CECADEAN DOTH CLASS MON AND DED SESS		Non-reimbursable			
	CESAREAN BRTH CLASS NON-MD PER SESS	PHYSICIAN PER SESSION	service code			
S9439		VBAC CLASSES NON-PHYSICIAN PER	Non-reimbursable			
	VBAC CLASSES NON-MD PER SESSION	SESSION	service code			
S9441		ASTHMA ED NON-PHYSICIAN PROVIDER	Non-reimbursable			
	ASTHMA ED NON-MD PROV PER SESSION	PER SESSION	service code			
S9442		BIRTHING CLASSES NON-PHYSICIAN	Non-reimbursable			
05 1 12	BIRTHING CLASSES NON-PHYS PROV-SESS	PROVIDER-SESSION	service code			
S9443		LACTATION CLASSES NON-PHYSICIAN	Non-reimbursable			
33443	LACTATION CLASS NON-PHYS PROV-SESS	PROVIDER-SESSION	service code			
S9444		PARENTING CLASSES NON-PHYSICIAN	Non-reimbursable			
33444	PARENTING CLASSES NON-MD PER SESS	PER SESS	service code			
S9445		PT ED NOC NON-PHYSICIAN PPT ED NOC	Non-reimbursable			
35443	PT ED NOC NON-MD PROV IND SESSION	NON-PHYSICIAN	service code			
S9446		PT ED NOC NON-PHYSICIAN PROVIDER	Non-reimbursable			
35440	PT ED NOC NON-MD PROV GROUP SESSION	GROUP SESSION	service code			
S9447		INFANT SAFETY CLASSES NON-	Non-reimbursable			
33447	INFANT SAFETY CLASS NON-MD PER SESS	PHYSICIAN PER SESSION	service code			
50440		WEIGHT MANAGEMENT CLASSES NON-	Non-reimbursable			
S9449	WEIGHT MGMT CLASS NON-PHYS PER SESS	PHYS PER SESSION	service code			
60.454		EXERCISE CLASSES NON-PHYSICIAN PER	Non-reimbursable			
S9451	EXERCISE CLASSES NON-PHYS PER SESS	SESSION	service code			
		NUTRITION CLASSES NON-PHYSICIAN	Non-reimbursable			
S9452	NUTRITION CLASSES NON-PHYS PER SESS	PER SESSION	service code			
		SMOKING CESSATION CLASSES NON-	Non-reimbursable			
S9453	SMOKING CESSATION CLASS NON-MD SESS	PHYSICIAN PER SESS	service code			
		STRESS MGMT CLASSES NON-	Non-reimbursable			
S9454	STRESS MGMT CLASS NON-PHYS PER SESS	PHYSICIAN PER SESSION	service code			
		DIABETIC MANAGEMENT PROGRAM	Non-reimbursable			
S9455	DIABETIC MGMT PROGM GROUP SESSION	GROUP SESSION	service code			
		DIABETIC MANAGEMENT PROGRAM	Non-reimbursable			
S9460	DIABETIC MGMT PROGM NURSE VISIT	NURSE VISIT	service code			
		DIABETIC MANAGEMENT PROGRAM	Non-reimbursable			
S9465	DIABETIC MGMT PROGM DIETITIAN VISIT	DIETITIAN VISIT	service code			
		NUTRITIONAL COUNSELING DIETITIAN	Non-reimbursable			
S9470	NUTRITIONAL CNSL DIETITIAN VISIT	VISIT	service code			
		CARD REHAB PROGM NON-PHYSICIAN	Non-reimbursable			
S9472	CARD REHAB PROGM NON-PHYS PROV DIEM	PROVIDER PER DIEM	service code			
	a me nem nem nem nem en en en en en en en en en en en en en	PULM REHAB PROGM NON-PHYSICIAN	Non-reimbursable			
S9473	PULM REHAB PROGM NON-PHYS PROV DIEM	PROVIDER PER DIEM	service code			
	in the second se	ENTRSTML TX REGISTERED NRS CERT	Non-reimbursable	<del> </del>		
S9474	ENTRSTML TX RN CERT ENTRSTML TX DAY	ENTRSTML TX-DIEM	service code			
	ETT. STATE IN THE CENT CHAINSTINE IN DAT	AMB SET SUBSTANCE ABS	Non-reimbursable	1		
S9475	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	TX/DTOXFICATION SRVC-DIEM	service code	1		
<b>—</b>	AND SET SESTING ADS TAY DIGA SINVE DAT	VESTIBULAR REHAB PROGM NON-		1		
S9476	VESTIBULR REHAB NON-PHYS PROV-DIEM	PHYSICIAN PROV-DIEM	Non-reimbursable	1		
<b>—</b>	120.130EK KETIND ROK-TITIOT ROV-DIEW	SOUTH THOU DILLIN	service code	Gonoral Modicino		
			Non-reimbursable	General Medicine -		
S9480		INTENSIVE OP PSYCHIATRIC SERVICES	service code	health and behavior		
	INTENSIVE OP PSYC SERVICES PER DIEM	PER DIEM		assessment/intervention		
-	INTLINSIVE OF PSTC SERVICES PER DIEIVI	FAMILY STABILIZATION SERVICES PER	Nama maintalaures - la I -	-		
S9482	FANALLY CTA DILLIZATNI CDVC DED 45 NAINI		Non-reimbursable			
<b>—</b>	FAMILY STABILIZATN SRVC PER 15 MIN	15 MINUTES	service code	1		
S9484	CDICIC INITEDVENI NACNITA AUTUCOVICA AD	CRISIS INTERVEN MENTAL HEALTH	Non-reimbursable			
<b>—</b>	CRISIS INTERVEN MENTL HLTH SRVC-HR	SERVICES PER HOUR	service code	1		
S9485	CDICIC INITEDVENIT MENITAL LIFALTU CEDV	CRISIS INTERVENT MENTAL HEALTH SERV	Non-reimbursable	1		
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S9490		HIT CORTICOSTEROID INFUS; ADMN	Non-reimbursable			
	HIT CORTICOSTEROID INFUS; ADMN SRVC	SRVC PROF PHRM SR	service code			
S9494		HIT ABX ANTIVIRAL/ANTIFUNGAL	Non-reimbursable			
33.3.	HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	THERAPY; PER DIEM	service code			
S9497		HIT ABX ANTIVIRAL/ANTIFUNGAL TX;	Non-reimbursable			
33437	HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	Q3 HRS DIEM	service code			
S9500		HIT ABX ANTIVIRAL/ANTIFUNGAL TX;	Non-reimbursable			
33300	HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	Q24 HRS DIEM	service code			
S9501		HIT ABX ANTIVIRAL/ANTIFUNGAL TX;	Non-reimbursable			
39301	HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	Q12 HRS DIEM	service code			
S9502		HIT ABX ANTIVIRAL/ANTIFUNGAL; Q8	Non-reimbursable			
39302	HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	HRS PER DIEM	service code			
			Non-reimbursable			
S9503		HIT ANTIBIOTC	service code			
	HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	ANTIVIRAL/ANTIFUNGAL; Q6 HRS; DIEM				
S9504		HIT ABX ANTIVIRAL/ANTIFUNGAL; Q4	Non-reimbursable			
39304	HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	HRS; PER DIEM	service code			
50530		HOME OR SKILLED NURSING FACILITY	Non-reimbursable			
S9529	HOME OR SNF PATIENT	PATIENT	service code			
60527		HOME TX HEMATOPOIETIC HORMONE	Non-reimbursable			
S9537	HOM TX HEMATOPOIETIC H INJ TX;-DIEM	INJ TX;PER DIEM	service code			
50500		HOME TRANSFUSION OF BLOOD	Non-reimbursable			
S9538	HOME TRANSFUSION BLOOD PROD; DIEM	PRODUCT; PER DIEM	service code			
		HOME INJ TX NOC W/CARE	Non-reimbursable			
S9542	HOME INJECTABLE THERAPY NOC-DIEM	COORDINATION PER DIEM	service code			
		HIT GROWTH HORMONE W/CARE	Non-reimbursable			
S9558	HOME INFUS TX GROWTH HORMONE-DIEM	COORDINATION PER DIEM	service code			
		HIT INTERFERON W/CARE	Non-reimbursable			
S9559	HOME INFUS TX INTERFERON PER DIEM	COORDINATION PER DIEM	service code			
		HOME INJECTABLE THERAPY;	Non-reimbursable			
S9560	HOME INJ TX; HORMONAL THERAPY DIEM	HORMONAL THERAPY DIEM	service code			
		HOM INJ TX PALIVIZUMAB W/ADMN	Non-reimbursable			
S9562	HOM INJ TX PALIVIZUMAB-PER DIEM	PHRM CARE-PER DIEM	service code			
		HOM TX IRRIG TX; W/ADMN PHRM	Non-reimbursable			
S9590	HOM TX IRRIG TX; W/ADMN-PER DIEM	SRVC CARE-PER DIEM	service code			
		HOME THERAPY; NOT OTHERWISE	Non-reimbursable			
S9810	HOME THERAPY; NOC PER HOUR	CLASSIFIED PER HOUR	service code			
	,	SRVC JOURNAL-LISTED CS PRACT	Non-reimbursable			
S9900	SRVC JOUR-LISTED CS PRACT HEAL-DIEM	HEALING PER DIEM	service code			
		SERVICES BY A JOURNAL-LISTED CS	Non-reimbursable			
S9901	SERVICES JNL-LISTED CS NURSE PER HR	NURSE PER HR	service code			
			Non-reimbursable	General Medicine - other		
S9960		AMB SERVICE AIR NONEMERGENCY 1	service code	services and procedures		
	AMB SERVC AIR NON-ER 1 WAY FIX WING	WAY FIXED WING				
	_	AMB SERVICE AIR NONEMERGENCY 1	Non-reimbursable	1		
S9961	AMB SERVC AIR NON-ER 1 WAY ROT WING	WAY ROTARY WING	service code			
			Non-reimbursable			
S9970	HEALTH CLUB MEMBERSHIP ANNUAL	HEALTH CLUB MEMBERSHIP ANNUAL	service code			
		TRANSPLANT REL LODG MEALS &	Non-reimbursable			
S9975	TPLNT REL LODG MEALS & TRNSPRT DIEM	TRNSPRT PER DIEM	service code			
		LODGING PER DIEM NOT OTHERWISE	Non-reimbursable			
S9976	LODGING PER DIEM NOS	SPECIFIED	service code			
		MEALS PER DIEM NOT OTHERWISE	Non-reimbursable			
S9977	MEALS PER DIEM NOS	SPECIFIED	service code			
		MEDICAL RECORDS COPYING FEE	Non-reimbursable			
S9981	MEDICAL RECORDS COPYING FEE ADMIN	ADMINISTRATIVE	service code			
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	S9982	MEDICAL RECORDS CORVING EEE BAGE		Non-reimbursable			
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SINP PART OF PIACE I CUNICAL TRIAL	S9988		SERV PROVIDED AS PART OF PHASE 1	Service code			
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SERVICES FROM FORCE SPONY PATE PRINCE II   Non-reimbursable   Services Code	S9989	SERVICES PROVIDED OUTSIDE USA	STATES OF AMERICA				
	50000		SERVICES PROVIDED AS PART PHASE II		Clinical Trial		
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	conna		TRNSPRT COSTS CLIN TRIAL PRTCP &	Non-reimbursable	Clinical Trial		
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DUDITION   PRICE CARE CONTROL   PRICE CAREGORY   PRICE	20001			Non-reimbursable	Clinical Trial		
Seption  MEALS CLIN TRIAL PRICESONE CAREGIVE  SALES TAX	33334	LODG COST CLIN TRIAL PRTCP&CAREGVR	PRTCP&ONE CAREGIVR	service code			
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TID01	T1000			No Auth Required			
T1003   IPM_IVEN SERVICES UP TO 15 MINUTES   RR SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   LPM_IVEN SERVICES UP TO 15 MINUTES   No Auth Required   Home Health Services   Full Clinical Review		·					
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ALCOHOL&/SUBSTANCE ABUSE SERVICES  ALCOHOL&/SUBSTANCE ABUSE SERVICES  PLAN DVLP&/MOD  No Auth Required  CHILD SIT IND ALC&/SUBSTNC ABS SRVC  CHILD SIT IND ALC&/SUBSTNC ABS SRVC  ALCOHL&/SUBSTNC ABS SRVC  ALCOHL&/SUBSTNC ABS SRVC  MEALS FOR IND REC  ALCOHOL&/SUBSTNC BES SRVC  ALCOHOL&/SUBSTNC ABS SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  SKILLS DVLP  ALCOHOL&/SUBSTNC ABS SRVC SKL DVLP  SKILLS DVLP  ALCOHOL&/SUBSTNCE ABUSE SRVC SKL DVLP  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  NO Auth Required  TO AUTHORITY  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  NO Auth Required  TO AUTHORITY  ALCOHOL&/SUBSTNCE ABUSE SRVC  ALCOHOL&/SUBSTNCE ABUSE SRVC  NO Auth Requir		ALEGITEA, SESTING ALEST ANNIA COOT EL CITE	17 WY COOT EE CIVSE	No Auth Required	General Medicine -		
ALCOHOL&/SUBSTANCE ABUSE SERVICES  ALCOHOL&/SUBSTANCE ABUSE SERVICES  PLAN DVLP&/MOD  No Auth Required  General Medicine - health and behavior assessment/intervention  CHILD SIT IND ALC&/SUBSTNC ABS SRVC  ALCOHL&/SUBSTNC ABS SRVC  MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  SKILLS DVLP  SIGN LANGE/ORAL INTEPR SRVC-15 MIN  SERVICES PER 15 MIN  TELEHELHTH TRANS MIN PROF SRVC  SRVC BILL SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE  INCLUSIVE  T1016  CASE MANAGEMENT EACH 15 MINS  TARGETED CASE MANAGEMENT EACH 15 MINS  TARGETED CASE MANAGEMENT EACH  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  T1016  CASE MANAGEMENT EACH 15 MINS  TARGETED CASE MANAGEMENT EACH  No Auth Required  No Auth Required  No Auth Required  No Auth Required				No Auth Required			
ALCOHOL&/SUBSTANCE ABUSE SERVICES PLAN DVLP&/MOD General Medicine - health and behavior assessment/intervention  CHILD SIT IND ALC&/SUBSTNC ABS SRVC ALCOHL&/SUBSTNC ABS SRVC  T1010 MEALS REC ALCOHL&/SUBSTNC ABS SRVC ALCOHOL&/SUBSTANCE ABUSE SRVC  T1012 ALCOHOL&/SUBSTANCE ABUSE SRVC ALCOHOL&/SUBSTANCE ABUSE SRVC  T1013 SIGN LANGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN SERVICES PER 15 MIN SERVICES PER 15 MIN SERVICES PER 15 MIN SERVICES PER 15 MIN SERVICES SRVC BILL SEP  T1014 TELEHEALTH TRANS MIN PROF SRVC SRVC BILL SEP  T1015 CLINIC VST/FENCOUNTER ALL-INCLUSIVE INCLUSIVE ALL-INCLUSIVE INCLUSIVE TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required  T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required	T1007		ALCOHOL&/SUBSTNC ABS SRVC TX				
T1010  CHILD SIT IND ALC&/SUBSTNC ABS SRVC  CHILD SIT ON ALCOHL&/SUBSTNC ABS SRVC  ALCOHL&/SUBSTNC ABS SRVC  MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  SKILLS DVLP  SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN  T1014  TELEHEALTH TRANS MIN PROF SRVC  SRV BILL SEP  CLINIC VIST/ENCOUNTER ALL-INCLUSIVE  CLINIC VIST/ENCOUNTER ALL-INCLUSIVE  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  No Auth Required  TO Auth Required  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required		ALCOHOL&/SUBSTANCE ABUSE SERVICES	-		assessmenty intervention		
T1019 CHILD SIT IND ALC&/SUBSTNC ABS SRVC CHILD SIT IND ALC&/SUBSTNC ABS SRVC ALCOHL&/SUBSTNC ABS SRVC ALCOHL&/SUBSTNC ABS SRVC ALCOHOL&/SUBSTNC ABS SRVC SRVLLS DVLP SIGN LANGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN TELEHLTH TRNSMS-MIN PROFESSIONAL NO Auth Required T1014 TELEHEALTH TRANS MIN PROF SRVC SRVC BILL SEP CLINIC VST/ENCOUNTER ALL-INCLUSIVE INCLUSIVE T1015 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS TARGETED CASE MANAGEMENT EACH NO Auth Required TARGETED CASE MANAGEMENT EACH NO Auth Required No Auth Required TARGETED CASE MANAGEMENT EACH NO Auth Required No Auth Required No Auth Required		,		No Auth Required	General Medicine -		
CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC ALCOHL&/SUBSTNC ABS SRVC  MEALS FOR IND REC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC ALCOHOL&/SUBSTNC ABUSE SRVC SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN TELEHLITH TRANSMS-MIN PROFESSIONAL TELEHLITH TRANSMS-MIN PROFESSIONAL SRVC BILL SEP TI015 CLINIC VST/ENCOUNTER ALL-INCLUSIVE INCLUSIVE TI016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS NO Auth Required TARGETED CASE MANAGEMENT EACH NO Auth Required NO Auth Required NO Auth Required							
CHILD SIT IND ALC&/SUBSTNC ABS SRVC  MEALS REC ALCOHL&/SUBSTNC ABS SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABUSE SRVC  SKILLS DVLP  SIGN LANGUAGE/ORAL INTEPR SIGN LANGUAGE/ORAL INTEPR SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN  SERVICES PER 15 MIN  TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP  TI014  TELEHEALTH TRANS MIN PROF SRVC  SRVC BILL SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE  INCLUSIVE  TARGETED CASE MANAGEMENT EACH 15 MINS  No Auth Required  TARGETED CASE MANAGEMENT EACH No Auth Required  TARGETED CASE MANAGEMENT EACH No Auth Required	T1009		CHILD SIT-CHILD IND REC				
T1010 MEALS REC ALCOHL&/SUBSTNC ABS SRVC ALCOHOL&/SUBSTANCE ABUSE SRVC  ALCOHOL&/SUBSTANCE ABS SERVICES NO Auth Required  ALCOHOL&/SBSTNC ABS SRVC SKL DVLP  SKILLS DVLP  SKILLS DVLP  SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN  SIGN LANGUAGE/ORAL INTEPR SRVC-15 MIN  TELEHLTH TRNSMS-MIN PROFESSIONAL TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE  TO 1016 CASE MANAGEMENT EACH 15 MINS  CASE MANAGEMENT EACH 15 MINS  CASE MANAGEMENT EACH 15 MINS  TARGETED CASE MANAGEMENT EACH  TARGETED CASE MANAGEMENT EACH  NO Auth Required  TARGETED CASE MANAGEMENT EACH  NO Auth Required		CHILD SIT IND ALC&/SUBSTNC ABS SRVC			, ,		
MEALS REC ALCOHL&/SUBSTNC ABS SRVC ALCOHOL&/SUBSTANCE ABUSE SRVC ALCOHOL&/SUBSTANCE ABUSE SRVC SKILLS DVLP  T1013 SIGN LANGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN TELEHLTH TRANS MIN PROF SRVC SRVC BILL SEP CLINIC VST/ENCOUNTER ALL-INCLUSIVE T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS ALCOHOL&/SUBSTANCE ABUSE SRVC SKILLS DVLP No Auth Required No Auth Required No Auth Required TO Auth Required TRUEHCH TRANS MIN PROF SRVC TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required TARGETED CASE MANAGEMENT EACH No Auth Required TARGETED CASE MANAGEMENT EACH No Auth Required	T1010		MEALS FOR IND REC	No Auth Required			
T1012 ALCOHOL&/SBSTNC ABS SRVC SKL DVLP SKILLS DVLP No Auth Required  T1013 SIGN LANGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN  T1014 TELEHLTH TRANS MIN PROF SRVC SRV BILLS SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE INCLUSIVE  T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH NO Auth Required	11010	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	ALCOHOL&/SUBSTANCE ABUSE SRVC				
ALCOHOL&/SBSTNC ABS SRVC SKL DVLP  SKILLS DVLP  SIGN LANGE/ORAL INTEPR SRVC-15 MIN  SERVICES PER 15 MIN  TELEHLTH TRNSMS-MIN PROFESSIONAL TELEHLATH TRANS MIN PROF SRVC  SRVC BILL SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE  TIO16  CASE MANAGEMENT EACH 15 MINS  CASE MANAGEMENT EACH 15 MINS  TARGETED CASE MANAGEMENT EACH  No Auth Required  No Auth Required  TARGETED CASE MANAGEMENT EACH  No Auth Required  No Auth Required	T1013		ALCOHOL&/SUBSTANCE ABS SERVICES	No Auth Required			
T1013 SIGN LANGE/ORAL INTEPR SRVC-15 MIN SERVICES PER 15 MIN  TELEHLTH TRNSMS-MIN PROFESSIONAL NO Auth Required  SRVC BILL SEP  CLINIC VST/ENCOUNTER ALL-INCLUSIVE INCLUSIVE  T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS NO Auth Required  TARGETED CASE MANAGEMENT EACH  TARGETED CASE MANAGEMENT EACH  TARGETED CASE MANAGEMENT EACH  TARGETED CASE MANAGEMENT EACH  NO Auth Required  TARGETED CASE MANAGEMENT EACH  NO Auth Required	11012	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	SKILLS DVLP		<u>                                       </u>	 <u></u>	
T1014 TELEHEALTH TRANS MIN PROF SRVC SRVC BILL SEP CLINIC VST/ENCOUNTER ALL-INCLUSIVE T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS TARGETED CASE MANAGEMENT EACH No Auth Required No Auth Required TARGETED CASE MANAGEMENT EACH No Auth Required TARGETED CASE MANAGEMENT EACH No Auth Required	T1012		SIGN LANGUAGE/ORAL INTEPR	No Auth Required			
T1014 TELEHEALTH TRANS MIN PROF SRVC SRVC BILL SEP  CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE INCLUSIVE  T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH  TARG	11013	SIGN LANGE/ORAL INTEPR SRVC-15 MIN					
T1015 CLINIC VST/ENCOUNTER ALL-INCLUSIVE T1016 CASE MANAGEMENT EACH 15 MINS TARGETED CASE MANAGEMENT EACH TARGETED CASE MANAGEMENT EACH TARGETED CASE MANAGEMENT EACH TARGETED CASE MANAGEMENT EACH No Auth Required TARGETED CASE MANAGEMENT EACH No Auth Required	T1014		TELEHLTH TRNSMS-MIN PROFESSIONAL	No Auth Required			
T1015 CLINIC VST/ENCOUNTER ALL-INCLUSIVE INCLUSIVE INCLUSIVE  T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH No Auth Required	11014	TELEHEALTH TRANS MIN PROF SRVC					
T1016 CASE MANAGEMENT EACH 15 MINS CASE MANAGEMENT EACH 15 MINS No Auth Required  TARGETED CASE MANAGEMENT EACH No Auth Required	T1015			No Auth Required			
TARGETED CASE MANAGEMENT EACH No Auth Required							
	T1016	CASE MANAGEMENT EACH 15 MINS					
TARGETED CASE MANAGEMENT EA 15 MINS 15 MINS 15 MINS	T1017			No Auth Required			
		TARGETED CASE MANAGEMENT EA 15 MINS	15 MINS				

T4040		SCHOOL-BASED IND EDUCATION	No Auth Required			
T1018	SCHOOL-BASD IND ED PROG SERV BUNDLD	PROGRAM SERV BUNDLED				
T1019		PERSONAL CARE SERVICES PER 15	No Auth Required			
11019	PERSONAL CARE SERVICES PER 15 MINS	MINUTES				
T1020	PERSONAL CARE SERVICES PER DIEM	PERSONAL CARE SERVICES PER DIEM	No Auth Required			
T1021		HOME HEALTH AIDE/CERTIFIED NURSE	Authorization Required	Home Health Services	Full Clinical Review	
11021	HOME HLTH AIDE/CERT NURSE ASST VST	ASST PER VISIT				
T1022		CONTRACT HOME HEALTH SRVC UNDER	Authorization Required	Home Health Services	Full Clinical Review	
11022	CONTRACT HOME HEALTH AGCY SRVC DAY	CONTRACT DAY				
T1023		SCR CONSIDER IND PARTICIP SPEC PROG	No Auth Required			
.1025	SCR IND PARTICIP SPEC PROG PROJ/TX	PROJ/TX PER				
T1024		EVAL&TX TEAM PROV CARE MX/SEV	No Auth Required			
	EVAL&TX TEAM MX/SEV HANDICAP CHILD	HANDICAP CHLD PER				
T1025		INTEN MXDISCPLIN SRVC CHILD	No Auth Required			
	MXDISCPLIN CHILD CMPLX IMPAIR DIEM	W/CMPLX IMPAIR DIEM				
T1026	AAVDICCULIN CUIL DAVICAADIA IAADAID IID	INTEN MXDISCPLIN SRVC CHILD	No Auth Required			
	MXDISCPLIN CHILD W/CMPLX IMPAIR HR	W/CMPLX IMPAIR HR				
T1027	FAMA TRAINI & CNICL CHILD DV/LD 45 MAINIC	FAMILY TRAIN & COUNSEL CHILD	No Auth Required			
	FAM TRAIN & CNSL CHILD DVLP 15 MINS	DEVELOPMENT 15 MINS	N. A. Ali D. a. Justina d			
T1028	ASSESS HOME PHYSICAL & FAMILY ENVIR	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT	No Auth Required			
	ASSESS HOWE PHYSICAL & PAWILT ENVIR	COMP ENVIR LEAD INVESTIGAT NOT	No Auth Doguined			
T1029	COMP ENVIR LEAD INVESTIGAT-DWELL	W/LAB ANALY-DWELL	No Auth Required			
-	COMP ENVIR LEAD INVESTIGATED WELL	NURSING CARE THE HOME REGISTERED	No Auth Boquired			
T1030	NRS CARE HOME REGISTERED NURSE-DIEM	NURSE PER DIEM	No Auth Required			
	INIS CARE HOME REGISTERED NORSE-DIEM	NURSING CARE IN THE HOME BY LPN	No Auth Required			
T1031	NURSING CARE THE HOME LPN PER DIEM	PER DIEM	No Auth Required			
	NOTOTIC CARE THE HOME ELIVER DIEM	MEDICAID CERT COM BEHAVIORAL	Authorization Required		Full Clinical Review	
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	HLTH CLINIC SRVC PD	Nationzation Required		Tall cliffical fiction	
		MEDICAID CERT COM BEHAVIORAL	Authorization Required		Full Clinical Review	
T1041	MEDICAID CERT COM BH CLINIC SRVC PM	HLTH CLINIC SRVC PM				
		ADMIN ORL IM&/SUBQ MED HLTH	No Auth Required			
T1502	ADMN ORL IM&/SUBQ MED HLTH PROF	CARE AGCY/PROF-VISIT				
		ADMN MED NOT ORAL & OR INJ HLTH	No Auth Required			
T1503	ADMN MED NOT ORAL&/INJ AGENCY/PROF	AGENCY/PROF VST	,			
T4505		ELECTRONIC MEDICATION COMPLIANCE	No Auth Required			
T1505	ELECTRON MED COMPL MANAGE DEVC NOS	MANAGE DEVC NOS	,			
<b>T1000</b>		MISC TX ITEMS & SPL RETAIL PURCHASE	Authorization Required		Full Clinical Review	
T1999	MISC TX ITEMS&SPL RTAIL PURCHSE NOC	NOC				
T2001		NON-EMERG TRANSPORTATION; PT	No Auth Required			
T2001	N-EMERG TRNSPRT; PT ATTENDNT/ESCORT	ATTENDANT/ESCORT			 	
T2002			No Auth Required			
12002	NON-EMERG TRANSPORTATION; PER DIEM	PER DIEM				
T2003		NON-EMERGENCY TRANSPORTATION;	No Auth Required			
12003	NON-EMERG TRNSPRT; ENCOUNTER/TRIP	ENCOUNTER/TRIP				
T2004		NON-EMERG TRNSPRT; COMMERCIAL	No Auth Required			
. 2004	N-EMERG TRNSPRT;COMMER CARR MX-PASS	CARRIER MULTI-PASS				
T2005		NONEMERGENCY TRANSPORTATION;	No Auth Required			
12003	NONEMERGENCY TRNSPRT; STRETCHER VAN	STRETCHER VAN				
T2007		TRNSPRT WAIT TIME AIR AMB&NON-	No Auth Required			
	TRNSPRT WAIT TIME NON-ER VEH 1/2 HR	EMERG VEH 1/2 HR				
T2010		PASRR LEVL I IDENTIFICATION SCREEN	No Auth Required			
	PASRR LEVEL I ID SCREEN PER SCREEN	PER SCREEN				
T2011	DACED LEVEL II EVALUATION DED EVA:	PASRR LEVEL II EVALUATION PER	No Auth Required			
	PASRR LEVEL II EVALUATION PER EVAL	EVALUATION	No. Acade Dec. 1			
T2012	HARH ITATION ED WANTER. DIENA		No Auth Required			
	HABILITATION ED WAIVER; DIEM	PER DIEM				

		1	1	1	ı	
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	No Auth Required			
	HABILITATION PREVOCATIONAL WAIVR;HR	WAIVER; PER HOUR HABILITATION RESIDENTIAL WAIVER;	No Auth Required			
T2016	HABILITATION RES WAIVER; PER DIEM	PER DIEM HABILITATION RESIDENTIAL WAIVER;				
T2017	HABILITATION RES WAIVER; PER 15 MIN	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			No Auth Required			
	DAY HABILITATION WAIVER; PER DIEM	DAY HABILITATION WAIVER; PER DIEM DAY HABILITATION WAIVER; PER 15	No Auth Required			
T2021	DAY HABILITATION WAIVER; PER 15 MIN	MINUTES				
T2022	CASE MANAGEMENT; PER MONTH	CASE MANAGEMENT; PER MONTH TARGETED CASE MANAGEMENT; PER	No Auth Required No Auth Required			
T2023	TARGETED CASE MANAGEMENT; PER MONTH	MONTH				
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		SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES	No Auth Required			
T2028	SPCLIZED CHILDCARE WAIVER; 15 MIN	SPECIALIZED SUPPLY NOT OTH	No Auth Required			
	SPECIALIZED SUPPLY NOS WAIVER	SPECIFIED WAIVER SPECIALIZED MEDICAL EQUIPMENT NOS	No Auth Required			
T2029	SPECIALIZED MEDICAL EQP NOS WAIVER	WAIVER				
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 INTERVENTION WAIVER; PER	No Auth Required			
T2035	CRISIS INTERVEN WAIVER; PER DIEM	UTIL SRVC SUPP MED EQP&ASSTIV	No Auth Required			
12033	UTILITY SERVICES MED EQP WAIVER	TECH/DEVC WAIVER	Authorization Required	General Medicine -	Full Clinical Review	
T2036				health and behavior	. a chinear neview	
	TX CAMPING OVRNGT WAIVER; EA SESS	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION		assessment/intervention		
			Authorization Required	General Medicine -	Full Clinical Review	
T2037		THERAPEUTIC CAMPING DAY WAIVER;		health and behavior assessment/intervention		
	TX CAMPING DA WAIVER; EA SESS	EACH SESSION		assessmenty intervention		
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			
	VEHICLE WIOD WAIVER, FER SERVICE	JERVICE	1	l .	l	

	T	FINANCIAL MGMT SELF-DIRECTED			1	
T2040	FINIANICIAL MACAET WAINED, 15 MAIN		No Auth Required			
	FINANCIAL MGMT WAIVER; 15 MIN	WAIVER; PER 15 MIN				
T2041		SUPPORTS BROKERAGE SELF-DIRECTED	No Auth Required			
	SUPP BROKER SLF-DIRED WAIVR; 15 MIN	WAIVER; 15 MIN				
T2042		HOSPICE ROUTINE HOME CARE; PER	No Auth Required	Hospice		
	HOSPICE ROUTINE HOME CARE PER DIEM	DIEM				
T2043		HOSPICE CONTINUOUS HOME CARE;	No Auth Required	Hospice		
120.0	HOSPICE CONTINUOUS HOME CARE PER HR	PER HOUR				
T2044		HOSPICE INPATIENT RESPITE CARE; PER	No Auth Required	Hospice		
12044	HOSPICE INPAT RESPITE CARE PER DIEM	DIEM				
T2045		HOSPICE GENERAL INPATIENT CARE;	No Auth Required	Hospice		
12043	HOSPICE GENERAL INPAT CARE PER DIEM	PER DIEM				
T2046		HOSPICE LONG TERM CARE RM AND BD	No Auth Required	Hospice		
T2046	HOSPICE LT CARE RM AND BD PER DIEM	ONLY PER DIEM				
T0047		HABILITATION PREVOCATIONAL				
T2047	HABIL PREVOC WAIVER; PER 15 MINS	WAIVER; PER 15 MINS	No Auth Required			
		BHVAL HEALTH; LONG-TERM CARE RES				
T2048	BHVAL HLTH; LTC RES W/ROOM&BD-DIEM	W/ROOM&BD-DIEM				
	, , , , , , , , , , , , , , , , , , , ,	NON-EMERG TRNSPRT; STRETCHER VAN	No Auth Required			
T2049	NON-EMERG TRNSPRT; VAN MILEAGE;MILE	MILEAGE; MILE				
		HUMAN BREAST MILK PROCESSING	No Auth Required			
T2101	HUMN BRST MILK PRC STOR&DSTRB ONLY	STORAGE&DSTRB ONLY	140 Matri Nequireu			
	THOUSE DIST WILLY INC STORAGESTAR ONE!	ADLT SIZED DISPBL INCONT PROD	No Auth Poquired			
T4521	ADLT C7 DISDDL INCONT DDE /DIADED SM	BRF/DIAPER SM EA	No Auth Required			
	ADLT SZ DISPBL INCONT BRF/DIAPER SM		No. Acade Described			
T4522	ADLT CZ DICDDI INCONT DDE /DIADED AAD	ADLT SIZED DISPBL INCONT PROD	No Auth Required			
	ADLT SZ DISPBL INCONT BRF/DIAPER MD	BRF/DIAPER MED EA				
T4523		ADLT SIZED DISPBL INCONT PROD	No Auth Required			
	ADLT SZ DISPBL INCONT BRF/DIAPER LG	BRF/DIAPER LG EA				
T4524		ADLT SZD DISPBL INCONT PROD	No Auth Required			
14324	ADLT DISPBL INCONT BRF/DIAPER X-LG	BRF/DIAPER X-LG EA				
T4525		ADLT SZD DISPBL INCONT PROD	No Auth Required			
14323	ADLT SZD DISPBL INCONT UNDWEAR SM	UNDWEAR/PULLON SM EA				
T4526		ADLT SZD DISPBL INCONT PROD	No Auth Required			
T4526	ADLT SZD DISPBL INCONT UNDWEAR MED	UNDWEAR MED EA				
T.1507		ADLT SZD DISPBL INCONT PROD	No Auth Required			
T4527	ADLT SZD DISPBL INCONT UNDWEAR LG	UNDWEAR/PULLON LG EA				
		ADLT SZD DISPBL INCONT PROD	No Auth Required			
T4528	ADLT SZD DISPBL INCONT UNDWEAR X-LG	UNDWEAR XTRA LG EA				
	-	PED SZD DISPBL INCONT PROD	No Auth Required			
T4529	PED SZ DISPBL INCONT BRF/DIAPER S/M	BRF/DIAPER SM/MED EA				
<b> </b>		PED SZD DISPBL INCONT PROD	No Auth Required			
T4530	PED SZ DISPBL INCONT BRF/DIAPER LG	BRF/DIAPER LG SZ EA	riadii nequireu			
-	. 25 52 DIST DE INCONT DINT/DIATEN EG	PED SZD DISPBL INCONT PROD	No Auth Required	+		
T4531	PED SZ DISPBL INCONT UNDWEAR SM/MED	UNDWEAR SM/MED EA	No Auth Required			
-	I LD 32 DISF BL INCOINT DINDWEAR SIVI/IVIED	PED SZD DISPBL INCONT PROD	No Auth Dogudend			
T4532	DED S7 DISDRI INCONT LINDWEAD LC FA		No Auth Required			
-	PED SZ DISPBL INCONT UNDWEAR LG EA	UNDWEAR/PULLON LG EA	No Audio Don 1 1	-		
T4533	VOLUTIL CZD DICODI, INICCOUT DOS /514 055	YOUTH SIZED DISPBL INCONT PRODUCT	No Auth Required			
-	YOUTH SZD DISPBL INCONT BRF/DIAPER	BRF/DIAPER EA				
T4534	l	YOUTH SZD DISPBL INCONT PROD	No Auth Required			
	YOUTH SZD DISPBL INCONT UNDWEAR EA	UNDWEAR/PULLON EA				
		DISPBL	No Auth Required			
T4535		LINER/SHIELD/GUARD/PAD/UNDGRMN				
	DISPBL LINER/PAD/UNDGRMNT INCONT EA	T INCONT EA				
T/1526		INCONT PROD PROTVE	No Auth Required			
T4536	INCONT PROD UNDWEAR/PULLON REUSE SZ	UNDWEAR/PULLON REUSBL SIZE EA			<u> </u>	
T4527		INCONT PROD PROTVE UNDPAD	No Auth Required			
T4537	INCONT PROD UNDPAD REUSBL BED SZ EA	REUSABLE BED SIZE EA				
-						

	T	DIAPER SERVICE REUSABLE DIAPER	la	T		I
T4538	DIAPER SRVC REUSBL DIAPER EA DIAPER	EACH DIAPER	No Auth Required			
	BINI EN SILVE NEOSBE BINI EN EN BINI EN	INCONTINENCE PRODUCT DIAPER/BRF	No Auth Required			
T4539	INCONT PROD DIAPER/BRF REUSBL SZ EA	REUSABLE SIZE EA	No Addi Regulied			
	,	INCONT PROD PROTVE UNDPAD	No Auth Required			
T4540	INCONT PROD UNDPAD REUSBL CHAIR SZ	REUSABLE CHAIR SIZE EA				
		INCONTINENCE PRODUCT DISPOSABLE	No Auth Required			
T4541	INCONT PRODUCT DISPBL UNDPAD LG EA	UNDPAD LARGE EA				
T45.42		INCONTINENCE PRODUCT DISPBL	No Auth Required			
T4542	INCONT PROD DISPBL UNDPAD SM SZ EA	UNDPAD SMALL SIZE EA				
T4543		ADULT SIZE DISP INCONTINENCE PROD	No Auth Required			
14343	ADULT DISP INCONTINENCE PROD ABV XL	ABOVE XL EA				
T4544		ADULT SIZE DISPBL INCONT PULLUP	No Auth Required			
14344	ADULT SIZE DISPBL PULLUP ABVE XL EA	ABVE EXTRA LG EA				
T4545		INCONTINENCE PRODUCT DISPOSABLE	No Auth Required			
	INCONTIN PROD DISP PENILE WRAP EA	PENILE WRAP EACH				
T5001		POSITIONING SEAT PERSON	No Auth Required			
	PSTN SEAT PERSON SPECL/ORTHO NEEDS	SPECIAL/ORTHOPEDIC NEED				
T5999	SUPPLY NOT OTHERWISE SPECIFIED	SUPPLY NOT OTHERWISE SPECIFIED	No Auth Required			
U0001	CDC 2010 NOVEL COVIDT DT DCD DV DNI	CDC 2019 NOVEL CORONAVIRUS RT RT-	No Auth Doguised			
	CDC 2019 NOVEL COV RT RT-PCR DX PNL	PCR DX PANEL	No Auth Required			
U0002	2019-NCOV CORONAVIRUS	2019-NCOV CORONAVIRUS, SARS-COV- 2/2019-NCOV (COVID-19)	No Auth Boquired			
	2019-NCOV CORONAVIROS	INFECTIOUS AGENT DETECTION BY	No Auth Required			
		NUCLEIC ACID (DNA OR RNA); SEVERE ACUT RESPIRATORY SYNDROME				
		CORONAVIRUS 2 (SARS-CoV-2)				
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC	(CORONAVIRUS DISEASE [COVID-19]),				
00003	ACID (DNA OR RNA)	AMPLIFIED PROBE TECHNIQUE,				
		MAKING USE OF HIGH THROUGHPUT				
		TECHNOLOGIES AS DESCRIBED BY CMS-				
		2020-01-R.	No Auth Required			
		2019-NCOV CORONAVIRUS, SARS-COV-				
		2/2019-NCOV (COVID-19), ANY				
		TECHNIQUE, MULTIPLE TYPES OR				
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-	SUBTYPES (INCLUDES ALL TARGETS),				
	NCOV (COVID-19)	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		SPHERE SINGLE VISION PLANO +/- 4.00	No Auth Required		 	
V 2 1 0 0	SPHER 1 VISN PLANO +/- 4.00-LENS	PER LENS				
V2101		SPHERE SINGLE VISION +/- 4.12 +/-	No Auth Required			
V Z 1 U 1	SPHER 1 VISN +/- 4.12 +/- 7.00D EA	7.00D PER LENS				
V2102		SPHERE SINGLE VISN +/- 7.12 +/- 20.00D	No Auth Required			
V2102	SPHER 1 VISN +/- 7.12 +/- 20.00D EA	PER LENS				
V2103			No Auth Required			
	1 VISN PLANO-+/-4.00D 0.12-2.00D EA	2.00D CYL EA				
V2104		1 VISN PLANO-+/- 4.00D SPHER 2.12-	No Auth Required			
-	1 VISN PLANO-+/-4.00D 2.12-4.00D EA	4.00D CYL EA				
V2105	4 MISN BLANC . / 4 OOD 4 25 C OOD 5	1 VISN PLANO-+/- 4.00D SPHER 4.25-	No Auth Required			
-	1 VISN PLANO-+/-4.00D 4.25-6.00D EA	6.00D CYL EA	No Auth Doguised			
V2106	1 VISN PLANO-+/-4.00D OVR 6.00D EA	1 VISN PLANO-+/- 4.00D SPHER OVER 6.00D CYL-LENS	No Auth Required			
	1 VISIN FLAINOTT/-4.00D OVN 0.00D EA	1 VISN +/- 4.25-+/ 7.00 SPHER 0.12-	No Auth Required			
V2107	1 VISN +/-4.25-+/-7.00 0.12-2.00D	2.00D CYL EA	ivo Autii kequirea			
	/ / /		1	<u>l</u>		L

1998   1998			T	1	1	Т	
VAN 19-42-0-000 CAR 5-000   COURT   CAR 5-000 SPIER 425-000   SPIER 42	V2108			No Auth Required			
VANISH   VASIS   7.25	12100	1 VSN +/-4.25D-+/-7.00D 2.12-4.00D					
VINANT-12-P-1-2000-12-5-0000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14-000   VINANT-17-20-7-12-000-99-14	V2109		1 VISN+/- 4.25-+/- 7.00D SPHER 4.25-	No Auth Required			
1981   1986   1985	V2103	1 VISN+/- 4.25-+/- 7.00D 4.25-6.00D	6.00D CYL EA				
VISIN 1-12-9-1-12-000-252-250   22:00 CHE A	V2110			No Auth Required			
1798   1728	V2110	1 VISN +/- 4.25-7.00D OVER 6.00D	6.00D CYL EA				
VOID   VOID	V2111		1 VISN +/-7.25-+/-12.00D SPHER 0.25-	No Auth Required			
1984   7.25 + 7.12.00   2.59 -0.000   2.50	V2111	1 VISN +/-7.25-+/-12.00D 0.25-2.25D	2.25D CYL EA				
1	V2112		1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-	No Auth Required			
VISBS   VISB	V2112	1 VSN +/-7.25-+/-12.00D 2.25D-400D	400D CYL EA				
	1/2442		1 VISN +/- 7.25 +/- 12.00D SPH 4.25-	No Auth Required			
VISHS SPHIER - 1/-1.200 PRILENS   PRILENS   PRILENS   No. AUD Required	V2113	1 VISN +/-7.25-+/-12.00D 4.25-6.00D	6.00D CYL EA				
VISHS SPHIER - 1/-1.200 PRILENS   PRILENS   PRILENS   No. AUD Required	1/2444		SINGLE VISION SPHERE OVER +/- 12.00D	No Auth Required			
AMERICANNEL ELES STRUCE VISION   AMERICANCE LEVIS SINGLE   MINISTRUM   CANADA PROCESS	V2114	1 VISN SPHERE >+/-12.00D PER LENS					
V2197   NO. SINGLE VISION LENS   SENTICULAR LENS PER LENS SINGLE   SISON LENS   No. Auth Required   SISON LENS   NO. SINGLE VISION LENS   NO. SINGLE VISION LENS   NO. SINGLE VISION LENS   NO. SINGLE VISION LENS   NO. Auth Required   SISON LENS   SISON LENS	V2115	LENTICULAR PER LENS SINGLE VISION	LENTICULAR PER LENS SINGLE VISION	No Auth Required			
V2199   NOSINGE VISION LENS   NOT OTHERWISE CLASSIFIED SINGLE   NO Auth Required   NO A	V2118	ANISEIKONIC LENS SINGLE VISION	ANISEIKONIC LENS SINGLE VISION	No Auth Required			
V2199   NOSINGE VISION ERS   NOT OTHERWISE CLASSIFIED SINGLE   No Auth Required   No Au	V2121	LENTICULAR LENS PER LENS SINGLE	LENTICULAR LENS PER LENS SINGLE	No Auth Required			
NOC SINGLE VISION LENS   VISION LENS			NOT OTHERWISE CLASSIFIED SINGLE				
SPHERE BIFOCL   AND   4-4.000 LENS   A000 PER LENS   SPHERE BIFOCL   4-4.12 TO   4-7.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-7.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   No Auth Required   SPECIALTY BIFOCAL   No Auth Required   SPECIALTY BIFOCAL   No Auth Required   SPECIALTY BIFOCAL	V2199	NOC SINGLE VISION LENS	VISION LENS				
SPHERE BIFOCL   AND   4-4.000 LENS   A000 PER LENS   SPHERE BIFOCL   4-4.12 TO   4-7.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-7.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-4.12 TO   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   No Auth Required   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS   SPHERE BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCL   4-0.000 PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   AND SERVICE PER LENS BIFOCAL   No Auth Required   SPECIALTY BIFOCAL   No Auth Required   SPECIALTY BIFOCAL   No Auth Required   SPECIALTY BIFOCAL	1/0			No Auth Required			
SPHERE BIFOCL +/-4.12 - 1/-7.000 INS   SPHERE BIFOCAL +/-4.12 TO -1/-7.000   No Auth Required   SPHERE BIFOCL +/-1.12 TO -1/-2.0000   No Auth Required   SPHERE BIFOCL +/-1.2000 SPHER 0.12	V2200	SPHERE BIFOCL PLANO +/-4.00D LENS					
SPHERE BIFOCL -   -1,-12,-17,-20,000 EA   SPHERE BIFOCL -   -1,-12,-17,-12,-10,000 EA   SPHERE BIFOCL -   -1,-12,-17,-12,-17,-12,-10,000 EA   SPHERE BIFOCL -   -1,-12,-17,-12,-17,-12,-10,000 EA   SPHERE BIFOCL -   -1,-12,-17,-12,-		·		No Auth Required			
SPHERE BIFOCL +/-7.12 +/-20.00D EA   SPHERE BIFOCL +/-7.12 TO +/-20.00D EA   SPHER BIFOCL +/-7.12 TO +/-20.00D EA   SPHER BIFOCL +/-7.12 TO +/-20.00D EA   SPHER ALS - 2.000 CVL-64	V2201	SPHERE BIFOCL +/-4.12-+/-7.00D LENS					
SPHERE BIFOCL +/-7.22-+/-20.000 EA		·		No Auth Required			
SPICAL PLANO +/-4.00D 0.12-2.00 EA   SPICAL PLANO +/-4.00D SPIER 0.12- 2.000 CV-1-EA   SPICAL PLANO +/-4.00D SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.12- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.25- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.25- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.000 SPIER 2.25- 4.000 EA   SPICAL PLANO +/-4.25-+/-7.25-+/-1.2000 SPIER 2.25- 4.000 EA   SPICAL PLANO +/-4.25-+/-2.25- 4.000 EA   SPICAL PLANO +	V2202	SPHERE BIFOCL +/-7.12-+/-20.00D EA					
V2204   BIFOCL PLANO 1/4 00D 0.12 2.00D EA   2.00D CYL-EA		, ,		No Auth Required			
SPICAL PLANO ±/4.000 2.12-4.000 EA   A.DDD CYL-EA   A.DDD SPHER 2.12- No Auth Required   A.DDD CYL-EA   A.DDD	V2203	BIFOCL PLANO +/-4.00D 0.12-2.00D FA		no man neganea			
1			I .	No Auth Required			
SIFOCL PLANO 4/-4.00D SPHER 4.25-   No Auth Required   No Auth Requi	V2204	BIFOCL PLANO +/-4.00D 2.12-4.00D FA	-	No Auth Required			
1				No Auth Required			
SEPOCL PLANO 4/-4.00D OVER 6.00D EA   6.00D CYL-EA   6.00D CYL-EA   8IFOCL +/-4.25-+/-7.00D SPHER 0.12-   2.00D CYL-EA   8IFOCL +/-4.25-+/-7.00D SPHER 2.12-   4.00D CYL-EA   4.00D CYL-	V2205	BIFOCL PLANO +/-4 00D 4 25-6 00D FA		No Auth Required			
V2207   BIFOCL +/-4.25-+/-7.00D 0.12-2.00D   CVL-EA   BIFOCL +/-4.25-+/-7.00D SPHER 0.12-   No Auth Required   No Auth Requir				No Auth Required			
SEFOCL +/-4.25-+/-7.00D 0.12-2.00D   SEFOCL +/-4.25-+/-7.00D SPHER 0.12-   2.00D CYL-EA	V2206	BIFOCL PLANO +/-4 OOD OVER 6 OOD FA		No Auth Required			
V2208   BIFOCL +/-4.25-+/-7.00D 0.12-2.00D   2.00D CVL-EA   BIFOCL +/-4.25-+/-7.00D SPHER 2.12-   No Auth Required		Direct Entery moss even dices ex		No Auth Required			
No Auth Required   No Auth Req	V2207	BIFOCI +/-4 25-+/-7 00D 0 12-2 00D		No riatii nequirea			
V2209   BIFOCL +/-4.25-+/-7.00D 2.12-4.00D		BH GCE 17 4.23 17 7.000 6.12 2.000		No Auth Required			
V2210   B FOCL +/-4.25-+/-7.00D 4.25-6.00D   SDEER 4.25-   No Auth Required   SDEECL +/-4.25-+/-7.00D SPHER 0.25-   No Auth Required   SDEECL +/-4.25-+/-7.00D OVER 6.00D   SDEECL +/-4.25-+/-7.00D SPHER 0.25-   No Auth Required   SDEECL +/-7.25-+/-12.00D 0.25-2.25D   SDEECL +/-7.25-+/-12.00D SPHER 0.25-   No Auth Required   SDEECL +/-7.25-+/-12.00D 0.25-2.25D   SDEECL +/-7.25-+/-12.00D SPHER 0.25-   No Auth Required   SDEECL +/-7.25-+/-12.00D 0.25-2.40D   SDEECL +/-7.25-+/-12.00D SPHER 0.25-   No Auth Required   SDEECL +/-7.25-+/-7	V2208	BIFOCI +/-4 25-+/-7 00D 2 12-4 00D		No Auth Required			
V2210   B FOCL +/-4.25-+/-7.00D 4.25-6.00D   G.00D CYL-EA   B FOCL +/-4.25-+/-7.00D SPHER OVR   G.00D CYL-EAS   B FOCL +/-4.25-+/-7.00D SPHER OVR   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   G.00D CYL-EAS   B FOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   B FOCL SPHER 0.25-   No Auth Required   G.00D CYL-EAS   SPHER 0.25-   SPHER 0.		Bit OCE 17-4.23-17-7.00D 2.12-4.00D		No Auth Boquired			
V2210   B FOCL +/-4.25-+/-7.00D OVER 6.00D   S FOCL +/-4.25-+/-7.00D SPHER OVR   S FOCL +/-2.25-+/-12.00D SPHER 0.25-   S FOCL +/-7.25-+/-12.00D 0.25-2.25D   S FOCL +/-7.25-+/-12.00D SPHER 0.25-   S FOCL +/-7.25-+/-12.00D SPHER 2.25-   S FOCL +/-7.25-+/-12.00D SPHER 4.25-   S FOCL +/-7.25-+/-12.00D 4.25-6.00D   S FOCL +/-7.25-+/-12.00D SPHER 4.25-   S FOCL +/-7.25-+/-12.00D SPHER 4.25-   S FOCL +/-7.25-+/-12.00D SPHER 0.25-   S FOCL	V2209	BIFOCI +/-4 25-+/-7 00D 4 25-6 00D		No Auth Nequileu			
No Auth Required   No Auth Req	-	5 552 ·/ 4.25 ·/ 7.005 4.25-0.005		No Auth Required			
V2211   BIFOCL +/-7.25-+/-12.00D 0.25-2.25D   SIFOCL +/-7.25-+/-12.00D SPHER 0.25-   2.25D CYL-EA   SIFOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   SIFOCL +/-7.25-+/-12.00D 2.25-4.00D   A.00D CYL-EA   SIFOCL +/-7.25-+/-12.00D SPHER 4.25-   No Auth Required   SIFOCL +/-7.25-+/-12.00D 4.25-6.00D   G.00D CYL-EA   SIFOCL SPHER 0.25-   No Auth Required   SIFOCL SPHER 0.25-   No Auth Required   SIFOCL SPHER 0.25-   No Auth Required   SIFOCL SPHER 0.25-   No Auth Required   SIFOCL SPHER 0.25-   No Auth Required   SIFOCL SPHER 0.25-   SIFOCL SPH	V2210	BIFOCI +/-4 25-+/-7 00D OVER 6 00D		No Auth Nequileu			
V2212   BIFOCL +/-7.25-+/-12.00D 0.25-2.25D   2.25D CYL-EA   BIFOCL +/-7.25-+/-12.00D SPHER 2.25-   No Auth Required   SIFOCL +/-7.25-+/-12.00D 2.25-4.00D   4.00D CYL-EA   No Auth Required   SIFOCL +/-7.25-+/-12.00D 4.25-6.00D   6.00D CYL-EA   No Auth Required   SIFOCL SPHER OVER +/-12.00D PER LENS   BIFOCL SPHER OVER +/-12.00D PER LENS   LENS   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL ADD OVER 3.25D   SIFOCAL ADD OVER 3.25D   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL ADD OVER 3.25D   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   No Auth Required   SIFOCAL ADD OVER 3.25D   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   SIFOCAL ADD OVER 3.25D   No Auth Required   SIFOCAL SEG WIDTH OVER 28MM   SIFOCAL ADD OVER 3.25D   SIFOCAL ADD OVER 3.25D   SIFOCAL SEG WIDTH OVER 28MM   S	-	511 OCE 1/ 4.25-1/-7.005 OVER 0.005		No Auth Required			
No Auth Required   No Auth Req	V2211	BIFOCI +/-7 25-+/-12 000 0 25-2 250		No Auth Nequileu			
V2212   BIFOCL +/-7.25-+/-12.00D 2.25-4.00D   4.00D CYL-EA   SIFOCL +/-7.25-+/-12.00D SPHER 4.25-   6.00D CYL-EA   SIFOCL SPHER OVR +/-12.00D PER LENS   SIFOCAL SPHER OVER +/-12.00D PER LENS   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   ANISEIKONIC PER LENS BIFOC		DI GGE 1/-7.25-1/-12.000 0.25-2.250		No Auth Poguired			
V2213   BIFOCL +/-7.25-+/-12.00D 4.25-6.00D   BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA   BIFOCL SPHER OVR +/-12.00D PER LENS   BIFOCAL SPHER OVR +/-12.00D PER LENS   LENS   LENS   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   LENTICULAR PER LENS BIFOCAL   No Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Required   NO Auth Require	V2212	DIEOCI +/ 7.25 +/ 12.000 2.25 4.000		ino Autri Kequirea			
V2213   BIFOCL +/-7.25-+/-12.00D 4.25-6.00D   6.00D CYL-EA   BIFOCAL SPHERE OVER +/-12.00D PER   No Auth Required	-	DII OCL T/-7.23-T/-12.00U 2.23-4.00U		No Auth Boowing			
NO Auth Required  V2214  BIFOCL SPHER OVR +/-12.00D PER LENS  LENS  V2215  LENTICULAR PER LENS BIFOCAL  LENTICULAR PER LENS BIFOCAL  ANISEIKONIC PER LENS BIFOCAL  ANISEIKONIC PER LENS BIFOCAL  V2219  BIFOCAL SEG WIDTH OVER 28MM  BIFOCAL SEG WIDTH OVER 28MM  BIFOCAL SEG WIDTH OVER 28MM  BIFOCAL SEG WIDTH OVER 28MM  BIFOCAL SEG WIDTH OVER 28MM  NO Auth Required  V2210  BIFOCAL ADD OVER 3.25D  BIFOCAL ADD OVER 3.25D  BIFOCAL ADD OVER 3.25D  BIFOCAL ENTICULAR LENS BIFOCAL  LENTICULAR LENS BIFOCAL  LENTICULAR LENS BIFOCAL  SPECIALTY BIFOCAL  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required  NO Auth Required	V2213	RIEOCI +/ 7.25 +/ 12.000 4.25 6.000		ino Autri Kequirea			
BIFOCL SPHER OVR +/-12.00D PER LENS  V2215 LENTICULAR PER LENS BIFOCAL LENTICULAR PER LENS BIFOCAL LENTICULAR PER LENS BIFOCAL ANISEIKONIC PER LENS BIFOCAL ANISEIKONIC PER LENS BIFOCAL BIFOCAL SEG WIDTH OVER 28MM BIFOCAL SEG WIDTH OVER 28MM BIFOCAL SEG WIDTH OVER 28MM No Auth Required V2210 BIFOCAL ADD OVER 3.25D BIFOCAL ADD OVER 3.25D BIFOCAL ADD OVER 3.25D BIFOCAL ADD OVER 3.25D No Auth Required V2220 LENTICULAR LENS PER LENS BIFOCAL LENTICULAR LENS PER LENS BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPHERE TRIFOCAL PLANO OR +/-4.00D No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required	<b>—</b>	DIT OCL +/-1.23-+/-12.000 4.23-0.000		N. A. All D. a. Just			
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 SPECIALTY BIFOCAL No Auth Required  V2200 SPECIALTY BIFOCAL SPECIALTY BIFOCAL PLANO OR +/-4.00D No Auth Required	V2214	DIECCI COLLED OVD +/ 13 OOD DED LENG		INO Auth Kequired			
V2218 ANISEIKONIC PER LENS BIFOCAL ANISEIKONIC PER LENS BIFOCAL 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 V2299 SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL SPECIALTY BIFOCAL No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required No Auth Required	1/2245	*		N. A. Alb D. a. Just			
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 SPECIALTY BIFOCAL No Auth Required  V2200 SPECIALTY BIFOCAL SPECIALTY BIFOCAL No Auth Required  V2200 SPECIALTY BIFOCAL SPECIALTY BIFOCAL PLANO OR +/-4.00D 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  V2200 SPHERE TRIFOCAL PLANO OR +/-4.00D No Auth Required  V2200 SPHERE TRIFOCAL PLANO OR +/-4.00D 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  V2200 SPECIALTY BIFOCAL SPECIALTY BIFOCAL No Auth Required  NO Auth Required  NO Auth Required  NO Auth Required							
V2299 SPECIALTY BIFOCAL SPECIALTY BIFOCAL No Auth Required SPHERE TRIFOCAL PLANO OR +/-4.00D NO AUTH REQUIRED SPHERE TRIFOCAL PLANO OR +/-4.00D NO AUTH REQUIRED SPHERE TRIFOCAL PLANO OR +/-4.00D NO AUTH REQUIRED SPHERE TRIFOCAL PLANO OR +/-4.00D NO AUTH PLANO OR +/-4.00D N							
SPHERE TRIFOCAL PLANO OR +/-4.00D No Auth Required							
I \/2200 I	V2299	SPECIALTY BIFOCAL					
SPHEKE I KIPUCL PLANU/+/-4.00D LENS PEK LENS	V2300	COLUEDE TRIFOCI DI ANG / / 1000 1500	-	No Auth Required			
		SPHERE TRIFUCL PLANO/+/-4.00D LENS	PEK LENS				

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		

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V2520	CNTC LENS HYDROPHIL SPHERICAL LENS	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	No Auth Required		
	CIVIC LENS TITBROTTILE SI TIERICAL LENS	CNTC LENS HYDROPHIL TORIC/PRISM	No Auth Doguisod		
V2521	CNTC LENS HYDROPHL/PRISM BLLST LENS	BALLST PER LENS	No Auth Required		
V2522		CONTACT LENS HYDROPHILIC BIFOCAL	No Auth Required		
VZJZZ	CNTC LENS HYDROPHIL BIFOCAL LENS	PER LENS			
V2523	CNTC LENS HYDROPHIL EXT WEAR LENS	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	No Auth Required		
		CONTACT LENS HPI SPH PC ADDITIVE			
V2524	CONTCT LENS HPI SPH PC ADD PER LENS	PER LENS	No Auth Required		
V2530		CONTACT LENS SCLERAL GAS	No Auth Required		
V2550	CNTC LENS SCLERAL GAS IMPERMEBL PER	IMPERMEABLE PER LENS			
V2531	0.70.50.60.50.40.40.50.50.50.50.50.50.50.50.50.50.50.50.50	CONTACT LENS SCLERAL GAS	Authorization Required	NA	Full Clinical Review
	CNTC LENS SCLERAL GAS PERMEABLE PER CONTACT LENS OTHER TYPE	PERMEABLE PER LENS CONTACT LENS OTHER TYPE	No. Acade Donochood		
V2599	CONTACT LENS OTHER TYPE	HAND HELD LOW VISION&OTH NON	No Auth Required		
V2600	HAND HELD LW VISN&OTH NON SPEC AIDS	SPECTACL MOUNT AIDS	No Auth Required		
	THE TIELD EN VISITAGE THE TOTAL SECTIONS	SINGLE LENS SPECTACLE MOUNTED	No Auth Required		
V2610	SNGL LENS SPECT MOUNT LW VISION AID	LOW VISION AIDS			
V2615		TELESCOPIC & OTH COMPOUND LENS	Authorization Required	Surgery of eye and ocular	Full Clinical Review
	TELESCOPIC & OTH COMPOUND LENS SYS	SYSTEM		adnexa	
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		
			No Auth Required		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	ENLARGEMENT OF OCULAR PROSTHESIS			
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			No Auth Required		
	FABRICATION&FIT OCULAR CONFORMER	CONFORMER	No. Acade Donochood		
V2629	PROSTHETIC EYE OTHER TYPE	PROSTHETIC EYE OTHER TYPE  ANTERIOR CHAMBER INTRAOCULAR	No Auth Required		
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	LENS	No Auth Required		
V2631	IRIS SUPPORTED INTRAOCULAR LENS	IRIS SUPPORTED INTRAOCULAR LENS	No Auth Required		
V2C22		POSTERIOR CHAMBER INTRAOCULAR	No Auth Required		
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	LENS			
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		
	I MISIATTER EENS	PRESS-ON LENS FRESNELL PRISM PER	No Auth Required		
V2718	PRESS-ON LENS FRESNELL PRISM P LENS	LENS	nto / tatir riequirea		
V2730		SPECIAL BASE CURVE GLASS OR PLASTIC	No Auth Required		
	SPCL BASE CURVE GLASS/PLSTC-LENS	PER LENS			
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		
		SCRATCH RESISTANT COATING PER	No Auth Required		
V2760	SCRATCH RESISTANT COATING PER LENS	LENS			
V2761	MINDON COAT TYPE COURS OF ASSIST	MIRROR COAT TYPE SOLID GRADENT/=	No Auth Required		
	MIRROR COAT TYPE SOLID GRADENT/= LE	LENS MATL-LENS POLARIZATION ANY LENS MATERIAL	No Auth Dogudand		
V2762	POLARIZATION ANY LENS MATERIAL-LENS	PER LENS	No Auth Required		
	. SEE IOIT / IIT LEITS IT// I EII// IE-LEITS		l		l

1/2770	OCCULIDED LENG DED LENG	OCCULIDED LENS DED LENS	N. A. Alb D		1	
	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		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			
V5070	GLASSES BONE CONDUCTION	GLASSES BONE CONDUCTION	No Auth Required			
V5090	DISPENSING FEE UNSPEC HEARING AID	DISPENSING FEE UNSPECIFIED HEARING AID				
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			
	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			
		HEARING AID CONTRALATERAL ROUT	No Auth Required			

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V5190		HEARING AID CONTRALATERAL RTE	No Auth Required	
V3190	HA CONTRALAT RTE MONAURAL GLASSES	MONAURAL GLASSES		
1/5000		DISPENSING FEE CONTRALATERAL	No Auth Required	
V5200	DISPENSING FEE CONTRALATERAL MONAUR	MONAURAL	·	
		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
V5211	HA CONTRALAT RS BINAURAL ITE/ITE	BINAURAL ITE/ITE		
		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
V5212	LIA CONTRALAT DE DINIALIDAL ITE/ITE	BINAURAL ITE/ITC	No Auth Required	
	HA CONTRALAT RS BINAURAL ITE/ITE	,		
V5213		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
	HA CONTRA RTE SYS BINAURAL ITE/ITC	BINAURAL ITE/BTE		
V5214		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
V3214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	BINAURAL ITC/ITC		
VE24E		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	BINAURAL ITC/BTE		
		HEARING AID CONTRALAT ROUT SYS	No Auth Required	
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	BINAURAL BTE/BTE		
	·	HEARING AID CONTRALAT RTE SYS	No Auth Required	
V5230	HA CONTRALAT RTE SYS BINAUR GLASSES	BINAURAL GLASSES		
	The second secon	DISPENSING FEE CONTRALATERAL RTE	No Auth Required	
V5240	DISPNS FEE CONTRALAT RTE SYS BINAUR	SYSTEM BINAURAL	40 Addi Required	
	DISTRICT CONTRALAT RTE 313 DINAUK	DISPENSING FEE MONAURAL HEARING	No Auth Positived	
V5241	DISPAIS FEE MONAUPL HEADING AIR TYPE		No Auth Required	
	DISPNS FEE MONAURL HEARING AID TYPE	AID ANY TYPE		
V5242			No Auth Required	
132.2	HEARING AID ANALOG MONAURAL CIC	HEARING AID ANALOG MONAURAL CIC		
V5243			No Auth Required	
V3243	HEARING AID ANALOG MONAURAL ITC	HEARING AID ANALOG MONAURAL ITC		
\/F244		HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
V5244	HEARING AID PROG ANALOG MONAURL CIC	MONAURAL CIC		
		HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
V5245	HEARING AID PROG ANALOG MONAURL ITC	MONAURAL ITC	·	
		HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
V5246	HEARING AID PROG ANALOG MONAURL ITE	MONAURAL ITE	to riam negamen	
	THE THINK OF THE OF THE CONTROL THE	HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
V5247	HEARING AID PROG ANALOG MONAURL BTE	MONAURAL BTE	VO Autil Required	
	HEARING AID ANALOG BINAURAL CIC	HEARING AID ANALOG BINAURAL CIC		
V5248			No Auth Required	
V5249	HEARING AID ANALOG BINAURAL ITC	HEARING AID ANALOG BINAURAL ITC	No Auth Required	
V5250		HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
	HEARING AID PROG ANALOG BINAURL CIC	BINAURAL CIC		
V5251		HEARING AID DIGTLLY PROG ANALOG	No Auth Required	
V 3Z 31	HEARING AID PROG ANALOG BINAURL ITC	BINAURAL ITC		
VE3E3		HEARING AID DIGITALLY	No Auth Required	
V5252	HEARING AID PROG BINAURAL ITE	PROGRAMMABLE BINAURAL ITE		
		HEARING AID DIGITALLY	No Auth Required	
V5253	HEARING AID PROG BINAURAL BTE	PROGRAMMABLE BINAURAL BTE		
	-	-	No Auth Required	
V5254	HEARING AID DIGITAL MONAURAL CIC	HEARING AID DIGITAL MONAURAL CIC	To risk negative	
	THE WIND PIGITAL MONAGINE CIC		No Auth Required	
V5255	HEADING AID DIGITAL MONAURAL ITC	HEADING AID DIGITAL MAGNALIBAL ITC	NO Auth Nequilet	
	HEARING AID DIGITAL MONAURAL ITC	HEARING AID DIGITAL MONAURAL ITC		
V5256			No Auth Required	
	HEARING AID DIGITAL MONAURAL ITE	HEARING AID DIGITAL MONAURAL ITE		
V5257			No Auth Required	
V 3237	HEARING AID DIGITAL MONAURAL BTE	HEARING AID DIGITAL MONAURAL BTE		
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	
	1	1		1

V5262		HEARING AID DISPOSABLE ANY TYPE	No Auth Required
V3202	HEARING AID DISPBL TYPE MONAURAL	MONAURAL	
V5263		HEARING AID DISPOSABLE ANY TYPE	No Auth Required
V3203	HEARING AID DISPBL TYPE BINAURAL	BINAURAL	
VE264		EAR MOLD/INSERT NOT DISPOSABLE	No Auth Required
V5264	EAR MOLD/INSERT NOT DISPBL ANY TYPE	ANY TYPE	
1/5065		EAR MOLD/INSERT DISPOSABLE ANY	No Auth Required
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE	TYPE	
			No Auth Required
V5266	BATTERY FOR USE IN HEARING DEVICE	BATTERY FOR USE IN HEARING DEVICE	·
		HEARING AID/ALD/SUPP/ACCESS NOT	No Auth Required
V5267	HA/ALD/SUPP/ACCESS NOT O/W SPEC	OTHERWISE SPEC	
		ASSTIVE LISTENING DEVICE TEL	No Auth Required
V5268	ASST LISTENING DEVICE TEL AMP TYPE	AMPLIFIER ANY TYPE	
		ASSISTIVE LISTENING DEVICE ALERTING	No Auth Required
V5269	ASST LISTENING DEVICE ALERTING TYPE	ANY TYPE	The risks required
		ASSTIVE LISTENING DEVICE TELEVISN	No Auth Required
V5270	ASST LISTENING DEVICE TV AMP TYPE	AMPLIFIER TYPE	No Auth Required
	7.557 EISTENNING DEVICE IV 7.1VIII TITLE	ASSTIVE LISTENING DEVC TELEVISN	No Auth Required
V5271	ASST LISTEN DEVC TV CAPTION DECODER	CAPTION DECODER	No Addi Regalied
V5272	ASSISTIVE LISTENING DEVICE TDD	ASSISTIVE LISTENING DEVICE TDD	No Auth Required
V32/2	ASSISTIVE EISTERNING DEVICE TOD	ASSTIVE LISTENING DEVICE USE	No Auth Required
V5273	ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	W/COCHLEAR IMPLANT	No Auth Required
V5274	ASSISTIVE LISTEN DEVC W/COCHLEAR IMPL ASSISTIVE LEARNING DEVICE NOS	ASSISTIVE LEARNING DEVICE NOS	No Arab Provided
	EAR IMPRESSION EACH	EAR IMPRESSION EACH	No Auth Required
V5275	EAR IMPRESSION EACH	<u> </u>	No Auth Required
V5281		ASSIST LIST DEVC PERS FM/DM SYS	No Auth Required
	ALD PERS FM/DM SYS MONAURL ANY TYPE	MONAURL ANY TYPE	
V5282		ASSIST LIST DEVC PERS FM/DM SYS	No Auth Required
	ALD PERS FM/DM SYS BINAURL ANY TYPE	BINAURL ANY TYPE	
V5283		ASSIST LIST DEVC PERS FM/DM NCK	No Auth Required
	ALD PERS FM/DM NCK LOOP INDUCT RECV	LOOP INDUCT RECV	
V5284		ASSIST LIST DEVICE PERS FM/DM EAR	No Auth Required
.5201	ALD PERS FM/DM EAR LEVEL RECEIVER	LEVEL RECEIVER	
V5285		ASSIST LIST DEVC PERS FM/DM DIR	No Auth Required
V3203	ALD PERS FM/DM DIR AUDIO INPUT RECV	AUDIO INPUT RECV	
V5286		ASSIST LISTEN DEVC PERS BLUE TOOTH	No Auth Required
V3280	ALD PERS BLUE TOOTH FM/DM RECEIVR	FM/DM RECEIVR	
V5287		ASSISTIVE LISTENING DEVC PERS	No Auth Required
V3207	ALD PERS FM/DM RECEIVER NOS	FM/DM RECEIVER NOS	
VE200		ASSIST LISTEN DEVC PERS FM/DM	No Auth Required
V5288	ALD PERS FM/DM TRANSMITTER ALD	TRANSMITTER ALD	
VE200		ASSIST LIST DEVC PERS FM/DM	No Auth Required
V5289	ALD PERS FM/DM ADPTR/BOOT CPLG RECV	ADPTR/BOOT CPLG RECV	
\/E300		ASSIST LISTEN DEVC TRANSMITT	No Auth Required
V5290	ALD TRANSMITT MICROPHONE ANY TYPE	MICROPHONE ANY TYPE	
1/5005		HEARING AID NOT OTHERWISE	No Auth Required
V5298	HEARING AID NOC	CLASSIFIED	
V5299	HEARING SERVICE MISCELLANEOUS	HEARING SERVICE MISCELLANEOUS	No Auth Required
		REPAIR/MOD AUGMENTATIV	No Auth Required
V5336	REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	COMMUNICAT SYSTEM/DEVICE	
V5362	SPEECH SCREENING	SPEECH SCREENING	No Auth Required
V5363	LANGUAGE SCREENING	LANGUAGE SCREENING	No Auth Required
V5364	DYSPHAGIA SCREENING	DYSPHAGIA SCREENING	No Auth Required
	II.		