AULTCARE'S PRIMETIME HEALTH PLAN

PrimeTime Health Plan CPT/HCPCS Prior Authorization List

Version 2 – Effective 9/1/2026

General Information

This code listing does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment.

Group-specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.

- Services that are potentially cosmetic due to diagnosis require prior authorization.
- All genetic testing requires prior authorization.
- All inpatient, skilled nursing facility (SNF), long-term acute care (LTAC), observation (greater than 72 hours) and rehabilitation admissions require authorization.
- Behavioral health/substance abuse: All inpatient admissions, inpatient detox, observation (greater than 72 hours), residential, PHP and IOP requires prior authorization.
- Any unlisted or non-specific codes require prior authorization.
- The special instructions/notes are not intended to provide all edits, links or information that may be applicable to a specific code across all lines of business.
- *Authorization status is not a guarantee of payment. All claims are subject to review upon receipt of the actual claim or documentation. This verification is subject to any updates in eligibility upon receipt of the claim.*

Criteria Link

InterQual Guideline (IQ)

- IQ provides guidelines for determining coverage for inpatient care as well as specific procedures, devices, equipment and services.
- To review criteria, visit 2026 Provider Resources on pthp.com, then click UM Internal Coverage Criteria under Provider Resources on the right.

Medicare Advantage Prior Authorizations: PrimeTime Health Plan acts in accordance with guidance and policies from the Centers for Medicare & Medicaid Services (CMS). Medicare coverage is limited to clinically proven items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury, and within the scope of a Medicare benefit category. CMS National Coverage Determinations (NCDs) are nationwide determinations of whether Medicare will pay for an item or service. PrimeTime Health Plan follows NCDs in making prior authorization determinations and in the absence of, or in conjunction with an NCD when specified, Local Coverage Determinations (LCDs) are followed. LCDs are regional determinations implemented by Medicare Administrative Contractors (MACs).

Provider Portal Links

TriZetto Touchless Authorization Processing (TTAP)

- Use TTAP to request services for specific procedures, devices, equipment and molecular diagnostic testing.

Provider Portal

Codes Listed Below

To search a specific code, click "Ctrl + F" to open a search box.

This list is for medical prior authorization only. Any requests related to vision, hearing, dental, pharmacy, or Part D, contact the PrimeTime Customer Service Department.

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	No prior authorization required		
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	No prior authorization required		
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	No prior authorization required		
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	No prior authorization required		
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	No prior authorization required		
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	No prior authorization required		
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	No prior authorization required		
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	No prior authorization required		
00142	ANESTHESIA EYE LENS SURGERY	No prior authorization required		
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	No prior authorization required		
00145	ANESTHESIA EYE VITREORETINAL SURGERY	No prior authorization required		
00147	ANESTHESIA EYE IRIDECTOMY	No prior authorization required		
00148	ANESTHESIA EYE OPHTHALMOSCOPY	No prior authorization required		
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	No prior authorization required		
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	No prior authorization required		
00164	ANES NOSE&ACCESSORY SINUSES BIOPSY SOFT TISSUE	No prior authorization required		
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	No prior authorization required		
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	No prior authorization required		
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	No prior authorization required		
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	No prior authorization required		
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	No prior authorization required		
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	No prior authorization required		
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	No prior authorization required		
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	No prior authorization required		
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	No prior authorization required		

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00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	No prior authorization required		
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	No prior authorization required		
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	No prior authorization required		
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	No prior authorization required		
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	No prior authorization required		
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	No prior authorization required		
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	No prior authorization required		
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	No prior authorization required		
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	No prior authorization required		
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1YEAR	No prior authorization required		
00350	ANESTHESIA MAJOR VESSELS NECK NOS	No prior authorization required		
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	No prior authorization required		
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	No prior authorization required		
00402	ANESTHESIA RECONSTRUCTION BREAST	No prior authorization required		
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	No prior authorization required		
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	No prior authorization required		
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	No prior authorization required		
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	No prior authorization required		
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	No prior authorization required		
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	No prior authorization required		
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	No prior authorization required		
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	No prior authorization required		
00500	ANESTHESIA ESOPHAGUS	No prior authorization required		
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	No prior authorization required		
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	No prior authorization required		
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	No prior authorization required		
00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	No prior authorization required		
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	No prior authorization required		
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	No prior authorization required		
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	No prior authorization required		

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00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	No prior authorization required		
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	No prior authorization required		
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	No prior authorization required		
00540	ANES THORACOTOMY & THORACOSCOPY NOS	No prior authorization required		
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	No prior authorization required		
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	No prior authorization required		
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	No prior authorization required		
00548	ANES THORACOTOMY & THORACSCOPY TRACHEA & BRONCHI	No prior authorization required		
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	No prior authorization required		
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	No prior authorization required		
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	No prior authorization required		
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	No prior authorization required		
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	No prior authorization required		
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	No prior authorization required		
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	No prior authorization required		
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	No prior authorization required		
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	No prior authorization required		
00604	ANES CERVICAL SPINE&CORD W/PATIENT SITTING	No prior authorization required		
00620	ANESTHESIA THORACIC SPINE & CORD NOS	No prior authorization required		
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	No prior authorization required		
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	No prior authorization required		
00630	ANESTHESIA LUMBAR REGION NOS	No prior authorization required		
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	No prior authorization required		
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	No prior authorization required		
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	No prior authorization required		
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	No prior authorization required		
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	No prior authorization required		
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	No prior authorization required		
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	No prior authorization required		
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	No prior authorization required		

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00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	No prior authorization required		
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	No prior authorization required		
00752	ANES HRNA RPR UPR ABD LMBR&VNT HERNIA&/DEHSN	No prior authorization required		
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	No prior authorization required		
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	No prior authorization required		
00770	ANESTHESIA ALL PX MAJOR ABDOMINAL BLOOD VESSELS	No prior authorization required		
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	No prior authorization required		
00792	ANES IPER UPR ABD PRTL HPTC MGMT LIVER HEMRRG	No prior authorization required		
00794	ANES IPER UPR ABD PARTIAL/TOTAL PANCREATECTOMY	No prior authorization required		
00796	ANES IPER UPR ABD LIVER TRANSPLANT	No prior authorization required		
00797	ANES IPER UPR ABD GASTRIC RSTCV PX MO	No prior authorization required		
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	No prior authorization required		
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	No prior authorization required		
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	No prior authorization required		
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	No prior authorization required		
00813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	No prior authorization required		
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	No prior authorization required		
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	No prior authorization required		
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	No prior authorization required		
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	No prior authorization required		
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	No prior authorization required		
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	No prior authorization required		
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	No prior authorization required		
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	No prior authorization required		
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	No prior authorization required		
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	No prior authorization required		
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	No prior authorization required		
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	No prior authorization required		
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	No prior authorization required		
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	No prior authorization required		

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00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	No prior authorization required		
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	No prior authorization required		
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	No prior authorization required		
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	No prior authorization required		
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	No prior authorization required		
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	No prior authorization required		
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	No prior authorization required		
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	No prior authorization required		
00902	ANESTHESIA ANORECTAL PROCEDURE	No prior authorization required		
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	No prior authorization required		
00906	ANESTHESIA VULVECTOMY	No prior authorization required		
00908	ANESTHESIA PERINEAL PROSTATECTOMY	No prior authorization required		
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	No prior authorization required		
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	No prior authorization required		
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	No prior authorization required		
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	No prior authorization required		
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	No prior authorization required		
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	No prior authorization required		
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	No prior authorization required		
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	No prior authorization required		
00924	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	No prior authorization required		
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	No prior authorization required		
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	No prior authorization required		
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	No prior authorization required		
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	No prior authorization required		
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	No prior authorization required		
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	No prior authorization required		
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	No prior authorization required		
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	No prior authorization required		
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	No prior authorization required		

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00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	No prior authorization required		
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	No prior authorization required		
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	No prior authorization required		
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	No prior authorization required		
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	No prior authorization required		
01120	ANESTHESIA ON BONY PELVIS	No prior authorization required		
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	No prior authorization required		
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	No prior authorization required		
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	No prior authorization required		
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	No prior authorization required		
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	No prior authorization required		
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	No prior authorization required		
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	No prior authorization required		
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	No prior authorization required		
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	No prior authorization required		
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	No prior authorization required		
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	No prior authorization required		
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	No prior authorization required		
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	No prior authorization required		
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	No prior authorization required		
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	No prior authorization required		
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	No prior authorization required		
01250	ANES NERVE MUSC TENDON FASCIA&BURSAE UPPER LEG	No prior authorization required		
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	No prior authorization required		
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	No prior authorization required		
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	No prior authorization required		
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	No prior authorization required		
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	No prior authorization required		
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	No prior authorization required		
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	No prior authorization required		

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01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	No prior authorization required		
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	No prior authorization required		
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	No prior authorization required		
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	No prior authorization required		
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	No prior authorization required		
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	No prior authorization required		
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	No prior authorization required		
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	No prior authorization required		
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	No prior authorization required		
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	No prior authorization required		
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	No prior authorization required		
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	No prior authorization required		
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	No prior authorization required		
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	No prior authorization required		
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	No prior authorization required		
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	No prior authorization required		
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	No prior authorization required		
01474	ANESTHESIA GASTROCNEMIUS RECESSION	No prior authorization required		
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	No prior authorization required		
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	No prior authorization required		
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	No prior authorization required		
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	No prior authorization required		
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	No prior authorization required		
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	No prior authorization required		
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	No prior authorization required		
01520	ANESTHESIA VEINS OF LOWER LEG NOS	No prior authorization required		
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	No prior authorization required		
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	No prior authorization required		
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT&SHO JOINT	No prior authorization required		
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
01630	ANES ARTHRS HUMERAL H/N STRNCLAV&SHOULDER NOS	No prior authorization required		
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	No prior authorization required		
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	No prior authorization required		
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	No prior authorization required		
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	No prior authorization required		
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	No prior authorization required		
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	No prior authorization required		
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	No prior authorization required		
01670	ANESTHESIA VEINS SHOULDER & AXILLA	No prior authorization required		
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	No prior authorization required		
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	No prior authorization required		
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	No prior authorization required		
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	No prior authorization required		
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	No prior authorization required		
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	No prior authorization required		
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	No prior authorization required		
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	No prior authorization required		
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	No prior authorization required		
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	No prior authorization required		
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	No prior authorization required		
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	No prior authorization required		
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	No prior authorization required		
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	No prior authorization required		
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	No prior authorization required		
01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	No prior authorization required		
01782	ANESTHESIA VEINS UPPER ARM&ELBOW PHLEBORRHAPHY	No prior authorization required		
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	No prior authorization required		
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	No prior authorization required		
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	No prior authorization required		
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	No prior authorization required		
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	No prior authorization required		
01842	ANES ARTERIES FOREARM WRIST&HAND EMBOLECTOMY	No prior authorization required		
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	No prior authorization required		
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	No prior authorization required		
01852	ANES VEINS FOREARM WRIST&HAND PHLEBORRHAPHY	No prior authorization required		
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	No prior authorization required		
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	No prior authorization required		
01920	ANES C-CATHJ W/C ANGIOGRAPHY&VENTRICULOGRAPHY	No prior authorization required		
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	No prior authorization required		
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	No prior authorization required		
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	No prior authorization required		
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	No prior authorization required		
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	No prior authorization required		
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	No prior authorization required		
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	No prior authorization required		
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	No prior authorization required		
01937	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC	No prior authorization required		
01938	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC	No prior authorization required		
01939	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC	No prior authorization required		
01940	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC	No prior authorization required		
01941	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP CRV/THRC	No prior authorization required		
01942	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP LMBR/SAC	No prior authorization required		
01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	No prior authorization required		
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	No prior authorization required		
01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	No prior authorization required		
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	No prior authorization required		
01960	ANESTHESIA VAGINAL DELIVERY ONLY	No prior authorization required		
01961	ANESTHESIA CESAREAN DELIVERY ONLY	No prior authorization required		
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	No prior authorization required		
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION PROCEDURES	No prior authorization required		
01966	ANESTHESIA INDUCED ABORTION PROCEDURES	No prior authorization required		
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	No prior authorization required		
01968	ANES C DLVR FLWG NEURAXIAL LABOR ANALG/ANES	No prior authorization required		
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	No prior authorization required		
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	No prior authorization required		
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	No prior authorization required		
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	No prior authorization required		
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	No prior authorization required		
01999	UNLISTED ANESTHESIA PROCEDURE	No prior authorization required		
10004	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	No prior authorization required		
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	No prior authorization required		
10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	No prior authorization required		
10007	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	No prior authorization required		
10008	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	No prior authorization required		
10009	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	No prior authorization required		
10010	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	No prior authorization required		
10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	No prior authorization required		
10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	No prior authorization required		
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	No prior authorization required		
10030	IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ	No prior authorization required		
10035	PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	No prior authorization required		
10036	PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	No prior authorization required		
10040	ACNE SURGERY	No prior authorization required		
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	No prior authorization required		
10061	INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	No prior authorization required		
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	No prior authorization required		
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	No prior authorization required		
10120	INCISION&REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	No prior authorization required		

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10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	No prior authorization required		
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	No prior authorization required		
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	No prior authorization required		
10180	INCISION&DRAINAGE COMPLEX PO WOUND INFECTION	No prior authorization required		
11000	DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	No prior authorization required		
11001	DBRDMT EXTNSVE ECZMT/INFCT SKN EA ADDL 10%	No prior authorization required		
11004	DBRDMT SKN SBQ T/M/F NECRO INFCTJ XTRNL GENT&PER	No prior authorization required		
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	No prior authorization required		
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT PER&ABDL	No prior authorization required		
11008	RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	No prior authorization required		
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	No prior authorization required		
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	No prior authorization required		
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	No prior authorization required		
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	No prior authorization required		
11043	DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	No prior authorization required		
11044	DEBRIDEMENT BONE 1ST 20 SQ CM/<	No prior authorization required		
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	No prior authorization required		
11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	No prior authorization required		
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	No prior authorization required		
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	No prior authorization required		
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	No prior authorization required		
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	No prior authorization required		
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	No prior authorization required		
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	No prior authorization required		
11104	PUNCH BIOPSY SKIN SINGLE LESION	No prior authorization required		
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	No prior authorization required		
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	No prior authorization required		
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	No prior authorization required		
11200	RMVL SKIN TAGS MLT FIBRO TAGS ANY UP TO&INC 15	Yes, prior authorization required		
11201	RMVL SKIN TAGS MLT FIBRO TAGS ANY EA ADDL 10	Yes, prior authorization required		

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11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	No prior authorization required		
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	No prior authorization required		
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	No prior authorization required		
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	No prior authorization required		
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	No prior authorization required		
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	No prior authorization required		
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	No prior authorization required		
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	No prior authorization required		
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	No prior authorization required		
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	No prior authorization required		
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	No prior authorization required		
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	No prior authorization required		
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	No prior authorization required		
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	No prior authorization required		
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	No prior authorization required		
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	No prior authorization required		
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	No prior authorization required		
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	No prior authorization required		
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	No prior authorization required		
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	No prior authorization required		
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	No prior authorization required		
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	No prior authorization required		
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	No prior authorization required		
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	No prior authorization required		
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	No prior authorization required		
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	No prior authorization required		
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	No prior authorization required		
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	No prior authorization required		
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	No prior authorization required		
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	No prior authorization required		

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11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	No prior authorization required		
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	No prior authorization required		
11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	No prior authorization required		
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	No prior authorization required		
11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	No prior authorization required		
11471	EXCISION H/P/P/U COMPLEX REPAIR	No prior authorization required		
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	No prior authorization required		
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	No prior authorization required		
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	No prior authorization required		
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	No prior authorization required		
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	No prior authorization required		
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG >4.0 CM	No prior authorization required		
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	No prior authorization required		
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	No prior authorization required		
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	No prior authorization required		
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	No prior authorization required		
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	No prior authorization required		
11626	EXCISION MALIGNANT LESION S/N/H/F/G > 4.0 CM	No prior authorization required		
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	No prior authorization required		
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	No prior authorization required		
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	No prior authorization required		
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	No prior authorization required		
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	No prior authorization required		
11646	EXCISION MALIGNANT LESION F/E/E/N/L > 4.0 CM	No prior authorization required		
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	No prior authorization required		
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	No prior authorization required		
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	No prior authorization required		
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	No prior authorization required		
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	No prior authorization required		
11740	EVACUATION SUBUNGUAL HEMATOMA	No prior authorization required		

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11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	No prior authorization required		
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	No prior authorization required		
11760	REPAIR NAIL BED	No prior authorization required		
11762	RECONSTRUCTION NAIL BED W/GRAFT	No prior authorization required		
11765	WEDGE EXCISION SKIN NAIL FOLD	No prior authorization required		
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	No prior authorization required		
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	No prior authorization required		
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	No prior authorization required		
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	No prior authorization required		
11901	INJECTION INTRALESIONAL >7 LESIONS	No prior authorization required		
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	No prior authorization required		
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	No prior authorization required		
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	No prior authorization required		
11950	THERAPY FOR CONTOUR DEFE	Yes, prior authorization required		
11951	THERAPY FOR CONTOUR DEFE	Yes, prior authorization required		
11952	THERAPY FOR CONTOUR DEFE	Yes, prior authorization required		
11954	THERAPY FOR CONTOUR DEFE	Yes, prior authorization required		
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	Yes, prior authorization required		
11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer (Dx code Z85.3).	
11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	Yes, prior authorization required	Prior authorization not required for personal history of breast cancer (Dx code Z85.3).	
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	No prior authorization required		
11980	IMPLANT HORMONE PELLET(S	No prior authorization required		
11981	INSERTION DRUG DELIVERY IMPLANT	No prior authorization required		
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	No prior authorization required		
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	No prior authorization required		

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12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	No prior authorization required		
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	No prior authorization required		
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	No prior authorization required		
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	No prior authorization required		
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	No prior authorization required		
12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	No prior authorization required		
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	No prior authorization required		
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	No prior authorization required		
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	No prior authorization required		
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	No prior authorization required		
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0CM	No prior authorization required		
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0CM	No prior authorization required		
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0CM	No prior authorization required		
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	No prior authorization required		
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	No prior authorization required		
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	No prior authorization required		
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	No prior authorization required		
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	No prior authorization required		
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	No prior authorization required		
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	No prior authorization required		
12037	REPAIR INTERMEDIATE S/A/T/E > 30.0 CM	No prior authorization required		
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	No prior authorization required		
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	No prior authorization required		
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	No prior authorization required		
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	No prior authorization required		
12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	No prior authorization required		
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	No prior authorization required		
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	No prior authorization required		
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	No prior authorization required		
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	No prior authorization required		

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12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	No prior authorization required		
12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	No prior authorization required		
12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	No prior authorization required		
12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC > 30.0 CM	No prior authorization required		
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	No prior authorization required		
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	No prior authorization required		
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	No prior authorization required		
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	No prior authorization required		
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	No prior authorization required		
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	No prior authorization required		
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	No prior authorization required		
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	No prior authorization required		
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	No prior authorization required		
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	No prior authorization required		
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	No prior authorization required		
13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	No prior authorization required		
13160	SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	No prior authorization required		
14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	No prior authorization required		
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	No prior authorization required		
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	No prior authorization required		
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	No prior authorization required		
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	No prior authorization required		
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	No prior authorization required		
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	No prior authorization required		
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	No prior authorization required		
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	No prior authorization required		
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	No prior authorization required		
14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	No prior authorization required		
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	No prior authorization required		
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	No prior authorization required		

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15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	No prior authorization required		
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	No prior authorization required		
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	No prior authorization required		
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	No prior authorization required		
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	No prior authorization required		
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	No prior authorization required		
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	No prior authorization required		
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	No prior authorization required		
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	No prior authorization required		
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	No prior authorization required		
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	No prior authorization required		
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AR UP TO 2 CM	No prior authorization required		
15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	No prior authorization required		

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15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	No prior authorization required		
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	No prior authorization required		
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	No prior authorization required		
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	No prior authorization required		
15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	No prior authorization required		
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	No prior authorization required		
15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	No prior authorization required		
15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	No prior authorization required		
15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	No prior authorization required		
15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	No prior authorization required		
15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	No prior authorization required		
15150	CULT SKIN GRFT T/ARM/LEG	No prior authorization required		
15151	CULT SKIN GRFT T/A/L ADD	No prior authorization required		
15152	CULT SKIN GRAFT T/A/L +%	No prior authorization required		
15155	CULT SKIN GRAFT F/N/HF/G	No prior authorization required		
15156	CULT SKIN GRFT F/N/HFG A	No prior authorization required		
15157	CULT EPIDERM GRFT F/N/HFG +%	No prior authorization required		
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	No prior authorization required		
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 SQ CM	No prior authorization required		
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	No prior authorization required		
15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 SQ CM/<	No prior authorization required		
15240	FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<	No prior authorization required		
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA ADDL	No prior authorization required		
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	No prior authorization required		
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA ADDL 20 SQ CM	No prior authorization required		
15271	SKIN SUB GRAFT TRNK/ARM/	Yes, prior authorization required		
15272	SKIN SUB GRAFT T/A/L ADD	Yes, prior authorization required		
15273	SKIN SUB GRFT T/ARM/LG	Yes, prior authorization required		
15274	SKN SUB GRFT T/A/L CHILD	Yes, prior authorization required		
15275	SKN SUB GRAFT FACE/NK/HF	Yes, prior authorization required		

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15276	SKN SUB GRAFT F/N/HF/G A	Yes, prior authorization required		
15277	SKN SUB GRFT F/N/HF/G CH	Yes, prior authorization required		
15278	SKN SUB GRFT F/N/HF/G CH	Yes, prior authorization required		
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	No prior authorization required		
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	No prior authorization required		
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	No prior authorization required		
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	No prior authorization required		
15600	DELAY FLAP/SECTIONING FLAP TRUNK	No prior authorization required		
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	No prior authorization required		
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	No prior authorization required		
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	No prior authorization required		
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	No prior authorization required		
15730	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	No prior authorization required		
15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	No prior authorization required		
15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	No prior authorization required		
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	No prior authorization required		
15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	No prior authorization required		
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	No prior authorization required		
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	No prior authorization required		
15750	FLAP NEUROVASCULAR PEDICLE	No prior authorization required		
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	No prior authorization required		
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	No prior authorization required		
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	No prior authorization required		
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	No prior authorization required		
15769	GRFG AUTOL SOFT TISS DIR EXC	Yes, prior authorization required		
15770	GRAFT DERMA-FAT-FASCIA	No prior authorization required		
15771	GRFG AUTOL FAT LIPO 50 CC/<	Yes, prior authorization required		
15772	GRFG AUTOL FAT LIPO EA ADDL	Yes, prior authorization required		
15773	GRFG AUTOL FAT LIPO 25 CC/<	Yes, prior authorization required		
15774	GFRG AUTOL FAT LIPO EA ADDL	Yes, prior authorization required		

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15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Yes, prior authorization required		
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	Yes, prior authorization required		
15777	ACELLULAR DERM MATRIX IM	Yes, prior authorization required		
15778	IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMAIMPL ABSRB M	No prior authorization required		
15780	DERMABRASION TOTAL FACE	Yes, prior authorization required		
15781	DERMABRASION SEGMENTAL FACE	Yes, prior authorization required		
15782	DERMABRASION REGIONAL OTHER THAN FACE	Yes, prior authorization required		
15783	DERMABRASION SUPERFICIAL ANY SITE	Yes, prior authorization required		
15786	ABRASION LESION SINGLE	Yes, prior authorization required		
15787	ABRASION LESIONS ADD-ON	Yes, prior authorization required		
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Yes, prior authorization required		
15789	CHEMICAL PEEL FACIAL DERMAL	Yes, prior authorization required		
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Yes, prior authorization required		
15793	CHEMICAL PEEL NONFACIAL DERMAL	Yes, prior authorization required		
15820	REVISION OF LOWER EYELID	Yes, prior authorization required		
15821	REVISION OF LOWER EYELID	Yes, prior authorization required		
15822	REVISION OF UPPER EYELID	Yes, prior authorization required		
15823	REVISION OF UPPER EYELID	Yes, prior authorization required		
15824	REMOVAL OF FOREHEAD WRIN	Yes, prior authorization required		
15825	REMOVAL OF NECK WRINKLES	Yes, prior authorization required		
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Yes, prior authorization required		
15828	REMOVAL OF FACE WRINKLES	Yes, prior authorization required		
15829	REMOVAL OF SKIN WRINKLES	Yes, prior authorization required		
15830	EXC SKIN ABD	Yes, prior authorization required		
15832	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15833	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15834	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15835	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15836	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		

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15837	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15838	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15839	EXCISE EXCESSIVE SKIN TI	Yes, prior authorization required		
15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	No prior authorization required		
15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	No prior authorization required		
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	No prior authorization required		
15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	No prior authorization required		
15847	EXC SKIN ABD ADD-ON	Yes, prior authorization required		
15851	REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	No prior authorization required		
15852	DRESSING CHANGE UNDER ANESTHESIA	No prior authorization required		
15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	No prior authorization required		
15854	REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	No prior authorization required		
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	No prior authorization required		
15876	SUCTION ASSISTED LIPECTO	Yes, prior authorization required		
15877	SUCTION ASSISTED LIPECTO	Yes, prior authorization required		
15878	SUCTION ASSISTED LIPECTO	Yes, prior authorization required		
15879	SUCTION ASSISTED LIPECTO	Yes, prior authorization required		
15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	No prior authorization required		
15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	No prior authorization required		
15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	No prior authorization required		
15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	No prior authorization required		
15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	No prior authorization required		
15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	No prior authorization required		
15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	No prior authorization required		
15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	No prior authorization required		
15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	No prior authorization required		
15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	No prior authorization required		
15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	No prior authorization required		
15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	No prior authorization required		
15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	No prior authorization required		

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15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	No prior authorization required		
15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	No prior authorization required		
15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	No prior authorization required		
15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	No prior authorization required		
15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	No prior authorization required		
15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	No prior authorization required		
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	No prior authorization required		
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	No prior authorization required		
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	No prior authorization required		
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	No prior authorization required		
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	No prior authorization required		
16035	ESCHAROTOMY FIRST INCISION	No prior authorization required		
16036	ESCHAROTOMY EACH ADDITIONAL INCISION	No prior authorization required		
17000	DESTRUCTION PREMALIGNANT LESION 1ST	No prior authorization required		
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	No prior authorization required		
17004	DESTRUCTION PREMALIGNANT LESION 15/>	No prior authorization required		
17106	DESTRUCTION OF SKIN LESI	No prior authorization required		
17107	DESTRUCTION OF SKIN LESI	No prior authorization required		
17108	DESTRUCTION OF SKIN LESI	No prior authorization required		
17110	DESTRUCTION BENIGN LESIONS UP TO 14	No prior authorization required		
17111	DESTRUCTION BENIGN LESIONS 15/>	No prior authorization required	*Alert - high risk for cosmetic procedures including Aerosolase Laser. Cosmetic procedures are subject to PA regardless of PA status*	
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	No prior authorization required		
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	No prior authorization required		
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	No prior authorization required		
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	No prior authorization required		
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	No prior authorization required		

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17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	No prior authorization required		
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	No prior authorization required		
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	No prior authorization required		
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	No prior authorization required		
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	No prior authorization required		
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	No prior authorization required		
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	No prior authorization required		
17276	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	No prior authorization required		
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	No prior authorization required		
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	No prior authorization required		
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	No prior authorization required		
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	No prior authorization required		
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	No prior authorization required		
17286	DESTRUCTION MAL LESION F/E/E/N/L/M > 4.0 CM	No prior authorization required		
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	No prior authorization required		
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	No prior authorization required		
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	No prior authorization required		
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	No prior authorization required		
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	No prior authorization required		
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	Yes, prior authorization required		
17360	CHEMICAL EXFOLIATION ACNE	Yes, prior authorization required		
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	No prior authorization required		
17999	SKIN TISSUE PROCEDURE	Yes, prior authorization required		
19000	PUNCTURE ASPIRATION CYST OF BREAST	No prior authorization required		
19001	PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	No prior authorization required		
19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	No prior authorization required		
19030	INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	No prior authorization required		
19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	No prior authorization required		
19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	No prior authorization required		
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	No prior authorization required		

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19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	No prior authorization required		
19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	No prior authorization required		
19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	No prior authorization required		
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	No prior authorization required		
19101	BIOPSY BREAST OPEN INCISIONAL	No prior authorization required		
19105	CRYOSURG ABLATE FA EACH	Yes, prior authorization required		
19110	NIPPLE EXPLORATION	No prior authorization required		
19112	EXCISION LACTIFEROUS DUCT FISTULA	No prior authorization required		
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	No prior authorization required		
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	No prior authorization required		
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	No prior authorization required		
19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	No prior authorization required		
19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	No prior authorization required		
19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	No prior authorization required		
19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	No prior authorization required		
19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	No prior authorization required		
19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	No prior authorization required		
19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	No prior authorization required		
19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	No prior authorization required		
19294	PREPJ TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	No prior authorization required		
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	No prior authorization required		
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	No prior authorization required		
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	No prior authorization required		
19300	REMOVAL OF BREAST TISSUE	Yes, prior authorization required		
19301	MASTECTOMY PARTIAL	No prior authorization required		
19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	No prior authorization required		
19303	MASTECTOMY SIMPLE COMPLETE	No prior authorization required		
19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	No prior authorization required		
19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	No prior authorization required		
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	No prior authorization required		

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19316	SUSPENSION OF BREAST	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19318	REDUCTION OF LARGE BREAS	Yes, prior authorization required		
19325	ENLARGE BREAST WITH IMPL	Yes, prior authorization required		
19328	REMOVAL OF BREAST IMPLAN	Yes, prior authorization required		
19330	REMOVAL OF IMPLANT MATER	Yes, prior authorization required		
19340	IMMEDIATE BREAST PROSTHE	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19342	DELAYED BREAST PROSTHESI	Yes, prior authorization required		
19350	BREAST RECONSTRUCTION	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19355	CORRECT INVERTED NIPPLE	Yes, prior authorization required		
19357	BREAST RECONSTRUCTION	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	

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19364	BREAST RECONSTRUCTION W/FREE FLAP	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19367	BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19368	BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19369	BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Prior authorization not required for personal history of breast cancer or current breast cancer diagnosis.	
19370	SURGERY OF BREAST CAPSUL	Yes, prior authorization required		
19371	REMOVAL OF BREAST CAPSUL	Yes, prior authorization required		
19380	REVISE BREAST RECONSTRUC	Yes, prior authorization required		
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Yes, prior authorization required		
19499	BREAST SURGERY PROCEDURE	Yes, prior authorization required		
20100	EXPLORATION PENETRATING WOUND SPX NECK	No prior authorization required		
20101	EXPLORATION PENETRATING WOUND SPX CHEST	No prior authorization required		
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	No prior authorization required		
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	No prior authorization required		
20150	EXCISION EPIPHYSEAL BAR	No prior authorization required		
20200	BIOPSY MUSCLE SUPERFICIAL	No prior authorization required		
20205	BIOPSY MUSCLE DEEP	No prior authorization required		
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	No prior authorization required		

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20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	No prior authorization required		
20225	BIOPSY BONE TROCAR/NEEDLE DEEP	No prior authorization required		
20240	BIOPSY BONE OPEN SUPERFICIAL	No prior authorization required		
20245	BIOPSY BONE OPEN DEEP	No prior authorization required		
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	No prior authorization required		
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	No prior authorization required		
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	No prior authorization required		
20501	INJECTION SINUS TRACT DIAGNOSTIC	No prior authorization required		
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	No prior authorization required		
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	No prior authorization required		
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	No prior authorization required		
20527	INJ DUPUYTREN CORD W/ENZ	No prior authorization required		
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	No prior authorization required		
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	No prior authorization required		
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	No prior authorization required		
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	No prior authorization required		
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	No prior authorization required		
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	No prior authorization required		
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	No prior authorization required		
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	No prior authorization required		
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	No prior authorization required		
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	No prior authorization required		
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	No prior authorization required		
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	No prior authorization required		
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	No prior authorization required		
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	No prior authorization required		
20615	ASPIRATION&INJECTION TREATMENT BONE CYST	No prior authorization required		
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	No prior authorization required		
20660	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	No prior authorization required		
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	No prior authorization required		
20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	No prior authorization required		
20664	APPL HALO CRANIAL 6/> PINS THIN SKULL OSTEOLOGY	No prior authorization required		
20665	REMOVAL TONGS/HALO APPLIED BY ANOTHER INDIVIDUAL	No prior authorization required		
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	No prior authorization required		
20680	REMOVAL IMPLANT DEEP	No prior authorization required		
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	No prior authorization required		
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	No prior authorization required		
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	No prior authorization required		
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	No prior authorization required		
20696	APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT 1ST&SUBSQ	No prior authorization required		
20697	APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT EXCHANGE	No prior authorization required		
20700	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	No prior authorization required		
20701	REMOVAL DEEP DRUG DELIVERY DEVICE	No prior authorization required		
20702	MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	No prior authorization required		
20703	REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	No prior authorization required		
20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	No prior authorization required		
20705	REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	No prior authorization required		
20802	REPLANTATION ARM COMPLETE AMPUTATION	No prior authorization required		
20805	REPLANTATION FOREARM COMPLETE AMPUTATION	No prior authorization required		
20808	REPLANTATION HAND COMPLETE AMPUTATION	No prior authorization required		
20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	No prior authorization required		
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	No prior authorization required		
20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	No prior authorization required		
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	No prior authorization required		
20838	REPLANTATION FOOT COMPLETE AMPUTATION	No prior authorization required		
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	No prior authorization required		
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	No prior authorization required		
20910	REMOVE CARTILAGE FOR GRA	Yes, prior authorization required		
20912	REMOVE CARTILAGE FOR GRA	Yes, prior authorization required		

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20920	FASCIA LATA GRAFT BY STRIPPER	No prior authorization required		
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	No prior authorization required		
20924	TENDON GRAFT FROM A DISTANCE	No prior authorization required		
20930	SP BONE ALGRFT MORSEL ADD-ON	No prior authorization required		
20931	SP BONE ALGRFT STRUCT ADD-ON	No prior authorization required		
20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	No prior authorization required		
20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	No prior authorization required		
20934	INTERCALARY ALLOGRAFT COMPLETE	No prior authorization required		
20936	SPINAL BONE AUTOGRAFT	No prior authorization required		
20937	SPINAL BONE AUTOGRAFT	No prior authorization required		
20938	SPINAL BONE AUTOGRAFT	No prior authorization required		
20939	BONE MARROW ASPIR BONE GRFG	No prior authorization required		
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	No prior authorization required		
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	Yes, prior authorization required		
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	Yes, prior authorization required		
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	Yes, prior authorization required		
20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	Yes, prior authorization required		
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	Yes, prior authorization required		
20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	Yes, prior authorization required		
20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	Yes, prior authorization required		
20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	Yes, prior authorization required		
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	Yes, prior authorization required		
20975	ELECTRICAL BONE STIMULAT	Yes, prior authorization required		
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	Yes, prior authorization required		
20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	Yes, prior authorization required		
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	Yes, prior authorization required		
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	Yes, prior authorization required		
20999	MUSCULOSKELETAL SURGERY	Yes, prior authorization required		
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	Yes, prior authorization required		
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM	No prior authorization required		

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21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	No prior authorization required		
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL < 2CM	No prior authorization required		
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	No prior authorization required		
21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	No prior authorization required		
21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	No prior authorization required		
21025	EXCISION OF BONE LOWER J	Yes, prior authorization required		
21026	EXCISION FACIAL BONE	No prior authorization required		
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	No prior authorization required		
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	No prior authorization required		
21031	EXCISION TORUS MANDIBULARIS	No prior authorization required		
21032	REMOVE EXOSTOSIS MAXILLA	Yes, prior authorization required		
21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	No prior authorization required		
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	No prior authorization required		
21044	EXCISION MALIGNANT TUMOR MANDIBLE	No prior authorization required		
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	No prior authorization required		
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	No prior authorization required		
21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	No prior authorization required		
21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	No prior authorization required		
21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	No prior authorization required		
21050	REMOVAL OF JAW JOINT	Yes, prior authorization required		
21060	REMOVE JAW JOINT CARTILA	Yes, prior authorization required		
21070	CORONOIDECTOMY SEPARATE PROCEDURE	Yes, prior authorization required		
21073	MNPJ OF TMJ W/ANESTH	Yes, prior authorization required		
21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	No prior authorization required		
21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	No prior authorization required		
21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	No prior authorization required		
21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	No prior authorization required		
21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	No prior authorization required		
21082	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	No prior authorization required		
21083	IMPRESSION&PREPARATION PALATAL LIFT PROSTHESIS	No prior authorization required		

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21084	IMPRESSION&PREPARATION SPEECH AID PROSTHESIS	No prior authorization required		
21085	PREPARE FACE/ORAL PROSTH	Yes, prior authorization required		
21086	IMPRESSION&PREPARATION AURICULAR PROSTHESIS	No prior authorization required		
21087	IMPRESSION&PREPARATION NASAL PROSTHESIS	No prior authorization required		
21088	PREPARE FACE/ORAL PROSTH	Yes, prior authorization required		
21089	PREPARE FACE/ORAL PROSTH	Yes, prior authorization required		
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	No prior authorization required		
21110	INTERDENTAL FIXATION	Yes, prior authorization required		
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	No prior authorization required		
21120	RECONSTRUCTION OF CHIN	Yes, prior authorization required		
21121	RECONSTRUCTION OF CHIN	Yes, prior authorization required		
21122	RECONSTRUCTION OF CHIN	Yes, prior authorization required		
21123	RECONSTRUCTION OF CHIN	Yes, prior authorization required		
21125	AUGMENTATION LOWER JAW B	Yes, prior authorization required		
21127	AUGMENTATION LOWER JAW B	Yes, prior authorization required		
21137	REDUCTION OF FOREHEAD	Yes, prior authorization required		
21138	REDUCTION OF FOREHEAD	Yes, prior authorization required		
21139	REDUCTION OF FOREHEAD	Yes, prior authorization required		
21141	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21142	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21143	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21145	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21146	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21147	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21150	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21151	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21154	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21155	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21159	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		
21160	RECONSTRUCT MIDFACE LEFO	Yes, prior authorization required		

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21172	RECONSTRUCT ORBIT/FOREHE	Yes, prior authorization required		
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS&LWR FHD	Yes, prior authorization required		
21179	RECONSTRUCT ENTIRE FOREH	Yes, prior authorization required		
21180	RECONSTRUCT ENTIRE FOREH	Yes, prior authorization required		
21181	CONTOUR CRANIAL BONE LES	Yes, prior authorization required		
21182	RECONSTRUCT CRANIAL BONE	Yes, prior authorization required		
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	No prior authorization required		
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	No prior authorization required		
21188	RECONSTRUCTION OF MIDFAC	Yes, prior authorization required		
21193	RECONST LWR JAW W/O GRAF	Yes, prior authorization required		
21194	RECONST LWR JAW W/GRAFT	Yes, prior authorization required		
21195	RECONST LWR JAW W/O FIXA	Yes, prior authorization required		
21196	RECONST LWR JAW W/FIXATI	Yes, prior authorization required		
21198	RECONSTR LWR JAW SEGMENT	Yes, prior authorization required		
21199	RECONSTR LWR JAW W/ADVAN	Yes, prior authorization required		
21206	RECONSTRUCT UPPER JAW BO	Yes, prior authorization required		
21208	AUGMENTATION OF FACIAL B	Yes, prior authorization required		
21209	REDUCTION OF FACIAL BONE	Yes, prior authorization required		
21210	FACE BONE GRAFT	Yes, prior authorization required		
21215	LOWER JAW BONE GRAFT	Yes, prior authorization required		
21230	RIB CARTILAGE GRAFT	Yes, prior authorization required		
21235	EAR CARTILAGE GRAFT	Yes, prior authorization required		
21240	RECONSTRUCTION OF JAW JO	Yes, prior authorization required		
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	No prior authorization required		
21243	RECONSTRUCTION OF JAW JO	Yes, prior authorization required		
21244	RECONSTRUCTION OF LOWER	Yes, prior authorization required		
21245	RECONSTRUCTION OF JAW	Yes, prior authorization required		
21246	RECONSTRUCTION OF JAW	Yes, prior authorization required		
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	Yes, prior authorization required		
21248	RECONSTRUCTION OF JAW	Yes, prior authorization required		

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21249	RECONSTRUCTION OF JAW	Yes, prior authorization required		
21255	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	Yes, prior authorization required		
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES&BONE GRAFTS	Yes, prior authorization required		
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	Yes, prior authorization required		
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	Yes, prior authorization required		
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	Yes, prior authorization required		
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	Yes, prior authorization required		
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA&XTRC	Yes, prior authorization required		
21270	AUGMENTATION CHEEK BONE	Yes, prior authorization required		
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	Yes, prior authorization required		
21280	REVISION OF EYELID	Yes, prior authorization required		
21282	REVISION OF EYELID	Yes, prior authorization required		
21295	REDUCTION MASSETER MUSCLE&BONE EXTRAORAL	Yes, prior authorization required		
21296	REDUCTION MASSETER MUSCLE&BONE INTRAORAL	Yes, prior authorization required		
21299	CRANIO/MAXILLOFACIAL SUR	Yes, prior authorization required		
21315	CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	No prior authorization required		
21320	CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	No prior authorization required		
21325	TREATMENT OF NOSE FRACTU	No prior authorization required		
21330	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	No prior authorization required		
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	No prior authorization required		
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	No prior authorization required		
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	No prior authorization required		
21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	No prior authorization required		
21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	No prior authorization required		
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	No prior authorization required		
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	No prior authorization required		
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	No prior authorization required		
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	No prior authorization required		
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	No prior authorization required		
21347	TREAT NOSE/JAW FRACTURE	No prior authorization required		

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21348	TREAT NOSE/JAW FRACTURE	No prior authorization required		
21355	PERCUTANEOUS TX MALAR AREA FRACTURE	No prior authorization required		
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	No prior authorization required		
21360	OPEN TX DEPRESSED MALAR FRACTURE	No prior authorization required		
21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	No prior authorization required		
21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	No prior authorization required		
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	No prior authorization required		
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	No prior authorization required		
21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	No prior authorization required		
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	No prior authorization required		
21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	No prior authorization required		
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	No prior authorization required		
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	No prior authorization required		
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	No prior authorization required		
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	No prior authorization required		
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	No prior authorization required		
21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	No prior authorization required		
21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	No prior authorization required		
21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	No prior authorization required		
21431	CLOSED TX CRANIOFACIAL SEPARATION	No prior authorization required		
21432	TREAT CRANIOFACIAL FRACT	No prior authorization required		
21433	TREAT CRANIOFACIAL FRACT	No prior authorization required		
21435	TREAT CRANIOFACIAL FRACT	No prior authorization required		
21436	TREAT CRANIOFACIAL FRACT	No prior authorization required		
21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	No prior authorization required		
21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	No prior authorization required		
21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	No prior authorization required		
21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	No prior authorization required		
21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	No prior authorization required		
21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	No prior authorization required		

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21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	No prior authorization required		
21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	No prior authorization required		
21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	No prior authorization required		
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	No prior authorization required		
21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	No prior authorization required		
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	No prior authorization required		
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	No prior authorization required		
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	No prior authorization required		
21497	INTERDENTAL WIRING	No prior authorization required		
21499	HEAD SURGERY PROCEDURE	Yes, prior authorization required		
21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	No prior authorization required		
21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	No prior authorization required		
21510	INCISION DEEP OPENING BONE CORTEX THORAX	No prior authorization required		
21550	BIOPSY SOFT TISSUE NECK/THORAX	No prior authorization required		
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	No prior authorization required		
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	No prior authorization required		
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	No prior authorization required		
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	No prior authorization required		
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	No prior authorization required		
21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	No prior authorization required		
21600	EXCISION RIB PARTIAL	No prior authorization required		
21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	No prior authorization required		
21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	No prior authorization required		
21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	No prior authorization required		
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	No prior authorization required		
21615	EXCISION 1ST&/CERVICAL RIB	No prior authorization required		
21616	EXCISION 1ST&/CERVICAL RIB W/SYMPATHECTOMY	No prior authorization required		
21620	OSTECTOMY STERNUM PARTIAL	No prior authorization required		
21627	STERNAL DEBRIDEMENT	No prior authorization required		
21630	RADICAL RESECTION STERNUM	No prior authorization required		

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21685	HYOID MYOTOMY & SUSPENSI	Yes, prior authorization required		
21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	No prior authorization required		
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	No prior authorization required		
21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	No prior authorization required		
21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	No prior authorization required		
21740	RECONSTRUCTION OF STERNU	No prior authorization required		
21742	REPAIR STERN/NUSS W/O SC	No prior authorization required		
21743	REPAIR STERNUM/NUSS W/SC	No prior authorization required		
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	No prior authorization required		
21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	No prior authorization required		
21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	No prior authorization required		
21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	No prior authorization required		
21820	CLOSED TREATMENT STERNUM FRACTURE	No prior authorization required		
21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	No prior authorization required		
21899	NECK/CHEST SURGERY PROCE	Yes, prior authorization required		
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	No prior authorization required		
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	No prior authorization required		
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	No prior authorization required		
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	No prior authorization required		
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	No prior authorization required		
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	No prior authorization required		
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	No prior authorization required		
21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	No prior authorization required		
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	No prior authorization required		
22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	No prior authorization required		
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	No prior authorization required		
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	No prior authorization required		
22102	REMOVE PART LUMBAR VERTE	No prior authorization required		
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	No prior authorization required		
22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	No prior authorization required		

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22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	No prior authorization required		
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	No prior authorization required		
22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	No prior authorization required		
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	No prior authorization required		
22207	CUT SPINE 3 COL LUMB	No prior authorization required		
22208	CUT SPINE 3 COL ADDL SEG	No prior authorization required		
22210	REVISION OF NECK SPINE	No prior authorization required		
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	No prior authorization required		
22214	REVISION OF LUMBAR SPINE	No prior authorization required		
22216	REVISE EXTRA SPINE SEGME	No prior authorization required		
22220	REVISION OF NECK SPINE	No prior authorization required		
22222	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	No prior authorization required		
22224	REVISION OF LUMBAR SPINE	No prior authorization required		
22226	REVISE EXTRA SPINE SEGME	No prior authorization required		
22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	No prior authorization required		
22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	No prior authorization required		
22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	No prior authorization required		
22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	No prior authorization required		
22325	TREAT SPINE FRACTURE	No prior authorization required		
22326	TREAT NECK SPINE FRACTUR	No prior authorization required		
22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	No prior authorization required		
22328	TREAT EACH ADD SPINE FX	No prior authorization required		
22505	MANIPULATION OF SPINE	No prior authorization required		
22510	PERQ CERVICOTHORACIC INJECT	No prior authorization required		
22511	PERQ LUMBOSACRAL INJECTION	No prior authorization required		
22512	VERTEBROPLASTY ADDL INJECT	No prior authorization required		
22513	PERQ VERTEBRAL AUGMENTATION	No prior authorization required		
22514	PERQ VERTEBRAL AUGMENTATION	No prior authorization required		
22515	PERQ VERTEBRAL AUGMENTATION	No prior authorization required		
22526	IDET SINGLE LEVEL	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
22527	IDET 1 OR MORE LEVELS	Yes, prior authorization required		
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	No prior authorization required		
22533	LAT LUMBAR SPINE FUSION	No prior authorization required		
22534	LAT THOR/LUMB ADDL SEG	No prior authorization required		
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	No prior authorization required		
22551	NECK SPINE FUSE&REMOVE ADDL	No prior authorization required		
22552	ADDL NECK SPINE FUSION	No prior authorization required		
22554	NECK SPINE FUSION	No prior authorization required		
22556	ARTHRD ANT INTERBODY MIN DSC THORACIC	No prior authorization required		
22558	LUMBAR SPINE FUSION	No prior authorization required		
22585	ADDITIONAL SPINAL FUSION	No prior authorization required		
22586	PRESCRL FUSE W/ INSTR L5	No prior authorization required		
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	No prior authorization required		
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	No prior authorization required		
22600	NECK SPINE FUSION	No prior authorization required		
22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	No prior authorization required		
22612	LUMBAR SPINE FUSION	No prior authorization required		
22614	SPINE FUSION EXTRA SEGME	No prior authorization required		
22630	LUMBAR SPINE FUSION	No prior authorization required		
22632	SPINE FUSION EXTRA SEGME	No prior authorization required		
22633	LUMBAR SPINE FUSION COMB	No prior authorization required		
22634	SPINE FUSION EXTRA SEGME	No prior authorization required		
22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	No prior authorization required		
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	No prior authorization required		
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	No prior authorization required		
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	No prior authorization required		
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	No prior authorization required		
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	No prior authorization required		
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	No prior authorization required		
22819	KYPHECTOMY 3 OR MORE SEGMENTS	No prior authorization required		

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22830	EXPLORATION SPINAL FUSION	No prior authorization required		
22836	ANT THORACIC VRT BODY TETHERING <7 VRT SEGMENTS	No prior authorization required		
22837	ANT THORACIC VRT BODY TETHERING 8+ VRT SEGMENTS	No prior authorization required		
22838	REVJ RPLCMT/RMVL THORACIC VRT BODY TETHERING	No prior authorization required		
22840	INSERT SPINE FIXATION DEVICE	No prior authorization required		
22841	INSERT SPINE FIXATION DE	No prior authorization required		
22842	INSERT SPINE FIXATION DE	No prior authorization required		
22843	INSERT SPINE FIXATION DE	No prior authorization required		
22844	INSERT SPINE FIXATION DE	No prior authorization required		
22845	INSERT SPINE FIXATION DE	No prior authorization required		
22846	INSERT SPINE FIXATION DE	No prior authorization required		
22847	INSERT SPINE FIXATION DE	No prior authorization required		
22848	INSERT PELV FIXATION DEV	No prior authorization required		
22849	REINSERT SPINAL FIXATION	No prior authorization required		
22850	REMOVE SPINE FIXATION DE	No prior authorization required		
22852	REMOVE SPINE FIXATION DE	No prior authorization required		
22853	INSJ BIOMECHANICAL DEVICE	No prior authorization required		
22854	INSJ BIOMECHANICAL DEVICE	No prior authorization required		
22855	REMOVE SPINE FIXATION DE	No prior authorization required		
22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	No prior authorization required		
22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	No prior authorization required		
22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	No prior authorization required		
22859	INSJ BIOMECHANICAL DEVICE	No prior authorization required		
22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	No prior authorization required		
22861	REVISE CERV ARTIFIC DISC	No prior authorization required		
22862	REVISE LUMBAR ARTIF DISC	No prior authorization required		
22864	RMVL TOT DISC ARTHRP ANT 1 INTERSPACE CERVICAL	No prior authorization required		
22865	RMVL TOT DISC ARTHRP ANT 1 INTERSPACE LUMBAR	No prior authorization required		
22867	INSJ STABLJ DEV W/DCMPRN	No prior authorization required		
22868	INSJ STABLJ DEV W/DCMPRN	No prior authorization required		

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22869	INSJ STABLJ DEV W/O DCMPRN	No prior authorization required		
22870	INSJ STABLJ DEV W/O DCMPRN	No prior authorization required		
22899	SPINE SURGERY PROCEDURE	Yes, prior authorization required		
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	No prior authorization required		
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	No prior authorization required		
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	No prior authorization required		
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	No prior authorization required		
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	No prior authorization required		
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	No prior authorization required		
22999	ABDOMEN SURGERY PROCEDUR	Yes, prior authorization required		
23000	REMOVAL OF CALCIUM DEPOS	No prior authorization required		
23020	RELEASE SHOULDER JOINT	No prior authorization required		
23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA	No prior authorization required		
23031	I&D SHOULDER INFECTED BURSA	No prior authorization required		
23035	INCISION BONE CORTEX SHOULDER AREA	No prior authorization required		
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	No prior authorization required		
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	No prior authorization required		
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	No prior authorization required		
23066	BIOPSY SOFT TISSUE SHOULDER DEEP	No prior authorization required		
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	No prior authorization required		
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	No prior authorization required		
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	No prior authorization required		
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	No prior authorization required		
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	No prior authorization required		
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	No prior authorization required		
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	No prior authorization required		
23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	No prior authorization required		
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	No prior authorization required		
23106	INCISION OF COLLARBONE J	No prior authorization required		
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	No prior authorization required		

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23120	PARTIAL REMOVAL COLLAR B	No prior authorization required		
23125	CLAVICULECTOMY TOTAL	No prior authorization required		
23130	REMOVE SHOULDER BONE PAR	No prior authorization required		
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	No prior authorization required		
23145	REMOVAL OF BONE LESION	No prior authorization required		
23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	No prior authorization required		
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	No prior authorization required		
23155	REMOVAL OF HUMERUS LESIO	No prior authorization required		
23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	No prior authorization required		
23170	SEQUESTRECTOMY CLAVICLE	No prior authorization required		
23172	REMOVE SHOULDER BLADE LE	No prior authorization required		
23174	REMOVE HUMERUS LESION	No prior authorization required		
23180	PARTIAL EXCISION BONE CLAVICLE	No prior authorization required		
23182	PARTIAL EXCISION BONE SCAPULA	No prior authorization required		
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	No prior authorization required		
23190	OSTECTOMY SCAPULA PARTIAL	No prior authorization required		
23195	RESECTION HUMERAL HEAD	No prior authorization required		
23200	RADICAL RESECTION TUMOR CLAVICLE	No prior authorization required		
23210	RADICAL RESECTION TUMOR SCAPULA	No prior authorization required		
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	No prior authorization required		
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	No prior authorization required		
23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	No prior authorization required		
23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	No prior authorization required		
23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	No prior authorization required		
23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	No prior authorization required		
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	No prior authorization required		
23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	No prior authorization required		
23400	SCAPULOPEXY	No prior authorization required		
23405	TENOTOMY SHOULDER AREA 1 TENDON	No prior authorization required		
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	No prior authorization required		

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23410	REPAIR ROTATOR CUFF ACUT	No prior authorization required		
23412	REPAIR ROTATOR CUFF CHRO	No prior authorization required		
23415	RELEASE OF SHOULDER LIGA	No prior authorization required		
23420	REPAIR OF SHOULDER	No prior authorization required		
23430	REPAIR BICEPS TENDON	No prior authorization required		
23440	REMOVE/TRANSPLANT TENDON	No prior authorization required		
23450	REPAIR SHOULDER CAPSULE	No prior authorization required		
23455	REPAIR SHOULDER CAPSULE	No prior authorization required		
23460	REPAIR SHOULDER CAPSULE	No prior authorization required		
23462	REPAIR SHOULDER CAPSULE	No prior authorization required		
23465	REPAIR SHOULDER CAPSULE	No prior authorization required		
23466	REPAIR SHOULDER CAPSULE	No prior authorization required		
23470	RECONSTRUCT SHOULDER JOI	No prior authorization required		
23472	RECONSTRUCT SHOULDER JOI	No prior authorization required		
23473	REVIS RECONST SHOULDER J	No prior authorization required		
23474	REVIS RECONST SHOULDER J	No prior authorization required		
23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	No prior authorization required		
23485	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	No prior authorization required		
23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	No prior authorization required		
23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	No prior authorization required		
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	No prior authorization required		
23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	No prior authorization required		
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	No prior authorization required		
23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	No prior authorization required		
23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	No prior authorization required		
23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	No prior authorization required		
23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	No prior authorization required		
23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	No prior authorization required		
23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	No prior authorization required		
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	No prior authorization required		

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23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	No prior authorization required		
23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	No prior authorization required		
23575	CLTX SCAPULAR FX W/MNPJ W/WO SKELETAL TRACTION	No prior authorization required		
23585	OPEN TX SCAPULAR FX W/INT FIXATION WHEN PFRMD	No prior authorization required		
23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	No prior authorization required		
23605	CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	No prior authorization required		
23615	OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	No prior authorization required		
23616	OPTX PROX HUMRL FX W/INT FIXJ RPR TUBRST RPLCMT	No prior authorization required		
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	No prior authorization required		
23625	CLTX GREATER HUMRL TUBEROSITY FX W/MANIPULATION	No prior authorization required		
23630	OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ	No prior authorization required		
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	No prior authorization required		
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	No prior authorization required		
23660	OPEN TX ACUTE SHOULDER DISLOCATION	No prior authorization required		
23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	No prior authorization required		
23670	OPTX SHO DISLC W/FX GR HUMERAL TUBRST INT FIXJ	No prior authorization required		
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	No prior authorization required		
23680	OPTX SHO DISLC W/SURG/ANTMCL NECK FX INT FIXJ	No prior authorization required		
23700	FIXATION OF SHOULDER	No prior authorization required		
23800	ARTHRODESIS GLENOHUMERAL JOINT	No prior authorization required		
23802	FUSION OF SHOULDER JOINT	No prior authorization required		
23900	INTERTHORACOSCAPULAR AMPUTATION	No prior authorization required		
23920	DISARTICULATION SHOULDER	No prior authorization required		
23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	No prior authorization required		
23929	SHOULDER SURGERY PROCEDU	Yes, prior authorization required		
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	No prior authorization required		
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	No prior authorization required		
23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	No prior authorization required		
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	No prior authorization required		
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	No prior authorization required		

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24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	No prior authorization required		
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	No prior authorization required		
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	No prior authorization required		
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	No prior authorization required		
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	No prior authorization required		
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	No prior authorization required		
24077	RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	No prior authorization required		
24079	RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW 5CM+	No prior authorization required		
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	No prior authorization required		
24101	ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMVL LOOSE/FB	No prior authorization required		
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	No prior authorization required		
24105	EXCISION OLECRANON BURSA	No prior authorization required		
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	No prior authorization required		
24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	No prior authorization required		
24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	No prior authorization required		
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	No prior authorization required		
24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	No prior authorization required		
24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	No prior authorization required		
24130	EXCISION RADIAL HEAD	No prior authorization required		
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	No prior authorization required		
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	No prior authorization required		
24138	SEQUESTRECTOMY OLECRANON PROCESS	No prior authorization required		
24140	PARTIAL EXCISION BONE HUMERUS	No prior authorization required		
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	No prior authorization required		
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	No prior authorization required		
24149	RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT RLS	No prior authorization required		
24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	No prior authorization required		
24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	No prior authorization required		
24155	RESECTION ELBOW JOINT ARTHRECTOMY	No prior authorization required		
24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	No prior authorization required		

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24164	PROSTHESIS REMOVAL RADIAL HEAD	No prior authorization required		
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	No prior authorization required		
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	No prior authorization required		
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	No prior authorization required		
24300	MANIPULATE ELBOW W/ANEST	No prior authorization required		
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	No prior authorization required		
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	No prior authorization required		
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	No prior authorization required		
24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	No prior authorization required		
24330	FLEXOR-PLASTY ELBOW	No prior authorization required		
24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	No prior authorization required		
24332	TENOLYSIS TRICEPS	No prior authorization required		
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	No prior authorization required		
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	No prior authorization required		
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	No prior authorization required		
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	No prior authorization required		
24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	No prior authorization required		
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	No prior authorization required		
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	No prior authorization required		
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	No prior authorization required		
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	No prior authorization required		
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	No prior authorization required		
24360	ARTHROPLASTY ELBOW W/MEMBRANE	No prior authorization required		
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	No prior authorization required		
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	No prior authorization required		
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	No prior authorization required		
24365	ARTHROPLASTY RADIAL HEAD	No prior authorization required		
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	No prior authorization required		
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	No prior authorization required		
24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	No prior authorization required		

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24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	No prior authorization required		
24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	No prior authorization required		
24420	OSTEOPLASTY HUMERUS	No prior authorization required		
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	No prior authorization required		
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	No prior authorization required		
24470	HEMIEPIPHYSEAL ARREST	No prior authorization required		
24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	No prior authorization required		
24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	No prior authorization required		
24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	No prior authorization required		
24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	No prior authorization required		
24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	No prior authorization required		
24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	No prior authorization required		
24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	No prior authorization required		
24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	No prior authorization required		
24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	No prior authorization required		
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	No prior authorization required		
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	No prior authorization required		
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	No prior authorization required		
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	No prior authorization required		
24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	No prior authorization required		
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	No prior authorization required		
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	No prior authorization required		
24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	No prior authorization required		
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	No prior authorization required		
24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	No prior authorization required		
24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	No prior authorization required		
24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	No prior authorization required		
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	No prior authorization required		
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	No prior authorization required		
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	No prior authorization required		

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24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	No prior authorization required		
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	No prior authorization required		
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	No prior authorization required		
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	No prior authorization required		
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	No prior authorization required		
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	No prior authorization required		
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	No prior authorization required		
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	No prior authorization required		
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	No prior authorization required		
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	No prior authorization required		
24800	ARTHRODESIS ELBOW JOINT LOCAL	No prior authorization required		
24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	No prior authorization required		
24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	No prior authorization required		
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	No prior authorization required		
24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	No prior authorization required		
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	No prior authorization required		
24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	No prior authorization required		
24935	STUMP ELONGATION UPPER EXTREMITY	No prior authorization required		
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	No prior authorization required		
24999	UPPER ARM/ELBOW SURGERY	Yes, prior authorization required		
25000	INCISION EXTENSOR TENDON SHEATH WRIST	No prior authorization required		
25001	INCISION FLEXOR TENDON SHEATH WRIST	No prior authorization required		
25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	No prior authorization required		
25023	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	No prior authorization required		
25024	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	No prior authorization required		
25025	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	No prior authorization required		
25028	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	No prior authorization required		
25031	INCISION & DRAINAGE FOREARM&/WRIST BURSA	No prior authorization required		
25035	INCISION DEEP BONE CORTEX FOREARM&/WRIST	No prior authorization required		
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	No prior authorization required		

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25065	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	No prior authorization required		
25066	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	No prior authorization required		
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	No prior authorization required		
25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	No prior authorization required		
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	No prior authorization required		
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	No prior authorization required		
25077	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3CM	No prior authorization required		
25078	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	No prior authorization required		
25085	CAPSULOTOMY WRIST	No prior authorization required		
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	No prior authorization required		
25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	No prior authorization required		
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	No prior authorization required		
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	No prior authorization required		
25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	No prior authorization required		
25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	No prior authorization required		
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	No prior authorization required		
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	No prior authorization required		
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	No prior authorization required		
25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	No prior authorization required		
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	No prior authorization required		
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	No prior authorization required		
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	No prior authorization required		
25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	No prior authorization required		
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	No prior authorization required		
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	No prior authorization required		
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	No prior authorization required		
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	No prior authorization required		
25145	SEQUESTRECTOMY FOREARM &/WRIST	No prior authorization required		
25150	PARTIAL EXCISION BONE ULNA	No prior authorization required		
25151	PARTIAL EXCISION BONE RADIUS	No prior authorization required		

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25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	No prior authorization required		
25210	CARPECTOMY 1 BONE	No prior authorization required		
25215	CARPECTOMY ALL BONES PROXIMAL ROW	No prior authorization required		
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	No prior authorization required		
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	No prior authorization required		
25246	INJECTION WRIST ARTHROGRAPHY	No prior authorization required		
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	No prior authorization required		
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	No prior authorization required		
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	No prior authorization required		
25259	MANIPULATE WRIST W/ANEST	No prior authorization required		
25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	No prior authorization required		
25263	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	No prior authorization required		
25265	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	No prior authorization required		
25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	No prior authorization required		
25272	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	No prior authorization required		
25274	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	No prior authorization required		
25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	No prior authorization required		
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	No prior authorization required		
25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	No prior authorization required		
25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	No prior authorization required		
25300	TENODESIS WRIST FLEXORS FINGERS	No prior authorization required		
25301	TENODESIS WRIST EXTENSORS FINGERS	No prior authorization required		
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	No prior authorization required		
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	No prior authorization required		
25315	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	No prior authorization required		
25316	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	No prior authorization required		
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	No prior authorization required		
25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	No prior authorization required		
25335	CENTRALIZATION WRST ULNA	No prior authorization required		
25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	No prior authorization required		

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25350	OSTEOTOMY RADIUS DISTAL THIRD	No prior authorization required		
25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	No prior authorization required		
25360	OSTEOTOMY ULNA	No prior authorization required		
25365	OSTEOTOMY RADIUS & ULNA	No prior authorization required		
25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	No prior authorization required		
25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	No prior authorization required		
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	No prior authorization required		
25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	No prior authorization required		
25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	No prior authorization required		
25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	No prior authorization required		
25394	OSTEOPLASTY CARPAL BONE SHORTENING	No prior authorization required		
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	No prior authorization required		
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	No prior authorization required		
25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	No prior authorization required		
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	No prior authorization required		
25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	No prior authorization required		
25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	No prior authorization required		
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	No prior authorization required		
25431	REPAIR NONUNION CARPAL BONE EACH BONE	No prior authorization required		
25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	No prior authorization required		
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	No prior authorization required		
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	No prior authorization required		
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	No prior authorization required		
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	No prior authorization required		
25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	No prior authorization required		
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	No prior authorization required		
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	No prior authorization required		
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	No prior authorization required		

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25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	No prior authorization required		
25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	No prior authorization required		
25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	No prior authorization required		
25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	No prior authorization required		
25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	No prior authorization required		
25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	No prior authorization required		
25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	No prior authorization required		
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	No prior authorization required		
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	No prior authorization required		
25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	No prior authorization required		
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	No prior authorization required		
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	No prior authorization required		
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	No prior authorization required		
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	No prior authorization required		
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	No prior authorization required		
25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	No prior authorization required		
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	No prior authorization required		
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	No prior authorization required		
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	No prior authorization required		
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	No prior authorization required		
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	No prior authorization required		
25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	No prior authorization required		
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	No prior authorization required		
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	No prior authorization required		
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	No prior authorization required		
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	No prior authorization required		
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	No prior authorization required		
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	No prior authorization required		
25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	No prior authorization required		
25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	No prior authorization required		

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25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	No prior authorization required		
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	No prior authorization required		
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	No prior authorization required		
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	No prior authorization required		
25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	No prior authorization required		
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	No prior authorization required		
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	No prior authorization required		
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	No prior authorization required		
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	No prior authorization required		
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	No prior authorization required		
25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	No prior authorization required		
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	No prior authorization required		
25695	OPEN TREATMENT LUNATE DISLOCATION	No prior authorization required		
25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	No prior authorization required		
25805	ARTHRODESIS WRIST W/SLIDING GRAFT	No prior authorization required		
25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	No prior authorization required		
25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	No prior authorization required		
25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	No prior authorization required		
25830	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	No prior authorization required		
25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	No prior authorization required		
25905	AMP FOREARM THRU RADIUS&ULNA OPEN CIRCULAR	No prior authorization required		
25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	No prior authorization required		
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	No prior authorization required		
25915	KRUKENBERG PROCEDURE	No prior authorization required		
25920	DISARTICULATION THROUGH WRIST	No prior authorization required		
25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	No prior authorization required		
25924	DISARTICULATION THRU WRIST RE-AMPUTATION	No prior authorization required		
25927	TRANSMETACARPAL AMPUTATION	No prior authorization required		
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	No prior authorization required		
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	No prior authorization required		

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25999	FOREARM OR WRIST SURGERY	Yes, prior authorization required		
26010	DRAINAGE FINGER ABSCESS SIMPLE	No prior authorization required		
26011	DRAINAGE FINGER ABSCESS COMPLICATED	No prior authorization required		
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	No prior authorization required		
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	No prior authorization required		
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	No prior authorization required		
26034	INCISION BONE CORTEX HAND/FINGER	No prior authorization required		
26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	No prior authorization required		
26037	DECOMPRESSIVE FASCIOTOMY HAND	No prior authorization required		
26040	FASCIOTOMY PALMAR PERCUTANEOUS	No prior authorization required		
26045	FASCIOTOMY PALMAR OPEN PARTIAL	No prior authorization required		
26055	TENDON SHEATH INCISION	No prior authorization required		
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	No prior authorization required		
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	No prior authorization required		
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	No prior authorization required		
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	No prior authorization required		
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	No prior authorization required		
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	No prior authorization required		
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	No prior authorization required		
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	No prior authorization required		
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	No prior authorization required		
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	No prior authorization required		
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	No prior authorization required		
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	No prior authorization required		
26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	No prior authorization required		
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	No prior authorization required		
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	No prior authorization required		
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	No prior authorization required		
26130	SYNOVECTOMY CARPOMETACARPAL JOINT	No prior authorization required		
26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	No prior authorization required		

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26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	No prior authorization required		
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	No prior authorization required		
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	No prior authorization required		
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	No prior authorization required		
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	No prior authorization required		
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	No prior authorization required		
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	No prior authorization required		
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	No prior authorization required		
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	No prior authorization required		
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	No prior authorization required		
26230	PARTIAL EXCISION BONE METACARPAL	No prior authorization required		
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	No prior authorization required		
26236	PARTIAL EXCISION DISTAL PHALANX FINGER	No prior authorization required		
26250	RADICAL RESECTION TUMOR METACARPAL	No prior authorization required		
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	No prior authorization required		
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	No prior authorization required		
26320	REMOVAL IMPLANT FROM FINGER/HAND	No prior authorization required		
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	No prior authorization required		
26341	MANIPULAT PALM CORD POST	No prior authorization required		
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	No prior authorization required		
26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	No prior authorization required		
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	No prior authorization required		
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	No prior authorization required		
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	No prior authorization required		
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	No prior authorization required		
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	No prior authorization required		
26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	No prior authorization required		
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	No prior authorization required		
26392	RMVL SYNTH ROD&INSJ FLXR TDN GRF H/F EA ROD	No prior authorization required		
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	No prior authorization required		

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26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	No prior authorization required		
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	No prior authorization required		
26416	RMVL SYNTH ROD&INSJ XTNSR TDN GRF H/F EA ROD	No prior authorization required		
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	No prior authorization required		
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	No prior authorization required		
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	No prior authorization required		
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	No prior authorization required		
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	No prior authorization required		
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	No prior authorization required		
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	No prior authorization required		
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	No prior authorization required		
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	No prior authorization required		
26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	No prior authorization required		
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	No prior authorization required		
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	No prior authorization required		
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	No prior authorization required		
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	No prior authorization required		
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	No prior authorization required		
26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	No prior authorization required		
26474	TENODESIS DISTAL JOINT EACH	No prior authorization required		
26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	No prior authorization required		
26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	No prior authorization required		
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	No prior authorization required		
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	No prior authorization required		
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	No prior authorization required		
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	No prior authorization required		
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	No prior authorization required		
26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	No prior authorization required		
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	No prior authorization required		
26492	OPPONENSPLASTY TDN TR W/GRF EA TDN	No prior authorization required		

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26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	No prior authorization required		
26496	OPPONENSPLASTY OTHER METHODS	No prior authorization required		
26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	No prior authorization required		
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	No prior authorization required		
26499	CORRECTION CLAW FINGER OTHER METHODS	No prior authorization required		
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	No prior authorization required		
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	No prior authorization required		
26508	RELEASE THENAR MUSCLE	No prior authorization required		
26510	CROSS INTRINSIC TRANSFER EACH TENDON	No prior authorization required		
26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	No prior authorization required		
26517	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	No prior authorization required		
26518	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	No prior authorization required		
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	No prior authorization required		
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	No prior authorization required		
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	No prior authorization required		
26531	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	No prior authorization required		
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	No prior authorization required		
26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	No prior authorization required		
26540	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	No prior authorization required		
26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	No prior authorization required		
26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	No prior authorization required		
26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	No prior authorization required		
26546	RPR NON-UNION MTCRPL/PHALANX	No prior authorization required		
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	No prior authorization required		
26550	POLLICIZATION DIGIT	No prior authorization required		
26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	No prior authorization required		
26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	No prior authorization required		
26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	No prior authorization required		
26555	TR FNGR AXH POS W/O MVASC ANAST	No prior authorization required		
26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	No prior authorization required		
26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	No prior authorization required		
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	No prior authorization required		
26565	OSTEOTOMY METACARPAL EACH	No prior authorization required		
26567	OSTEOTOMY PHALANX FINGER EACH	No prior authorization required		
26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	No prior authorization required		
26580	REPAIR CLEFT HAND	No prior authorization required		
26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	No prior authorization required		
26590	REPAIR MACRODACTYLIA EACH DIGIT	No prior authorization required		
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	No prior authorization required		
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	No prior authorization required		
26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	No prior authorization required		
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	No prior authorization required		
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	No prior authorization required		
26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	No prior authorization required		
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	No prior authorization required		
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	No prior authorization required		
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	No prior authorization required		
26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	No prior authorization required		
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	No prior authorization required		
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	No prior authorization required		
26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	No prior authorization required		
26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	No prior authorization required		
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	No prior authorization required		
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	No prior authorization required		
26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	No prior authorization required		
26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	No prior authorization required		
26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	No prior authorization required		
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	No prior authorization required		
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	No prior authorization required		
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	No prior authorization required		
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	No prior authorization required		
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	No prior authorization required		
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	No prior authorization required		
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	No prior authorization required		
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	No prior authorization required		
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	No prior authorization required		
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	No prior authorization required		
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	No prior authorization required		
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	No prior authorization required		
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	No prior authorization required		
26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	No prior authorization required		
26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	No prior authorization required		
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	No prior authorization required		
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	No prior authorization required		
26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	No prior authorization required		
26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	No prior authorization required		
26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	No prior authorization required		
26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	No prior authorization required		
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	No prior authorization required		
26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	No prior authorization required		
26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	No prior authorization required		
26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	No prior authorization required		
26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	No prior authorization required		
26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	No prior authorization required		
26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	No prior authorization required		
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	No prior authorization required		
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	No prior authorization required		
26989	HAND/FINGER SURGERY	Yes, prior authorization required		

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26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	No prior authorization required		
26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	No prior authorization required		
26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	No prior authorization required		
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	No prior authorization required		
27001	TENOTOMY ADDUCTOR HIP OPEN	No prior authorization required		
27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	No prior authorization required		
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	No prior authorization required		
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	No prior authorization required		
27025	FASCIOTOMY HIP/THIGH ANY TYPE	No prior authorization required		
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	No prior authorization required		
27030	ARTHROTOMY HIP W/DRAINAGE	No prior authorization required		
27033	EXPLORATION OF HIP JOINT	No prior authorization required		
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	No prior authorization required		
27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	No prior authorization required		
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	No prior authorization required		
27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	No prior authorization required		
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	No prior authorization required		
27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	No prior authorization required		
27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	No prior authorization required		
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	No prior authorization required		
27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5CM	No prior authorization required		
27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	No prior authorization required		
27052	ARTHROTOMY W/BIOPSY HIP JOINT	No prior authorization required		
27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	No prior authorization required		
27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	No prior authorization required		
27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	No prior authorization required		
27060	EXCISION ISCHIAL BURSA	No prior authorization required		
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	No prior authorization required		
27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	No prior authorization required		
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	No prior authorization required		

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27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	No prior authorization required		
27070	PARTIAL EXCISION SUPERFICIAL PELVIS	No prior authorization required		
27071	PARTIAL EXCISION DEEP PELVIS	No prior authorization required		
27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	No prior authorization required		
27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	No prior authorization required		
27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	No prior authorization required		
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	No prior authorization required		
27080	COCCYGECTOMY PRIMARY	No prior authorization required		
27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	No prior authorization required		
27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	No prior authorization required		
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	No prior authorization required		
27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	No prior authorization required		
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	No prior authorization required		
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	No prior authorization required		
27096	INJECT SACROILIAC JOINT	No prior authorization required		
27097	RELEASE/RECESSION HAMSTRING PROXIMAL	No prior authorization required		
27098	TRANSFER ADDUCTOR ISCHIUM	No prior authorization required		
27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	No prior authorization required		
27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF	No prior authorization required		
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	No prior authorization required		
27111	TRANSFER ILIOPSOAS FEMORAL NECK	No prior authorization required		
27120	ACETABULOPLASTY	No prior authorization required		
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	No prior authorization required		
27125	PARTIAL HIP REPLACEMENT	No prior authorization required		
27130	TOTAL HIP ARTHROPLASTY	No prior authorization required		
27132	TOTAL HIP ARTHROPLASTY	No prior authorization required		
27134	REVISE HIP JOINT REPLACE	No prior authorization required		
27137	REVISE HIP JOINT REPLACE	No prior authorization required		
27138	REVISE HIP JOINT REPLACE	No prior authorization required		
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	No prior authorization required		

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27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	No prior authorization required		
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	No prior authorization required		
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	No prior authorization required		
27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	No prior authorization required		
27158	OSTEOTOMY PELVIS BILATERAL	No prior authorization required		
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	No prior authorization required		
27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	No prior authorization required		
27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	No prior authorization required		
27175	TREAT SLIPPED EPIPHYSIS	No prior authorization required		
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	No prior authorization required		
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	No prior authorization required		
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	No prior authorization required		
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	No prior authorization required		
27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	No prior authorization required		
27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	No prior authorization required		
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	No prior authorization required		
27197	CLSD TX PELVIC RING FX	No prior authorization required		
27198	CLSD TX PELVIC RING FX	No prior authorization required		
27200	CLOSED TREATMENT COCCYGEAL FRACTURE	No prior authorization required		
27202	OPEN TREATMENT COCCYGEAL FRACTURE	No prior authorization required		
27215	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	No prior authorization required		
27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	No prior authorization required		
27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	No prior authorization required		
27218	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	No prior authorization required		
27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	No prior authorization required		
27222	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	No prior authorization required		
27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	No prior authorization required		
27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	No prior authorization required		
27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	No prior authorization required		
27230	CLTX FEM FX PROX END NCK W/O MANJ	No prior authorization required		

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27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	No prior authorization required		
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	No prior authorization required		
27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	No prior authorization required		
27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	No prior authorization required		
27240	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	No prior authorization required		
27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	No prior authorization required		
27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	No prior authorization required		
27246	CLTX GREATER TROCHANTERIC FX W/O MANJ	No prior authorization required		
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	No prior authorization required		
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	No prior authorization required		
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	No prior authorization required		
27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	No prior authorization required		
27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	No prior authorization required		
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	No prior authorization required		
27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	No prior authorization required		
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	No prior authorization required		
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	No prior authorization required		
27265	CLTX POST HIP ARTHRP DISLC W/O ANES	No prior authorization required		
27266	CLTX POST HIP ARTHRP DISLC REQ ANES	No prior authorization required		
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	No prior authorization required		
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	No prior authorization required		
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	No prior authorization required		
27275	MANIPULATION OF HIP JOIN	No prior authorization required		
27278	ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	No prior authorization required		
27279	ARTHRODESIS SACROILIAC JOINT	No prior authorization required		
27280	FUSION OF SACROILIAC JOI	No prior authorization required		
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	No prior authorization required		
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	No prior authorization required		
27286	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	No prior authorization required		
27290	INTERPELVIABDOMINAL AMPUTATION	No prior authorization required		

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27295	DISARTICULATION HIP	No prior authorization required		
27299	PELVIS/HIP JOINT SURGERY	Yes, prior authorization required		
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	No prior authorization required		
27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	No prior authorization required		
27305	FASCIOTOMY ILIOTIBIAL OPEN	No prior authorization required		
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	No prior authorization required		
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	No prior authorization required		
27310	ARTHRT KNE W/EXPL DRG/RMVL FB	No prior authorization required		
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	No prior authorization required		
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	No prior authorization required		
27325	NEURECTOMY HAMSTRING MUSCLE	No prior authorization required		
27326	NEURECTOMY POPLITEAL	No prior authorization required		
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	No prior authorization required		
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	No prior authorization required		
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	No prior authorization required		
27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	No prior authorization required		
27331	EXPLORE/TREAT KNEE JOINT	No prior authorization required		
27332	REMOVAL OF KNEE CARTILAG	No prior authorization required		
27333	REMOVAL OF KNEE CARTILAG	No prior authorization required		
27334	REMOVE KNEE JOINT LINING	No prior authorization required		
27335	REMOVE KNEE JOINT LINING	No prior authorization required		
27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	No prior authorization required		
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	No prior authorization required		
27340	REMOVAL OF KNEECAP BURSA	No prior authorization required		
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	No prior authorization required		
27347	REMOVE KNEE CYST	No prior authorization required		
27350	PATELLECTOMY/HEMIPATELLECTOMY	No prior authorization required		
27355	REMOVE FEMUR LESION	No prior authorization required		
27356	REMOVE FEMUR LESION/GRAF	No prior authorization required		
27357	REMOVE FEMUR LESION/GRAF	No prior authorization required		

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27358	REMOVE FEMUR LESION/FIXA	No prior authorization required		
27360	PARTIAL REMOVAL LEG BONE	No prior authorization required		
27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	No prior authorization required		
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	No prior authorization required		
27369	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	No prior authorization required		
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	No prior authorization required		
27380	SUTURE INFRAPATELLAR TENDON PRIMARY	No prior authorization required		
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	No prior authorization required		
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	No prior authorization required		
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	No prior authorization required		
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	No prior authorization required		
27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	No prior authorization required		
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	No prior authorization required		
27393	LENGTHENING HAMSTRING TENDON SINGLE	No prior authorization required		
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	No prior authorization required		
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	No prior authorization required		
27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	No prior authorization required		
27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	No prior authorization required		
27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	No prior authorization required		
27403	REPAIR OF KNEE CARTILAGE	No prior authorization required		
27405	REPAIR OF KNEE LIGAMENT	No prior authorization required		
27407	REPAIR OF KNEE LIGAMENT	No prior authorization required		
27409	REPAIR OF KNEE LIGAMENTS	No prior authorization required		
27412	AUTOCHONDROCYTE IMPLANT	Yes, prior authorization required		
27415	OSTEOCHONDRAL KNEE ALLOG	Yes, prior authorization required		
27416	OSTEOCHONDRAL KNEE AUTOG	Yes, prior authorization required		
27418	REPAIR DEGENERATED KNEEC	No prior authorization required		
27420	REVISION OF UNSTABLE KNE	No prior authorization required		
27422	REVISION OF UNSTABLE KNE	No prior authorization required		
27424	REVISION/REMOVAL OF KNEE	No prior authorization required		

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27425	LAT RETINACULAR RELEASE	No prior authorization required		
27427	RECONSTRUCTION KNEE	No prior authorization required		
27428	RECONSTRUCTION KNEE	No prior authorization required		
27429	RECONSTRUCTION KNEE	No prior authorization required		
27430	QUADRICEPSPLASTY	No prior authorization required		
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	No prior authorization required		
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	No prior authorization required		
27438	REVISE KNEECAP WITH IMPL	No prior authorization required		
27440	REVISION OF KNEE JOINT	No prior authorization required		
27441	REVISION OF KNEE JOINT	No prior authorization required		
27442	REVISION OF KNEE JOINT	No prior authorization required		
27443	REVISION OF KNEE JOINT	No prior authorization required		
27445	REVISION OF KNEE JOINT	No prior authorization required		termed 12/31/2025
27446	REVISION OF KNEE JOINT	No prior authorization required		
27447	TOTAL KNEE ARTHROPLASTY	No prior authorization required		
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	No prior authorization required		
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	No prior authorization required		
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	No prior authorization required		
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	No prior authorization required		
27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	No prior authorization required		
27458	Osteot femur imed lngth dev	No prior authorization required		
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	No prior authorization required		
27466	OSTEOPLASTY FEMUR LENGTHENING	No prior authorization required		
27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	No prior authorization required		termed 12/31/2025
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	No prior authorization required		
27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	No prior authorization required		
27475	ARREST EPIPHYSEAL DISTAL FEMUR	No prior authorization required		
27477	ARREST EPIPHYSEAL TIBIA&FIBULA PROXIMAL	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	No prior authorization required		
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	No prior authorization required		
27486	REVISE/REPLACE KNEE JOIN	No prior authorization required		
27487	REVISE/REPLACE KNEE JOIN	No prior authorization required		
27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	No prior authorization required		
27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	No prior authorization required		
27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	No prior authorization required		
27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	No prior authorization required		
27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	No prior authorization required		
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	No prior authorization required		
27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	No prior authorization required		
27501	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	No prior authorization required		
27502	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	No prior authorization required		
27503	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	No prior authorization required		
27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	No prior authorization required		
27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	No prior authorization required		
27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	No prior authorization required		
27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	No prior authorization required		
27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	No prior authorization required		
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	No prior authorization required		
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	No prior authorization required		
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	No prior authorization required		
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	No prior authorization required		
27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	No prior authorization required		
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	No prior authorization required		
27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	No prior authorization required		
27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	No prior authorization required		
27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	No prior authorization required		
27532	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	No prior authorization required		
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	No prior authorization required		

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27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	No prior authorization required		
27538	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	No prior authorization required		
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	No prior authorization required		
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	No prior authorization required		
27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	No prior authorization required		
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	No prior authorization required		
27557	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	No prior authorization required		
27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	No prior authorization required		
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	No prior authorization required		
27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	No prior authorization required		
27566	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	No prior authorization required		
27570	FIXATION OF KNEE JOINT	No prior authorization required		
27580	ARTHRODESIS KNEE ANY TECHNIQUE	No prior authorization required		
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	No prior authorization required		
27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	No prior authorization required		
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	No prior authorization required		
27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	No prior authorization required		
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	No prior authorization required		
27598	DISARTICULATION KNEE	No prior authorization required		
27599	LEG SURGERY PROCEDURE	Yes, prior authorization required		
27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	No prior authorization required		
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	No prior authorization required		
27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	No prior authorization required		
27603	INCISION&DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	No prior authorization required		
27604	INCISION&DRAINAGE LEG/ANKLE INFECTED BURSA	No prior authorization required		
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	No prior authorization required		
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	No prior authorization required		
27607	INCISION LEG/ANKLE	No prior authorization required		
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	No prior authorization required		
27612	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	No prior authorization required		

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27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	No prior authorization required		
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	No prior authorization required		
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	No prior authorization required		
27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	No prior authorization required		
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	No prior authorization required		
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	No prior authorization required		
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	No prior authorization required		
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	No prior authorization required		
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	No prior authorization required		
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	No prior authorization required		
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	No prior authorization required		
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	No prior authorization required		
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	No prior authorization required		
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	No prior authorization required		
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	No prior authorization required		
27640	PARTIAL EXCISION BONE TIBIA	No prior authorization required		
27641	PARTIAL EXCISION BONE FIBULA	No prior authorization required		
27645	RADICAL RESECTION OF TUMOR TIBIA	No prior authorization required		
27646	RADICAL RESECTION TUMOR BONE FIBULA	No prior authorization required		
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	No prior authorization required		
27648	INJECTION ANKLE ARTHROGRAPHY	No prior authorization required		
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	No prior authorization required		
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	No prior authorization required		
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	No prior authorization required		
27656	REPAIR FASCIAL DEFECT LEG	No prior authorization required		
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	No prior authorization required		
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	No prior authorization required		
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	No prior authorization required		
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	No prior authorization required		
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	No prior authorization required		

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27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	No prior authorization required		
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	No prior authorization required		
27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	No prior authorization required		
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	No prior authorization required		
27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	No prior authorization required		
27687	GASTROCNEMIUS RECESSION	No prior authorization required		
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	No prior authorization required		
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	No prior authorization required		
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	No prior authorization required		
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	No prior authorization required		
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	No prior authorization required		
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	No prior authorization required		
27700	ARTHROPLASTY ANKLE	No prior authorization required		
27702	RECONSTRUCT ANKLE JOINT	No prior authorization required		
27703	RECONSTRUCTION ANKLE JOI	No prior authorization required		
27704	REMOVAL ANKLE IMPLANT	No prior authorization required		
27705	OSTEOTOMY TIBIA	No prior authorization required		
27707	OSTEOTOMY FIBULA	No prior authorization required		
27709	OSTEOTOMY TIBIA&FIBULA	No prior authorization required		
27712	OSTEOT MLT W/RELIGNMT IMED ROD	No prior authorization required		
27713	Osteot tibia imed lngth dev	No prior authorization required		
27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	No prior authorization required		
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	No prior authorization required		
27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	No prior authorization required		
27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	No prior authorization required		
27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	No prior authorization required		
27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	No prior authorization required		
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	No prior authorization required		
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	No prior authorization required		
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	No prior authorization required		

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27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	No prior authorization required		
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	No prior authorization required		
27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	No prior authorization required		
27745	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	No prior authorization required		
27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	No prior authorization required		
27752	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	No prior authorization required		
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	No prior authorization required		
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	No prior authorization required		
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	No prior authorization required		
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	No prior authorization required		
27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	No prior authorization required		
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	No prior authorization required		
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	No prior authorization required		
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	No prior authorization required		
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	No prior authorization required		
27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	No prior authorization required		
27781	CLTX PROX FIBULA/SHFT FX W/MANJ	No prior authorization required		
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	No prior authorization required		
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	No prior authorization required		
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	No prior authorization required		
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	No prior authorization required		
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	No prior authorization required		
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	No prior authorization required		
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	No prior authorization required		
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	No prior authorization required		
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	No prior authorization required		
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	No prior authorization required		
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	No prior authorization required		
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	No prior authorization required		
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	No prior authorization required		

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27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	No prior authorization required		
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	No prior authorization required		
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	No prior authorization required		
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	No prior authorization required		
27830	CLTX PROX TIBFIB JT DISLC W/O ANES	No prior authorization required		
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	No prior authorization required		
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	No prior authorization required		
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	No prior authorization required		
27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	No prior authorization required		
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	No prior authorization required		
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	No prior authorization required		
27860	FIXATION OF ANKLE JOINT	No prior authorization required		
27870	ARTHRODESIS ANKLE OPEN	No prior authorization required		
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	No prior authorization required		
27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	No prior authorization required		
27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	No prior authorization required		
27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	No prior authorization required		
27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	No prior authorization required		
27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	No prior authorization required		
27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	No prior authorization required		
27889	ANKLE DISARTICULATION	No prior authorization required		
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	No prior authorization required		
27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	No prior authorization required		
27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	No prior authorization required		
27899	LEG/ANKLE SURGERY PROCED	Yes, prior authorization required		
28001	INCISION&DRAINAGE BURSA FOOT	No prior authorization required		
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	No prior authorization required		
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	No prior authorization required		
28005	INCISION BONE CORTEX FOOT	No prior authorization required		
28008	FASCIOTOMY FOOT&/TOE	No prior authorization required		

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28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	No prior authorization required		
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	No prior authorization required		
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	No prior authorization required		
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	No prior authorization required		
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	No prior authorization required		
28035	RELEASE TARSAL TUNNEL	No prior authorization required		
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	No prior authorization required		
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	No prior authorization required		
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	No prior authorization required		
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	No prior authorization required		
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	No prior authorization required		
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	No prior authorization required		
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	No prior authorization required		
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	No prior authorization required		
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	No prior authorization required		
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	No prior authorization required		
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	No prior authorization required		
28062	FASCIECTOMY PLANTAR FASCIA RADICAL SPX	No prior authorization required		
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	No prior authorization required		
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	No prior authorization required		
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	No prior authorization required		
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	No prior authorization required		
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	No prior authorization required		
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	No prior authorization required		
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	No prior authorization required		
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	No prior authorization required		
28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	No prior authorization required		
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	No prior authorization required		
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	No prior authorization required		
28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	No prior authorization required		
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	No prior authorization required		
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	No prior authorization required		
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	No prior authorization required		
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	No prior authorization required		
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	No prior authorization required		
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	No prior authorization required		
28116	OSTECTOMY TARSAL COALITION	No prior authorization required		
28118	OSTECTOMY CALCANEUS	No prior authorization required		
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	No prior authorization required		
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	No prior authorization required		
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	No prior authorization required		
28124	PARTICAL EXCISION BONE PHALANX TOE	No prior authorization required		
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	No prior authorization required		
28130	TALECTOMY ASTRAGALECTOMY	No prior authorization required		
28140	METATARSECTOMY	No prior authorization required		
28150	PHALANGECTOMY TOE EACH TOE	No prior authorization required		
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	No prior authorization required		
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	No prior authorization required		
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	No prior authorization required		
28173	RADICAL RESECTION TUMOR METATARSAL	No prior authorization required		
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	No prior authorization required		
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	No prior authorization required		
28192	REMOVAL FOREIGN BODY FOOT DEEP	No prior authorization required		
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	No prior authorization required		
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	No prior authorization required		
28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	No prior authorization required		
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	No prior authorization required		
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	No prior authorization required		
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	No prior authorization required		

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28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	No prior authorization required		
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	No prior authorization required		
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	No prior authorization required		
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	No prior authorization required		
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	No prior authorization required		
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	No prior authorization required		
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	No prior authorization required		
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	No prior authorization required		
28250	DIVISION PLANTAR FASCIA&MUSCLE SPX	No prior authorization required		
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	No prior authorization required		
28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	No prior authorization required		
28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	No prior authorization required		
28264	CAPSULOTOMY MIDTARSAL	No prior authorization required		
28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	No prior authorization required		
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	No prior authorization required		
28280	SYNDACTYLIZATION TOES	No prior authorization required		
28285	CORRECTION HAMMERTOE	No prior authorization required		
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	No prior authorization required		
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	No prior authorization required		
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	No prior authorization required		
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	No prior authorization required		
28292	CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	No prior authorization required		
28295	CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	No prior authorization required		
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	No prior authorization required		
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	No prior authorization required		
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	No prior authorization required		
28299	CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY	Yes, prior authorization required		
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	No prior authorization required		
28302	OSTEOTOMY TALUS	No prior authorization required		
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	No prior authorization required		

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28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	No prior authorization required		
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	No prior authorization required		
28307	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	No prior authorization required		
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	No prior authorization required		
28309	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	No prior authorization required		
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	No prior authorization required		
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	No prior authorization required		
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	No prior authorization required		
28315	SESAMOIDECTOMY FIRST TOE SPX	No prior authorization required		
28320	REPAIR NONUNION/MALUNION TARSAL BONES	No prior authorization required		
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	No prior authorization required		
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	No prior authorization required		
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	No prior authorization required		
28344	RECONSTRUCTION TOE POLYDACTYLY	No prior authorization required		
28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	No prior authorization required		
28360	RECONSTRUCTION CLEFT FOOT	No prior authorization required		
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	No prior authorization required		
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	No prior authorization required		
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	No prior authorization required		
28415	OPEN TREATMENT CALCANEAL FRACTURE	No prior authorization required		
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	No prior authorization required		
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	No prior authorization required		
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	No prior authorization required		
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	No prior authorization required		
28445	OPEN TREATMENT TALUS FRACTURE	No prior authorization required		
28446	OSTEOCHONDRAL TALUS AUTO	Yes, prior authorization required		
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	No prior authorization required		
28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	No prior authorization required		
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	No prior authorization required		
28465	OPEN TX TARSAL FRACTURE XCP TALUS &CALCANEUS EA	No prior authorization required		

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28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	No prior authorization required		
28475	CLTX METAR FX W/MANJ	No prior authorization required		
28476	PRQ SKEL FIXJ METAR FX W/MANJ	No prior authorization required		
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	No prior authorization required		
28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	No prior authorization required		
28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ	No prior authorization required		
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	No prior authorization required		
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	No prior authorization required		
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	No prior authorization required		
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	No prior authorization required		
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	No prior authorization required		
28530	CLOSED TREATMENT SESAMOID FRACTURE	No prior authorization required		
28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	No prior authorization required		
28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	No prior authorization required		
28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	No prior authorization required		
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	No prior authorization required		
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	No prior authorization required		
28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	No prior authorization required		
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	No prior authorization required		
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	No prior authorization required		
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	No prior authorization required		
28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	No prior authorization required		
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	No prior authorization required		
28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	No prior authorization required		
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	No prior authorization required		
28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES	No prior authorization required		
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	No prior authorization required		
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	No prior authorization required		
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	No prior authorization required		
28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	No prior authorization required		

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28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	No prior authorization required		
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	No prior authorization required		
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	No prior authorization required		
28705	ARTHRODESIS PANTALAR	No prior authorization required		
28715	ARTHRODESIS TRIPLE	No prior authorization required		
28725	ARTHRODESIS SUBTALAR	No prior authorization required		
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	No prior authorization required		
28735	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	No prior authorization required		
28737	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	No prior authorization required		
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	No prior authorization required		
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	No prior authorization required		
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	No prior authorization required		
28760	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	No prior authorization required		
28800	AMPUTATION FOOT MIDTARSAL	No prior authorization required		
28805	AMPUTATION FOOT TRANSMETARSAL	No prior authorization required		
28810	AMPUTATION METATARSAL W/TOE SINGLE	No prior authorization required		
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	No prior authorization required		
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	No prior authorization required		
28890	HIGH ENERGY ESWT PLANTAR	Yes, prior authorization required		
28899	FOOT/TOES SURGERY PROCED	Yes, prior authorization required		
29000	APPLICATION HALO TYPE BODY CAST	No prior authorization required		
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	No prior authorization required		
29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	No prior authorization required		
29035	APPLICATION BODY CAST SHOULDER HIPS	No prior authorization required		
29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	No prior authorization required		
29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	No prior authorization required		
29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	No prior authorization required		
29049	APPLICATION CAST FIGURE-OF-8	No prior authorization required		
29055	APPLICATION CAST SHOULDER SPICA	No prior authorization required		
29058	APPLICATION CAST PLASTER VELPEAU	No prior authorization required		

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29065	APPLICATION CAST SHOULDER HAND LONG ARM	No prior authorization required		
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	No prior authorization required		
29085	APPLICATION CAST HAND&LOWER FOREARM GAUNTLET	No prior authorization required		
29086	APPLICATION CAST FINGER	No prior authorization required		
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	No prior authorization required		
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	No prior authorization required		
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	No prior authorization required		
29130	APPLICATION FINGER SPLINT STATIC	No prior authorization required		
29131	APPLICATION FINGER SPLINT DYNAMIC	No prior authorization required		
29200	STRAPPING THORAX	No prior authorization required		
29240	STRAPPING SHOULDER	No prior authorization required		
29260	STRAPPING ELBOW/WRIST	No prior authorization required		
29280	STRAPPING HAND/FINGER	No prior authorization required		
29305	APPLICATION HIP SPICA CAST 1 LEG	No prior authorization required		
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	No prior authorization required		
29345	APPLICATION LONG LEG CAST THIGH-TOE	No prior authorization required		
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	No prior authorization required		
29358	APPLICATION LONG LEG CAST BRACE	No prior authorization required		
29365	APPLICATION CYLINDER CAST THIGH ANKLE	No prior authorization required		
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	No prior authorization required		
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	No prior authorization required		
29435	APPLICATION PATELLAR TENDON BEARING CAST	No prior authorization required		
29440	ADDING WALKER PREVIOUSLY APPLIED CAST	No prior authorization required		
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	No prior authorization required		
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	No prior authorization required		
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	No prior authorization required		
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	No prior authorization required		
29520	STRAPPING HIP	No prior authorization required		
29530	STRAPPING KNEE	No prior authorization required		
29540	STRAPPING ANKLE &/FOOT	No prior authorization required		

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29550	STRAPPING TOES	No prior authorization required		
29580	STRAPPING UNNA BOOT	No prior authorization required		
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	No prior authorization required		
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	No prior authorization required		
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	No prior authorization required		
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	No prior authorization required		
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	No prior authorization required		
29720	REPAIR SPICA BODY CAST/JACKET	No prior authorization required		
29730	WINDOWING CAST	No prior authorization required		
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	No prior authorization required		
29750	WEDGING CLUBFOOT CAST	No prior authorization required		
29799	UNLISTED PROCEDURE CASTING/STRAPPING	No prior authorization required		
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	No prior authorization required		
29804	JAW ARTHROSCOPY/SURGERY	Yes, prior authorization required		
29805	SHOULDER ARTHROSCOPY DX	No prior authorization required		
29806	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29807	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29819	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29820	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29821	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29822	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29823	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29824	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29825	SHOULDER ARTHROSCOPY/SUR	No prior authorization required		
29826	SHOULDER ARTHROSCOPY/SURGERY	No prior authorization required		
29827	ARTHROSCOP ROTATOR CUFF	No prior authorization required		
29828	ARTHROSCOPY BICEPS TENOD	No prior authorization required		
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	No prior authorization required		
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	No prior authorization required		
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	No prior authorization required		

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29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	No prior authorization required		
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	No prior authorization required		
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	No prior authorization required		
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	No prior authorization required		
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	No prior authorization required		
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	No prior authorization required		
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	No prior authorization required		
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	No prior authorization required		
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	No prior authorization required		
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	No prior authorization required		
29850	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29851	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29855	TIBIAL ARTHROSCOPY/SURGE	No prior authorization required		
29856	TIBIAL ARTHROSCOPY/SURGE	No prior authorization required		
29860	HIP ARTHROSCOPY DX	No prior authorization required		
29861	HIP ARTHRO W/FB REMOVAL	No prior authorization required		
29862	HIP ARTHR0 W/DEBRIDEMENT	No prior authorization required		
29863	HIP ARTHR0 W/SYNOVECTOMY	No prior authorization required		
29866	AUTGRFT IMPLNT KNEE W/SC	No prior authorization required		
29867	ALLGRFT IMPLNT KNEE W/SC	No prior authorization required		
29868	MENISCAL TRNSPL KNEE W/S	No prior authorization required		
29870	KNEE ARTHROSCOPY DX	No prior authorization required		
29871	KNEE ARTHROSCOPY/DRAINAG	No prior authorization required		
29873	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29874	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29875	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29876	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29877	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29879	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29880	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		

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29881	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29882	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29883	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29884	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29885	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29886	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29887	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29888	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29889	KNEE ARTHROSCOPY/SURGERY	No prior authorization required		
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	No prior authorization required		
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	No prior authorization required		
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	No prior authorization required		
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	No prior authorization required		
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	No prior authorization required		
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	No prior authorization required		
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	No prior authorization required		
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	No prior authorization required		
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	No prior authorization required		
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	No prior authorization required		
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	No prior authorization required		
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	No prior authorization required		
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	No prior authorization required		
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	No prior authorization required		
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	No prior authorization required		
29914	HIP ARTHRO W/FEMOROPLAST	No prior authorization required		
29915	HIP ARTHRO ACETABULOPLAS	No prior authorization required		
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	No prior authorization required		
29999	ARTHROSCOPY OF JOINT	Yes, prior authorization required		
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	No prior authorization required		
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	No prior authorization required		

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30100	BIOPSY INTRANASAL	No prior authorization required		
30110	EXCISION NASAL POLYP SIMPLE	No prior authorization required		
30115	EXCISION NASAL POLYP EXTENSIVE	No prior authorization required		
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	No prior authorization required		
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	No prior authorization required		
30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	Yes, prior authorization required		
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	No prior authorization required		
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	No prior authorization required		
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	No prior authorization required		
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	No prior authorization required		
30150	PARTIAL REMOVAL OF NOSE	Yes, prior authorization required		
30160	RHINECTOMY TOTAL	No prior authorization required		
30200	INJECTION TURBINATE THERAPEUTIC	No prior authorization required		
30210	DISPLACEMENT THERAPY PROETZ TYPE	No prior authorization required		
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	No prior authorization required		
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	No prior authorization required		
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	No prior authorization required		
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	No prior authorization required		
30400	RECONSTRUCTION OF NOSE	Yes, prior authorization required		
30410	RECONSTRUCTION OF NOSE	Yes, prior authorization required		
30420	RECONSTRUCTION OF NOSE	Yes, prior authorization required		
30430	REVISION OF NOSE	Yes, prior authorization required		
30435	REVISION OF NOSE	Yes, prior authorization required		
30450	REVISION OF NOSE	Yes, prior authorization required		
30460	REVISION OF NOSE	Yes, prior authorization required		
30462	REVISION OF NOSE	Yes, prior authorization required		
30465	REPAIR NASAL STENOSIS	Yes, prior authorization required		
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Yes, prior authorization required		

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30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Yes, prior authorization required		
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	If diagnosis is other than J34.2 requires a prior authorization.	
30540	REPAIR CHOANAL ATRESIA INTRANASAL	No prior authorization required		
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	No prior authorization required		
30560	LYSIS INTRANASAL SYNECHIA	No prior authorization required		
30580	REPAIR FISTULA OROMAXILLARY	No prior authorization required		
30600	REPAIR FISTULA ORONASAL	No prior authorization required		
30620	INTRANASAL RECONSTRUCTIO	Yes, prior authorization required		
30630	REPAIR NASAL SEPTAL PERFORATIONS	No prior authorization required		
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	No prior authorization required		
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	No prior authorization required		
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	No prior authorization required		
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	No prior authorization required		
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	No prior authorization required		
30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	No prior authorization required		
30915	LIGATION ARTERIES ETHMOIDAL	No prior authorization required		
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	No prior authorization required		
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	No prior authorization required		
30999	NASAL SURGERY PROCEDURE	Yes, prior authorization required		
31000	LAVAGE CANNULATION MAXILLARY SINUS	No prior authorization required		
31002	LAVAGE CANNULATION SPHENOID SINUS	No prior authorization required		
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	No prior authorization required		
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	No prior authorization required		
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	No prior authorization required		
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	No prior authorization required		
31050	SINUSOTOMY SPHENOID W/WO BIOPSY	No prior authorization required		
31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	No prior authorization required		

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31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	No prior authorization required		
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	No prior authorization required		
31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	No prior authorization required		
31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	No prior authorization required		
31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	No prior authorization required		
31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	No prior authorization required		
31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	No prior authorization required		
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	No prior authorization required		
31090	SINUSOT UNI 3/> PARANSL SINUSES	No prior authorization required		
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	No prior authorization required		
31201	ETHMOIDECTOMY INTRANASAL TOTAL	No prior authorization required		
31205	ETHMOIDECTOMY EXTRANASAL TOTAL	No prior authorization required		
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	No prior authorization required		
31230	MAXILLECTOMY W/ORBITAL EXENTERATION	No prior authorization required		
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	No prior authorization required		
31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	No prior authorization required		
31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	No prior authorization required		
31237	NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	No prior authorization required		
31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	No prior authorization required		
31239	NASAL/SINUS NDSC SURG W/DACRYOCYSTORHINOSTOMY	No prior authorization required		
31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	No prior authorization required		
31241	NASAL/SINUS NDSC SURG W/LIG SPHENOPALATINE ART	No prior authorization required		
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	No prior authorization required		
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	No prior authorization required		
31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	No prior authorization required		
31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	No prior authorization required		
31255	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	No prior authorization required		
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	No prior authorization required		
31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	No prior authorization required		
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	No prior authorization required		

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31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	Yes, prior authorization required		
31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	No prior authorization required		
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	No prior authorization required		
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	No prior authorization required		
31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	No prior authorization required		
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	No prior authorization required		
31292	NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	No prior authorization required		
31293	NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	No prior authorization required		
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	No prior authorization required		
31295	SINUS ENDO W/BALLOON DIL	No prior authorization required		
31296	SINUS ENDO W/BALLOON DIL	No prior authorization required		
31297	SINUS ENDO W/BALLOON DIL	No prior authorization required		
31298	NSL/SINS NDSC W/SINS DILAT	No prior authorization required		
31299	SINUS SURGERY PROCEDURE	Yes, prior authorization required		
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	No prior authorization required		
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	No prior authorization required		
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	No prior authorization required		
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	No prior authorization required		
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	No prior authorization required		
31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	No prior authorization required		
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	No prior authorization required		
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	No prior authorization required		
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	No prior authorization required		
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	No prior authorization required		
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	No prior authorization required		
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	No prior authorization required		
31420	EPIGLOTTIDECTOMY	No prior authorization required		
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	No prior authorization required		
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	No prior authorization required		
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	No prior authorization required		

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31510	LARYNGOSCOPY INDIRECT W/BIOPSY	No prior authorization required		
31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	No prior authorization required		
31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	No prior authorization required		
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	No prior authorization required		
31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	No prior authorization required		
31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	No prior authorization required		
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	No prior authorization required		
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	No prior authorization required		
31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	No prior authorization required		
31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	No prior authorization required		
31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	No prior authorization required		
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	No prior authorization required		
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	No prior authorization required		
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	No prior authorization required		
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	No prior authorization required		
31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	No prior authorization required		
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	No prior authorization required		
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	No prior authorization required		
31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	No prior authorization required		
31551	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	No prior authorization required		
31552	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	No prior authorization required		
31553	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	No prior authorization required		
31554	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	No prior authorization required		
31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	No prior authorization required		
31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	No prior authorization required		
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	No prior authorization required		
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	No prior authorization required		
31572	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	No prior authorization required		
31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	No prior authorization required		
31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	No prior authorization required		

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31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	No prior authorization required		
31576	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	No prior authorization required		
31577	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	No prior authorization required		
31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	No prior authorization required		
31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	No prior authorization required		
31580	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	No prior authorization required		
31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	No prior authorization required		
31587	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	No prior authorization required		
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	No prior authorization required		
31591	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	No prior authorization required		
31592	CRICOTRACHEAL RESECTION	No prior authorization required		
31599	LARYNX SURGERY PROCEDURE	Yes, prior authorization required		
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	No prior authorization required		
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	No prior authorization required		
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	No prior authorization required		
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	No prior authorization required		
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	No prior authorization required		
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	No prior authorization required		
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	No prior authorization required		
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	No prior authorization required		
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	No prior authorization required		
31615	TRACHEOBRNCHSC THRU EST TRACHS INC	No prior authorization required		
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	No prior authorization required		
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	No prior authorization required		
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	No prior authorization required		
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	No prior authorization required		
31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	No prior authorization required		
31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	No prior authorization required		
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	No prior authorization required		
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	No prior authorization required		

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31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	No prior authorization required		
31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	No prior authorization required		
31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	No prior authorization required		
31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	No prior authorization required		
31634	BRONCHOSCOPY BALLOON OCCLUSION	No prior authorization required		
31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	No prior authorization required		
31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	No prior authorization required		
31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	No prior authorization required		
31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	No prior authorization required		
31640	BRONCHOSCOPY W/EXCISION TUMOR	No prior authorization required		
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	No prior authorization required		
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	No prior authorization required		
31645	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	No prior authorization required		
31646	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	No prior authorization required		
31647	BRONCHIAL VALVE INIT INS	No prior authorization required		
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	No prior authorization required		
31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	No prior authorization required		
31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	No prior authorization required		
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	No prior authorization required		
31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	No prior authorization required		
31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	No prior authorization required		
31660	BRONCH THERMOPLSTY 1 LOB	Yes, prior authorization required		
31661	BRONCH THERMOPLSTY 2/> L	Yes, prior authorization required		
31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	No prior authorization required		
31720	CATHETER ASPIRATION NASOTRACHEAL SPX	No prior authorization required		
31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	No prior authorization required		
31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	No prior authorization required		
31750	TRACHEOPLASTY CERVICAL	No prior authorization required		
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	No prior authorization required		
31760	TRACHEOPLASTY INTRATHORACIC	No prior authorization required		

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31766	CARINAL RECONSTRUCTION	No prior authorization required		
31770	BRONCHOPLASTY GRAFT REPAIR	No prior authorization required		
31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	No prior authorization required		
31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	No prior authorization required		
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	No prior authorization required		
31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	No prior authorization required		
31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	No prior authorization required		
31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL	No prior authorization required		
31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	No prior authorization required		
31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	No prior authorization required		
31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	No prior authorization required		
31830	REVISION TRACHEOSTOMY SCAR	Yes, prior authorization required		
31899	AIRWAYS SURGICAL PROCEDU	Yes, prior authorization required		
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	No prior authorization required		
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	No prior authorization required		
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	No prior authorization required		
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	No prior authorization required		
32098	THORACOTOMY W/BIOPSY OF PLEURA	No prior authorization required		
32100	THORACOTOMY WITH EXPLORATION	No prior authorization required		
32110	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	No prior authorization required		
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	No prior authorization required		
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	No prior authorization required		
32140	THORCOM W/REMOVAL OF CYST	No prior authorization required		
32141	THORACOTOMY W/RESECTION BULLAE	No prior authorization required		
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	No prior authorization required		
32151	THORCOM W/RMVL IPUL FB	No prior authorization required		
32160	THORACOTOMY W/CARDIAC MASSAGE	No prior authorization required		
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	No prior authorization required		
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	No prior authorization required		
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	No prior authorization required		

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32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	No prior authorization required		
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	No prior authorization required		
32320	DECORTICATION & PARIETAL PLEURECTOMY	No prior authorization required		
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	No prior authorization required		
32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	No prior authorization required		
32440	REMOVAL OF LUNG PNEUMONECTOMY	No prior authorization required		
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	No prior authorization required		
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	No prior authorization required		
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	No prior authorization required		
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	No prior authorization required		
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	No prior authorization required		
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	No prior authorization required		
32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	No prior authorization required		
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	No prior authorization required		
32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	No prior authorization required		
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	No prior authorization required		
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	No prior authorization required		
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	No prior authorization required		
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	No prior authorization required		
32507	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	No prior authorization required		
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	No prior authorization required		
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	No prior authorization required		
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	No prior authorization required		
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	No prior authorization required		
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	No prior authorization required		
32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	No prior authorization required		
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	No prior authorization required		
32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	No prior authorization required		
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	No prior authorization required		
32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	No prior authorization required		

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32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	No prior authorization required		
32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	No prior authorization required		
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	No prior authorization required		
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	No prior authorization required		
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	No prior authorization required		
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	No prior authorization required		
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	No prior authorization required		
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	No prior authorization required		
32650	THORACOSCOPY W/PLEURODESIS	No prior authorization required		
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	No prior authorization required		
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	No prior authorization required		
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	No prior authorization required		
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	No prior authorization required		
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	No prior authorization required		
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	No prior authorization required		
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	No prior authorization required		
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	No prior authorization required		
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	No prior authorization required		
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	No prior authorization required		
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	No prior authorization required		
32664	THORACOSCOPY W/ TH NRV E	No prior authorization required		
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	No prior authorization required		
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	No prior authorization required		
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	No prior authorization required		
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	No prior authorization required		
32669	THORACOSCOPY W/SEGMENTECTOMY	No prior authorization required		
32670	THORACOSCOPY W/BILOBECTOMY	No prior authorization required		
32671	THORACOSCOPY W/PNEUMONECTOMY	No prior authorization required		
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	No prior authorization required		
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	No prior authorization required		

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32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	No prior authorization required		
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	No prior authorization required		
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	No prior authorization required		
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	No prior authorization required		
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	No prior authorization required		
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	No prior authorization required		
32850	DONOR PNEUMONECTOMY	Yes, prior authorization required		
32851	LUNG TRANSPLANT SINGLE	Yes, prior authorization required		
32852	LUNG TRANSPLANT WITH BYP	Yes, prior authorization required		
32853	LUNG TRANSPLANT DOUBLE	Yes, prior authorization required		
32854	LUNG TRANSPLANT WITH BYP	Yes, prior authorization required		
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Yes, prior authorization required		
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Yes, prior authorization required		
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	No prior authorization required		
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	No prior authorization required		
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	No prior authorization required		
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	No prior authorization required		
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	No prior authorization required		
32994	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	No prior authorization required		
32997	TOTAL LUNG LAVAGE UNILATERAL	No prior authorization required		
32998	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	No prior authorization required		
32999	CHEST SURGERY PROCEDURE	Yes, prior authorization required		
33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	No prior authorization required		
33017	PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	No prior authorization required		
33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	No prior authorization required		
33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	No prior authorization required		
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	No prior authorization required		
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	No prior authorization required		
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	No prior authorization required		
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	No prior authorization required		

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33050	RESECTION PERICARDIAL CYST/TUMOR	No prior authorization required		
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	No prior authorization required		
33130	RESECTION EXTERNAL CARDIAC TUMOR	No prior authorization required		
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	No prior authorization required		
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	No prior authorization required		
33202	INSERTION EPICARDIAL ELECTRODE OPEN	No prior authorization required		
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	No prior authorization required		
33206	INSERT HEART PM ATRIAL	No prior authorization required		
33207	INSERT HEART PM VENTRICU	No prior authorization required		
33208	INSRT HEART PM ATRIAL &	No prior authorization required		
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	No prior authorization required		
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	No prior authorization required		
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	No prior authorization required		
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	No prior authorization required		
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	No prior authorization required		
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	No prior authorization required		
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	No prior authorization required		
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	No prior authorization required		
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	No prior authorization required		
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	No prior authorization required		
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	No prior authorization required		
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	No prior authorization required		
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	No prior authorization required		
33224	INSERT PACING LEAD & CON	No prior authorization required		
33225	L VENTRIC PACING LEAD ADD-ON	No prior authorization required		
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	No prior authorization required		
33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	No prior authorization required		
33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	No prior authorization required		
33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	No prior authorization required		
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	No prior authorization required		
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	No prior authorization required		
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	No prior authorization required		
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	No prior authorization required		
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	No prior authorization required		
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	No prior authorization required		
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	No prior authorization required		
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	No prior authorization required		
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	No prior authorization required		
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	No prior authorization required		
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	No prior authorization required		
33249	INSERT PACE-DEFIB W/LEAD	No prior authorization required		
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	No prior authorization required		
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	No prior authorization required		
33254	ABLATE ATRIA LMTD	No prior authorization required		
33255	ABLATE ATRIA W/O BYPASS	No prior authorization required		
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	No prior authorization required		
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	No prior authorization required		
33258	ABLATE ATRIA X10SV ADD-O	No prior authorization required		
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	No prior authorization required		
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	No prior authorization required		
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	No prior authorization required		
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	No prior authorization required		
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	No prior authorization required		
33265	ABLATE ATRIA LMTD ENDO	No prior authorization required		
33266	ABLATE ATRIA X10SV ENDO	No prior authorization required		
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	No prior authorization required		
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	No prior authorization required		

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33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	No prior authorization required		
33270	INS/REP SUBQ DEFIBRILLATOR	No prior authorization required		
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No prior authorization required		
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	No prior authorization required		
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	No prior authorization required		
33274	TCAT INSJ/RPL PERM LDLS PM	No prior authorization required		
33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	No prior authorization required		
33276	INSERTION PHRENIC NERVE STIMULATOR SYSTEM	No prior authorization required		
33277	INSJ PHRENIC NRV STIMULATOR TRANSVNS SENSING LD	No prior authorization required		
33278	REMOVAL PHRENIC NERVE STIMULATOR SYSTEM	No prior authorization required		
33279	RMVL PHRNC NRV STIMULATOR TRANSVNS STIMJ/SNSG LD	No prior authorization required		
33280	RMVL PHRENIC NRV STIMULATOR PULSE GENERATOR ONLY	No prior authorization required		
33281	REPOSITIONING PHRENIC NRV STIMULATOR TRANSVNS LD	No prior authorization required		
33285	INSJ SUBQ CAR RHYTHM MNTR	No prior authorization required		
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	No prior authorization required		
33287	RMVL&RPLCMT PHRENIC NRV STIMULATOR PLS GENERATOR	No prior authorization required		
33288	RMVL&RPLCMT PHRNC NRV STIM TRNSVNS STIMJ/SNSG LD	No prior authorization required		
33289	TCAT IMPL WRLS P-ART PRS SNR	No prior authorization required		
33300	REPAIR CARDIAC WOUND W/O BYPASS	No prior authorization required		
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	No prior authorization required		
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	No prior authorization required		
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	No prior authorization required		
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	No prior authorization required		
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	No prior authorization required		
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	No prior authorization required		
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	No prior authorization required		
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	No prior authorization required		
33340	PERQ CLSR TCAT L ATR APNDGE	No prior authorization required		
33361	REPLACE AORTIC VALVE PER	No prior authorization required		

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33362	REPLACE AORTIC VALVE OPE	No prior authorization required		
33363	REPLACE AORTIC VALVE OPE	No prior authorization required		
33364	REPLACE AORTIC VALVE OPE	No prior authorization required		
33365	REPLACE AORTIC VALVE OPE	No prior authorization required		
33366	TRCATH REPLACE AORTIC VALVE	No prior authorization required		
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	No prior authorization required		
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	No prior authorization required		
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	No prior authorization required		
33370	TRANSCATHETER PLACEMENT&SBSQ REMOVAL CEPD PERQ	No prior authorization required		
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	No prior authorization required		
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	No prior authorization required		
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	No prior authorization required		
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	No prior authorization required		
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	No prior authorization required		
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	No prior authorization required		
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	No prior authorization required		
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	No prior authorization required		
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	No prior authorization required		
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	No prior authorization required		
33415	RESECTION/INCISION SUBVALVULAR TISSUE	No prior authorization required		
33416	VENTRICULOMYOTOMY-MYECTOMY	No prior authorization required		
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	No prior authorization required		
33418	REPAIR TCAT MITRAL VALVE	No prior authorization required		
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	No prior authorization required		
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	No prior authorization required		
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	No prior authorization required		
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	No prior authorization required		
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	No prior authorization required		
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	No prior authorization required		
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	No prior authorization required		

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33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	No prior authorization required		
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	No prior authorization required		
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	No prior authorization required		
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	No prior authorization required		
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	No prior authorization required		
33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	No prior authorization required		
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	No prior authorization required		
33475	REPLACEMENT PULMONARY VALVE	No prior authorization required		
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	No prior authorization required		
33477	IMPLANT TCAT PULM VLV PERQ	No prior authorization required		
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	No prior authorization required		
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	No prior authorization required		
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	No prior authorization required		
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	No prior authorization required		
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	No prior authorization required		
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	No prior authorization required		
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	No prior authorization required		
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	No prior authorization required		
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	No prior authorization required		
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	No prior authorization required		
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	No prior authorization required		
33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	No prior authorization required		
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	No prior authorization required		
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	No prior authorization required		
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	No prior authorization required		
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	No prior authorization required		
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	No prior authorization required		
33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	No prior authorization required		
33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	No prior authorization required		
33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	No prior authorization required		

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33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	No prior authorization required		
33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	No prior authorization required		
33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	No prior authorization required		
33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	No prior authorization required		
33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	No prior authorization required		
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	No prior authorization required		
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	No prior authorization required		
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	No prior authorization required		
33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	No prior authorization required		
33542	MYOCARDIAL RESECTION	No prior authorization required		
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	No prior authorization required		
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	No prior authorization required		
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	No prior authorization required		
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	No prior authorization required		
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	No prior authorization required		
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	No prior authorization required		
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	No prior authorization required		
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	No prior authorization required		
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	No prior authorization required		
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	No prior authorization required		
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	No prior authorization required		
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	No prior authorization required		
33619	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	No prior authorization required		
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	No prior authorization required		
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	No prior authorization required		
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	No prior authorization required		
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	No prior authorization required		
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	No prior authorization required		
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	No prior authorization required		
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	No prior authorization required		

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33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	No prior authorization required		
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	No prior authorization required		
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	No prior authorization required		
33676	CLOSURE MULTIPLE VSD W/RESECTION	No prior authorization required		
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	No prior authorization required		
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	No prior authorization required		
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	No prior authorization required		
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	No prior authorization required		
33690	BANDING PULMONARY ARTERY	No prior authorization required		
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	No prior authorization required		
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	No prior authorization required		
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	No prior authorization required		
33702	RPR SINUS VALSALVA FISTULA	No prior authorization required		
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	No prior authorization required		
33720	RPR SINUS VALSALVA ANEURYSM	No prior authorization required		
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	No prior authorization required		
33726	REPAIR PULMONARY VENOUS STENOSIS	No prior authorization required		
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	No prior authorization required		
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	No prior authorization required		
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	No prior authorization required		
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	No prior authorization required		
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	No prior authorization required		
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	No prior authorization required		
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	No prior authorization required		
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	No prior authorization required		
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	No prior authorization required		
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	No prior authorization required		
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	No prior authorization required		
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	No prior authorization required		
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	No prior authorization required		

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33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	No prior authorization required		
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	No prior authorization required		
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	No prior authorization required		
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	No prior authorization required		
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	No prior authorization required		
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	No prior authorization required		
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	No prior authorization required		
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	No prior authorization required		
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	No prior authorization required		
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	No prior authorization required		
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	No prior authorization required		
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	No prior authorization required		
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	No prior authorization required		
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	No prior authorization required		
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	No prior authorization required		
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	No prior authorization required		
33802	DIVISION ABERRANT VESSEL VASCULAR RING	No prior authorization required		
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	No prior authorization required		
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	No prior authorization required		
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	No prior authorization required		
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	No prior authorization required		
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR&OLDER	No prior authorization required		
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	No prior authorization required		
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	No prior authorization required		
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	No prior authorization required		
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	No prior authorization required		
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	No prior authorization required		
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	No prior authorization required		
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	No prior authorization required		
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	No prior authorization required		

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33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	No prior authorization required		
33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	No prior authorization required		
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	No prior authorization required		
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	No prior authorization required		
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	No prior authorization required		
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	No prior authorization required		
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	No prior authorization required		
33882	Evasc rpr ta dplmt mltpc sys	No prior authorization required		
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	No prior authorization required		
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	No prior authorization required		termed 12/31/2025
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	No prior authorization required		
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	No prior authorization required		termed 12/31/2025
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	No prior authorization required		termed 12/31/2025
33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	No prior authorization required		
33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	No prior authorization required		
33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	No prior authorization required		
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	No prior authorization required		
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	No prior authorization required		
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	No prior authorization required		
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	No prior authorization required		
33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	No prior authorization required		
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	No prior authorization required		
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	No prior authorization required		
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	No prior authorization required		
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	No prior authorization required		
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	No prior authorization required		
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	No prior authorization required		

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33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	No prior authorization required		
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	No prior authorization required		
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	No prior authorization required		
33927	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	No prior authorization required		
33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	No prior authorization required		
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	No prior authorization required		
33930	DONOR CARDIECTOMY-PNEUMONECTOMY	Yes, prior authorization required		
33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	Yes, prior authorization required		
33935	TRANSPLANTATION HEART/LU	Yes, prior authorization required		
33940	DONOR CARDIECTOMY	Yes, prior authorization required		
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Yes, prior authorization required		
33945	TRANSPLANTATION OF HEART	Yes, prior authorization required		
33946	ECMO/ECLS INITIATION VENO-VENOUS	No prior authorization required		
33947	ECMO/ECLS INITIATION VENO-ARTERIAL	No prior authorization required		
33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	No prior authorization required		
33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	No prior authorization required		
33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	No prior authorization required		
33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	No prior authorization required		
33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	No prior authorization required		
33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	No prior authorization required		
33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	No prior authorization required		
33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	No prior authorization required		
33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	No prior authorization required		
33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	No prior authorization required		
33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	No prior authorization required		
33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	No prior authorization required		
33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	No prior authorization required		
33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	No prior authorization required		
33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	No prior authorization required		
33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	No prior authorization required		
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	No prior authorization required		
33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	No prior authorization required		
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	No prior authorization required		
33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	No prior authorization required		
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	No prior authorization required		
33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	No prior authorization required		
33975	IMPLANT VENTRICULAR DEVI	Yes, prior authorization required		
33976	IMPLANT VENTRICULAR DEVI	Yes, prior authorization required		
33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	No prior authorization required		
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	No prior authorization required		
33979	INSERT INTRACORPOREAL DE	Yes, prior authorization required		
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	No prior authorization required		
33981	REPLACE VAD PUMP EXT	Yes, prior authorization required		
33982	REPLACE VAD INTRA W/O BP	Yes, prior authorization required		
33983	REPLACE VAD INTRA W/BP	Yes, prior authorization required		
33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	No prior authorization required		
33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	No prior authorization required		
33986	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	No prior authorization required		
33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	No prior authorization required		
33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	No prior authorization required		
33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	No prior authorization required		
33990	INSERT VAD ARTERY ACCESS	No prior authorization required		
33991	INSERT VAD ART&VEIN ACCE	No prior authorization required		
33992	REMOVAL PERQ LEFT HRT VAD ARTL/ARTL&VEN SEP INSJ	No prior authorization required		
33993	REPOSITION VAD DIFF SESS	No prior authorization required		
33995	INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	No prior authorization required		
33997	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	No prior authorization required		
33999	CARDIAC SURGERY PROCEDUR	Yes, prior authorization required		
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	No prior authorization required		

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34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	No prior authorization required		
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	No prior authorization required		
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	No prior authorization required		
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	No prior authorization required		
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	No prior authorization required		
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	No prior authorization required		
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	No prior authorization required		
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	No prior authorization required		
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	No prior authorization required		
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	No prior authorization required		
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	No prior authorization required		
34501	VALVULOPLASTY FEMORAL VEIN	No prior authorization required		
34502	RECONSTRUCTION VENA CAVA ANY METHOD	No prior authorization required		
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	No prior authorization required		
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	No prior authorization required		
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	No prior authorization required		
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	No prior authorization required		
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	No prior authorization required		
34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	No prior authorization required		
34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	No prior authorization required		
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	No prior authorization required		
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	No prior authorization required		
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	No prior authorization required		
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	No prior authorization required		
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	No prior authorization required		
34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	No prior authorization required		
34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	No prior authorization required		
34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	No prior authorization required		
34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	No prior authorization required		
34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	No prior authorization required		

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34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	No prior authorization required		
34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	No prior authorization required		
34717	EVASC RPR A-ILIAC NDGFT	No prior authorization required		
34718	EVASC RPR N/A A-ILIAC NDGFT	No prior authorization required		
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	No prior authorization required		
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	No prior authorization required		
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	No prior authorization required		
34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	No prior authorization required		
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	No prior authorization required		
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	No prior authorization required		
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	No prior authorization required		
34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	No prior authorization required		
34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	No prior authorization required		
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	No prior authorization required		
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	No prior authorization required		
34842	ENDOVASC VISC AORTA 2 GRAFT	No prior authorization required		
34843	ENDOVASC VISC AORTA 3 GRAFT	No prior authorization required		
34844	ENDOVASC VISC AORTA 4 GRAFT	No prior authorization required		
34845	VISC & INFRAREN ABD 1 PROSTH	No prior authorization required		
34846	VISC & INFRAREN ABD 2 PROSTH	No prior authorization required		
34847	VISC & INFRAREN ABD 3 PROSTH	No prior authorization required		
34848	VISC & INFRAREN ABD 4+ PROST	No prior authorization required		
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	No prior authorization required		
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	No prior authorization required		
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	No prior authorization required		
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	No prior authorization required		
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	No prior authorization required		
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	No prior authorization required		
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	No prior authorization required		
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	No prior authorization required		

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35081	DIR RPR ANEURYSM ABDOMINAL AORTA	No prior authorization required		
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	No prior authorization required		
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	No prior authorization required		
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	No prior authorization required		
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	No prior authorization required		
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	No prior authorization required		
35111	DIR RPR ANEURYSM SPLENIC ARTERY	No prior authorization required		
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	No prior authorization required		
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	No prior authorization required		
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	No prior authorization required		
35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	No prior authorization required		
35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	No prior authorization required		
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	No prior authorization required		
35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	No prior authorization required		
35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	No prior authorization required		
35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	No prior authorization required		
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	No prior authorization required		
35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	No prior authorization required		
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	No prior authorization required		
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	No prior authorization required		
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	No prior authorization required		
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	No prior authorization required		
35201	REPAIR BLOOD VESSEL DIRECT NECK	No prior authorization required		
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	No prior authorization required		
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	No prior authorization required		
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	No prior authorization required		
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	No prior authorization required		
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	No prior authorization required		
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	No prior authorization required		
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	No prior authorization required		

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35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	No prior authorization required		
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	No prior authorization required		
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	No prior authorization required		
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	No prior authorization required		
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	No prior authorization required		
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	No prior authorization required		
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	No prior authorization required		
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	No prior authorization required		
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	No prior authorization required		
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	No prior authorization required		
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	No prior authorization required		
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	No prior authorization required		
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	No prior authorization required		
35303	TEAEC W/GRAFT POPLITEAL ARTERY	No prior authorization required		
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	No prior authorization required		
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	No prior authorization required		
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	No prior authorization required		
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	No prior authorization required		
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	No prior authorization required		
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	No prior authorization required		
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	No prior authorization required		
35351	TEAEC W/WO PATCH GRAFT ILIAC	No prior authorization required		
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	No prior authorization required		
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	No prior authorization required		
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	No prior authorization required		
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	No prior authorization required		
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	No prior authorization required		
35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	No prior authorization required		
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	No prior authorization required		
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	No prior authorization required		

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35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	No prior authorization required		
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	No prior authorization required		
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	No prior authorization required		
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	No prior authorization required		
35510	BYPASS W/VEIN CAROTID-BRACHIAL	No prior authorization required		
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	No prior authorization required		
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	No prior authorization required		
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	No prior authorization required		
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	No prior authorization required		
35518	BYPASS W/VEIN AXILLARY-AXILLARY	No prior authorization required		
35521	BYPASS W/VEIN AXILLARY-FEMORAL	No prior authorization required		
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	No prior authorization required		
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	No prior authorization required		
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	No prior authorization required		
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	No prior authorization required		
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	No prior authorization required		
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	No prior authorization required		
35535	BYPASS W/VEIN HEPATORENAL	No prior authorization required		
35536	BYPASS W/VEIN SPLENORENAL	No prior authorization required		
35537	BYPASS W/VEIN AORTOILIAC	No prior authorization required		
35538	BYPASS W/VEIN AORTOBI-ILIAC	No prior authorization required		
35539	BYPASS W/VEIN AORTOFEMORAL	No prior authorization required		
35540	BYPASS W/VEIN AORTOBIFEMORAL	No prior authorization required		
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	No prior authorization required		
35558	BYPASS W/VEIN FEMORAL-FEMORAL	No prior authorization required		
35560	BYPASS W/VEIN AORTORENAL	No prior authorization required		
35563	BYPASS W/VEIN ILIOILIAC	No prior authorization required		
35565	BYPASS W/VEIN ILIOFEMORAL	No prior authorization required		
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	No prior authorization required		
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	No prior authorization required		

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35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	No prior authorization required		
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	No prior authorization required		
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	No prior authorization required		
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	No prior authorization required		
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	No prior authorization required		
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	No prior authorization required		
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	No prior authorization required		
35602	Bpg crtd-clat crtd	No prior authorization required		
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	No prior authorization required		
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	No prior authorization required		
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	No prior authorization required		
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	No prior authorization required		
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	No prior authorization required		
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	No prior authorization required		
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	No prior authorization required		
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	No prior authorization required		
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	No prior authorization required		
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	No prior authorization required		
35636	BYP OTH/THN VEIN SPLENORENAL	No prior authorization required		
35637	BYP OTH/THN VEIN AORTOILIAC	No prior authorization required		
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	No prior authorization required		
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	No prior authorization required		
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	No prior authorization required		
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	No prior authorization required		
35647	BYP OTH/THN VEIN AORTOFEMORAL	No prior authorization required		
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	No prior authorization required		
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	No prior authorization required		
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	No prior authorization required		
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	No prior authorization required		
35663	BYP OTH/THN VEIN ILIOILIAC	No prior authorization required		

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35665	BYP OTH/THN VEIN ILIOFEMORAL	No prior authorization required		
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	No prior authorization required		
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	No prior authorization required		
35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	No prior authorization required		
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	No prior authorization required		
35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	No prior authorization required		
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	No prior authorization required		
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	No prior authorization required		
35691	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	No prior authorization required		
35693	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	No prior authorization required		
35694	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	No prior authorization required		
35695	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	No prior authorization required		
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	No prior authorization required		
35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	No prior authorization required		
35701	EXPLORATION N/FLWD SURG NECK ARTERY	No prior authorization required		
35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	No prior authorization required		
35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	No prior authorization required		
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	No prior authorization required		
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	No prior authorization required		
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	No prior authorization required		
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	No prior authorization required		
35870	RPR GRF-ENTERIC FSTL	No prior authorization required		
35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	No prior authorization required		
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	No prior authorization required		
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	No prior authorization required		
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	No prior authorization required		
35883	REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	No prior authorization required		
35884	REVJ FEM ANAST BPG GRN OPN W/AUTOG VN PATCH GRF	No prior authorization required		
35901	EXCISION INFECTED NECK GRAFT	No prior authorization required		
35903	EXCISION INFECTED GRAFT EXTREMITY	No prior authorization required		

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35905	EXCISION INFECTED GRAFT THORAX	No prior authorization required		
35907	EXCISION INFECTED GRAFT ABDOMEN	No prior authorization required		
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	No prior authorization required		
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	No prior authorization required		
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	No prior authorization required		
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	No prior authorization required		
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	No prior authorization required		
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	No prior authorization required		
36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	No prior authorization required		
36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	No prior authorization required		
36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	No prior authorization required		
36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	No prior authorization required		
36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	No prior authorization required		
36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	No prior authorization required		
36200	INTRODUCTION CATHETER AORTA	No prior authorization required		
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	No prior authorization required		
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	No prior authorization required		
36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	No prior authorization required		
36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	No prior authorization required		
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	No prior authorization required		
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	No prior authorization required		
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	No prior authorization required		
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	No prior authorization required		
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	No prior authorization required		
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	No prior authorization required		
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	No prior authorization required		
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	No prior authorization required		
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	No prior authorization required		
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	No prior authorization required		
36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	No prior authorization required		
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	No prior authorization required		
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	No prior authorization required		
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	No prior authorization required		
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	No prior authorization required		
36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	No prior authorization required		
36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No prior authorization required		
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	No prior authorization required		
36299	VESSEL INJECTION PROCEDU	Yes, prior authorization required		
36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	No prior authorization required		
36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	No prior authorization required		
36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	No prior authorization required		
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	No prior authorization required		
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	No prior authorization required		
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	No prior authorization required		
36420	VENIPUNCTURE CUTDOWN YOUNGER THAN AGE 1 YR	No prior authorization required		
36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	No prior authorization required		
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	No prior authorization required		
36440	PUSH TRANSFUSION BLOOD 2 YR OR YOUNGER	No prior authorization required		
36450	BLOOD EXCHANGE TRANSFUSION NEWBORN	No prior authorization required		
36455	BLOOD EXCHANGE TRANSFUSION OTHER THAN NEWBORN	No prior authorization required		
36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	No prior authorization required		
36460	TRANSFUSION INTRAUTERINE FETAL	No prior authorization required		
36465	NJX NONCMPND SCLRSNT 1 VEIN	Yes, prior authorization required		
36466	NJX NONCMPND SCLRSNT MLT VN	Yes, prior authorization required		
36468	INJECTION(S) SPIDER VEIN	Yes, prior authorization required		
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Yes, prior authorization required		
36471	INJECTION THERAPY OF VEI	Yes, prior authorization required		
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Yes, prior authorization required		
36474	ENDOVENOUS MCHNCHEM ADD-ON	Yes, prior authorization required		

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36475	ENDOVENOUS RF 1ST VEIN	Yes, prior authorization required		
36476	ENDOVENOUS RF VEIN ADD-O	Yes, prior authorization required		
36478	ENDOVENOUS LASER 1ST VEI	Yes, prior authorization required		
36479	ENDOVENOUS LASER VEIN AD	Yes, prior authorization required		
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	No prior authorization required		
36482	ENDOVEN THER CHEM ADHES 1ST	Yes, prior authorization required		
36483	ENDOVEN THER CHEM ADHES SBSQ	Yes, prior authorization required		
36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	No prior authorization required		
36510	CATHJ UMBILICAL VEIN DX/THER NB	No prior authorization required		
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	No prior authorization required		
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	No prior authorization required		
36513	THERAPEUTIC APHERESIS PLATELETS	No prior authorization required		
36514	APHERESIS PLASMA	No prior authorization required		
36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	No prior authorization required		
36522	PHOTOPHERESIS EXTRACORPOREAL	No prior authorization required		
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	No prior authorization required		
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	No prior authorization required		
36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	No prior authorization required		
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	No prior authorization required		
36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	No prior authorization required		
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	No prior authorization required		
36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	No prior authorization required		
36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	No prior authorization required		
36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	No prior authorization required		
36568	INSERTION PICC W/O IMG GDN < 5 YR	No prior authorization required		
36569	INSERTION PICC W/O IMG GDN 5 YR/>	No prior authorization required		
36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	No prior authorization required		
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	No prior authorization required		
36572	INSERTION PICC W/RS&I < 5 YR	No prior authorization required		
36573	INSERTION PICC W/RS&I 5 YR/>	No prior authorization required		

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36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	No prior authorization required		
36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	No prior authorization required		
36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	No prior authorization required		
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	No prior authorization required		
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	No prior authorization required		
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	No prior authorization required		
36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	No prior authorization required		
36584	COMPLETE REPLACEMENT PICC RS&I	No prior authorization required		
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	No prior authorization required		
36589	RMVL TUN CVC W/O SUBQ PORT/PMP	No prior authorization required		
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	No prior authorization required		
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	No prior authorization required		
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	No prior authorization required		
36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	No prior authorization required		
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	No prior authorization required		
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	No prior authorization required		
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	No prior authorization required		
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	No prior authorization required		
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	No prior authorization required		
36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	No prior authorization required		
36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	No prior authorization required		
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	No prior authorization required		
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	No prior authorization required		
36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	No prior authorization required		
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	No prior authorization required		
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	No prior authorization required		
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	No prior authorization required		
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	No prior authorization required		
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	No prior authorization required		
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	No prior authorization required		

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36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	No prior authorization required		
36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	No prior authorization required		
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	No prior authorization required		
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	No prior authorization required		
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	No prior authorization required		
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	No prior authorization required		
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	No prior authorization required		
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	No prior authorization required		
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	No prior authorization required		
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	No prior authorization required		
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	No prior authorization required		
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	No prior authorization required		
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	No prior authorization required		
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	No prior authorization required		
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	No prior authorization required		
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	No prior authorization required		
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	No prior authorization required		
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	No prior authorization required		
36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	No prior authorization required		
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	No prior authorization required		
36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	No prior authorization required		
36909	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	No prior authorization required		
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	No prior authorization required		
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	No prior authorization required		
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	No prior authorization required		
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	No prior authorization required		
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	No prior authorization required		
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	No prior authorization required		
37183	REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	No prior authorization required		
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	No prior authorization required		

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37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	No prior authorization required		
37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	No prior authorization required		
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	No prior authorization required		
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	No prior authorization required		
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	No prior authorization required		
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	No prior authorization required		
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	No prior authorization required		
37195	THROMBOLYSIS CEREBRAL IV INFUSION	No prior authorization required		
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	No prior authorization required		
37200	TRANSCATHETER BIOPSY	No prior authorization required		
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	No prior authorization required		
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	No prior authorization required		
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	No prior authorization required		
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	No prior authorization required		
37215	TRANSCATH STENT CCA W/EP	No prior authorization required		
37216	TRANSCATH STENT CCA W/O	No prior authorization required		
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	No prior authorization required		
37218	STENT PLACEMT ANTE CAROTID	No prior authorization required		
37220	ILIAC REVASC	No prior authorization required		termed 12/31/2025
37221	ILIAC REVASC W/STENT	No prior authorization required		termed 12/31/2025
37222	ILIAC REVASC ADD-ON	No prior authorization required		termed 12/31/2025
37223	ILIAC REVASC W/STENT ADD-ON	No prior authorization required		termed 12/31/2025
37224	FEM/POPL REVAS W/TLA	No prior authorization required		termed 12/31/2025
37225	FEM/POPL REVAS W/ATHER	No prior authorization required		termed 12/31/2025

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37226	FEM/POPL REVASC W/STENT	No prior authorization required		termed 12/31/2025
37227	FEM/POPL REVASC STNT & ATHER	No prior authorization required		termed 12/31/2025
37228	TIB/PER REVASC W/TLA	No prior authorization required		termed 12/31/2025
37229	TIB/PER REVASC W/ATHER	No prior authorization required		termed 12/31/2025
37230	TIB/PER REVASC W/STENT	No prior authorization required		termed 12/31/2025
37231	TIB/PER REVASC STENT & ATHER	No prior authorization required		termed 12/31/2025
37232	TIB/PER REVASC ADD-ON	No prior authorization required		termed 12/31/2025
37233	TIBPER REVASC W/ATHER ADD-ON	No prior authorization required		termed 12/31/2025
37234	REVSC OPN/PRQ TIB/PERO STENT	No prior authorization required		termed 12/31/2025
37235	TIB/PER REVASC STNT & ATHER	No prior authorization required		termed 12/31/2025
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	No prior authorization required		
37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	No prior authorization required		
37238	OPEN/PERQ PLACE STENT SAME	No prior authorization required		
37239	OPEN/PERQ PLACE STENT EA ADD	No prior authorization required		
37241	VASC EMBOLIZE/OCCLUDE VENOUS	No prior authorization required		
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	No prior authorization required		
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	No prior authorization required		
37244	VASC EMBOLIZE/OCCLUDE BLEED	No prior authorization required		
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	No prior authorization required		
37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	No prior authorization required		
37248	TRLUML BALO ANGIOP 1ST VEIN	No prior authorization required		

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37249	TRLUML BALO ANGIOP ADDL VEIN	No prior authorization required		
37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	No prior authorization required		
37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	No prior authorization required		
37254	Revsc evasc ivt angio sf 1st	No prior authorization required		
37255	Revsc evasc ivt angio sf ea	No prior authorization required		
37256	Revsc evasc ivt angio cplx 1	No prior authorization required		
37257	Revsc evsc ivt angio cplx ea	No prior authorization required		
37258	Revsc evasc ivt stent sf 1st	No prior authorization required		
37259	Revsc evasc ivt stent sf ea	No prior authorization required		
37260	Revsc evasc ivt st cplx 1st	No prior authorization required		
37261	Revsc evasc ivt st cplx ea	No prior authorization required		
37262	Iv lithotrp ivt w/in sm art	No prior authorization required		
37263	Revsc evasc fpvt angio sf 1	No prior authorization required		
37264	Revsc evasc fpvt angio sf ea	No prior authorization required		
37265	Revsc evsc fpvt angio cplx 1	No prior authorization required		
37266	Rvsc evsc fpvt angio cplx ea	No prior authorization required		
37267	Revsc evsc fpvt stent sf 1st	No prior authorization required		
37268	Revsc evasc fpvt stent sf ea	No prior authorization required		
37269	Revsc evasc fpvt st cplx 1st	No prior authorization required		
37270	Revsc evasc fpvt st cplx ea	No prior authorization required		
37271	Revsc evsc fpvt athrc sf 1st	No prior authorization required		
37272	Revsc evsc fpvt athrc sf ea	No prior authorization required		
37273	Revsc evsc fpvt athrc cplx 1	No prior authorization required		
37274	Rvsc evsc fpvt athrc cplx ea	No prior authorization required		
37275	Rvsc evsc fpvt st athrc sf 1	No prior authorization required		
37276	Rvsc evsc fpvt st athr sf ea	No prior authorization required		
37277	Rvsc evsc fpvt st athr cpx 1	No prior authorization required		
37278	Rvsc evsc fpvt st ath cpx ea	No prior authorization required		
37279	Iv lithotrp fpvt w/in sm art	No prior authorization required		
37280	Revsc evsc tpvt angio sf 1st	No prior authorization required		

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37281	Revsc evsc tpvt angio sf ea	No prior authorization required		
37282	Rvsc evsc tpvt angio cplx 1	No prior authorization required		
37283	Rvsc evsc tpvt angio cplx ea	No prior authorization required		
37284	Revsc evasc tpvt st sf 1st	No prior authorization required		
37285	Revsc evasc tpvt st sf ea	No prior authorization required		
37286	Revsc evasc tpvt st cplx 1st	No prior authorization required		
37287	Revsc evasc tpvt st cplx ea	No prior authorization required		
37288	Revsc evsc tpvt athrc sf 1st	No prior authorization required		
37289	Revsc evsc tpvt athrc sf ea	No prior authorization required		
37290	Revsc evsc tpvt athrc cplx 1	No prior authorization required		
37291	Revsc evsc tpvt athr cplx ea	No prior authorization required		
37292	Rvsc evsc tpvt st athrc sf 1	No prior authorization required		
37293	Rvsc evsc tpvt st athr sf ea	No prior authorization required		
37294	Rvsc evsc tpvt st athr cpx 1	No prior authorization required		
37295	Rvsc evsc tpvt st ath cpx ea	No prior authorization required		
37296	Revsc evasc imvt angio sf 1	No prior authorization required		
37297	Revsc evasc imvt angio sf ea	No prior authorization required		
37298	Revsc evsc imvt angio cplx 1	No prior authorization required		
37299	Revsc evsc imvt angio cpx ea	No prior authorization required		
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	No prior authorization required		termed 12/31/2025
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	No prior authorization required		
37565	LIGATION INTERNAL JUGULAR VEIN	No prior authorization required		
37600	LIGATION EXTERNAL CAROTID ARTERY	No prior authorization required		
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	No prior authorization required		
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	No prior authorization required		
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	No prior authorization required		
37609	LIGATION/BIOPSY TEMPORAL ARTERY	No prior authorization required		
37615	LIGATION MAJOR ARTERY NECK	No prior authorization required		
37616	LIGATION MAJOR ARTERY CHEST	No prior authorization required		

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37617	LIGATION MAJOR ARTERY ABDOMEN	No prior authorization required		
37618	LIGATION MAJOR ARTERY EXTREMITY	No prior authorization required		
37619	LIGATION OF INFERIOR VENA CAVA	No prior authorization required		
37650	LIGATION OF FEMORAL VEIN	No prior authorization required		
37660	LIGATION OF COMMON ILIAC VEIN	No prior authorization required		
37700	REVISE LEG VEIN	Yes, prior authorization required		
37718	LIGATE/STRIP SHORT LEG V	Yes, prior authorization required		
37722	LIGATE/STRIP LONG LEG VE	Yes, prior authorization required		
37735	REMOVAL OF LEG VEINS/LES	Yes, prior authorization required		
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Yes, prior authorization required		
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Yes, prior authorization required		
37765	STAB PHLEB VEINS XTR 10-	Yes, prior authorization required		
37766	PHLEB VEINS EXTREM 20+	Yes, prior authorization required		
37780	REVISION OF LEG VEIN	Yes, prior authorization required		
37785	LIGATE/DIVIDE/EXCISE VEI	Yes, prior authorization required		
37788	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	No prior authorization required		
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	No prior authorization required		
37799	VASCULAR SURGERY PROCEDU	Yes, prior authorization required		
38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	No prior authorization required		
38101	SPLENECTOMY PARTIAL SEPARATE PROCEDURE	No prior authorization required		
38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	No prior authorization required		
38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	No prior authorization required		
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	No prior authorization required		
38129	LAPAROSCOPE PROC SPLEEN	Yes, prior authorization required		
38200	INJECTION PROCEDURE SPLENOPORTOGRAPY	No prior authorization required		
38204	BL DONOR SEARCH MANAGEME	Yes, prior authorization required		
38205	HARVEST ALLOGENEIC STEM	Yes, prior authorization required		
38206	HARVEST AUTO STEM CELLS	Yes, prior authorization required		
38207	CRYOPRESERVE STEM CELLS	Yes, prior authorization required		
38208	THAW PRESERVED STEM CELLS	Yes, prior authorization required		

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38209	WASH HARVEST STEM CELLS	Yes, prior authorization required		
38210	T-CELL DEPLETION OF HARV	Yes, prior authorization required		
38211	TUMOR CELL DEPLETE OF HA	Yes, prior authorization required		
38212	RBC DEPLETION OF HARVEST	Yes, prior authorization required		
38213	PLATELET DEPLETE OF HARV	Yes, prior authorization required		
38214	VOLUME DEPLETE OF HARVES	Yes, prior authorization required		
38215	HARVEST STEM CELL CONCEN	Yes, prior authorization required		
38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	No prior authorization required		
38221	DIAGNOSTIC BONE MARROW BIOPSIES	No prior authorization required		
38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	No prior authorization required		
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Yes, prior authorization required		
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Yes, prior authorization required		
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Yes, prior authorization required		
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Yes, prior authorization required		
38230	BONE MARROW HARVEST ALLO	Yes, prior authorization required		
38232	BONE MARROW HARVEST AUTO	Yes, prior authorization required		
38240	BN MARROW/STM TRANSPLT A	Yes, prior authorization required		
38241	BN MARROW/STM TRANSPLT A	Yes, prior authorization required		
38242	LYMPHOCYTE INFUSE TRANSPLANT	Yes, prior authorization required		
38243	TRANSPLJ HEMATOPOIETIC B	Yes, prior authorization required		
38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	No prior authorization required		
38305	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	No prior authorization required		
38308	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	No prior authorization required		
38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	No prior authorization required		
38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	No prior authorization required		
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	No prior authorization required		
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	No prior authorization required		
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	No prior authorization required		
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	No prior authorization required		
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	No prior authorization required		
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	No prior authorization required		
38531	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	No prior authorization required		
38542	DISSECTION DEEP JUGULAR NODE	No prior authorization required		
38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	No prior authorization required		
38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	No prior authorization required		
38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	No prior authorization required		
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	No prior authorization required		
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	No prior authorization required		
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	No prior authorization required		
38572	LAPS BI TOT PEL LMPHADEC&PRI-AORTIC LYMPH BX 1	No prior authorization required		
38573	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	No prior authorization required		
38589	LAPAROSCOPE PROC LYMPHAT	Yes, prior authorization required		
38700	SUPRAHYOID LYMPHADENECTOMY	No prior authorization required		
38720	CERVICAL LYMPHADENECTOMY	No prior authorization required		
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	No prior authorization required		
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	No prior authorization required		
38745	AXILLARY LYMPHADENECTOMY COMPLETE	No prior authorization required		
38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	No prior authorization required		
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	No prior authorization required		
38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	No prior authorization required		
38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	No prior authorization required		
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	No prior authorization required		
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	No prior authorization required		
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	No prior authorization required		

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38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	No prior authorization required		
38794	CANNULATION THORACIC DUCT	No prior authorization required		
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	No prior authorization required		
38999	BLOOD/LYMPH SYSTEM PROCE	Yes, prior authorization required		
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	No prior authorization required		
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	No prior authorization required		
39200	RESECTION OF MEDIASTINAL CYST	No prior authorization required		
39220	RESECTION MEDIASTINAL TUMOR	No prior authorization required		
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	No prior authorization required		
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	No prior authorization required		
39499	UNLISTED PROCEDURE MEDIASTINUM	No prior authorization required		
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	No prior authorization required		
39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	No prior authorization required		
39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	No prior authorization required		
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	No prior authorization required		
39545	IMBRICATION DIAPHRAGM EVENTRATION	No prior authorization required		
39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	No prior authorization required		
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	No prior authorization required		
39599	DIAPHRAGM SURGERY PROCED	Yes, prior authorization required		
40490	BIOPSY OF LIP	No prior authorization required		
40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	Yes, prior authorization required		
40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	Yes, prior authorization required		
40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	Yes, prior authorization required		
40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	Yes, prior authorization required		
40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	Yes, prior authorization required		
40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	Yes, prior authorization required		
40650	REPAIR LIP FULL THICKNESS VERMILION ONLY	No prior authorization required		
40652	REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	No prior authorization required		
40654	RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	No prior authorization required		
40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	Yes, prior authorization required		

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40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	Yes, prior authorization required		
40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	Yes, prior authorization required		
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	Yes, prior authorization required		
40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	Yes, prior authorization required		
40799	LIP SURGERY PROCEDURE	Yes, prior authorization required		
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	No prior authorization required		
40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	No prior authorization required		
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	No prior authorization required		
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	No prior authorization required		
40806	INCISION LABIAL FRENUM FRENOTOMY	Yes, prior authorization required		
40808	BIOPSY VESTIBULE MOUTH	No prior authorization required		
40810	EXC LES MUCOSA&SBMCSL VESTIBULE MOUTH W/O RPR	No prior authorization required		
40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	No prior authorization required		
40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	No prior authorization required		
40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	No prior authorization required		
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	No prior authorization required		
40819	EXC FRENUM LABIAL/BUCCAL	Yes, prior authorization required		
40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	No prior authorization required		
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	No prior authorization required		
40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	No prior authorization required		
40840	VESTIBULOPLASTY ANTERIOR	No prior authorization required		
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	No prior authorization required		
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	No prior authorization required		
40844	VESTIBULOPLASTY ENTIRE ARCH	No prior authorization required		
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	No prior authorization required		
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	No prior authorization required		
41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL	No prior authorization required		
41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	No prior authorization required		
41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	No prior authorization required		
41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	No prior authorization required		

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41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	No prior authorization required		
41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	No prior authorization required		
41010	INCISION LINGUAL FRENUM FRENOTOMY	No prior authorization required		
41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	No prior authorization required		
41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	No prior authorization required		
41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	No prior authorization required		
41018	XTRORAL I&D FLOOR MASTICATOR SPACE	No prior authorization required		
41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	No prior authorization required		
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	No prior authorization required		
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	No prior authorization required		
41108	BIOPSY FLOOR MOUTH	No prior authorization required		
41110	EXCISION LESION TONGUE W/O CLOSURE	No prior authorization required		
41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	No prior authorization required		
41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	No prior authorization required		
41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	No prior authorization required		
41115	EXCISION LINGUAL FRENUM FRENECTOMY	No prior authorization required		
41116	EXCISION LESION FLOOR MOUTH	No prior authorization required		
41120	GLOSSECTOMY < ONE-HALF TONGUE	No prior authorization required		
41130	GLOSSECTOMY HEMIGLOSSECTOMY	No prior authorization required		
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	No prior authorization required		
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	No prior authorization required		
41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	No prior authorization required		
41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	No prior authorization required		
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	No prior authorization required		
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	No prior authorization required		
41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	No prior authorization required		
41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	No prior authorization required		
41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	No prior authorization required		
41510	SUTURE TONGUE LIP MICROGNATHIA	No prior authorization required		
41512	TONGUE SUSPENSION]	Yes, prior authorization required		

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41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	No prior authorization required		
41530	TONGUE BASE VOL REDUCTIO	Yes, prior authorization required		
41599	TONGUE AND MOUTH SURGERY	Yes, prior authorization required		
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	No prior authorization required		
41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	No prior authorization required		
41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	No prior authorization required		
41820	EXCISION GUM EACH QUADRA	Yes, prior authorization required		
41821	OPRCULECTOMY EXC PRICORONAL TISSUE	No prior authorization required		
41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	No prior authorization required		
41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	No prior authorization required		
41825	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	No prior authorization required		
41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	No prior authorization required		
41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	No prior authorization required		
41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	No prior authorization required		
41830	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	No prior authorization required		
41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	No prior authorization required		
41870	PERIODONTAL MUCOSAL GRAFTING	No prior authorization required		
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	No prior authorization required		
41874	REPAIR TOOTH SOCKET	Yes, prior authorization required		
41899	DENTAL SURGERY PROCEDURE	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	when requested under the medical benefit	
42000	DRAINAGE ABSCESS PALATE UVULA	No prior authorization required		
42100	BIOPSY PALATE UVULA	No prior authorization required		
42104	EXC LESION PALATE UVULA W/O CLOSURE	No prior authorization required		
42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	No prior authorization required		
42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	No prior authorization required		
42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	No prior authorization required		
42140	EXCISION OF UVULA	Yes, prior authorization required		
42145	REPAIR PALATE PHARYNX/UV	Yes, prior authorization required		

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42160	TREATMENT MOUTH ROOF LES	Yes, prior authorization required		
42180	REPAIR LACERATION PALATE <2 CM	No prior authorization required		
42182	REPAIR LACERATION PALATE >2 CM/COMPLEX	No prior authorization required		
42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	Yes, prior authorization required		
42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	Yes, prior authorization required		
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	Yes, prior authorization required		
42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	Yes, prior authorization required		
42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	Yes, prior authorization required		
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	Yes, prior authorization required		
42226	LENGTHENING PALATE & PHARYNGEAL FLAP	Yes, prior authorization required		
42227	LENGTHENING PALATE W/ISLAND FLAP	Yes, prior authorization required		
42235	REPAIR ANTERIOR PALATE W/VOMER FLAP	Yes, prior authorization required		
42260	REPAIR NASOLABIAL FISTULA	Yes, prior authorization required		
42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	Yes, prior authorization required		
42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	Yes, prior authorization required		
42299	PALATE/UVULA SURGERY	Yes, prior authorization required		
42300	DRAINAGE ABSCESS PAROTID SIMPLE	No prior authorization required		
42305	DRAINAGE ABSCESS PAROTID COMPLICATED	No prior authorization required		
42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	No prior authorization required		
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	No prior authorization required		
42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	No prior authorization required		
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	No prior authorization required		
42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	No prior authorization required		
42400	BIOPSY SALIVARY GLAND NEEDLE	No prior authorization required		
42405	BIOPSY SALIVARY GLAND INCISIONAL	No prior authorization required		
42408	EXC SUBLINGUAL SALIVARY CYST RANULA	No prior authorization required		
42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	No prior authorization required		
42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	No prior authorization required		
42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	No prior authorization required		
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	No prior authorization required		

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42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	No prior authorization required		
42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	No prior authorization required		
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	No prior authorization required		
42450	EXISION OF SUBLINGUAL GLAND	No prior authorization required		
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	No prior authorization required		
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	No prior authorization required		
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	No prior authorization required		
42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	No prior authorization required		
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	No prior authorization required		
42550	INJECTION PROCEDURE SIALOGRAPHY	No prior authorization required		
42600	CLOSURE SALIVARY FISTULA	No prior authorization required		
42650	DILATION SALIVARY DUCT	No prior authorization required		
42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	No prior authorization required		
42665	LIGATION SALIVARY DUCT INTRAORAL	No prior authorization required		
42699	SALIVARY SURGERY PROCEDU	Yes, prior authorization required		
42700	I&D ABSCESS PERITONSILLAR	No prior authorization required		
42720	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	No prior authorization required		
42725	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	No prior authorization required		
42800	BIOPSY OROPHARYNX	No prior authorization required		
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	No prior authorization required		
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	No prior authorization required		
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	No prior authorization required		
42809	REMOVAL FOREIGN BODY PHARYNX	No prior authorization required		
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	No prior authorization required		
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	No prior authorization required		
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	No prior authorization required		
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	No prior authorization required		
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	No prior authorization required		
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	No prior authorization required		
42830	ADENOIDECTOMY PRIMARY <AGE 12	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
42831	ADENOIDECTOMY PRIMARY AGE 12/>	No prior authorization required		
42835	ADENOIDECTOMY SECONDARY<AGE 12	No prior authorization required		
42836	ADENOIDECTOMY SECONDARY AGE 12/>	No prior authorization required		
42842	RADICAL RESECTION TONSIL W/O CLOSURE	No prior authorization required		
42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	No prior authorization required		
42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	No prior authorization required		
42860	EXCISION TONSIL TAGS	No prior authorization required		
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	No prior authorization required		
42890	LIMITED PHARYNGECTOMY	No prior authorization required		
42892	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	No prior authorization required		
42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	No prior authorization required		
42900	SUTURE PHARYNX WOUND/INJURY	No prior authorization required		
42950	RECONSTRUCTION OF THROAT	Yes, prior authorization required		
42953	PHARYNGOESOPHAGEAL REPAIR	No prior authorization required		
42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	No prior authorization required		
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	No prior authorization required		
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	No prior authorization required		
42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	No prior authorization required		
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	No prior authorization required		
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	No prior authorization required		
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	No prior authorization required		
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	No prior authorization required		
42999	THROAT SURGERY PROCEDURE	Yes, prior authorization required		
43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	No prior authorization required		
43030	CRICOPHARYNGEAL MYOTOMY	No prior authorization required		
43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	No prior authorization required		
43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	No prior authorization required		
43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	No prior authorization required		

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43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	No prior authorization required		
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	No prior authorization required		
43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	No prior authorization required		
43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	No prior authorization required		
43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	No prior authorization required		
43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	No prior authorization required		
43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	No prior authorization required		
43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	No prior authorization required		
43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	No prior authorization required		
43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	No prior authorization required		
43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	No prior authorization required		
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	No prior authorization required		
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	No prior authorization required		
43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	No prior authorization required		
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	No prior authorization required		
43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	No prior authorization required		
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	No prior authorization required		
43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	No prior authorization required		
43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	No prior authorization required		
43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	No prior authorization required		
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	No prior authorization required		
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	No prior authorization required		
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	No prior authorization required		
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	No prior authorization required		
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	No prior authorization required		
43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	No prior authorization required		
43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	No prior authorization required		
43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	No prior authorization required		
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	No prior authorization required		
43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	No prior authorization required		
43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	No prior authorization required		
43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	No prior authorization required		
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	No prior authorization required		
43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	No prior authorization required		
43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	No prior authorization required		
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	No prior authorization required		
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	No prior authorization required		
43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	No prior authorization required		
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	No prior authorization required		
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	No prior authorization required		
43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	No prior authorization required		
43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	No prior authorization required		
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	No prior authorization required		
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	No prior authorization required		
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	No prior authorization required		
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	No prior authorization required		
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	No prior authorization required		
43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	No prior authorization required		
43241	UPPER GI ENDOSCOPY WITH	No prior authorization required		
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	No prior authorization required		
43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	No prior authorization required		
43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	No prior authorization required		
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	No prior authorization required		
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	No prior authorization required		
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	No prior authorization required		
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	No prior authorization required		
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	No prior authorization required		
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	No prior authorization required		
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	No prior authorization required		
43253	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	No prior authorization required		
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	No prior authorization required		
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	No prior authorization required		
43257	UPPR GI SCOPE W/THRML TX	No prior authorization required		
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	No prior authorization required		
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	No prior authorization required		
43261	ERCP W/BIOPSY SINGLE/MULTIPLE	No prior authorization required		
43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	No prior authorization required		
43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	No prior authorization required		
43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	No prior authorization required		
43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	No prior authorization required		
43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	No prior authorization required		
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	No prior authorization required		
43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	No prior authorization required		
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	No prior authorization required		
43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	No prior authorization required		
43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	No prior authorization required		
43277	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	No prior authorization required		
43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	No prior authorization required		
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	No prior authorization required		
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	No prior authorization required		
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	No prior authorization required		
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	No prior authorization required		
43283	LAPS ESOPHAGEAL LENGTHENING ADDL	No prior authorization required		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	No prior authorization required		
43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	No prior authorization required		
43286	ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	No prior authorization required		
43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	No prior authorization required		
43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	No prior authorization required		

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43289	LAPAROSCOPE PROC ESOPH	Yes, prior authorization required		
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	No prior authorization required		
43291	EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO	No prior authorization required		
43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	No prior authorization required		
43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	No prior authorization required		
43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	No prior authorization required		
43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	No prior authorization required		
43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	No prior authorization required		
43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	No prior authorization required		
43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	No prior authorization required		
43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	No prior authorization required		
43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	No prior authorization required		
43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	No prior authorization required		
43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	No prior authorization required		
43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	No prior authorization required		
43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	No prior authorization required		
43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	No prior authorization required		
43334	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	No prior authorization required		
43335	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	No prior authorization required		
43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	No prior authorization required		
43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	No prior authorization required		
43338	ESOPHAGUS LENGTHENING	No prior authorization required		
43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	No prior authorization required		
43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	No prior authorization required		
43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	No prior authorization required		
43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	No prior authorization required		
43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	No prior authorization required		
43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	No prior authorization required		
43400	LIGATION DIRECT ESOPHAGEAL VARICES	No prior authorization required		

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43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	No prior authorization required		
43410	SUTR ESOPHGL WND/INJ CRV APPR	No prior authorization required		
43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	No prior authorization required		
43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	No prior authorization required		
43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	No prior authorization required		
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	No prior authorization required		
43453	DILATION ESOPHAGUS GUIDE WIRE	No prior authorization required		
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	No prior authorization required		
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	No prior authorization required		
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	No prior authorization required		
43499	ESOPHAGUS SURGERY PROCED	No prior authorization required		
43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	No prior authorization required		
43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	No prior authorization required		
43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	No prior authorization required		
43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	No prior authorization required		
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	No prior authorization required		
43605	BIOPSY STOMACH LAPAROTOMY	No prior authorization required		
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	No prior authorization required		
43611	EXC LOCAL MALIGNANT TUMOR STOMACH	No prior authorization required		
43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	No prior authorization required		
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	No prior authorization required		
43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	No prior authorization required		
43631	REMOVAL OF STOMACH PARTI	Yes, prior authorization required		
43632	REMOVAL OF STOMACH PARTI	Yes, prior authorization required		
43633	REMOVAL OF STOMACH PARTI	Yes, prior authorization required		
43634	REMOVAL OF STOMACH PARTI	Yes, prior authorization required		
43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	No prior authorization required		
43640	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	No prior authorization required		
43641	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	No prior authorization required		

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43644	LAP GASTRIC BYPASS/ROUX-	Yes, prior authorization required		
43645	LAP GASTR BYPASS INCL SM	Yes, prior authorization required		
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	No prior authorization required		
43648	LAP REVISE/REMV ELTRD AN	Yes, prior authorization required		
43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	No prior authorization required		
43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	No prior authorization required		
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	No prior authorization required		
43659	LAPAROSCOPE PROC STOM	Yes, prior authorization required		
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	No prior authorization required		
43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	No prior authorization required		
43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	No prior authorization required		
43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	No prior authorization required		
43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	No prior authorization required		
43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	No prior authorization required		
43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	No prior authorization required		
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	No prior authorization required		
43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	No prior authorization required		
43770	LAP, PLACE GASTR ADJUST	Yes, prior authorization required		
43771	LAP, REVISE ADJUST GAST	Yes, prior authorization required		
43772	LAP, REMOVE ADJUST GAST	Yes, prior authorization required		
43773	LAP, CHANGE ADJUST GAST	Yes, prior authorization required		
43774	LAP REMOV ADJ GAST BAND/	Yes, prior authorization required		
43775	LAP SLEEVE GASTRECTOMY	Yes, prior authorization required		
43800	PYLOROPLASTY	No prior authorization required		
43810	GASTRODUODENOSTOMY	No prior authorization required		
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	No prior authorization required		
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	No prior authorization required		
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	No prior authorization required		
43831	GASTROSTOMY OPN NEONATAL FEEDING	No prior authorization required		
43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	No prior authorization required		

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43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	No prior authorization required		
43842	V-BAND GASTROPLASTY	Yes, prior authorization required		
43843	GASTROPLASTY W/O V-BAND	Yes, prior authorization required		
43845	GASTROPLASTY DUODENAL SW	Yes, prior authorization required		
43846	GASTRIC BYPASS FOR OBESI	Yes, prior authorization required		
43847	GASTRIC BYPASS INCL SMAL	Yes, prior authorization required		
43848	REVISION GASTROPLASTY	Yes, prior authorization required		
43860	REVISE STOMACH-BOWEL FUS	Yes, prior authorization required		
43865	REVISE STOMACH-BOWEL FUS	Yes, prior authorization required		
43870	CLOSURE GASTROSTOMY SURG	No prior authorization required		
43880	CLOSURE GASTROCOLIC FISTULA	No prior authorization required		
43881	IMPL/REDO ELECTRD ANTRUM	Yes, prior authorization required		
43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	No prior authorization required		
43886	REVISE GASTRIC PORT OPEN	Yes, prior authorization required		
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Yes, prior authorization required		
43888	CHANGE GASTRIC PORT OPEN	Yes, prior authorization required		
43889	Gstr rstcv px trnsorl esg	Yes, prior authorization required		
43999	STOMACH SURGERY PROCEDUR	Yes, prior authorization required		
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	No prior authorization required		
44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	No prior authorization required		
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	No prior authorization required		
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	No prior authorization required		
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	No prior authorization required		
44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	No prior authorization required		
44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	No prior authorization required		
44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	No prior authorization required		
44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	No prior authorization required		
44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	No prior authorization required		
44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	No prior authorization required		
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ&ANAST	No prior authorization required		

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44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	No prior authorization required		
44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	No prior authorization required		
44126	ENTRC RESCJ ATRESIA RESCJ&ANAST W/O TAPRING	No prior authorization required		
44127	ENTRC RESCJ ATRESIA RESCJ&ANAST SGM W/TAPRING	No prior authorization required		
44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	No prior authorization required		
44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	No prior authorization required		
44132	ENTERECTOMY CADAVER DONO	Yes, prior authorization required		
44133	ENTERECTOMY LIVE DONOR	Yes, prior authorization required		
44135	INTESTINE TRANSPLNT CADA	Yes, prior authorization required		
44136	INTESTINE TRANSPLANT LIV	Yes, prior authorization required		
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Yes, prior authorization required		
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	No prior authorization required		
44140	COLECTOMY PARTIAL W/ANASTOMOSIS	No prior authorization required		
44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	No prior authorization required		
44143	COLECTOMY PRTL W/END COLOSTOMY&CLSR DSTL SGMT	No prior authorization required		
44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	No prior authorization required		
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	No prior authorization required		
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	No prior authorization required		
44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	No prior authorization required		
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	No prior authorization required		
44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	No prior authorization required		
44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	No prior authorization required		
44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	No prior authorization required		
44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	No prior authorization required		
44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	No prior authorization required		
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	No prior authorization required		
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	No prior authorization required		
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	No prior authorization required		
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	No prior authorization required		
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	No prior authorization required		

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44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	No prior authorization required		
44203	LAPAROSCOPY SMALL INTESTINE RESCJ&ANASTOMOSIS	No prior authorization required		
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	No prior authorization required		
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	No prior authorization required		
44206	LAPS COLECTOMY PRTL W/END CLST&CLSR DSTL SGM	No prior authorization required		
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	No prior authorization required		
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	No prior authorization required		
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	No prior authorization required		
44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	No prior authorization required		
44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	No prior authorization required		
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	No prior authorization required		
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	No prior authorization required		
44238	LAPAROSCOPE PROC INTESTI	Yes, prior authorization required		
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	No prior authorization required		
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	No prior authorization required		
44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	No prior authorization required		
44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	No prior authorization required		
44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	No prior authorization required		
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	No prior authorization required		
44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	No prior authorization required		
44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	No prior authorization required		
44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	No prior authorization required		
44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	No prior authorization required		
44360	ENDOSCOPY UPPER SMALL INTESTINE	No prior authorization required		
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	No prior authorization required		
44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	No prior authorization required		
44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	No prior authorization required		
44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	No prior authorization required		
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	No prior authorization required		
44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	No prior authorization required		

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44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	No prior authorization required		
44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	No prior authorization required		
44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	No prior authorization required		
44376	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	No prior authorization required		
44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	No prior authorization required		
44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	No prior authorization required		
44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	No prior authorization required		
44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	No prior authorization required		
44381	ILEOSCOPY STOMA W/BALLOON DILATION	No prior authorization required		
44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	No prior authorization required		
44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	No prior authorization required		
44385	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	No prior authorization required		
44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	No prior authorization required		
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	No prior authorization required		
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	No prior authorization required		
44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	No prior authorization required		
44391	COLONOSCOPY STOMA CONTROL BLEEDING	No prior authorization required		
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	No prior authorization required		
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	No prior authorization required		
44401	COLONOSCOPY STOMA ABLATION LESION	No prior authorization required		
44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	No prior authorization required		
44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	No prior authorization required		
44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	No prior authorization required		
44405	COLONOSCOPY STOMA W/BALLOON DILATION	No prior authorization required		
44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	No prior authorization required		
44407	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	No prior authorization required		
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	No prior authorization required		
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	No prior authorization required		
44602	ENTERORRHAPHY SINGLE PERFORATION	No prior authorization required		
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	No prior authorization required		

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44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	No prior authorization required		
44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	No prior authorization required		
44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	No prior authorization required		
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	No prior authorization required		
44625	CLSR NTRSTM LG/SM RESCJ&ANAST OTH/THN CLRCT	No prior authorization required		
44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	No prior authorization required		
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	No prior authorization required		
44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	No prior authorization required		
44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	No prior authorization required		
44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	No prior authorization required		
44680	INTESTINAL PLICATION SEPARATE PROCEDURE	No prior authorization required		
44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	No prior authorization required		
44701	INTRAOPERATIVE COLONIC LAVAGE	No prior authorization required		
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	No prior authorization required		
44715	PREPARE DONOR INTESTINE	Yes, prior authorization required		
44720	PREP DONOR INTESTINE/VEN	Yes, prior authorization required		
44721	PREP DONOR INTESTINE/ART	Yes, prior authorization required		
44799	UNLISTED PROCEDURE INTES	Yes, prior authorization required		
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	No prior authorization required		
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	No prior authorization required		
44850	SUTURE MESENTERY SEPARATE PROCEDURE	No prior authorization required		
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	No prior authorization required		
44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	No prior authorization required		
44950	APPENDECTOMY	No prior authorization required		
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	No prior authorization required		
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	No prior authorization required		
44970	LAPAROSCOPIC APPENDECTOMY	No prior authorization required		
44979	LAPAROSCOPE PROC APP	Yes, prior authorization required		
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	No prior authorization required		
45005	I&D SUBMUCOSAL ABSCESS RECTUM	No prior authorization required		

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45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	No prior authorization required		
45100	BX ANORECTAL WALL ANAL APPROACH	No prior authorization required		
45108	ANORECTAL MYOMECTOMY	No prior authorization required		
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	No prior authorization required		
45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	No prior authorization required		
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	No prior authorization required		
45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	No prior authorization required		
45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	No prior authorization required		
45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	No prior authorization required		
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	No prior authorization required		
45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	No prior authorization required		
45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	No prior authorization required		
45123	PRCTECT PRTL W/O ANAST PRNL APPR	No prior authorization required		
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	No prior authorization required		
45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	No prior authorization required		
45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	No prior authorization required		
45136	EXC ILEOANAL RSVR W/ILEOSTOMY	No prior authorization required		
45150	DIVISION STRICTURE RECTUM	No prior authorization required		
45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	No prior authorization required		
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	No prior authorization required		
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	No prior authorization required		
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	No prior authorization required		
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	No prior authorization required		
45303	PROCTOSGMDSC RIGID W/DILATION	No prior authorization required		
45305	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	No prior authorization required		
45307	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	No prior authorization required		
45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	No prior authorization required		
45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	No prior authorization required		
45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	No prior authorization required		
45317	PROCTOSGMDSC RIGID CONTROL BLEEDING	No prior authorization required		

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45320	PROCTOSGMDSC RIGID ABLATION LESION	No prior authorization required		
45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	No prior authorization required		
45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT	No prior authorization required		
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	No prior authorization required		
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	No prior authorization required		
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	No prior authorization required		
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	No prior authorization required		
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	No prior authorization required		
45335	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	No prior authorization required		
45337	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	No prior authorization required		
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	No prior authorization required		
45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	No prior authorization required		
45341	SIGMOIDOSCOPY FLX NDSC US XM	No prior authorization required		
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	No prior authorization required		
45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	No prior authorization required		
45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	No prior authorization required		
45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	No prior authorization required		
45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	No prior authorization required		
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	No prior authorization required		
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	No prior authorization required		
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	No prior authorization required		
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	No prior authorization required		
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	No prior authorization required		
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	No prior authorization required		
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	No prior authorization required		
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	No prior authorization required		
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	No prior authorization required		
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	No prior authorization required		
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	No prior authorization required		
45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	No prior authorization required		

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45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	No prior authorization required		
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	No prior authorization required		
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	No prior authorization required		
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	No prior authorization required		
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	No prior authorization required		
45399	UNLISTED PROCEDURE COLON	Yes, prior authorization required		
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	No prior authorization required		
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	No prior authorization required		
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	No prior authorization required		
45500	PROCTOPLASTY STENOSIS	No prior authorization required		
45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	No prior authorization required		
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	No prior authorization required		
45540	PROCTOPEXY ABDOMINAL APPROACH	No prior authorization required		
45541	PROCTOPEXY PERINEAL APPROACH	No prior authorization required		
45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	No prior authorization required		
45560	REPAIR RECTOCELE SEPARATE PROCEDURE	No prior authorization required		
45562	EXPL RPR&PRESACRAL DRG RECTAL INJURY	No prior authorization required		
45563	EXPL RPR&PRESACRAL DRG RECTAL INJ W/COLOSTOMY	No prior authorization required		
45800	CLOSURE RECTOVESICAL FISTULA	No prior authorization required		
45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	No prior authorization required		
45820	CLOSURE RECTOURETHRAL FISTULA	No prior authorization required		
45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	No prior authorization required		
45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	No prior authorization required		
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	No prior authorization required		
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	No prior authorization required		
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	No prior authorization required		
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	No prior authorization required		
45999	RECTUM SURGERY PROCEDURE	Yes, prior authorization required		
46020	PLACEMENT SETON	No prior authorization required		
46030	REMOVAL ANAL SETON OTHER MARKER	No prior authorization required		

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46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	No prior authorization required		
46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	No prior authorization required		
46050	I&D PERIANAL ABSCESS SUPERFICIAL	No prior authorization required		
46060	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	No prior authorization required		
46070	INCISION ANAL SEPTUM INFANT	No prior authorization required		
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	No prior authorization required		
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	No prior authorization required		
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	No prior authorization required		
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	No prior authorization required		
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	No prior authorization required		
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	No prior authorization required		
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	No prior authorization required		
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	No prior authorization required		
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	No prior authorization required		
46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	No prior authorization required		
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	No prior authorization required		
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	No prior authorization required		
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	No prior authorization required		
46270	SURG TX ANAL FISTULA SUBQ	No prior authorization required		
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	No prior authorization required		
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	No prior authorization required		
46285	SURG TX ANAL FISTULA 2ND STAGE	No prior authorization required		
46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP	No prior authorization required		
46320	EXC THROMBOSED HEMORRHOID XTRNL	No prior authorization required		
46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	No prior authorization required		
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	No prior authorization required		
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	No prior authorization required		
46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	No prior authorization required		
46604	ANOSCOPY W/DILATION	No prior authorization required		
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	No prior authorization required		

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46607	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	No prior authorization required		
46608	ANOSCOPY W/RMVL FOREIGN BODY	No prior authorization required		
46610	ANOSCOPY W/RMVL LESION CAUTERY	No prior authorization required		
46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	No prior authorization required		
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	No prior authorization required		
46614	ANOSCOPY CONTROL BLEEDING	No prior authorization required		
46615	ANOSCOPY ABLATION LESION	No prior authorization required		
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	No prior authorization required		
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	No prior authorization required		
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	No prior authorization required		
46707	REPAIR ANORECTAL FIST W/	Yes, prior authorization required		
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	No prior authorization required		
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	No prior authorization required		
46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	No prior authorization required		
46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	No prior authorization required		
46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	No prior authorization required		
46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	No prior authorization required		
46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	No prior authorization required		
46742	RPR HI IMPRF ANUS W/FSTL TABDL&SACROPRNL	No prior authorization required		
46744	RPR CLOACAL ANOMALY SACROPERINEAL	No prior authorization required		
46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	No prior authorization required		
46748	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL W/GRF	No prior authorization required		
46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	No prior authorization required		
46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	No prior authorization required		
46753	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	No prior authorization required		
46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	No prior authorization required		
46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	No prior authorization required		
46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	No prior authorization required		
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	No prior authorization required		
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION	No prior authorization required		

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46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	No prior authorization required		
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	No prior authorization required		
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	No prior authorization required		
46924	DSTRJ LESION ANUS EXTENSIVE	No prior authorization required		
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	No prior authorization required		
46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	No prior authorization required		
46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	No prior authorization required		
46945	INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	No prior authorization required		
46946	INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	No prior authorization required		
46947	HEMORRHOIDOPEXY STAPLING	No prior authorization required		
46948	INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	No prior authorization required		
46999	ANUS SURGERY PROCEDURE	Yes, prior authorization required		
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	No prior authorization required		
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	No prior authorization required		
47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	No prior authorization required		
47015	LAPT W/ASPIR&/NJX HEPATC PARASITIC CYST/ABSCESS	No prior authorization required		
47100	BIOPSY LIVER WEDGE	No prior authorization required		
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	No prior authorization required		
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	No prior authorization required		
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	No prior authorization required		
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	No prior authorization required		
47133	DONOR HEPATECTOMY CADAVER DONOR	Yes, prior authorization required		
47135	TRANSPLANTATION OF LIVER	Yes, prior authorization required		
47140	PARTIAL REMOVAL DONOR LI	Yes, prior authorization required		
47141	PARTIAL REMOVAL DONOR LI	Yes, prior authorization required		
47142	PARTIAL REMOVAL DONOR LI	Yes, prior authorization required		
47143	PREP DONOR LIVER WHOLE	Yes, prior authorization required		
47144	PREP DONOR LIVER 3-SEGME	Yes, prior authorization required		
47145	PREP DONOR LIVER LOBE SP	Yes, prior authorization required		
47146	PREP DONOR LIVER/VENOUS	Yes, prior authorization required		

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47147	PREP DONOR LIVER/ARTERIA	Yes, prior authorization required		
47300	MARSUPIALIZATION CST/ABSC LVR	No prior authorization required		
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	No prior authorization required		
47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ	No prior authorization required		
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	No prior authorization required		
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	No prior authorization required		
47370	LAPS SURG ABLTJ 1/> LVR TUM RF	No prior authorization required		
47371	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	No prior authorization required		
47379	LAPAROSCOPE PROCEDURE LI	No prior authorization required		
47380	ABLTJ OPN 1/> LVR TUM RF	No prior authorization required		
47381	ABLTJ OPN 1/> LVR TUM CRYOSURG	No prior authorization required		
47382	ABLTJ 1/> LVR TUM PRQ RF	No prior authorization required		
47383	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	No prior authorization required		
47384	Abltj ire liver 1+ tum perq	No prior authorization required		
47399	LIVER SURGERY PROCEDURE	Yes, prior authorization required		
47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	No prior authorization required		
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	No prior authorization required		
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	No prior authorization required		
47460	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	No prior authorization required		
47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	No prior authorization required		
47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	No prior authorization required		
47531	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	No prior authorization required		
47532	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	No prior authorization required		
47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	No prior authorization required		
47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	No prior authorization required		
47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	No prior authorization required		
47536	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	No prior authorization required		
47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	No prior authorization required		
47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	No prior authorization required		
47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	No prior authorization required		

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47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	No prior authorization required		
47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	No prior authorization required		
47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	No prior authorization required		
47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	No prior authorization required		
47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	No prior authorization required		
47550	BILIARY NDSC INTRAOPERATIVE	No prior authorization required		
47552	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	No prior authorization required		
47553	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	No prior authorization required		
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	No prior authorization required		
47555	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	No prior authorization required		
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	No prior authorization required		
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	No prior authorization required		
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	No prior authorization required		
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	No prior authorization required		
47570	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	No prior authorization required		
47579	LAPAROSCOPE PROC BILIARY	No prior authorization required		
47600	CHOLECYSTECTOMY	No prior authorization required		
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	No prior authorization required		
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	No prior authorization required		
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	No prior authorization required		
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	No prior authorization required		
47700	EXPL CONGENITAL ATRESIA BILE DUCTS	No prior authorization required		
47701	PORTOENETEROSTOMY	No prior authorization required		
47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	No prior authorization required		
47712	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	No prior authorization required		
47715	EXCISION CHOLEDOCHAL CYST	No prior authorization required		
47720	CHOLECYSTOENTEROSTOMY DIRECT	No prior authorization required		
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	No prior authorization required		
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	No prior authorization required		
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	No prior authorization required		

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47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	No prior authorization required		
47765	ANAST INTRAHEPATC DUCTS & GI TRACT	No prior authorization required		
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS&GI	No prior authorization required		
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS&GI	No prior authorization required		
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	No prior authorization required		
47801	PLACEMENT CHOLEDOCHAL STENT	No prior authorization required		
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	No prior authorization required		
47999	BILE TRACT SURGERY PROCE	Yes, prior authorization required		
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	No prior authorization required		
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	No prior authorization required		
48020	REMOVAL PANCREATIC CALCULUS	No prior authorization required		
48100	BIOPSY PANCREAS OPEN	No prior authorization required		
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	No prior authorization required		
48105	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	No prior authorization required		
48120	EXCISION LESION PANCREAS	No prior authorization required		
48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	No prior authorization required		
48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	No prior authorization required		
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	No prior authorization required		
48148	EXCISION AMPULLA VATER	No prior authorization required		
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	No prior authorization required		
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	No prior authorization required		
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	No prior authorization required		
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	No prior authorization required		
48155	PANCREATECTOMY TOTAL	No prior authorization required		
48160	PANCREAS REMOVAL/TRANSPL	Yes, prior authorization required		
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	No prior authorization required		
48500	MARSUPIALIZATION PANCREATIC CYST	No prior authorization required		
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	No prior authorization required		
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	No prior authorization required		
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	No prior authorization required		

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48545	PANCREATORRHAPHY INJURY	No prior authorization required		
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	No prior authorization required		
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	No prior authorization required		
48550	DONOR PANCREATECTOMY	Yes, prior authorization required		
48551	PREP DONOR PANCREAS	Yes, prior authorization required		
48552	PREP DONOR PANCREAS/VENO	Yes, prior authorization required		
48554	TRANSPL ALLOGRAFT PANCRE	Yes, prior authorization required		
48556	REMOVAL ALLOGRAFT PANCRE	Yes, prior authorization required		
48999	PANCREAS SURGERY PROCEDU	Yes, prior authorization required		
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	No prior authorization required		
49002	REOPENING RECENT LAPAROTOMY	No prior authorization required		
49010	EXPL RETROPERITONEUM W/WO BX SPX	No prior authorization required		
49013	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	No prior authorization required		
49014	REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	No prior authorization required		
49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	No prior authorization required		
49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	No prior authorization required		
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	No prior authorization required		
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	No prior authorization required		
49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	No prior authorization required		
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	No prior authorization required		
49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	No prior authorization required		
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	No prior authorization required		
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	No prior authorization required		
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	No prior authorization required		
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	No prior authorization required		

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49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	No prior authorization required		
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	No prior authorization required		
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	No prior authorization required		
49215	EXC PRESAC/SACROCOCCYGEAL TUMOR	No prior authorization required		
49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	No prior authorization required		
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	No prior authorization required		
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	No prior authorization required		
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	No prior authorization required		
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	No prior authorization required		
49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	No prior authorization required		
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	No prior authorization required		
49325	LAPS W/REVISION INTRAPERITONEAL CATHETER	No prior authorization required		
49326	LAPAROSCOPY W/OMENTOPEXY	No prior authorization required		
49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	No prior authorization required		
49329	LAPARO PROC ABDM/PER/OME	No prior authorization required		
49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	No prior authorization required		
49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	No prior authorization required		
49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	No prior authorization required		
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	No prior authorization required		
49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	No prior authorization required		
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	No prior authorization required		
49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	No prior authorization required		
49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	No prior authorization required		
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	No prior authorization required		

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49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	No prior authorization required		
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	No prior authorization required		
49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX	No prior authorization required		
49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	No prior authorization required		
49425	INSERTION PERITONEAL-VENOUS SHUNT	No prior authorization required		
49426	REVIS PERITONEAL-VENOUS SHUNT	No prior authorization required		
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	No prior authorization required		
49428	LIGATION PERITONEAL-VENOUS SHUNT	No prior authorization required		
49429	RMVL PERITONEAL-VENOUS SHUNT	No prior authorization required		
49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	No prior authorization required		
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	No prior authorization required		
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	No prior authorization required		
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	No prior authorization required		
49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	No prior authorization required		
49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	No prior authorization required		
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	No prior authorization required		
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	No prior authorization required		
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	No prior authorization required		
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	No prior authorization required		
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	No prior authorization required		
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	No prior authorization required		
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	No prior authorization required		
49495	RPR 1ST INGUN HRNA FULL TERM INFT<6 MO RDC	No prior authorization required		
49496	RPR 1ST INGUN HRNA FULL TERM INFT<6 MO INCARCER	No prior authorization required		
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	No prior authorization required		
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	No prior authorization required		
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	No prior authorization required		
49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	No prior authorization required		
49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	No prior authorization required		
49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	No prior authorization required		

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49525	RPR INGUN HERNIA SLIDING ANY AGE	No prior authorization required		
49540	REPAIR LUMBAR HERNIA	No prior authorization required		
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	No prior authorization required		
49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	No prior authorization required		
49555	RPR RECRT FEM HERNIA REDUCIBLE	No prior authorization required		
49557	RPR RECRT FEM HRNA INCARCERATED	No prior authorization required		
49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE	No prior authorization required		
49592	RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	No prior authorization required		
49593	RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	No prior authorization required		
49594	RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	No prior authorization required		
49595	RPR AA HERNIA 1ST > 10 CM REDUCIBLE	No prior authorization required		
49596	RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	No prior authorization required		
49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	No prior authorization required		
49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	No prior authorization required		
49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	No prior authorization required		
49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	No prior authorization required		
49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	No prior authorization required		
49613	RPR AA HERNIA RECR < 3 CM REDUCIBLE	No prior authorization required		
49614	RPR AA HERNIA RECR < 3 CM NCRC8/STRANGULATED	No prior authorization required		
49615	RPR AA HERNIA RECR 3-10 CM REDUCIBLE	No prior authorization required		
49616	RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED	No prior authorization required		
49617	RPR AA HERNIA RECR > 10 CM REDUCIBLE	No prior authorization required		
49618	RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	No prior authorization required		
49621	RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	No prior authorization required		
49622	RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED	No prior authorization required		
49623	RMVL NONINFCT MESH/PROSTH AA/PARASTOMAL HRNA RPR	No prior authorization required		
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	No prior authorization required		
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	No prior authorization required		
49659	LAPARO PROC HERNIA REPAI	No prior authorization required		
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	No prior authorization required		

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49904	OMENTAL FLAP EXTRA-ABDOMINAL	No prior authorization required		
49905	OMENTAL FLAP INTRA-ABDOMINAL	No prior authorization required		
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	No prior authorization required		
49999	ABDOMEN SURGERY PROCEDUR	Yes, prior authorization required		
50010	RNL EXPL X NECESSITATING OTH SPEC PX	No prior authorization required		
50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	No prior authorization required		
50040	NEPHROSTOMY NEPHROTOMY W/DRAINAGE	No prior authorization required		
50045	NEPHROTOMY W/EXPLORATION	No prior authorization required		
50060	NEPHROLITHOTOMY REMOVAL CALCULUS	No prior authorization required		
50065	NEPHROLITHOTOMY SECONDARY SURG OPERJ CALCULUS	No prior authorization required		
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	No prior authorization required		
50075	NEPHROLITHOTOMY RMVL LARGE STAGHORN CALCULUS	No prior authorization required		
50080	PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	No prior authorization required		
50081	PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	No prior authorization required		
50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSELS SPX	No prior authorization required		
50120	PYELOTOMY W/EXPLORATION	No prior authorization required		
50125	PYELOTOMY W/DRAINAGE PYELOSTOMY	No prior authorization required		
50130	PYELOTOMY WITH REMOVAL CALCULUS	No prior authorization required		
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	No prior authorization required		
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	No prior authorization required		
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	No prior authorization required		
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	No prior authorization required		
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	No prior authorization required		
50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	No prior authorization required		
50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	No prior authorization required		
50240	NEPHRECTOMY PARTIAL	No prior authorization required		
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	No prior authorization required		
50280	EXCISION/UNROOFING CYST KIDNEY	No prior authorization required		
50290	EXCISION PERINEPHRIC CYST	No prior authorization required		
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Yes, prior authorization required		

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50320	REMOVE KIDNEY LIVING DON	Yes, prior authorization required		
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Yes, prior authorization required		
50325	PREP DONOR RENAL GRAFT	Yes, prior authorization required		
50327	PREP RENAL GRAFT/VENOUS	Yes, prior authorization required		
50328	PREP RENAL GRAFT/ARTERIA	Yes, prior authorization required		
50329	PREP RENAL GRAFT/URETERA	Yes, prior authorization required		
50340	REMOVAL OF KIDNEY	Yes, prior authorization required		
50360	TRANSPLANTATION OF KIDNE	Yes, prior authorization required		
50365	TRANSPLANTATION OF KIDNE	Yes, prior authorization required		
50370	REMOVE TRANSPLANTED KIDN	Yes, prior authorization required		
50380	REIMPLANTATION OF KIDNEY	Yes, prior authorization required		
50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	No prior authorization required		
50384	REMOVAL INDWELLING URETERAL STENT PRQ	No prior authorization required		
50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	No prior authorization required		
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	No prior authorization required		
50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	No prior authorization required		
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	No prior authorization required		
50390	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	No prior authorization required		
50391	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	No prior authorization required		
50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	No prior authorization required		
50400	PYELOPLASTY SIMPLE	No prior authorization required		
50405	PYELOPLASTY COMPLICATED	No prior authorization required		
50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	No prior authorization required		
50431	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	No prior authorization required		
50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	No prior authorization required		
50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	No prior authorization required		
50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	No prior authorization required		
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	No prior authorization required		
50436	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	No prior authorization required		
50437	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	No prior authorization required		

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50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	No prior authorization required		
50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	No prior authorization required		
50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	No prior authorization required		
50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	No prior authorization required		
50540	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	No prior authorization required		
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	No prior authorization required		
50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	No prior authorization required		
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	No prior authorization required		
50544	LAPAROSCOPY SURG PYELOPLASTY	No prior authorization required		
50545	LAPAROSCOPY RADICAL NEPHRECTOMY	No prior authorization required		
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	No prior authorization required		
50547	LAPARO REMOVAL DONOR KID	Yes, prior authorization required		
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	No prior authorization required		
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	No prior authorization required		
50551	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	No prior authorization required		
50553	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	No prior authorization required		
50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	No prior authorization required		
50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	No prior authorization required		
50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	No prior authorization required		
50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	No prior authorization required		
50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	No prior authorization required		
50572	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	No prior authorization required		
50574	RENAL NDSC NEPHROTOMY W/BIOPSY	No prior authorization required		
50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	No prior authorization required		
50576	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	No prior authorization required		
50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	No prior authorization required		
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	No prior authorization required		
50592	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	No prior authorization required		
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	No prior authorization required		
50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	No prior authorization required		

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50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	No prior authorization required		
50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	No prior authorization required		
50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	No prior authorization required		
50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	No prior authorization required		
50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	No prior authorization required		
50650	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	No prior authorization required		
50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	No prior authorization required		
50684	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	No prior authorization required		
50686	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	No prior authorization required		
50688	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	No prior authorization required		
50690	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	No prior authorization required		
50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	No prior authorization required		
50694	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	No prior authorization required		
50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	No prior authorization required		
50700	URETEROPLASTY PLASTIC OPERATION URETER	No prior authorization required		
50705	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	No prior authorization required		
50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	No prior authorization required		
50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	No prior authorization required		
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	No prior authorization required		
50725	URTROLSS RETROCAVAL URTR W/REANAST	No prior authorization required		
50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	No prior authorization required		
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	No prior authorization required		
50740	URETEROPYELOSTOMY ANAST URETER RENAL PELVIS	No prior authorization required		
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	No prior authorization required		
50760	URETEROURETEROSTOMY	No prior authorization required		
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	No prior authorization required		
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	No prior authorization required		
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	No prior authorization required		
50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	No prior authorization required		
50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	No prior authorization required		

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50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	No prior authorization required		
50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	No prior authorization required		
50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	No prior authorization required		
50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	No prior authorization required		
50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	No prior authorization required		
50830	URINARY UNIDIVERSION	No prior authorization required		
50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	No prior authorization required		
50845	CUTANANEOUS APPENDICO-VESICOSTOMY	No prior authorization required		
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	No prior authorization required		
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	No prior authorization required		
50920	CLOSURE URETEROCUTANEOUS FISTULA	No prior authorization required		
50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	No prior authorization required		
50940	DELIGATION URETER	No prior authorization required		
50945	LAPAROSCOPY URTROLITHOTOMY	No prior authorization required		
50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	No prior authorization required		
50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	No prior authorization required		
50949	LAPAROSCOPE PROC URETER	No prior authorization required		
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	No prior authorization required		
50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	No prior authorization required		
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	No prior authorization required		
50957	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	No prior authorization required		
50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	No prior authorization required		
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	No prior authorization required		
50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	No prior authorization required		
50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	No prior authorization required		
50976	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	No prior authorization required		
50980	NDSC URETEROTOMY RMVL FB/CALCULUS	No prior authorization required		
51020	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	No prior authorization required		
51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	No prior authorization required		
51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	No prior authorization required		
51060	TRANSVESICAL URETROLITHOTOMY	No prior authorization required		
51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	No prior authorization required		
51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC	No prior authorization required		
51100	ASPIRATION BLADDER NEEDLE	No prior authorization required		
51101	ASPIRATION BLADDER TROCAR/INTRACATHETER	No prior authorization required		
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	No prior authorization required		
51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	No prior authorization required		
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	No prior authorization required		
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	No prior authorization required		
51530	CYSTOTOMY EXCISION BLADDER TUMOR	No prior authorization required		
51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	No prior authorization required		
51550	CYSTECTOMY PARTIAL SIMPLE	No prior authorization required		
51555	CYSTECTOMY PARTIAL COMPLICATED	No prior authorization required		
51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	No prior authorization required		
51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	No prior authorization required		
51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	No prior authorization required		
51580	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	No prior authorization required		
51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	No prior authorization required		
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	No prior authorization required		
51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	No prior authorization required		
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	No prior authorization required		
51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	No prior authorization required		
51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	No prior authorization required		
51605	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	No prior authorization required		
51610	NJX RETROGRADE URETHROCSTOGRAPY	No prior authorization required		
51700	BLDR IRRIGATION SMPL LAVAGE&/INSTLJ	No prior authorization required		
51701	INSJ NON-NDWELLG BLADDER CATHETER	No prior authorization required		
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	No prior authorization required		
51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	No prior authorization required		

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51705	CHANGE CYSTOSTOMY TUBE SIMPLE	No prior authorization required		
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	No prior authorization required		
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	No prior authorization required		
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	No prior authorization required		
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Yes, prior authorization required		
51725	SIMPLE CYSTOMETROGRAM	No prior authorization required		
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	No prior authorization required		
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	No prior authorization required		
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	No prior authorization required		
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	No prior authorization required		
51736	SIMPLE UROFLOMETRY	No prior authorization required		
51741	COMPLEX UROFLOMETRY	No prior authorization required		
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	No prior authorization required		
51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	No prior authorization required		
51792	STIMULUS EVOKED RESPONSE	No prior authorization required		
51797	VOID PRESSURE STUDIES INTRAABDOMINAL	No prior authorization required		
51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	No prior authorization required		
51800	CSTOPLASTY/CSTOURTP PLSTC ANY	No prior authorization required		
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	No prior authorization required		
51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	No prior authorization required		
51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	No prior authorization required		
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	No prior authorization required		
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	No prior authorization required		
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	No prior authorization required		
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	No prior authorization required		
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	No prior authorization required		
51920	CLOSURE VESICOUTERINE FISTULA	No prior authorization required		

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51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	No prior authorization required		
51940	CLOSURE EXSTROPHY BLADDER	No prior authorization required		
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	No prior authorization required		
51980	CUTANEOUS VESICOSTOMY	No prior authorization required		
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	No prior authorization required		
51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	No prior authorization required		
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	No prior authorization required		
52000	CYSTOURETHROSCOPY	No prior authorization required		
52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	No prior authorization required		
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	No prior authorization required		
52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	No prior authorization required		
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION	No prior authorization required		
52204	CYSTOURETHROSCOPY WITH BIOPSY	No prior authorization required		
52214	CYSTO W/DESTRUCTION OF LESIONS	No prior authorization required		
52224	CYSTO W/REMOVAL OF LESIONS SMALL	No prior authorization required		
52234	CYSTO W/REMOVAL OF TUMORS SMALL	No prior authorization required		
52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	No prior authorization required		
52240	CYSTOURETHROSCOPY W/DEST&/RMVL TUMOR LARGE	No prior authorization required		
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	No prior authorization required		
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	No prior authorization required		
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	No prior authorization required		
52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	No prior authorization required		
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	No prior authorization required		
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY	No prior authorization required		
52277	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	No prior authorization required		
52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	No prior authorization required		
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	No prior authorization required		
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	No prior authorization required		
52284	CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	No prior authorization required		
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	No prior authorization required		

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52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	No prior authorization required		
52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	No prior authorization required		
52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	No prior authorization required		
52301	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	No prior authorization required		
52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	No prior authorization required		
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	No prior authorization required		
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT	No prior authorization required		
52317	LITHOLAPAXY SMPL/SM < 2.5 CM	No prior authorization required		
52318	LITHOLAPAXY COMP/LG > 2.5 CM	No prior authorization required		
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	No prior authorization required		
52325	CYSTO FRAGMENTATION URETERAL STONE	No prior authorization required		
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL	No prior authorization required		
52330	CYSTO MANJ W/O RMVL URETERAL STONE	No prior authorization required		
52332	CYSTO W/INSERT URETERAL STENT	No prior authorization required		
52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	No prior authorization required		
52341	CYSTO W/TX URETERAL STRICTURE	No prior authorization required		
52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	No prior authorization required		
52343	CYSTO W/TX INTRA-RENAL STRICTURE	No prior authorization required		
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	No prior authorization required		
52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	No prior authorization required		
52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	No prior authorization required		
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	No prior authorization required		
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	No prior authorization required		
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	No prior authorization required		
52354	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	No prior authorization required		
52355	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	No prior authorization required		
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	No prior authorization required		
52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	No prior authorization required		
52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	No prior authorization required		
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Yes, prior authorization required		

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52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	Yes, prior authorization required		
52443	Cysto 1st trurl prst8 comis	Yes, prior authorization required		
52450	TRANSURETHRAL INCISION PROSTATE	No prior authorization required		
52500	TRANSURETHRAL RESECTION BLADDER NECK	No prior authorization required		
52597	Trurl rbtc wtrjt rescj prst8	No prior authorization required		
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	No prior authorization required		
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	No prior authorization required		
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	No prior authorization required		
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	No prior authorization required		termed 12/31/2025
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	No prior authorization required		
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	No prior authorization required		
52700	TRURL DRAINAGE PROSTATIC ABSCESS	No prior authorization required		termed 12/31/2025
53000	URTT/URTS XTRNL SPX PENDULOUS URETHRA	No prior authorization required		
53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	No prior authorization required		
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	No prior authorization required		
53025	MEATOTOMY CUTTING MEATUS SPX INFANT	No prior authorization required		
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	No prior authorization required		
53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	No prior authorization required		
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	No prior authorization required		
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	No prior authorization required		
53200	BIOPSY URETHRA	No prior authorization required		
53210	URETHRECTOMY TOT W/CYSTOST FEMALE	No prior authorization required		
53215	URETHRECTOMY TOT W/CYSTOST MALE	No prior authorization required		
53220	EXC/FULGURATION CARCINOMA URETHRA	No prior authorization required		
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	No prior authorization required		
53235	EXC URETHRAL DIVERTICULUM SPX MALE	No prior authorization required		
53240	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	No prior authorization required		
53250	EXCISION OF BULBOURETHRAL GLAND	No prior authorization required		

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53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	No prior authorization required		
53265	EXC/FULGURATION URETHRAL CARUNCLE	No prior authorization required		
53270	EXCISION OR FULGURATION SKENES GLANDS	No prior authorization required		
53275	EXCISION/FULGURATION URETHRAL PROLAPSE	No prior authorization required		
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	No prior authorization required		
53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	No prior authorization required		
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	No prior authorization required		
53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	No prior authorization required		
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	No prior authorization required		
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	No prior authorization required		
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	No prior authorization required		
53431	URTP W/TUBULARIZATION POST URT&/LWR BLDR	No prior authorization required		
53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	No prior authorization required		
53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE	No prior authorization required		
53444	INSERTION TANDEM CUFF	No prior authorization required		
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	No prior authorization required		
53446	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	No prior authorization required		
53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	No prior authorization required		
53448	RMVL&RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	No prior authorization required		
53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	No prior authorization required		
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	No prior authorization required		
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	No prior authorization required		
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	No prior authorization required		
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	No prior authorization required		
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	No prior authorization required		
53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	Yes, prior authorization required		

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53500	URETHROLSS TRVG SEC OPN W/CSTO	No prior authorization required		
53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	No prior authorization required		
53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	No prior authorization required		
53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	No prior authorization required		
53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	No prior authorization required		
53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	No prior authorization required		
53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	No prior authorization required		
53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	No prior authorization required		
53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	No prior authorization required		
53620	DILAT URETHRAL STRIX FILIFORM&FOLLWR MALE 1ST	No prior authorization required		
53621	DILAT URETHRAL STRIX FILIFORM&FOLLWR MALE SBSQ	No prior authorization required		
53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	No prior authorization required		
53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	No prior authorization required		
53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	No prior authorization required		
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	No prior authorization required		
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	No prior authorization required		
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	No prior authorization required		
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	No prior authorization required		
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	No prior authorization required		
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	No prior authorization required		
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	No prior authorization required		
53899	UROLOGY SURGERY PROCEDUR	Yes, prior authorization required		
54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	No prior authorization required		
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	No prior authorization required		
54015	I&D PENIS DEEP	No prior authorization required		
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	No prior authorization required		
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	No prior authorization required		
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	No prior authorization required		

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54057	DSTRJ LESION PENIS SIMPLE LASER	No prior authorization required		
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	No prior authorization required		
54065	DSTRJ LESION PENIS EXTENSIVE	No prior authorization required		
54100	BIOPSY PENIS SEPARATE PROCEDURE	No prior authorization required		
54105	BIOPSY PENIS DEEP STRUCTURES	No prior authorization required		
54110	EXCISION OF PENILE PLAQUE	No prior authorization required		
54111	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	No prior authorization required		
54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	No prior authorization required		
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	No prior authorization required		
54120	AMPUTATION PENIS PARTIAL	No prior authorization required		
54125	REMOVAL OF PENIS	Yes, prior authorization required		
54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	No prior authorization required		
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	No prior authorization required		
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	No prior authorization required		
54160	CIRCUMCISION NEONATE	No prior authorization required		
54161	CIRCUMCISION	No prior authorization required		
54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	No prior authorization required		
54163	REPAIR INCOMPLETE CIRCUMCISION	No prior authorization required		
54164	FRENULOTOMY PENIS	No prior authorization required		
54200	INJECTION PEYRONIE DISEASE	No prior authorization required		
54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	No prior authorization required		
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	No prior authorization required		
54230	INJECTION CORPORA CAVERNOSOGRAPY	No prior authorization required		
54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	No prior authorization required		
54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	No prior authorization required		
54240	PENILE PLETHYSMOGRAPHY	No prior authorization required		
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	No prior authorization required		
54300	PENIS STRAIGHTENING CHORDEE	No prior authorization required		
54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	No prior authorization required		
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR < 3 CM	No prior authorization required		

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54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	No prior authorization required		
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	No prior authorization required		
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	No prior authorization required		
54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	No prior authorization required		
54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	No prior authorization required		
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	No prior authorization required		
54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	No prior authorization required		
54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	No prior authorization required		
54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	No prior authorization required		
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	No prior authorization required		
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS&URTP	No prior authorization required		
54348	RPR HYPOSPADIAS COMPLCTJS DSJ&URTP FLAP/GRF	No prior authorization required		
54352	REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	No prior authorization required		
54360	PLASTIC RPR PENIS CORRECT ANGULATION	No prior authorization required		
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	No prior authorization required		
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	No prior authorization required		
54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	No prior authorization required		
54400	INSERT SEMI-RIGID PROSTH	Yes, prior authorization required		
54401	INSERT SELF-CONTD PROSTH	Yes, prior authorization required		
54405	INSERT MULTI-COMP PENIS	Yes, prior authorization required		
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	No prior authorization required		
54408	REPAIR MULTI-COMP PENIS	Yes, prior authorization required		
54410	REMOVE/REPLACE PENIS PRO	Yes, prior authorization required		
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	No prior authorization required		
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	No prior authorization required		
54416	REMV/REPL PENIS CONTAIN	Yes, prior authorization required		
54417	RMVL&RPLCMT PENILE PROSTHESIS INFECTED FIELD	No prior authorization required		
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	No prior authorization required		
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	No prior authorization required		
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	No prior authorization required		

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54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	No prior authorization required		
54440	PLASTIC OPERATION PENIS INJURY	No prior authorization required		
54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	No prior authorization required		
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	No prior authorization required		
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	No prior authorization required		
54512	EXC XTRPARENCHYMAL LESION TESTIS	No prior authorization required		
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	No prior authorization required		
54522	ORCHIECTOMY PARTIAL	No prior authorization required		
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	No prior authorization required		
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	No prior authorization required		
54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	No prior authorization required		
54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	No prior authorization required		
54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	No prior authorization required		
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	No prior authorization required		
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	No prior authorization required		
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	No prior authorization required		
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	No prior authorization required		
54670	SUTURE/REPAIR TESTICULAR INJURY	No prior authorization required		
54680	TRANSPLANTATION TESTIS TO THIGH	No prior authorization required		
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	No prior authorization required		
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	No prior authorization required		
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	No prior authorization required		
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	No prior authorization required		
54800	BIOPSY EPIDIDYMIS NEEDLE	No prior authorization required		
54830	EXCISION LOCAL LESION EPIDIDYMIS	No prior authorization required		
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	No prior authorization required		
54860	EPIDIDYMECTOMY UNILATERAL	No prior authorization required		
54861	EPIDIDYMECTOMY BILATERAL	No prior authorization required		
54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	No prior authorization required		
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	Yes, prior authorization required		
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	No prior authorization required		
55040	EXCISION HYDROCELE UNILATERAL	No prior authorization required		
55041	EXCISION HYDROCELE BILATERAL	No prior authorization required		
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	No prior authorization required		
55100	DRAINAGE SCROTAL WALL ABSCESS	No prior authorization required		
55110	SCROTAL EXPLORATION	No prior authorization required		
55120	REMOVAL FOREIGN BODY SCROTUM	No prior authorization required		
55150	RESECTION SCROTUM	No prior authorization required		
55175	SCROTOPLASTY SIMPLE	No prior authorization required		
55180	SCROTOPLASTY COMPLICATED	No prior authorization required		
55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	No prior authorization required		
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	No prior authorization required		
55300	VASOTOMY VASOGRAMS UNI/BI	No prior authorization required		
55400	VASOVASOSTOMY VASOVASORRHAPHY	Yes, prior authorization required		
55500	EXC HYDROCELE SPRMATIC CORD UNI SPX	No prior authorization required		
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	No prior authorization required		
55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	No prior authorization required		
55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	No prior authorization required		
55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	No prior authorization required		
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	No prior authorization required		
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	No prior authorization required		
55600	VESICULOTOMY	No prior authorization required		
55605	VESICULOTOMY COMPLICATED	No prior authorization required		
55650	VESICULECTOMY ANY APPROACH	No prior authorization required		
55680	EXCISION MULLERIAN DUCT CYST	No prior authorization required		
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	No prior authorization required		
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	No prior authorization required		
55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	No prior authorization required		
55707	Bx prst8 trct us guided	No prior authorization required		

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55708	Bx prst8 trct us w/mri fus 1	No prior authorization required		
55709	Bx prst8 tprnl us guided	No prior authorization required		
55710	Bx prst8 tprn us w/mri fus 1	No prior authorization required		
55711	Bx prst8 trct mri-us 1st	No prior authorization required		
55712	Bx prst8 tprnl mri-us 1st	No prior authorization required		
55713	Bx prst8 in-bore ct/mri bx 1	No prior authorization required		
55714	Bx prst8 in-bore ct/mri 1	No prior authorization required		
55715	Bx prst8 ea add mri-us/ct/mr	No prior authorization required		
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	No prior authorization required		
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	No prior authorization required		
55801	PROSTATECTOMY PERINEAL SUBTOTAL	No prior authorization required		
55810	PROSTATECTOMY PERINEAL RADICAL	No prior authorization required		
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	No prior authorization required		
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	No prior authorization required		
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	No prior authorization required		
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	No prior authorization required		
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	No prior authorization required		
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	No prior authorization required		
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	No prior authorization required		
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	No prior authorization required		
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	No prior authorization required		
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	No prior authorization required		
55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	No prior authorization required		
55867	LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	No prior authorization required		
55868	Lap srg prst8ct lymph nod bx	No prior authorization required		
55869	Lap srg prst8ct bi pl lmphad	No prior authorization required		
55870	ELECTROEJACULATION	No prior authorization required		
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	No prior authorization required		
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	Yes, prior authorization required		
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	Yes, prior authorization required		

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55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	No prior authorization required		
55877	Abltj ire prst8 1+ tum perq	No prior authorization required		
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes, prior authorization required		
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	No prior authorization required		
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	No prior authorization required		
55899	GENITAL SURGERY PROCEDUR	Yes, prior authorization required		
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	No prior authorization required		
55970	SEX TRANSFORMATION M TO	Yes, prior authorization required		
55980	SEX TRANSFORMATION F TO	Yes, prior authorization required		
56405	I&D VULVA/PERINEAL ABSCESS	No prior authorization required		
56420	I&D OF BARTHOLINS GLAND ABSCESS	No prior authorization required		
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	No prior authorization required		
56441	LYSIS LABIAL ADHESIONS	No prior authorization required		
56442	HYMENOTOMY SIMPLE INCISION	No prior authorization required		
56501	DESTRUCTION LESIONS VULVA SIMPLE	No prior authorization required		
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	No prior authorization required		
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	No prior authorization required		
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	No prior authorization required		
56620	PARTIAL REMOVAL OF VULVA	No prior authorization required		
56625	VULVECTOMY SIMPLE COMPLETE	No prior authorization required		
56630	VULVECTOMY RADICAL PARTIAL	No prior authorization required		
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	No prior authorization required		
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	No prior authorization required		

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56633	VULVECTOMY RADICAL COMPLETE	No prior authorization required		
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	No prior authorization required		
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	No prior authorization required		
56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	No prior authorization required		
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	No prior authorization required		
56740	EXC BARTHOLINS GLAND/CYST	No prior authorization required		
56800	PLASTIC REPAIR INTROITUS	No prior authorization required		
56805	REPAIR CLITORIS	Yes, prior authorization required		
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	No prior authorization required		
56820	COLPOSCOPY VULVA	No prior authorization required		
56821	COLPOSCOPY VULVA W/BIOPSY	No prior authorization required		
57000	COLPOTOMY W/EXPLORATION	No prior authorization required		
57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	No prior authorization required		
57020	COLPOCENTESIS SEPARATE PROCEDURE	No prior authorization required		
57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	No prior authorization required		
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	No prior authorization required		
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	No prior authorization required		
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	No prior authorization required		
57100	BIOPSY VAGINAL MUCOSA SIMPLE	No prior authorization required		
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	No prior authorization required		
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	No prior authorization required		
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	No prior authorization required		
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	No prior authorization required		
57110	REMOVE VAGINA WALL COMPL	Yes, prior authorization required		
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	No prior authorization required		
57120	COLPOCLEISIS LE FORT TYPE	No prior authorization required		
57130	EXCISION VAGINAL SEPTUM	No prior authorization required		
57135	EXCISION VAGINAL CYST/TUMOR	No prior authorization required		
57150	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	No prior authorization required		
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	No prior authorization required		

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57156	INSERTION VAGINAL RADIATION DEVICE	No prior authorization required		
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	Yes, prior authorization required		
57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	No prior authorization required		
57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	No prior authorization required		
57200	COLPORRHAPHY SUTURE INJURY VAGINA	No prior authorization required		
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	No prior authorization required		
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	No prior authorization required		
57230	PLASTIC REPAIR URETHROCELE	No prior authorization required		
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	No prior authorization required		
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	No prior authorization required		
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	No prior authorization required		
57265	CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	No prior authorization required		
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	No prior authorization required		
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	No prior authorization required		
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	No prior authorization required		
57280	COLPOPEXY ABDOMINAL APPROACH	No prior authorization required		
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	No prior authorization required		
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	No prior authorization required		
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	No prior authorization required		
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	No prior authorization required		
57287	RMVL/REVJ SLING STRESS INCONTINENCE	No prior authorization required		
57288	SLING OPERATION STRESS INCONTINENCE	No prior authorization required		
57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY	No prior authorization required		
57291	CONSTRUCTION OF VAGINA	Yes, prior authorization required		
57292	CONSTRUCT VAGINA WITH GR	Yes, prior authorization required		
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	No prior authorization required		
57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	No prior authorization required		
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	No prior authorization required		
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	No prior authorization required		
57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	No prior authorization required		

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57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	No prior authorization required		
57310	CLOSURE URETHROVAGINAL FISTULA	No prior authorization required		
57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	No prior authorization required		
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	No prior authorization required		
57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	No prior authorization required		
57335	REPAIR VAGINA	Yes, prior authorization required		
57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	No prior authorization required		
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	No prior authorization required		
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	No prior authorization required		
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	No prior authorization required		
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	No prior authorization required		
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	No prior authorization required		
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	No prior authorization required		
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	No prior authorization required		
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	No prior authorization required		
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	No prior authorization required		
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	No prior authorization required		
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	No prior authorization required		
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	No prior authorization required		
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	No prior authorization required		
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	No prior authorization required		
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	No prior authorization required		
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	No prior authorization required		
57510	CAUTERY CERVIX ELECTRO/THERMAL	No prior authorization required		
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	No prior authorization required		
57513	CAUTERY CERVIX LASER ABLATION	No prior authorization required		
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	No prior authorization required		
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	No prior authorization required		
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	No prior authorization required		
57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC	No prior authorization required		

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57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	No prior authorization required		
57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	No prior authorization required		
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	No prior authorization required		
57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	No prior authorization required		
57556	EXC CRV STUMP VAG APPR W/RPR NTRCL	No prior authorization required		
57558	DILATION & CURETTAGE CERVICAL STUMP	No prior authorization required		
57700	REVISION OF CERVIX	No prior authorization required		
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	No prior authorization required		
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	No prior authorization required		
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	No prior authorization required		
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	No prior authorization required		
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	No prior authorization required		
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	No prior authorization required		
58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	No prior authorization required		
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	No prior authorization required		
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	No prior authorization required		
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	No prior authorization required		
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	No prior authorization required		
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	No prior authorization required		
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	No prior authorization required		
58240	PEL EXNTJ GYNECOLOGIC MAL	No prior authorization required		
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	No prior authorization required		
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	No prior authorization required		
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	No prior authorization required		
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	No prior authorization required		
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	No prior authorization required		
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	No prior authorization required		
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	No prior authorization required		
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	No prior authorization required		
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	No prior authorization required		

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58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	No prior authorization required		
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	No prior authorization required		
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	No prior authorization required		
58300	INSERTION INTRAUTERINE DEVICE IUD	No prior authorization required		
58301	REMOVAL INTRAUTERINE DEVICE IUD	No prior authorization required		
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	No prior authorization required		
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	No prior authorization required		
58323	SPERM WASHING ARTIFICIAL INSEMINATION	No prior authorization required		
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPING	No prior authorization required		
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	No prior authorization required		
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	No prior authorization required		
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	No prior authorization required		
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	No prior authorization required		
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	No prior authorization required		
58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	No prior authorization required		
58410	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	No prior authorization required		
58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	No prior authorization required		
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	No prior authorization required		
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	No prior authorization required		
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	No prior authorization required		
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	No prior authorization required		
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	No prior authorization required		
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	No prior authorization required		
58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	No prior authorization required		
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	No prior authorization required		
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	No prior authorization required		
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	No prior authorization required		
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	No prior authorization required		
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	No prior authorization required		
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	No prior authorization required		

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58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	No prior authorization required		
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	No prior authorization required		
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	No prior authorization required		
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	No prior authorization required		
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	No prior authorization required		
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	No prior authorization required		
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	No prior authorization required		
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	No prior authorization required		
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	No prior authorization required		
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	No prior authorization required		
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	No prior authorization required		
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	No prior authorization required		
58578	LAPARO PROC UTERUS	Yes, prior authorization required		
58579	HYSTEROSCOPE PROCEDURE	Yes, prior authorization required		
58580	TRANSCERVICAL ABLATION UTERINE FIBROID RF	No prior authorization required		
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	No prior authorization required		
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	No prior authorization required		
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	No prior authorization required		
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	No prior authorization required		
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	No prior authorization required		
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	No prior authorization required		
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	No prior authorization required		
58670	LAPAROSCOPY FULGURATION OVIDUCTS	No prior authorization required		
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	No prior authorization required		
58672	LAPAROSCOPY FIMBRIOPLASTY	No prior authorization required		
58673	LAPAROSCOPY SALPINGOSTOMY	No prior authorization required		
58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	No prior authorization required		
58679	LAPARO PROC OVIDUCT-OVAR	Yes, prior authorization required		
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	No prior authorization required		
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	No prior authorization required		

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58740	LYSIS OF ADHESIONS SALPINX/OVARY	No prior authorization required		
58750	TUBOTUBAL ANASTATOMOSIS	Yes, prior authorization required		
58752	TUBOUTERINE IMPLANTATION	Yes, prior authorization required		
58760	FIMBRIOPLASTY	No prior authorization required		
58770	SALPINGOSTOMY	No prior authorization required		
58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	No prior authorization required		
58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	No prior authorization required		
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	No prior authorization required		
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	No prior authorization required		
58825	TRANSPOSITION OVARY	No prior authorization required		
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	No prior authorization required		
58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI	No prior authorization required		
58925	OVARIAN CYSTECTOMY UNI/BI	No prior authorization required		
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	No prior authorization required		
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	No prior authorization required		
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	No prior authorization required		
58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	No prior authorization required		
58952	RESCJ PRIM PRTL MAL W/BSO&OMNTC RAD DEBULKING	No prior authorization required		
58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	No prior authorization required		
58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	No prior authorization required		
58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	No prior authorization required		
58958	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	No prior authorization required		
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	No prior authorization required		
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	No prior authorization required		
58974	EMBRYO TRANSFER INTRAUTERINE	No prior authorization required		
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	No prior authorization required		
58999	GENITAL SURGERY PROCEDUR	Yes, prior authorization required		
59000	AMNIOCENTESIS DIAGNOSIC	No prior authorization required		
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	No prior authorization required		
59012	CORDOCENTESIS INTRAUTERINE	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
59015	CHORIONIC VILLUS SAMPLING	No prior authorization required		
59020	FETAL CONTRACTION STRESS TEST	No prior authorization required		
59025	FETAL NONSTRESS TEST	No prior authorization required		
59030	FETAL SCALP BLOOD SAMPLING	No prior authorization required		
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	No prior authorization required		
59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	No prior authorization required		
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	No prior authorization required		
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	No prior authorization required		
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	No prior authorization required		
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	No prior authorization required		
59100	HYSTEROTOMY ABDOMINAL	No prior authorization required		
59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	No prior authorization required		
59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	No prior authorization required		
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	No prior authorization required		
59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	No prior authorization required		
59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	No prior authorization required		
59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	No prior authorization required		
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	No prior authorization required		
59160	CURETTAGE POSTPARTUM	No prior authorization required		
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	No prior authorization required		
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	No prior authorization required		
59320	CERCLAGE CERVIX PREGNANCY VAGINAL	No prior authorization required		
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	No prior authorization required		
59350	HYSTERORRHAPHY RUPTURED UTERUS	No prior authorization required		
59400	OB CARE ANTEPARTUM VAG DLVR&POSTPARTUM	No prior authorization required		
59409	VAGINAL DELIVERY ONLY	No prior authorization required		
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	No prior authorization required		
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	No prior authorization required		
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	No prior authorization required		
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	No prior authorization required		

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59426	ANTEPARTUM CARE ONLY 7/> VISITS	No prior authorization required		
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	No prior authorization required		
59510	OB ANTEPARTUM CARE CESAREAN DLVR&POSTPARTUM	No prior authorization required		
59514	CESAREAN DELIVERY ONLY	No prior authorization required		
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	No prior authorization required		
59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	No prior authorization required		
59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	No prior authorization required		
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	No prior authorization required		
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	No prior authorization required		
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	No prior authorization required		
59620	CESAREAN DELIVERY ATTEMPTED VBAC	No prior authorization required		
59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	No prior authorization required		
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	No prior authorization required		
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	No prior authorization required		
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	No prior authorization required		
59830	TX SEPTIC ABORTION SURGICAL	No prior authorization required		
59840	INDUCED ABORTION DILATION AND CURETTAGE	No prior authorization required		
59841	INDUCED ABORTION DILATION & EVACUATION	No prior authorization required		
59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	No prior authorization required		
59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	No prior authorization required		
59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	No prior authorization required		
59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	No prior authorization required		
59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C&/EVAC	No prior authorization required		
59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	No prior authorization required		
59866	MULTIFETAL PREGNANCY REDUCTION	No prior authorization required		
59870	UTERINE EVACUATION&CURETTAGE HYDATIDIFORM MOLE	No prior authorization required		
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	No prior authorization required		
59897	FETAL INVAS PX W/US	Yes, prior authorization required		
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	No prior authorization required		
59899	MATERNITY CARE PROCEDURE	Yes, prior authorization required		

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60000	I&D THYROGLOSSAL DUCT CYST INFECTED	No prior authorization required		
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	No prior authorization required		
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	No prior authorization required		
60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	No prior authorization required		
60212	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	No prior authorization required		
60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	No prior authorization required		
60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	No prior authorization required		
60240	THYROIDECTOMY TOTAL/COMPLETE	No prior authorization required		
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	No prior authorization required		
60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	No prior authorization required		
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	No prior authorization required		
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	No prior authorization required		
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	No prior authorization required		
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS	No prior authorization required		
60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	No prior authorization required		
60300	ASPIRATION AND/OR INJECTION THYROID CYST	No prior authorization required		
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	No prior authorization required		
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	No prior authorization required		
60505	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	No prior authorization required		
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	No prior authorization required		
60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	No prior authorization required		
60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	No prior authorization required		
60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	No prior authorization required		
60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	No prior authorization required		
60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	No prior authorization required		
60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	No prior authorization required		
60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	No prior authorization required		
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	No prior authorization required		
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	No prior authorization required		
60660	ABLTJ 1/+THYR NDUL 1LOBE PRQ	No prior authorization required		

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60661	ABLTJ 1/+THYR NDUL ADDL PRQ	No prior authorization required		
60699	ENDOCRINE SURGERY PROCED	Yes, prior authorization required		
61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	No prior authorization required		
61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	No prior authorization required		
61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	No prior authorization required		
61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	No prior authorization required		
61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	No prior authorization required		
61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	No prior authorization required		
61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	No prior authorization required		
61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	No prior authorization required		
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	No prior authorization required		
61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	No prior authorization required		
61120	BURR HOLE VENTRICULAR PUNCTURE	No prior authorization required		
61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	No prior authorization required		
61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	No prior authorization required		
61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	No prior authorization required		
61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	No prior authorization required		
61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	No prior authorization required		
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	No prior authorization required		
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	No prior authorization required		
61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	No prior authorization required		
61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	No prior authorization required		
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	No prior authorization required		
61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	No prior authorization required		
61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	No prior authorization required		
61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	No prior authorization required		
61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	No prior authorization required		
61315	CRANIECTOMY HMTMA INFRATENTORIAL INTRACEREBELLAR	No prior authorization required		
61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	No prior authorization required		
61320	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	No prior authorization required		

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61321	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	No prior authorization required		
61322	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	No prior authorization required		
61323	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	No prior authorization required		
61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	No prior authorization required		
61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	No prior authorization required		
61340	SUBTEMPORAL CRANIAL DECOMPRESSION	No prior authorization required		
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	No prior authorization required		
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	No prior authorization required		
61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	No prior authorization required		
61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	No prior authorization required		
61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	No prior authorization required		
61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	No prior authorization required		
61501	CRANIECTOMY OSTEOMYELITIS	No prior authorization required		
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	No prior authorization required		
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	No prior authorization required		
61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	No prior authorization required		
61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	No prior authorization required		
61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	No prior authorization required		
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	No prior authorization required		
61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	No prior authorization required		
61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	No prior authorization required		
61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	No prior authorization required		
61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	No prior authorization required		
61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	No prior authorization required		
61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	No prior authorization required		
61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	No prior authorization required		
61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	No prior authorization required		
61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	No prior authorization required		
61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	No prior authorization required		
61535	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	No prior authorization required		

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61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	No prior authorization required		
61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	No prior authorization required		
61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	No prior authorization required		
61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	No prior authorization required		
61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	No prior authorization required		
61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	No prior authorization required		
61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	No prior authorization required		
61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	No prior authorization required		
61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	No prior authorization required		
61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	No prior authorization required		
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	No prior authorization required		
61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	No prior authorization required		
61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	No prior authorization required		
61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	No prior authorization required		
61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	No prior authorization required		
61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	No prior authorization required		
61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	No prior authorization required		
61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	No prior authorization required		
61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	No prior authorization required		
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	No prior authorization required		
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	No prior authorization required		
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	No prior authorization required		
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	No prior authorization required		
61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	No prior authorization required		
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	No prior authorization required		
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	No prior authorization required		
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	No prior authorization required		
61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	No prior authorization required		
61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	No prior authorization required		
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	No prior authorization required		

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61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	No prior authorization required		
61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	No prior authorization required		
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	No prior authorization required		
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	No prior authorization required		
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	No prior authorization required		
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	No prior authorization required		
61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	No prior authorization required		
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	No prior authorization required		
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	No prior authorization required		
61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	No prior authorization required		
61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	No prior authorization required		
61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	No prior authorization required		
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	No prior authorization required		
61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	No prior authorization required		
61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	No prior authorization required		
61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	No prior authorization required		
61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	No prior authorization required		
61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	No prior authorization required		
61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	No prior authorization required		
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	No prior authorization required		
61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	No prior authorization required		
61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	No prior authorization required		
61624	TRANSCATH OCCLUSION CNS	No prior authorization required		
61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	No prior authorization required		
61630	INTRACRANIAL ANGIOPLASTY	No prior authorization required		
61635	INTRACRAN ANGIOPLSTY W/S	No prior authorization required		
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	No prior authorization required		
61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	No prior authorization required		
61642	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	No prior authorization required		
61645	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	No prior authorization required		

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61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	No prior authorization required		
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	No prior authorization required		
61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	No prior authorization required		
61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	No prior authorization required		
61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	No prior authorization required		
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	No prior authorization required		
61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	No prior authorization required		
61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	No prior authorization required		
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	No prior authorization required		
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	No prior authorization required		
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	No prior authorization required		
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	No prior authorization required		
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	No prior authorization required		
61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	No prior authorization required		
61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	No prior authorization required		
61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	No prior authorization required		
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	No prior authorization required		
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	No prior authorization required		
61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	Yes, prior authorization required		
61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	Yes, prior authorization required		
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Yes, prior authorization required		
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Yes, prior authorization required		
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	Yes, prior authorization required		
61751	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	No prior authorization required		

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61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	No prior authorization required		
61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	No prior authorization required		
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	No prior authorization required		
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	No prior authorization required		
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	No prior authorization required		
61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	No prior authorization required		
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	No prior authorization required		
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	Yes, prior authorization required		
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	No prior authorization required		
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	Yes, prior authorization required		
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	No prior authorization required		
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	No prior authorization required		
61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	No prior authorization required		
61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	No prior authorization required		
61863	IMPLANT NEUROELECTRODE	No prior authorization required		
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	No prior authorization required		
61867	IMPLANT NEUROELECTRODE	No prior authorization required		
61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	No prior authorization required		
61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	No prior authorization required		
61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Yes, prior authorization required		
61886	IMPLANT NEUROSTIM ARRAYS	No prior authorization required		
61888	REVISE/REMOVE NEURORECEI	No prior authorization required		
61889	INSERTION SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	No prior authorization required		
61891	REVJ/RPLCMT SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	No prior authorization required		
61892	REMOVAL SKULL-MNTD CRANIAL NSTIM PG/RCVR W/CRNOP	No prior authorization required		
62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	No prior authorization required		
62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	No prior authorization required		
62010	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	No prior authorization required		
62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	No prior authorization required		
62115	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	No prior authorization required		

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62117	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	No prior authorization required		
62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	No prior authorization required		
62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	No prior authorization required		
62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	No prior authorization required		
62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	No prior authorization required		
62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	No prior authorization required		
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	No prior authorization required		
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	No prior authorization required		
62146	CRANIOPLASTY W/AUTOGRAFT <5 CM DIAMETER	No prior authorization required		
62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	No prior authorization required		
62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	No prior authorization required		
62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	No prior authorization required		
62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	No prior authorization required		
62162	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	No prior authorization required		
62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	No prior authorization required		
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	No prior authorization required		
62180	VENTRICULOCISTERNOSTOMY	No prior authorization required		
62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	No prior authorization required		
62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	No prior authorization required		
62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	No prior authorization required		
62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	No prior authorization required		
62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	No prior authorization required		
62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	No prior authorization required		
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	No prior authorization required		
62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	No prior authorization required		
62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	No prior authorization required		
62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	No prior authorization required		
62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	No prior authorization required		
62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	No prior authorization required		
62263	EPIDURAL LYSIS MULT SESS	No prior authorization required		

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62264	EPIDURAL LYSIS ON SINGLE	No prior authorization required		
62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	No prior authorization required		
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	No prior authorization required		
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	No prior authorization required		
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	No prior authorization required		
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	No prior authorization required		
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	No prior authorization required		
62280	TREAT SPINAL CORD LESION	No prior authorization required		
62281	TREAT SPINAL CORD LESION	No prior authorization required		
62282	TREAT SPINAL CANAL LESIO	No prior authorization required		
62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	No prior authorization required		
62287	PERCUTANEOUS DISKECTOMY	No prior authorization required		
62290	INJECT FOR SPINE DISK X-	No prior authorization required		
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	No prior authorization required		
62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	No prior authorization required		
62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	No prior authorization required		
62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	No prior authorization required		
62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	No prior authorization required		
62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	No prior authorization required		
62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	No prior authorization required		
62320	NJX INTERLAMINAR CRV/THRC	No prior authorization required		
62321	NJX INTERLAMINAR CRV/THRC	No prior authorization required		
62322	NJX INTERLAMINAR LMBR/SAC	No prior authorization required		
62323	NJX INTERLAMINAR LMBR/SAC	No prior authorization required		
62324	NJX INTERLAMINAR CRV/THRC	No prior authorization required		
62325	NJX INTERLAMINAR CRV/THRC	No prior authorization required		
62326	NJX INTERLAMINAR LMBR/SAC	No prior authorization required		
62327	NJX INTERLAMINAR LMBR/SAC	No prior authorization required		
62328	DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	No prior authorization required		
62329	THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	No prior authorization required		

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62330	Dcmprn prq rmv lig flv 1lmbr	No prior authorization required		
62331	Dcmprn prq rmv lig flv addl	No prior authorization required		
62350	IMPLANT SPINAL CANAL CAT	No prior authorization required		
62351	IMPLANT SPINAL CANAL CAT	No prior authorization required		
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	No prior authorization required		
62360	INSERT SPINE INFUSION DE	No prior authorization required		
62361	IMPLANT SPINE INFUSION P	No prior authorization required		
62362	IMPLANT SPINE INFUSION P	No prior authorization required		
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	No prior authorization required		
62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	No prior authorization required		
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	No prior authorization required		
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	No prior authorization required		
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	No prior authorization required		
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	No prior authorization required		
63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	No prior authorization required		
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	No prior authorization required		
63005	REMOVAL OF SPINAL LAMINA	No prior authorization required		
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	No prior authorization required		
63012	REMOVAL OF SPINAL LAMINA	No prior authorization required		
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	No prior authorization required		
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	No prior authorization required		
63017	REMOVAL OF SPINAL LAMINA	No prior authorization required		
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	No prior authorization required		
63030	LOW BACK DISK SURGERY	No prior authorization required		
63032	Lamot rpr anulr dfct 1 lmbr	No prior authorization required		
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	No prior authorization required		
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	No prior authorization required		
63042	LAMINOTOMY SINGLE LUMBAR	No prior authorization required		
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	No prior authorization required		
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	No prior authorization required		

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63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	No prior authorization required		
63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	No prior authorization required		
63047	REMOVAL OF SPINAL LAMINA	No prior authorization required		
63048	REMOVE SPINAL LAMINA ADD	No prior authorization required		
63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	No prior authorization required		
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	No prior authorization required		
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	No prior authorization required		
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	No prior authorization required		
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	No prior authorization required		
63056	DECOMPRESS SPINAL CORD	No prior authorization required		
63057	DECOMPRESS SPINE CORD AD	No prior authorization required		
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	No prior authorization required		
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	No prior authorization required		
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	No prior authorization required		
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	No prior authorization required		
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	No prior authorization required		
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	No prior authorization required		
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	No prior authorization required		
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	No prior authorization required		
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	No prior authorization required		
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	No prior authorization required		
63087	REMOVAL OF VERTEBRAL BOD	No prior authorization required		
63088	REMOVE VERTEBRAL BODY AD	No prior authorization required		
63090	REMOVAL OF VERTEBRAL BOD	No prior authorization required		
63091	REMOVE VERTEBRAL BODY AD	No prior authorization required		
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	No prior authorization required		
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	No prior authorization required		
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	No prior authorization required		
63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	No prior authorization required		
63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	No prior authorization required		

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63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	No prior authorization required		
63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	No prior authorization required		
63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	No prior authorization required		
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	No prior authorization required		
63197	LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	No prior authorization required		
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	No prior authorization required		
63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	No prior authorization required		
63251	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	No prior authorization required		
63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	No prior authorization required		
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	No prior authorization required		
63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	No prior authorization required		
63267	EXCISE INTRASPINAL LESIO	No prior authorization required		
63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	No prior authorization required		
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	No prior authorization required		
63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	No prior authorization required		
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	No prior authorization required		
63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	No prior authorization required		
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	No prior authorization required		
63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	No prior authorization required		
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	No prior authorization required		
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	No prior authorization required		
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	No prior authorization required		
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	No prior authorization required		
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	No prior authorization required		
63283	LAM BX/EXC ISPI NEO IDRL SACRAL	No prior authorization required		
63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	No prior authorization required		
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	No prior authorization required		
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	No prior authorization required		
63290	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	No prior authorization required		
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	No prior authorization required		

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63300	VCRPEC LES 1 SGM XDRL CERVICAL	No prior authorization required		
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	No prior authorization required		
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	No prior authorization required		
63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	No prior authorization required		
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	No prior authorization required		
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	No prior authorization required		
63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	No prior authorization required		
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	No prior authorization required		
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	No prior authorization required		
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	No prior authorization required		
63610	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	No prior authorization required		
63620	SRS SPINAL LESION	Yes, prior authorization required		
63621	SRS SPINAL LESION ADDL	Yes, prior authorization required		
63650	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
63655	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	No prior authorization required		
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	No prior authorization required		
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Yes, prior authorization required		
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	No prior authorization required		
63685	INSRT/REDO SPINE N GENER	No prior authorization required		
63688	REVJ/RMVL IMPL SPI NPG/RCVR DTCH CONNJ ELTRD RA	No prior authorization required		
63700	REPAIR MENINGOCELE < 5 CM DIAMETER	No prior authorization required		
63702	REPAIR MENINGOCELE > 5 CM DIAMETER	No prior authorization required		
63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	No prior authorization required		
63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	No prior authorization required		
63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	No prior authorization required		
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	No prior authorization required		
63710	DURAL GRAFT SPINAL	No prior authorization required		
63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	No prior authorization required		
63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	No prior authorization required		

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63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	No prior authorization required		
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	No prior authorization required		
64400	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	No prior authorization required		
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	No prior authorization required		
64408	INJECTION AA&/STRD VAGUS NERVE	No prior authorization required		
64415	INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	No prior authorization required		
64416	INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	No prior authorization required		
64417	INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	No prior authorization required		
64418	INJECTION AA&/STRD SUPRASCAPULAR NERVE	No prior authorization required		
64420	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	No prior authorization required		
64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	No prior authorization required		
64425	INJECTION AA&/STRD ILIOINGUINAL IH NERVES	No prior authorization required		
64430	INJECTION AA&/STRD PUDENDAL NERVE	No prior authorization required		
64435	INJECTION AA&/STRD PARACERVICAL NERVE	No prior authorization required		
64445	INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	No prior authorization required		
64446	INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	No prior authorization required		
64447	INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	No prior authorization required		
64448	INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	No prior authorization required		
64449	INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	No prior authorization required		
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	No prior authorization required		
64451	NJX AA&/STRD NRV NRVTG SI JT	No prior authorization required		
64454	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	No prior authorization required		
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	No prior authorization required		
64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	No prior authorization required		
64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	No prior authorization required		
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	No prior authorization required		
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	No prior authorization required		
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	No prior authorization required		
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	No prior authorization required		
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	No prior authorization required		
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	No prior authorization required		
64479	INJ FORAMEN EPIDURAL C/T	No prior authorization required		
64480	INJ FORAMEN EPIDURAL ADD-ON	No prior authorization required		
64483	INJ FORAMEN EPIDURAL L/S	No prior authorization required		
64484	INJ FORAMEN EPIDURAL ADD-ON	No prior authorization required		
64486	TAP BLOCK UNILATERAL BY INJECTION(S)	No prior authorization required		
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	No prior authorization required		
64488	TAP BLOCK BILATERAL BY INJECTION(S)	No prior authorization required		
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	No prior authorization required		
64490	INJ PARAVERT F JNT C/T 1 LEV	No prior authorization required		
64491	INJ PARAVERT F JNT C/T 2 LEV	No prior authorization required		
64492	INJ PARAVERT F JNT C/T 3 LEV	No prior authorization required		
64493	INJ PARAVERT F JNT L/S 1 LEV	No prior authorization required		
64494	INJ PARAVERT F JNT L/S 2 LEV	No prior authorization required		
64495	INJ PARAVERT F JNT L/S 3 LEV	No prior authorization required		
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	No prior authorization required		
64510	N BLOCK STELLATE GANGLIO	No prior authorization required		
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	No prior authorization required		
64520	N BLOCK LUMBAR/THORACIC	No prior authorization required		
64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	No prior authorization required		
64553	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
64555	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
64561	IMPLANT NEUROELECTRODES	Yes, prior authorization required		

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64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	No prior authorization required		
64567	Perq elec nrv field stimj cn	Yes, prior authorization required		
64568	INC FOR VAGUS N ELECT IMPL	No prior authorization required		
64569	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	No prior authorization required		
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	No prior authorization required		
64575	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
64580	OPEN IMPLANTATION NEA NEUROMUSCULAR	No prior authorization required		
64581	IMPLANT NEUROELECTRODES	Yes, prior authorization required		
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	No prior authorization required		
64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	No prior authorization required		
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	No prior authorization required		
64585	REVJ/RMVL PERPH NEUROSTIMULATOR ELECTRODE ARRAY	No prior authorization required		
64590	INSRT/REDO PERPH N GENER	No prior authorization required		
64595	REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	No prior authorization required		
64596	INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA	No prior authorization required		
64597	INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA	No prior authorization required		
64598	REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM	No prior authorization required		
64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	No prior authorization required		
64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	No prior authorization required		
64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	No prior authorization required		
64611	CHEMODENERV SALIV GLANDS	Yes, prior authorization required		
64612	DESTROY NERVE FACE MUSCL	Yes, prior authorization required		
64615	CHEMODENERV MUSC MIGRAIN	No prior authorization required		
64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	No prior authorization required		
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	No prior authorization required		
64620	INJECTION TREATMENT OF N	Yes, prior authorization required		
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	No prior authorization required		
64625	RF ABLTJ NRV NRVTG SI JT	No prior authorization required		

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64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Yes, prior authorization required		
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Yes, prior authorization required		
64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	No prior authorization required		
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	No prior authorization required		
64633	DESTROY CERV/THOR FACET	No prior authorization required		
64634	DESTROY C/TH FACET JNT A	No prior authorization required		
64635	DESTROY LUMB/SAC FACET J	No prior authorization required		
64636	DESTROY L/S FACET JNT AD	No prior authorization required		
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	No prior authorization required		
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	No prior authorization required		
64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	No prior authorization required		
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	No prior authorization required		
64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	No prior authorization required		
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	No prior authorization required		
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	No prior authorization required		
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	No prior authorization required		
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	No prior authorization required		
64654	1st opn implt bat modulj sys	No prior authorization required		
64655	Revj/rplcmt bat mod sys lead	No prior authorization required		
64656	Revj/rplcmt bat mod sys pg	No prior authorization required		
64657	Rmvl bat modulj sys tot sys	No prior authorization required		
64658	Rmvl bat modul sys lead only	No prior authorization required		
64659	Rmvl bat modulj sys pg only	No prior authorization required		
64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	No prior authorization required		
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	No prior authorization required		
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	No prior authorization required		
64704	NEUROPLASTY NERVE HAND/FOOT	No prior authorization required		

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64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	No prior authorization required		
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	No prior authorization required		
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	No prior authorization required		
64714	REVISE LOW BACK NERVE(S)	No prior authorization required		
64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	No prior authorization required		
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	No prior authorization required		
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	No prior authorization required		
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	No prior authorization required		
64722	DECOMPRESSION UNSPECIFIED NERVE	No prior authorization required		
64726	DECOMPRESSION PLANTAR DIGITAL NERVE	No prior authorization required		
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	No prior authorization required		
64728	Dcmprn median nrv carpl tunl	No prior authorization required		
64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE	No prior authorization required		
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE	No prior authorization required		
64736	TRANSECTION/AVULSION MENTAL NERVE	No prior authorization required		
64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	No prior authorization required		
64740	TRANSECTION/AVULSION LINGUAL NERVE	No prior authorization required		
64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	No prior authorization required		
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	No prior authorization required		
64746	TRANSECTION/AVULSION PHRENIC NERVE	No prior authorization required		
64755	TRANSECTION/AVULSION VAGUS NERVES	No prior authorization required		
64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	No prior authorization required		
64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	No prior authorization required		
64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	No prior authorization required		
64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	No prior authorization required		
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	No prior authorization required		
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	No prior authorization required		
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	No prior authorization required		
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	No prior authorization required		
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	No prior authorization required		

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64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	No prior authorization required		
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	No prior authorization required		
64786	EXCISION NEUROMA SCIATIC NERVE	No prior authorization required		
64787	IMPLANTATION NERVE END BONE/MUSCLE	No prior authorization required		
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	No prior authorization required		
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	No prior authorization required		
64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	No prior authorization required		
64795	BIOPSY NERVE	No prior authorization required		
64802	SYMPATHECTOMY CERVICAL	No prior authorization required		
64804	REMOVE SYMPATHETIC NERVE	No prior authorization required		
64809	SYMPATHECTOMY THORACOLUMBAR	No prior authorization required		
64818	SYMPATHECTOMY LUMBAR	No prior authorization required		
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	No prior authorization required		
64821	SYMPATHECTOMY RADIAL ARTERY	No prior authorization required		
64822	SYMPATHECTOMY ULNAR ARTERY	No prior authorization required		
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	No prior authorization required		
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	No prior authorization required		
64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	No prior authorization required		
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	No prior authorization required		
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	No prior authorization required		
64836	SUTURE 1 NERVE ULNAR MOTOR	No prior authorization required		
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	No prior authorization required		
64840	SUTURE POSTERIOR TIBIAL NERVE	No prior authorization required		
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	No prior authorization required		
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	No prior authorization required		
64858	SUTURE SCIATIC NERVE	No prior authorization required		
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	No prior authorization required		
64861	SUTURE BRACHIAL PLEXUS	No prior authorization required		
64862	SUTURE LUMBAR PLEXUS	No prior authorization required		
64864	SUTURE FACIAL NERVE EXTRACRANIAL	No prior authorization required		

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64865	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	No prior authorization required		
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	No prior authorization required		
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	No prior authorization required		
64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	No prior authorization required		
64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	No prior authorization required		
64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	No prior authorization required		
64885	NERVE GRAFT HEAD/NECK <4 CM	No prior authorization required		
64886	NERVE GRAFT HEAD/NECK >4 CM	No prior authorization required		
64890	NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	No prior authorization required		
64891	NERVE GRAFT 1 STRAND HAND/FOOT >4 CM	No prior authorization required		
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	No prior authorization required		
64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	No prior authorization required		
64895	NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	No prior authorization required		
64896	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	No prior authorization required		
64897	NERVE GRAFT MLT STRANDS ARM/LEG <4 CM	No prior authorization required		
64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	No prior authorization required		
64901	NERVE GRAFT EACH NERVE 1 STRAND	No prior authorization required		
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	No prior authorization required		
64905	NERVE PEDICLE TRANSFER FIRST STAGE	No prior authorization required		
64907	NERVE PEDICAL TRANSFER SECOND STAGE	No prior authorization required		
64910	NERVE REPAIR W/CONDUIT EACH NERVE	No prior authorization required		
64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	No prior authorization required		
64912	NRV RPR W/NRV ALGRFT 1ST	Yes, prior authorization required		
64913	NRV RPR W/NRV ALGRFT EA ADDL	Yes, prior authorization required		
64999	NERVOUS SYSTEM SURGERY	Yes, prior authorization required		
65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	No prior authorization required		
65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	No prior authorization required		
65101	ENUCLEATION OF EYE W/O IMPLANT	No prior authorization required		
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	No prior authorization required		
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	No prior authorization required		

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65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	No prior authorization required		
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	No prior authorization required		
65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	No prior authorization required		
65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	No prior authorization required		
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	No prior authorization required		
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	No prior authorization required		
65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	No prior authorization required		
65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	No prior authorization required		
65155	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	No prior authorization required		
65175	REMOVAL OCULAR IMPLANT	No prior authorization required		
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	No prior authorization required		
65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	No prior authorization required		
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	No prior authorization required		
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	No prior authorization required		
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	No prior authorization required		
65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	No prior authorization required		
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	No prior authorization required		
65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	No prior authorization required		
65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	No prior authorization required		
65273	RPR LAC CJNC MOBLJ&REARGMT W/HOSPIZATION	No prior authorization required		
65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	No prior authorization required		
65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	No prior authorization required		
65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	No prior authorization required		
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	No prior authorization required		
65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	No prior authorization required		
65400	EXCISION LESION CORNEA XCP PTERYGIUM	No prior authorization required		
65410	BIOPSY CORNEA	No prior authorization required		
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	No prior authorization required		
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	No prior authorization required		
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	No prior authorization required		

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65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	No prior authorization required		
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	No prior authorization required		
65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	No prior authorization required		
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	No prior authorization required		
65710	CORNEAL TRANSPLANT	No prior authorization required		
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	No prior authorization required		
65750	KERATOPLASTY PENETRAING APHAKIA	No prior authorization required		
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	No prior authorization required		
65756	KERATOPLASTY ENDOTHELIAL	No prior authorization required		
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	No prior authorization required		
65760	REVISION OF CORNEA	Yes, prior authorization required		
65765	KERATOPHAKIA	Yes, prior authorization required		
65767	EPIKERATOPLASTY	Yes, prior authorization required		
65770	KERATOPROSTHESIS	Yes, prior authorization required		
65771	RADIAL KERATOTOMY	Yes, prior authorization required		
65772	CORRECTION OF ASTIGMATIS	Yes, prior authorization required		
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	No prior authorization required		
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	No prior authorization required		
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	No prior authorization required		
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	No prior authorization required		
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	No prior authorization required		
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	No prior authorization required		
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Yes, prior authorization required		
65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	No prior authorization required		
65810	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	No prior authorization required		
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	No prior authorization required		
65820	GONIOTOMY	No prior authorization required		
65850	TRABECULOTOMY AB EXTERNO	No prior authorization required		
65855	TRABECULOPLASTY BY LASER SURGERY	No prior authorization required		
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	No prior authorization required		

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65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	No prior authorization required		
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	No prior authorization required		
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	No prior authorization required		
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	No prior authorization required		
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	No prior authorization required		
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	No prior authorization required		
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	No prior authorization required		
66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	No prior authorization required		
66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	No prior authorization required		
66130	EXCISION LESION SCLERA	No prior authorization required		
66150	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	No prior authorization required		
66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	No prior authorization required		
66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	No prior authorization required		
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	No prior authorization required		
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	No prior authorization required		
66174	TRANSLUM DIL EYE CANAL	No prior authorization required		
66175	TRNSLUM DIL EYE CANAL W/	No prior authorization required		
66179	AQUEOUS SHUNT EYE W/O GRAFT	No prior authorization required		
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	No prior authorization required		
66183	INSERT ANT DRAINAGE DEVICE	No prior authorization required		
66184	REVISION OF AQUEOUS SHUNT	No prior authorization required		
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	No prior authorization required		
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	No prior authorization required		
66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	No prior authorization required		
66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	No prior authorization required		
66505	IRIDOTOMY STAB INC SPX TRANSFIXION	No prior authorization required		
66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	No prior authorization required		
66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	No prior authorization required		
66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	No prior authorization required		
66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	No prior authorization required		

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66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	No prior authorization required		
66680	REPAIR IRIS CILIARY BODY	No prior authorization required		
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	No prior authorization required		
66683	IMPLANTATION IRIS PROSTHESIS	Yes, prior authorization required		
66700	CILIARY BODY DESTRUCTION DIATHERMY	No prior authorization required		
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	No prior authorization required		
66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	No prior authorization required		
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	No prior authorization required		
66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS	No prior authorization required		
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	No prior authorization required		
66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	No prior authorization required		
66770	DSTRJ CYST/LESION IRIS/CILIARY BODY	No prior authorization required		
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	No prior authorization required		
66821	POST-CATARACT LASER SURGERY	No prior authorization required		
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	No prior authorization required		
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	No prior authorization required		
66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	No prior authorization required		
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	No prior authorization required		
66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	No prior authorization required		
66920	RMVL LENS MATERIAL INTRACAPSULAR	No prior authorization required		
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	No prior authorization required		
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	No prior authorization required		
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	No prior authorization required		
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	No prior authorization required		
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	No prior authorization required		
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	No prior authorization required		
66986	EXCHANGE INTRAOCULAR LENS	No prior authorization required		
66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	No prior authorization required		
66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	No prior authorization required		
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	No prior authorization required		

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66990	USE OPHTHALMIC ENDOSCOPE	No prior authorization required		
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	No prior authorization required		
66999	EYE SURGERY PROCEDURE	Yes, prior authorization required		
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	No prior authorization required		
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	No prior authorization required		
67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	No prior authorization required		
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	No prior authorization required		
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	No prior authorization required		
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	No prior authorization required		
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	No prior authorization required		
67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	No prior authorization required		
67036	VITRECTOMY MECHANICAL PARS PLANA	No prior authorization required		
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	No prior authorization required		
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	No prior authorization required		
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	No prior authorization required		
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	No prior authorization required		
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	No prior authorization required		
67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	No prior authorization required		
67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	No prior authorization required		
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	No prior authorization required		
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	No prior authorization required		
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	No prior authorization required		
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	No prior authorization required		
67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	No prior authorization required		
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	No prior authorization required		
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	No prior authorization required		
67141	PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	No prior authorization required		
67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	No prior authorization required		
67208	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	No prior authorization required		
67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	No prior authorization required		

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67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	No prior authorization required		
67220	DSTRJ LESION CHOROID PC 1/> SESS	No prior authorization required		
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	No prior authorization required		
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	No prior authorization required		
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	No prior authorization required		
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	No prior authorization required		
67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	No prior authorization required		
67250	SCLERAL REINFORCEMENT SPX W/O GRAFT	No prior authorization required		
67255	SCLERAL REINFORCEMENT SPX W/GRAFT	No prior authorization required		
67299	EYE SURGERY PROCEDURE	Yes, prior authorization required		
67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	No prior authorization required		
67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	No prior authorization required		
67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC	No prior authorization required		
67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	No prior authorization required		
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	No prior authorization required		
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	No prior authorization required		
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	No prior authorization required		
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	No prior authorization required		
67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	No prior authorization required		
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	No prior authorization required		
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	No prior authorization required		
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	No prior authorization required		
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	No prior authorization required		
67346	BIOPSY EXTRAOCULAR MUSCLE	No prior authorization required		
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	No prior authorization required		
67400	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	No prior authorization required		
67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	No prior authorization required		
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	No prior authorization required		
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	No prior authorization required		
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	No prior authorization required		

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67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	No prior authorization required		
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	No prior authorization required		
67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	No prior authorization required		
67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	No prior authorization required		
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	No prior authorization required		
67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	No prior authorization required		
67500	RETROBULBAR INJECTION MEDICATION SPX	No prior authorization required		
67505	RETROBULBAR INJECTION ALCOHOL	No prior authorization required		
67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	No prior authorization required		
67516	SUPRACHOROIDAL SPACE NJX PHARMACOLOGIC AGENT	No prior authorization required		
67550	ORBITAL IMPLANT INSERTION	No prior authorization required		
67560	ORBITAL IMPLANT REMOVAL/REVISION	No prior authorization required		
67570	OPTIC NERVE DECOMPRESSION	No prior authorization required		
67599	UNLISTED PROCEDURE ORBIT	No prior authorization required		
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	No prior authorization required		
67710	SEVERING TARSORRHAPHY	No prior authorization required		
67715	CANTHOTOMY SEPARATE PROCEDURE	No prior authorization required		
67800	EXCISION CHALAZION SINGLE	No prior authorization required		
67801	EXCISION CHALAZION MULTIPLE SAME LID	No prior authorization required		
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	No prior authorization required		
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	No prior authorization required		
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	No prior authorization required		
67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	No prior authorization required		
67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	No prior authorization required		
67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	No prior authorization required		
67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	No prior authorization required		
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	No prior authorization required		
67850	DESTRUCTION LESION LID MARGIN < 1 CM	No prior authorization required		
67875	TEMPORARY CLOSURE EYELIDS SUTURE	No prior authorization required		
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	No prior authorization required		

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67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	No prior authorization required		
67900	REPAIR BROW DEFECT	Yes, prior authorization required		
67901	REPAIR EYELID DEFECT	Yes, prior authorization required		
67902	REPAIR EYELID DEFECT	Yes, prior authorization required		
67903	REPAIR EYELID DEFECT	Yes, prior authorization required		
67904	REPAIR EYELID DEFECT	Yes, prior authorization required		
67906	REPAIR EYELID DEFECT	Yes, prior authorization required		
67908	REPAIR EYELID DEFECT	Yes, prior authorization required		
67909	REDUCTION OVERCORRECTION PTOSIS	No prior authorization required		
67910	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	No prior authorization required		
67911	REVISE EYELID DEFECT	Yes, prior authorization required		
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	No prior authorization required		
67914	REPAIR ECTROPION SUTURE	No prior authorization required		
67915	REPAIR ECTROPION THERMOCAUTERIZATION	No prior authorization required		
67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	No prior authorization required		
67917	REPAIR ECTROPION EXTENSIVE	Yes, prior authorization required		
67921	REPAIR ENTROPION SUTURE	No prior authorization required		
67922	REPAIR ENTROPION THERMOCAUTERIZATION	No prior authorization required		
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	No prior authorization required		
67924	REPAIR ENTROPION EXTENSIVE	No prior authorization required		
67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	No prior authorization required		
67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	No prior authorization required		
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	No prior authorization required		
67950	CANTHOPLASTY	No prior authorization required		
67961	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	No prior authorization required		
67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	No prior authorization required		
67971	RCNSTJ EYELID FULL THICKNESS <TWO-THIRDS 1 STG	No prior authorization required		
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	No prior authorization required		
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	No prior authorization required		
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	No prior authorization required		

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67999	REVISION OF EYELID	Yes, prior authorization required		
68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	No prior authorization required		
68040	EXPRESSION CONJUNCTIVAL FOLLICLES	No prior authorization required		
68100	BIOPSY CONJUNCTIVA	No prior authorization required		
68110	EXCISION LESION CONJUNCTIVA <1 CM	No prior authorization required		
68115	EXCISION LESION CONJUNCTIVA > 1 CM	No prior authorization required		
68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	No prior authorization required		
68135	DESTRUCTION LESION CONJUNCTIVA	No prior authorization required		
68200	SUBCONJUNCTIVAL INJECTION	No prior authorization required		
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	No prior authorization required		
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	No prior authorization required		
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	No prior authorization required		
68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	No prior authorization required		
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	No prior authorization required		
68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	No prior authorization required		
68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	No prior authorization required		
68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	No prior authorization required		
68362	CONJUNCTIVAL FLAP TOTAL	No prior authorization required		
68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	No prior authorization required		
68399	UNLISTED PROCEDURE CONJUNCTIVA	No prior authorization required		
68400	INCISION DRAINAGE LACRIMAL GLAND	No prior authorization required		
68420	INCISION DRAINAGE LACRIMAL SAC	No prior authorization required		
68440	SNIP INCISION LACRIMAL PUNCTUM	No prior authorization required		
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	No prior authorization required		
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	No prior authorization required		
68510	BIOPSY LACRIMAL GLAND	No prior authorization required		
68520	EXCISION LACRIMAL SAC	No prior authorization required		
68525	BIOPSY LACRIMAL SAC	No prior authorization required		
68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	No prior authorization required		
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	No prior authorization required		

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68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	No prior authorization required		
68700	PLASTIC REPAIR CANALICULI	No prior authorization required		
68705	CORRECTION EVERTED PUNCTUM CAUTERY	No prior authorization required		
68720	DACRYOCSTORHINOSTOMY	No prior authorization required		
68745	CONJUNCTIVORHINOSTOMY W/O TUBE	No prior authorization required		
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	No prior authorization required		
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	No prior authorization required		
68761	CLSR LACRIMAL PUNCTUM PLUG EACH	No prior authorization required		
68770	CLOSURE LACRIMAL FISTULA SPX	No prior authorization required		
68801	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	No prior authorization required		
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	No prior authorization required		
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	No prior authorization required		
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	No prior authorization required		
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	No prior authorization required		
68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	No prior authorization required		
68841	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	No prior authorization required		
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	No prior authorization required		
68899	TEAR DUCT SYSTEM SURGERY	Yes, prior authorization required		
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	No prior authorization required		
69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	No prior authorization required		
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	No prior authorization required		
69090	EAR PIERCING	No prior authorization required		
69100	BIOPSY EXTERNAL EAR	No prior authorization required		
69105	BIOPSY EXTERNAL AUDITORY CANAL	No prior authorization required		
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	No prior authorization required		
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	No prior authorization required		
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	No prior authorization required		
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	No prior authorization required		
69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	No prior authorization required		
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	No prior authorization required		

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69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	No prior authorization required		
69205	RMVL FB XTRNL AUDITORY CANAL ANES	No prior authorization required		
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	No prior authorization required		
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	No prior authorization required		
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	No prior authorization required		
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	No prior authorization required		
69300	REVISE EXTERNAL EAR	Yes, prior authorization required		
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	Yes, prior authorization required		
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	Yes, prior authorization required		
69399	OUTER EAR SURGERY PROCED	Yes, prior authorization required		
69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	No prior authorization required		
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	No prior authorization required		
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	No prior authorization required		
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	No prior authorization required		
69436	TYMPANOSTOMY GENERAL ANESTHESIA	No prior authorization required		
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	No prior authorization required		
69450	TYMPANOLYSIS TRANSCANAL	No prior authorization required		
69501	TRANSMASTOID ANTROTOMY	No prior authorization required		
69502	MASTOIDECTOMY COMPLETE	No prior authorization required		
69505	MASTOIDECTOMY MODIFIED RADICAL	No prior authorization required		
69511	MASTOIDECTOMY RADICAL	No prior authorization required		
69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	No prior authorization required		
69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	No prior authorization required		
69540	EXCISION AURAL POLYP	No prior authorization required		
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	No prior authorization required		
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	No prior authorization required		
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	No prior authorization required		
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	No prior authorization required		
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	No prior authorization required		
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	No prior authorization required		

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69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	No prior authorization required		
69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	No prior authorization required		
69620	MYRINGOPLASTY	No prior authorization required		
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	No prior authorization required		
69632	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	No prior authorization required		
69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	No prior authorization required		
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	No prior authorization required		
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	No prior authorization required		
69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	No prior authorization required		
69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	No prior authorization required		
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	No prior authorization required		
69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	No prior authorization required		
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	No prior authorization required		
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	No prior authorization required		
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	No prior authorization required		
69650	STAPES MOBILIZATION	No prior authorization required		
69660	STAPEDECTOMY/STAPEDOTOMY	No prior authorization required		
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	No prior authorization required		
69662	REVISION STAPEDECTOMY/STAPEDOTOMY	No prior authorization required		
69666	REPAIR OVAL WINDOW FISTULA	No prior authorization required		
69667	REPAIR ROUND WINDOW FISTULA	No prior authorization required		
69670	MASTOID OBLITERATION SEPARATE PROCEDURE	No prior authorization required		
69676	TYMPANIC NEURECTOMY	No prior authorization required		
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	No prior authorization required		
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	No prior authorization required		
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	No prior authorization required		
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Yes, prior authorization required		
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	No prior authorization required		

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69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Yes, prior authorization required		
69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Yes, prior authorization required		
69717	RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	Yes, prior authorization required		
69719	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Yes, prior authorization required		
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	No prior authorization required		
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	No prior authorization required		
69726	REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	Yes, prior authorization required		
69727	REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	Yes, prior authorization required		
69728	RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	Yes, prior authorization required		
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Yes, prior authorization required		
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Yes, prior authorization required		
69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	No prior authorization required		
69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	No prior authorization required		
69799	MIDDLE EAR SURGERY PROCE	Yes, prior authorization required		
69801	LABYRINTHOTOMY TRANSCANAL	No prior authorization required		
69805	ENDOLYMPHATIC SAC W/O SHUNT	No prior authorization required		
69806	ENDOLYMPHATIC SAC SHUNT	No prior authorization required		
69905	LABYRINTHECTOMY TRANSCANAL	No prior authorization required		
69910	LABYRINTHECTOMY W/MASTOIDECTOMY	No prior authorization required		
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	No prior authorization required		
69930	IMPLANT COCHLEAR DEVICE	Yes, prior authorization required		
69949	INNER EAR SURGERY PROCED	Yes, prior authorization required		
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	No prior authorization required		
69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	No prior authorization required		
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	No prior authorization required		
69970	REMOVAL TUMOR TEMPORAL BONE	No prior authorization required		
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	No prior authorization required		
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	No prior authorization required		
70010	MYELOGRAPY POST FOSSA RS&I	No prior authorization required		
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	No prior authorization required		

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70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	No prior authorization required		
70100	RADIOLOGIC EXAMINATION MANDIPLE PRTL < 4 VIEWS	No prior authorization required		
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	No prior authorization required		
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	No prior authorization required		
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	No prior authorization required		
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	No prior authorization required		
70140	RADEX FACIAL BONES < 3 VIEWS	No prior authorization required		
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	No prior authorization required		
70190	RADEX OPTIC FORAMINA	No prior authorization required		
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	No prior authorization required		
70210	RADEX SINUSES PARANASAL < 3 VIEWS	No prior authorization required		
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	No prior authorization required		
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	No prior authorization required		
70250	RADIOLOGIC EXAMINATION SKULL 4 < VIEWS	No prior authorization required		
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	No prior authorization required		
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	No prior authorization required		
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	No prior authorization required		
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	No prior authorization required		
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	No prior authorization required		
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	No prior authorization required		
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	No prior authorization required		
70336	MAGNETIC IMAGE JAW JOINT	No prior authorization required		
70350	CEPHALOGRAM ORTHODONTIC	No prior authorization required		
70355	ORTHOPANTOGRAM	No prior authorization required		
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	No prior authorization required		
70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	No prior authorization required		
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	No prior authorization required		
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	No prior authorization required		

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70390	SIALOGRAPHY RS&I	No prior authorization required		
70450	CT HEAD/BRAIN W/O DYE	No prior authorization required		
70460	CT HEAD/BRAIN W/DYE	No prior authorization required		
70470	CT HEAD/BRAIN W/O & W/DY	No prior authorization required		
70471	Cta h&n c+ w/noncontrast img	No prior authorization required		
70472	Ct cere prfu alys c+w/ct/cta	No prior authorization required		
70473	Ct cere prfu aly c+wo ct/cta	No prior authorization required		
70480	CT ORBIT/EAR/FOSSA W/O D	No prior authorization required		
70481	CT ORBIT/EAR/FOSSA W/DYE	No prior authorization required		
70482	CT ORBIT/EAR/FOSSA W/O&W	No prior authorization required		
70486	CT MAXILLOFACIAL W/O DYE	No prior authorization required		
70487	CT MAXILLOFACIAL W/DYE	No prior authorization required		
70488	CT MAXILLOFACIAL W/O & W	No prior authorization required		
70490	CT SOFT TISSUE NECK W/O	No prior authorization required		
70491	CT SOFT TISSUE NECK W/DY	No prior authorization required		
70492	CT SFT TSUE NCK W/O & W/	No prior authorization required		
70496	CT ANGIOGRAPHY HEAD	No prior authorization required		
70498	CT ANGIOGRAPHY NECK	No prior authorization required		
70540	MRI ORBIT/FACE/NECK W/O	No prior authorization required		
70542	MRI ORBIT/FACE/NECK W/DY	No prior authorization required		
70543	MRI ORBT/FAC/NCK W/O & W	No prior authorization required		
70544	MR ANGIOGRAPHY HEAD W/O	No prior authorization required		
70545	MR ANGIOGRAPHY HEAD W/DY	No prior authorization required		
70546	MR ANGIOGRAPH HEAD W/O&W	No prior authorization required		
70547	MR ANGIOGRAPHY NECK W/O	No prior authorization required		
70548	MR ANGIOGRAPHY NECK W/DY	No prior authorization required		
70549	MR ANGIOGRAPH NECK W/O&W	No prior authorization required		
70551	MRI BRAIN W/O DYE	No prior authorization required		
70552	MRI BRAIN W/DYE	No prior authorization required		
70553	MRI BRAIN W/O & W/DYE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
70554	FMRI BRAIN BY TECH	No prior authorization required		
70555	FMRI BRAIN BY PHYS/PSYCH	No prior authorization required		
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	No prior authorization required		
70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	No prior authorization required		
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O &W/CONTRAST	No prior authorization required		
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	No prior authorization required		
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	No prior authorization required		
71047	RADIOLOGIC EXAM CHEST 3 VIEWS	No prior authorization required		
71048	RADIOLOGIC EXAM CHEST 4+ VIEWS	No prior authorization required		
71100	RADEX RIBS UNILATERAL 2 VIEWS	No prior authorization required		
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	No prior authorization required		
71110	RADEX RIBS BILATERAL 3 VIEWS	No prior authorization required		
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	No prior authorization required		
71120	RADEX STERNUM MINIMUM 2 VIEWS	No prior authorization required		
71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	No prior authorization required		
71250	CT THORAX W/O DYE	No prior authorization required		
71260	CT THORAX W/DYE	No prior authorization required		
71270	CT THORAX W/O & W/DYE	No prior authorization required		
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	No prior authorization required		
71275	CT ANGIOGRAPHY CHEST	No prior authorization required		
71550	MRI CHEST W/O DYE	No prior authorization required		
71551	MRI CHEST W/DYE	No prior authorization required		
71552	MRI CHEST W/O & W/DYE	No prior authorization required		
71555	MRI ANGIO CHEST W OR W/O	No prior authorization required		
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	No prior authorization required		
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	No prior authorization required		
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	No prior authorization required		
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	No prior authorization required		
72070	RADEX SPINE THORACIC 2 VIEWS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
72072	RADEX SPINE THORACIC 3 VIEWS	No prior authorization required		
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	No prior authorization required		
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	No prior authorization required		
72081	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	No prior authorization required		
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	No prior authorization required		
72083	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	No prior authorization required		
72084	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	No prior authorization required		
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	No prior authorization required		
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	No prior authorization required		
72114	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	No prior authorization required		
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	No prior authorization required		
72125	CT NECK SPINE W/O DYE	No prior authorization required		
72126	CT NECK SPINE W/DYE	No prior authorization required		
72127	CT NECK SPINE W/O & W/DY	No prior authorization required		
72128	CT CHEST SPINE W/O DYE	No prior authorization required		
72129	CT CHEST SPINE W/DYE	No prior authorization required		
72130	CT CHEST SPINE W/O & W/D	No prior authorization required		
72131	CT LUMBAR SPINE W/O DYE	No prior authorization required		
72132	CT LUMBAR SPINE W/DYE	No prior authorization required		
72133	CT LUMBAR SPINE W/O & W/	No prior authorization required		
72141	MRI NECK SPINE W/O DYE	No prior authorization required		
72142	MRI NECK SPINE W/DYE	No prior authorization required		
72146	MRI CHEST SPINE W/O DYE	No prior authorization required		
72147	MRI CHEST SPINE W/DYE	No prior authorization required		
72148	MRI LUMBAR SPINE W/O DYE	No prior authorization required		
72149	MRI LUMBAR SPINE W/DYE	No prior authorization required		
72156	MRI NECK SPINE W/O & W/D	No prior authorization required		
72157	MRI CHEST SPINE W/O & W/	No prior authorization required		
72158	MRI LUMBAR SPINE W/O & W	No prior authorization required		
72159	MR ANGIO SPINE W/O&W/DYE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	No prior authorization required		
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	No prior authorization required		
72191	CT ANGIOGRAPH PELV W/O&W	No prior authorization required		
72192	CT PELVIS W/O DYE	No prior authorization required		
72193	CT PELVIS W/DYE	No prior authorization required		
72194	CT PELVIS W/O & W/DYE	No prior authorization required		
72195	MRI PELVIS W/O DYE	No prior authorization required		
72196	MRI PELVIS W/DYE	No prior authorization required		
72197	MRI PELVIS W/O & W/DYE	No prior authorization required		
72198	MR ANGIO PELVIS W/O & W/	No prior authorization required		
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS < 3 VIEWS	No prior authorization required		
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	No prior authorization required		
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	No prior authorization required		
72240	MYELOGRAPHY CERVICAL RS&I	No prior authorization required		
72255	MYELOGRAPHY THORACIC RS&I	No prior authorization required		
72265	MYELOGRAPY LUMBOSACRAL RS&I	No prior authorization required		
72270	MYELOGRAPY 2/MORE REGIONS RS&I	No prior authorization required		
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	No prior authorization required		
72295	DISKOGRAPY LUMBAR RS&I	No prior authorization required		
73000	RADEX CLAVICLE COMPLETE	No prior authorization required		
73010	RADEX SCAPULA COMPLETE	No prior authorization required		
73020	RADEX SHOULDER 1 VIEW	No prior authorization required		
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	No prior authorization required		
73040	RADEX SHOULDER ARTHROGRAPHY RS&I	No prior authorization required		
73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	No prior authorization required		
73060	RADEX HUMERUS MINIMUM 2 VIEWS	No prior authorization required		
73070	RADEX ELBOW 2 VIEWS	No prior authorization required		
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
73085	RADEX ELBOW ARTHROGRAPHY RS&I	No prior authorization required		
73090	RADEX FOREARM 2 VIEWS	No prior authorization required		

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73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	No prior authorization required		
73100	RADEX WRIST 2 VIEWS	No prior authorization required		
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
73115	RADEX WRIST ARTHROGRAPHY RS&I	No prior authorization required		
73120	RADEX HAND 2 VIEWS	No prior authorization required		
73130	RADEX HAND MINIMUM 3 VIEWS	No prior authorization required		
73140	RADEX FINGR MINIMUM 2 VIEWS	No prior authorization required		
73200	CT UPPER EXTREMITY W/O D	No prior authorization required		
73201	CT UPPER EXTREMITY W/DYE	No prior authorization required		
73202	CT UPPR EXTREMITY W/O&W/	No prior authorization required		
73206	CT ANGIO UPR EXTRM W/O&W	No prior authorization required		
73218	MRI UPPER EXTREMITY W/O	No prior authorization required		
73219	MRI UPPER EXTREMITY W/DY	No prior authorization required		
73220	MRI UPPR EXTREMITY W/O&W	No prior authorization required		
73221	MRI JOINT UPR EXTREM W/O	No prior authorization required		
73222	MRI JOINT UPR EXTREM W/D	No prior authorization required		
73223	MRI JOINT UPR EXTR W/O&W	No prior authorization required		
73225	MR ANGIO UPR EXTR W/O&W/	No prior authorization required		
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	No prior authorization required		
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	No prior authorization required		
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	No prior authorization required		
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	No prior authorization required		
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	No prior authorization required		
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	No prior authorization required		
73525	RADEX HIP ARTHROGRAPHY RS&I	No prior authorization required		
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	No prior authorization required		
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	No prior authorization required		
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	No prior authorization required		
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	No prior authorization required		
73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	No prior authorization required		
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	No prior authorization required		
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	No prior authorization required		
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	No prior authorization required		
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	No prior authorization required		
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
73615	RADEX ANKLE ARTHROGRAPHY RS&I	No prior authorization required		
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	No prior authorization required		
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	No prior authorization required		
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	No prior authorization required		
73660	RADEX TOE MINIMUM 2 VIEWS	No prior authorization required		
73700	CT LOWER EXTREMITY W/O D	No prior authorization required		
73701	CT LOWER EXTREMITY W/DYE	No prior authorization required		
73702	CT LWR EXTREMITY W/O&W/D	No prior authorization required		
73706	CT ANGIO LWR EXTR W/O&W/	No prior authorization required		
73718	MRI LOWER EXTREMITY W/O	No prior authorization required		
73719	MRI LOWER EXTREMITY W/DY	No prior authorization required		
73720	MRI LWR EXTREMITY W/O&W/	No prior authorization required		
73721	MRI JNT OF LWR EXTRE W/O	No prior authorization required		
73722	MRI JOINT OF LWR EXTR W/	No prior authorization required		
73723	MRI JOINT LWR EXTR W/O&W	No prior authorization required		
73725	MR ANG LWR EXT W OR W/O	No prior authorization required		
74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW	No prior authorization required		
74019	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	No prior authorization required		
74021	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	No prior authorization required		
74022	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	No prior authorization required		
74150	CT ABDOMEN W/O DYE	No prior authorization required		
74160	CT ABDOMEN W/DYE	No prior authorization required		
74170	CT ABDOMEN W/O & W/DYE	No prior authorization required		
74174	CT ANGIO ABD&PELV W/O&W/	No prior authorization required		

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74175	CT ANGIO ABDOM W/O & W/D	No prior authorization required		
74176	CT ABD & PELVIS	No prior authorization required		
74177	CT ABD & PELV W/CONTRAST	No prior authorization required		
74178	CT ABD & PELV 1+ REGNS	No prior authorization required		
74181	MRI ABDOMEN W/O DYE	No prior authorization required		
74182	MRI ABDOMEN W/DYE	No prior authorization required		
74183	MRI ABDOMEN W/O & W/DYE	No prior authorization required		
74185	MRI ANGIO ABDOM W ORW/O	No prior authorization required		
74190	PERITONEOGRAM RS&I	No prior authorization required		
74210	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	No prior authorization required		
74220	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	No prior authorization required		
74221	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	No prior authorization required		
74230	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	No prior authorization required		
74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	No prior authorization required		
74240	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	No prior authorization required		
74246	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	No prior authorization required		
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	No prior authorization required		
74250	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	No prior authorization required		
74251	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	No prior authorization required		
74261	CT COLONOGRAPHY DX	No prior authorization required		
74262	CT COLONOGRAPHY DX W/DYE	No prior authorization required		
74263	CT COLONOGRAPHY SCREENIN	No prior authorization required		
74270	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	No prior authorization required		
74280	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	No prior authorization required		
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	No prior authorization required		
74290	CHOLECYSTOGRAPHY ORAL CONTRST	No prior authorization required		
74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	No prior authorization required		
74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	No prior authorization required		
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	No prior authorization required		
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	No prior authorization required		
74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	No prior authorization required		
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	No prior authorization required		
74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	No prior authorization required		
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	No prior authorization required		
74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	No prior authorization required		
74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	No prior authorization required		
74415	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	No prior authorization required		
74420	UROGRAPHY RETROGRADE WITH/WO KUB	No prior authorization required		
74425	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	No prior authorization required		
74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	No prior authorization required		
74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	No prior authorization required		
74445	CORPORA CAVERNOSOGRAPY RS&I	No prior authorization required		
74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	No prior authorization required		
74455	URETHROCYSTOGRAPHY VOIDING RS&I	No prior authorization required		
74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	No prior authorization required		
74485	DILATION URETERS/URETHRA RS&I	No prior authorization required		
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	No prior authorization required		
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	No prior authorization required		
74740	HYSTEROSALPINGOGRAPHY RS&I	No prior authorization required		
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	No prior authorization required		
74775	PERINEOGRAM	No prior authorization required		
75557	CARDIAC MRI FOR MORPH	No prior authorization required		
75559	CARDIAC MRI W/STRESS IMG	No prior authorization required		
75561	CARDIAC MRI FOR MORPH W/	No prior authorization required		
75563	CARD MRI W/STRESS IMG &	No prior authorization required		
75565	CARD MRI VELOC FLOW MAPP	No prior authorization required		
75571	CT HRT W/O DYE W/CA TEST	Yes, prior authorization required		
75572	CT HRT W/3D IMAGE	No prior authorization required		
75573	CT HRT W/3D IMAGE CONGEN	No prior authorization required		

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75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	No prior authorization required		
75577	Quan&char c athrosclrtc plaq	No prior authorization required		
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	No prior authorization required		
75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	No prior authorization required		
75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	No prior authorization required		
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	No prior authorization required		
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	No prior authorization required		
75635	CT ANGIO ABDOMINAL ARTER	No prior authorization required		
75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	No prior authorization required		
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	No prior authorization required		
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	No prior authorization required		
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	No prior authorization required		
75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	No prior authorization required		
75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	No prior authorization required		
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	No prior authorization required		
75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	No prior authorization required		
75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	No prior authorization required		
75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	No prior authorization required		
75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I	No prior authorization required		
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	No prior authorization required		
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	No prior authorization required		
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	No prior authorization required		
75805	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	No prior authorization required		
75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	No prior authorization required		
75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	No prior authorization required		
75810	SPLENOPORTOGRAPY RS&I	No prior authorization required		
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	No prior authorization required		
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	No prior authorization required		
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	No prior authorization required		
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	No prior authorization required		
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	No prior authorization required		
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	No prior authorization required		
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	No prior authorization required		termed 12/31/2025
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	No prior authorization required		
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	No prior authorization required		
75872	VENOGRAPHY EPIDURAL RS&I	No prior authorization required		
75880	VENOGRAPHY ORBITAL RS&I	No prior authorization required		
75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	No prior authorization required		
75887	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	No prior authorization required		
75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	No prior authorization required		
75891	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	No prior authorization required		
75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	No prior authorization required		
75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	No prior authorization required		
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	No prior authorization required		
75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	No prior authorization required		
75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	No prior authorization required		
75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	No prior authorization required		termed 12/31/2025
75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	No prior authorization required		termed 12/31/2025
75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	No prior authorization required		termed 12/31/2025
75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	No prior authorization required		termed 12/31/2025
75970	TRANSCATHETER BIOPSY RS&I	No prior authorization required		
75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	No prior authorization required		
75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	No prior authorization required		
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	No prior authorization required		
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	No prior authorization required		
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	No prior authorization required		
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	No prior authorization required		
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	No prior authorization required		
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	No prior authorization required		
76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	No prior authorization required		
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	No prior authorization required		
76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	No prior authorization required		
76120	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	No prior authorization required		
76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	No prior authorization required		
76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	No prior authorization required		
76145	MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	No prior authorization required		
76376	3D RENDERING W/INTERP CT/MRI/US/OTHER TOMOGRAPHY	No prior authorization required		
76377	3D RENDER W/INTERP CT/MRI/US/OTH TOMO W/POSTPROC	No prior authorization required		
76380	CAT SCAN FOLLOW-UP STUDY	No prior authorization required		
76390	MR SPECTROSCOPY	No prior authorization required		
76391	MR ELASTOGRAPHY	No prior authorization required		
76496	UNLISTED FLUOROSCOPIC PROCEDURE	No prior authorization required		
76497	CT PROCEDURE	No prior authorization required		
76498	MRI PROCEDURE	No prior authorization required		
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	No prior authorization required		
76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	No prior authorization required		
76510	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
76511	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	No prior authorization required		
76512	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	No prior authorization required		
76513	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	No prior authorization required		
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	No prior authorization required		
76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	No prior authorization required		
76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	No prior authorization required		
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	No prior authorization required		
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	No prior authorization required		
76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	No prior authorization required		
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	No prior authorization required		
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	No prior authorization required		
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	No prior authorization required		
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	No prior authorization required		
76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	No prior authorization required		
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	No prior authorization required		
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	No prior authorization required		
76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	No prior authorization required		
76800	ULTRASOUND SPINAL CANAL & CONTENTS	No prior authorization required		
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	No prior authorization required		
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	No prior authorization required		
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	No prior authorization required		
76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	No prior authorization required		
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	No prior authorization required		
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	No prior authorization required		
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	No prior authorization required		
76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	No prior authorization required		
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	No prior authorization required		
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	No prior authorization required		
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	No prior authorization required		
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	No prior authorization required		

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76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	No prior authorization required		
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	No prior authorization required		
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	No prior authorization required		
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	No prior authorization required		
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	No prior authorization required		
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	No prior authorization required		
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	No prior authorization required		
76830	US TRANSVAGINAL	No prior authorization required		
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	No prior authorization required		
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	No prior authorization required		
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	No prior authorization required		
76870	US SCROTUM & CONTENTS	No prior authorization required		
76872	US TRANSRECTAL	No prior authorization required		
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	No prior authorization required		
76881	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	No prior authorization required		
76882	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	No prior authorization required		
76883	US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	No prior authorization required		
76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	No prior authorization required		
76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	No prior authorization required		
76932	US ENDOMYOCARDIAL BIOPSY RS&I	No prior authorization required		
76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	No prior authorization required		
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	No prior authorization required		
76940	US &MNTR PARENCHYMAL TISSUE ABLATION	No prior authorization required		
76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	No prior authorization required		
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	No prior authorization required		
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	No prior authorization required		
76946	US GUIDANCE AMNIOCENTESIS IMG S&I	No prior authorization required		
76948	US GUIDANCE ASPIRATION OVA IMG S&I	No prior authorization required		
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	No prior authorization required		
76975	GI ENDOSCOPIC US S&I	No prior authorization required		

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76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	No prior authorization required		
76978	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	No prior authorization required		
76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	No prior authorization required		
76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA	No prior authorization required		
76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	No prior authorization required		
76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	No prior authorization required		
76984	DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	No prior authorization required		
76987	DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	No prior authorization required		
76988	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	No prior authorization required		
76989	DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	No prior authorization required		
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	No prior authorization required		
76999	UNLISTED US PROCEDURE	No prior authorization required		
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	No prior authorization required		
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	No prior authorization required		
77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	No prior authorization required		
77011	CT SCAN FOR LOCALIZATION	No prior authorization required		
77012	CT GUIDANCE NEEDLE PLACEMENT	No prior authorization required		
77013	CT GUIDANCE &MONITORING VISC TISS ABLATION	No prior authorization required		
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	No prior authorization required		termed 12/31/2025
77021	MRI GUIDANCE NEEDLE PLACEMENT RS&	No prior authorization required		
77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	No prior authorization required		
77046	MRI BREAST C- UNILATERAL	No prior authorization required		
77047	MRI BREAST C- BILATERAL	No prior authorization required		
77048	MRI BREAST C-+ W/CAD UNI	No prior authorization required		
77049	MRI BREAST C-+ W/CAD BI	No prior authorization required		
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	No prior authorization required		
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	No prior authorization required		
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	No prior authorization required		
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	No prior authorization required		

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77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	No prior authorization required		
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	No prior authorization required		
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	No prior authorization required		
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	No prior authorization required		
77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	No prior authorization required		
77072	BONE AGE STUDIES	No prior authorization required		
77073	BONE LENGTH STUDIES	No prior authorization required		
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	No prior authorization required		
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	No prior authorization required		
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	No prior authorization required		
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	No prior authorization required		
77078	CT BONE DENSITY AXIAL	No prior authorization required		
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	No prior authorization required		
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	No prior authorization required		
77084	MAGNETIC IMAGE BONE MARR	No prior authorization required		
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	No prior authorization required		
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	No prior authorization required		
77089	TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	No prior authorization required		
77090	TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	No prior authorization required		
77091	TBS TECHNICAL CALCULATION ONLY	No prior authorization required		
77092	TBS INTERPRETATION & REPORT FX RISK BY OTHER QHP	No prior authorization required		
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	No prior authorization required		
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	No prior authorization required		
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	No prior authorization required		
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	No prior authorization required		
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	No prior authorization required		
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	No prior authorization required		
77293	RESPIRATOR MOTION MGMT SIMUL	No prior authorization required		
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	No prior authorization required		
77299	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	No prior authorization required		

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77300	BASIC RADIATION DOSIMETRY CALCULATION	No prior authorization required		
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	No prior authorization required		
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	No prior authorization required		
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	No prior authorization required		
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	No prior authorization required		
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	No prior authorization required		
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	No prior authorization required		
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	No prior authorization required		
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	No prior authorization required		
77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	No prior authorization required		
77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	No prior authorization required		
77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	No prior authorization required		
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	No prior authorization required		
77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	No prior authorization required		
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	No prior authorization required		
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Yes, prior authorization required		
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Yes, prior authorization required		
77373	SBRT DELIVERY	No prior authorization required		
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	No prior authorization required		termed 12/31/2025
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	No prior authorization required		termed 12/31/2025
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	No prior authorization required		
77399	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	No prior authorization required		
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	No prior authorization required		termed 12/31/2025
77402	RADIATION TREATMENT DELIVERY 1 MEV >= SIMPLE	No prior authorization required		
77407	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	No prior authorization required		
77412	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	No prior authorization required		
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	No prior authorization required		
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	No prior authorization required		

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77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	No prior authorization required		
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	No prior authorization required		
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	No prior authorization required		
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	No prior authorization required		
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Yes, prior authorization required		
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Yes, prior authorization required		
77436	Surf radj ther tx planning	No prior authorization required		
77437	Surf radj ther supfc<=150kv	No prior authorization required		
77438	Surf rad thr orthvlt>150-500	No prior authorization required		
77439	Surf rad thr img gdn us plmt	No prior authorization required		
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	No prior authorization required		
77470	SPECIAL TREATMENT PROCEDURE	No prior authorization required		
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	No prior authorization required		
77520	PROTON TRMT SIMPLE W/O C	No prior authorization required		
77522	PROTON TRMT SIMPLE W/COM	No prior authorization required		
77523	PROTON TRMT INTERMEDIATE	No prior authorization required		
77525	PROTON TREATMENT COMPLEX	No prior authorization required		
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	No prior authorization required		
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	No prior authorization required		
77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	No prior authorization required		
77615	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	No prior authorization required		
77620	HYPERTHERMIA INTRACAVITARY PROBES	No prior authorization required		
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	No prior authorization required		
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	No prior authorization required		
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	No prior authorization required		
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	No prior authorization required		
77767	HDR RDNCL SKN SURF BRACHYTX	No prior authorization required		
77768	HDR RDNCL SKN SURF BRACHYTX	No prior authorization required		
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	No prior authorization required		
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	No prior authorization required		

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77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	No prior authorization required		
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	No prior authorization required		
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	No prior authorization required		
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	No prior authorization required		
77799	RADIUM/RADIOISOTOPE THER	Yes, prior authorization required		
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	No prior authorization required		
78013	THYROID IMAGING WITH VASCULAR FLOW	No prior authorization required		
78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	No prior authorization required		
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	No prior authorization required		
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	No prior authorization required		
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	No prior authorization required		
78020	THYROID CARCINOMA METASTASES UPTAKE	No prior authorization required		
78070	PARATHYROID PLANAR IMAGING	No prior authorization required		
78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	No prior authorization required		
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	No prior authorization required		
78075	ADRENAL IMAGING CORTEX &/MEDULLA	No prior authorization required		
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	No prior authorization required		
78102	BONE MARROW IMAGING LIMITED AREA	No prior authorization required		
78103	BONE MARROW IMAGING MULTIPLE AREAS	No prior authorization required		
78104	BONE MARROW IMAGING WHOLE BODY	No prior authorization required		
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	No prior authorization required		
78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	No prior authorization required		
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	No prior authorization required		
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	No prior authorization required		
78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	No prior authorization required		
78130	RED CELL SURVIVAL STUDY	No prior authorization required		
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	No prior authorization required		
78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	No prior authorization required		
78191	PLATELET SURVIVAL STUDY	No prior authorization required		
78195	LYMPHATICS & LYMPH NODES IMAGING	No prior authorization required		

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78199	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	No prior authorization required		
78201	LIVER IMAGING STATIC ONLY	No prior authorization required		
78202	LIVER IMAGING W/VASCULAR FLOW	No prior authorization required		
78215	LIVER & SPLEEN IMAGING STATIC ONLY	No prior authorization required		
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	No prior authorization required		
78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	No prior authorization required		
78227	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	No prior authorization required		
78230	SALIVARY GLAND IMAGING	No prior authorization required		
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	No prior authorization required		
78232	SALIVARY GLAND FUNCTION STUDY	No prior authorization required		
78258	ESOPHAGEAL MOTILITY	No prior authorization required		
78261	GASTRIC MUCOSA IMAGING	No prior authorization required		
78262	GASTROESOPHAGEAL REFLUX STUDY	No prior authorization required		
78264	GASTRIC EMPTYING IMAGING STUDY	No prior authorization required		
78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	No prior authorization required		
78266	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	No prior authorization required		
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	No prior authorization required		
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	No prior authorization required		
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	No prior authorization required		
78282	GASTROINTESTINAL PROTEIN LOSS	No prior authorization required		
78290	INTESTINE IMAGING	No prior authorization required		
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	No prior authorization required		
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	No prior authorization required		
78300	BONE &/JOINT IMAGING LIMITED AREA	No prior authorization required		
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	No prior authorization required		
78306	BONE &/JOINT IMAGING WHOLE BODY	No prior authorization required		
78315	BONE &/JOINT IMAGING 3 PHASE STUDY	No prior authorization required		
78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	No prior authorization required		
78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	No prior authorization required		
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	No prior authorization required		

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78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	No prior authorization required		
78428	CARDIAC SHUNT DETECTION	No prior authorization required		
78429	MYOCRD IMG PET 1 STD W/CT	No prior authorization required		
78430	MYOCRD IMG PET RST/STRS W/CT	No prior authorization required		
78431	MYOCRD IMG PET RST&STRS CT	No prior authorization required		
78432	MYOCRD IMG PET 2RTRACER	No prior authorization required		
78433	MYOCRD IMG PET 2RTRACER CT	No prior authorization required		
78434	AQMBF PET REST & RX STRESS	No prior authorization required		
78445	NONCARDIAC VASCULAR FLOW IMAGING	No prior authorization required		
78451	HT MUSCLE IMAGE SPECT SI	No prior authorization required		
78452	HT MUSCLE IMAGE SPECT MU	No prior authorization required		
78453	HT MUSCLE IMAGE PLANAR S	No prior authorization required		
78454	HT MUSC IMAGE PLANAR MUL	No prior authorization required		
78456	ACUTE VENOUS THROMBUS IM	No prior authorization required		
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	No prior authorization required		
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	No prior authorization required		
78459	HEART MUSCLE IMAGING (PE	No prior authorization required		
78466	HEART INFARCT IMAGE	No prior authorization required		
78468	HEART INFARCT IMAGE (EF)	No prior authorization required		
78469	HEART INFARCT IMAGE (3D)	No prior authorization required		
78472	GATED HEART PLANAR SINGL	No prior authorization required		
78473	GATED HEART MULTIPLE	No prior authorization required		
78481	HEART FIRST PASS SINGLE	No prior authorization required		
78483	HEART FIRST PASS MULTIPL	No prior authorization required		
78491	HEART IMAGE (PET) SINGLE	No prior authorization required		
78492	HEART IMAGE (PET) MULTIP	No prior authorization required		
78494	HEART IMAGE SPECT	No prior authorization required		
78496	HEART FIRST PASS ADD-ON	No prior authorization required		
78499	CARDIOVASCULAR NUCLEAR E	No prior authorization required		
78579	PULMONARY VENTILATION IMAGING	No prior authorization required		

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78580	PULMONARY PERFUSION IMAGING PARTICULATE	No prior authorization required		
78582	PULMONARY VENTILATION & PERFUSION IMAGING	No prior authorization required		
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	No prior authorization required		
78598	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	No prior authorization required		
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	No prior authorization required		
78600	BRAIN IMAGING <4 STATIC VIEWS	No prior authorization required		
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	No prior authorization required		
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	No prior authorization required		
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	No prior authorization required		
78608	BRAIN IMAGING (PET)	No prior authorization required		
78609	BRAIN IMAGING (PET)	No prior authorization required		
78610	BRAIN IMAGING VASCULAR FLOW ONLY	No prior authorization required		
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	No prior authorization required		
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	No prior authorization required		
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	No prior authorization required		
78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	No prior authorization required		
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	No prior authorization required		
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	No prior authorization required		
78700	KIDNEY IMAGING MORPHOLOGY	No prior authorization required		
78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	No prior authorization required		
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	No prior authorization required		
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	No prior authorization required		
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	No prior authorization required		
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	No prior authorization required		
78730	URINARY BLADDER RESIDUAL STUDY	No prior authorization required		
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	No prior authorization required		
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	No prior authorization required		
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	No prior authorization required		
78800	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	No prior authorization required		
78801	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	No prior authorization required		

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78802	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	No prior authorization required		
78803	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	No prior authorization required		
78804	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	No prior authorization required		
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	No prior authorization required		
78811	PET IMAGE LTD AREA	No prior authorization required		
78812	PET IMAGE SKULL-THIGH	No prior authorization required		
78813	PET IMAGE FULL BODY	No prior authorization required		
78814	PET IMAGE W/CT LMTD	No prior authorization required		
78815	PET IMAGE W/CT SKULL-THI	No prior authorization required		
78816	PET IMAGE W/CT FULL BODY	No prior authorization required		
78830	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	No prior authorization required		
78831	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	No prior authorization required		
78832	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	No prior authorization required		
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	No prior authorization required		
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Yes, prior authorization required		
79005	NUCLEAR RX ORAL ADMIN	No prior authorization required		
79101	RP THERAPY INTRAVENOUS ADMINISTRATION	No prior authorization required		
79200	RP THERAPY INRACAVITARY ADMINISTRATION	No prior authorization required		
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	No prior authorization required		
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	No prior authorization required		
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	No prior authorization required		
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	No prior authorization required		
79999	RP THERAPY UNLISTED PROCEDURE	No prior authorization required		
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	No prior authorization required		
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	No prior authorization required		
80050	GENERAL HEALTH PANEL	No prior authorization required		
80051	ELECTROLYTE PANEL	No prior authorization required		
80053	COMPREHENSIVE METABOLIC PANEL	No prior authorization required		
80055	OBSTETRIC PANEL	No prior authorization required		
80061	LIPID PANEL	No prior authorization required		

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80069	RENAL FUNCTION PANEL	No prior authorization required		
80074	ACUTE HEPATITIS PANEL	No prior authorization required		
80076	HEPATIC FUNCTION PANEL	No prior authorization required		
80081	OBSTETRIC PANEL	No prior authorization required		
80143	DRUG ASSAY ACETAMINOPHEN	No prior authorization required		
80145	DRUG ASSAY ADALIMUMAB	No prior authorization required		
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	No prior authorization required		
80151	DRUG ASSAY AMIODARONE	No prior authorization required		
80155	DRUG ASSAY CAFFEINE	No prior authorization required		
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	No prior authorization required		
80157	DRUG ASSAY CARBAMAZEPINE FREE	No prior authorization required		
80158	DRUG ASSAY CYCLOSPORINE	No prior authorization required		
80159	DRUG ASSAY CLOZAPINE	No prior authorization required		
80161	DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	No prior authorization required		
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	No prior authorization required		
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	No prior authorization required		
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	No prior authorization required		
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	No prior authorization required		
80167	DRUG ASSAY FELBAMATE	No prior authorization required		
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	No prior authorization required		
80169	DRUG ASSAY EVEROLIMUS	No prior authorization required		
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	No prior authorization required		
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	No prior authorization required		
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	No prior authorization required		
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	No prior authorization required		
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	No prior authorization required		
80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	No prior authorization required		
80178	DRUG SCREEN QUANTITATIVE LITHIUM	No prior authorization required		
80179	DRUG ASSAY SALICYLATE	No prior authorization required		
80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	No prior authorization required		

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80181	DRUG ASSAY FLECAINIDE	No prior authorization required		
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	No prior authorization required		
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	No prior authorization required		
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	No prior authorization required		
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	No prior authorization required		
80187	DRUG ASSAY POSACONAZOLE	No prior authorization required		
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	No prior authorization required		
80189	DRUG ASSAY ITRACONAZOLE	No prior authorization required		
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	No prior authorization required		
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	No prior authorization required		
80193	DRUG ASSAY LEFLUNOMIDE	No prior authorization required		
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	No prior authorization required		
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	No prior authorization required		
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	No prior authorization required		
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	No prior authorization required		
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	No prior authorization required		
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	No prior authorization required		
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	No prior authorization required		
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	No prior authorization required		
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	No prior authorization required		
80204	DRUG ASSAY METHOTREXATE	No prior authorization required		
80210	DRUG ASSAY RUFINAMIDE	No prior authorization required		
80220	DRUG ASSAY HYDROXYCHLOROQUINE	No prior authorization required		
80230	DRUG ASSAY INFLIXIMAB	No prior authorization required		
80235	DRUG ASSAY LACOSAMIDE	No prior authorization required		
80280	DRUG ASSAY VEDOLIZUMAB	No prior authorization required		
80285	DRUG ASSAY VORICONAZOLE	No prior authorization required		
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	No prior authorization required		
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	No prior authorization required		
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	No prior authorization required		

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80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	No prior authorization required		
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	No prior authorization required		
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	No prior authorization required		
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	No prior authorization required		
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	No prior authorization required		
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	No prior authorization required		
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	No prior authorization required		
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	No prior authorization required		
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	No prior authorization required		
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	No prior authorization required		
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	No prior authorization required		
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	No prior authorization required		
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	No prior authorization required		
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	No prior authorization required		
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	No prior authorization required		
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	No prior authorization required		
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	No prior authorization required		
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	No prior authorization required		
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	No prior authorization required		
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	No prior authorization required		
80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	No prior authorization required		
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	No prior authorization required		
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	No prior authorization required		
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	No prior authorization required		
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	No prior authorization required		
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	No prior authorization required		
80345	DRUG SCREENING BARBITURATES	No prior authorization required		
80346	DRUG SCREENING BENZODIAZEPINES 1-12	No prior authorization required		
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	No prior authorization required		
80348	DRUG SCREENING BUPRENORPHINE	No prior authorization required		

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80349	DRUG SCREENING CANNABINOIDS NATURAL	No prior authorization required		
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	No prior authorization required		
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	No prior authorization required		
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	No prior authorization required		
80353	DRUG SCREENING COCAINE	No prior authorization required		
80354	DRUG SCREENING FENTANYL	No prior authorization required		
80355	DRUG SCREENING GABAPENTIN NON-BLOOD	No prior authorization required		
80356	DRUG SCREENING HEROIN METABOLITE	No prior authorization required		
80357	DRUG SCREENING KETAMINE AND NORKETAMINE	No prior authorization required		
80358	DRUG SCREENING METHADONE	No prior authorization required		
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	No prior authorization required		
80360	DRUG SCREENING METHYLPHENIDATE	No prior authorization required		
80361	DRUG SCREENING OPIATES 1 OR MORE	No prior authorization required		
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	No prior authorization required		
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	No prior authorization required		
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	No prior authorization required		
80365	DRUG SCREENING OXYCODONE	No prior authorization required		
80366	DRUG SCREENING PREGABALIN	No prior authorization required		
80367	DRUG SCREENING PROPOXYPHENE	No prior authorization required		
80368	DRUG SCREENING SEDATIVE HYPNOTICS	No prior authorization required		
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	No prior authorization required		
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	No prior authorization required		
80371	DRUG SCREENING STIMULANTS SYNTHETIC	No prior authorization required		
80372	DRUG SCREENING TAPENTADOL	No prior authorization required		
80373	DRUG SCREENING TRAMADOL	No prior authorization required		
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	No prior authorization required		
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	No prior authorization required		
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	No prior authorization required		
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	No prior authorization required		
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	No prior authorization required		

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80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	No prior authorization required		
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	No prior authorization required		
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	No prior authorization required		
80410	CALCITONIN STIMULATION PANEL	No prior authorization required		
80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	No prior authorization required		
80414	CHORNC GONAD STIMJ PANEL TESTOSTERONE RESPONSE	No prior authorization required		
80415	CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	No prior authorization required		
80416	RENAL VEIN RENIN STIMULATION PANEL	No prior authorization required		
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	No prior authorization required		
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	No prior authorization required		
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	No prior authorization required		
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	No prior authorization required		
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	No prior authorization required		
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	No prior authorization required		
80428	GROWTH HORMONE STIMULATION PANEL	No prior authorization required		
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	No prior authorization required		
80432	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	No prior authorization required		
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	No prior authorization required		
80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	No prior authorization required		
80436	METYRAPONE PANEL	No prior authorization required		
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	No prior authorization required		
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	No prior authorization required		
80503	PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	No prior authorization required		
80504	PATHOLOGY CLINICAL CONSULTATION MOD MDM 21-40MIN	No prior authorization required		
80505	PATHOLOGY CLINICAL CONSULTATION HI MDM 41-60 MIN	No prior authorization required		
80506	PATHOLOGY CLINICAL CONSLTJ PROLNG SVC EA ADDL 30	No prior authorization required		
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	No prior authorization required		
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	No prior authorization required		
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	No prior authorization required		
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	No prior authorization required		

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81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	No prior authorization required		
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	No prior authorization required		
81015	URINALYSIS MICROSCOPIC ONLY	No prior authorization required		
81020	URINALYSIS 2/3 GLASS TEST	No prior authorization required		
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	No prior authorization required		
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	No prior authorization required		
81099	UNLISTED URINALYSIS PROCEDURE	No prior authorization required		
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	Yes, prior authorization required		
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	Yes, prior authorization required		
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	Yes, prior authorization required		
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	Yes, prior authorization required		
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	Yes, prior authorization required		
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	Yes, prior authorization required		

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81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	Yes, prior authorization required		
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	Yes, prior authorization required		
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Yes, prior authorization required		
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Yes, prior authorization required		
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Yes, prior authorization required		
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements	Yes, prior authorization required		
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes, prior authorization required		
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes, prior authorization required		
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes, prior authorization required		
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion anlaysis (ie, detection of large gene rearrangements)	Yes, prior authorization required		

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81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes, prior authorization required		
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	Yes, prior authorization required		
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Yes, prior authorization required		
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg,fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg,expanded) alleles	Yes, prior authorization required		
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg,fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Yes, prior authorization required		
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Yes, prior authorization required		
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Yes, prior authorization required		
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Yes, prior authorization required		
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Yes, prior authorization required		
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) allele	Yes, prior authorization required		
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) allele	Yes, prior authorization required		
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		

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81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) allele	Yes, prior authorization required		
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Yes, prior authorization required		
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Yes, prior authorization required		
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Yes, prior authorization required		
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant (s)	Yes, prior authorization required		
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Yes, prior authorization required		
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Yes, prior authorization required		
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Yes, prior authorization required		

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81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Yes, prior authorization required		
81195	CYTOG GENOM-WID ALYS HEM MAL	Yes, prior authorization required		
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Yes, prior authorization required		
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Yes, prior authorization required		
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Yes, prior authorization required		
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81204	AR (androgen receptor) (eg,spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg,expanded size or methylation status)	Yes, prior authorization required		
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Yes, prior authorization required		
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Yes, prior authorization required		
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Yes, prior authorization required		
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Yes, prior authorization required		
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Yes, prior authorization required		
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Yes, prior authorization required		
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Yes, prior authorization required		

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81215	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes, prior authorization required		
81216	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes, prior authorization required		
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes, prior authorization required		
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Yes, prior authorization required		
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Yes, prior authorization required		
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Yes, prior authorization required		
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Yes, prior authorization required		
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Yes, prior authorization required		
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Yes, prior authorization required		
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Yes, prior authorization required		
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes, prior authorization required		

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81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Yes, prior authorization required		
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Yes, prior authorization required		
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Yes, prior authorization required		
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Yes, prior authorization required		
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Yes, prior authorization required		
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Yes, prior authorization required		
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Yes, prior authorization required		
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes, prior authorization required		
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Yes, prior authorization required		
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Yes, prior authorization required		
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Yes, prior authorization required		

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81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Yes, prior authorization required		
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Yes, prior authorization required		
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Yes, prior authorization required		
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Yes, prior authorization required		
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Yes, prior authorization required		
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Yes, prior authorization required		
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Yes, prior authorization required		
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Yes, prior authorization required		
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Yes, prior authorization required		
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Yes, prior authorization required		
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Yes, prior authorization required		
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	Yes, prior authorization required		
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Yes, prior authorization required		

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81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Yes, prior authorization required		
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Yes, prior authorization required		
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Yes, prior authorization required		
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Yes, prior authorization required		
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Yes, prior authorization required		
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Yes, prior authorization required		
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Yes, prior authorization required		
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Yes, prior authorization required		
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Yes, prior authorization required		
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Yes, prior authorization required		

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81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Yes, prior authorization required		
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Yes, prior authorization required		
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Yes, prior authorization required		
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Yes, prior authorization required		
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Yes, prior authorization required		
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Yes, prior authorization required		
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Yes, prior authorization required		
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Yes, prior authorization required		
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		

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81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Yes, prior authorization required		
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Yes, prior authorization required		
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg expanded size)	Yes, prior authorization required		
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Yes, prior authorization required		
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Yes, prior authorization required		
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes, prior authorization required		
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Yes, prior authorization required		
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes, prior authorization required		
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Yes, prior authorization required		
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes, prior authorization required		
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Yes, prior authorization required		
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Yes, prior authorization required		
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), promoter methylation analysis	Yes, prior authorization required		
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Yes, prior authorization required		

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81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant (s)	Yes, prior authorization required		
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Yes, prior authorization required		
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Yes, prior authorization required		
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes, prior authorization required		
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes, prior authorization required		
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes, prior authorization required		

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81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/ deletion variants	Yes, prior authorization required		
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Yes, prior authorization required		
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Yes, prior authorization required		
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Yes, prior authorization required		
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Yes, prior authorization required		
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Yes, prior authorization required		
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Yes, prior authorization required		
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Yes, prior authorization required		
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Yes, prior authorization required		
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Yes, prior authorization required		
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		

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81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/ kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Yes, prior authorization required		
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Yes, prior authorization required		
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Yes, prior authorization required		
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Yes, prior authorization required		
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes, prior authorization required		
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes, prior authorization required		
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Yes, prior authorization required		
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Yes, prior authorization required		
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Yes, prior authorization required		

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81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/ deletion variant	Yes, prior authorization required		
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Yes, prior authorization required		
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Yes, prior authorization required		
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Yes, prior authorization required		
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Yes, prior authorization required		
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Yes, prior authorization required		
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Yes, prior authorization required		
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Yes, prior authorization required		
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Yes, prior authorization required		
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Yes, prior authorization required		
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Yes, prior authorization required		

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81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	Yes, prior authorization required		
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Yes, prior authorization required		
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes, prior authorization required		
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes, prior authorization required		
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes, prior authorization required		
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes, prior authorization required		
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Yes, prior authorization required		
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Yes, prior authorization required		
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Yes, prior authorization required		
81343	PPP2R2B (protein phosphatase 2 regulatory subunit B beta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes, prior authorization required		

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81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Yes, prior authorization required		
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Yes, prior authorization required		
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Yes, prior authorization required		
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Yes, prior authorization required		
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Yes, prior authorization required		
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Yes, prior authorization required		
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes, prior authorization required		
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes, prior authorization required		
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes, prior authorization required		
81354	Cytog alys chrml abnor ogm	Yes, prior authorization required		
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Yes, prior authorization required		
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Yes, prior authorization required		

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81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/ arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Yes, prior authorization required		
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Yes, prior authorization required		
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Yes, prior authorization required		
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Yes, prior authorization required		
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Yes, prior authorization required		
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Yes, prior authorization required		
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Yes, prior authorization required		
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Yes, prior authorization required		
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Yes, prior authorization required		
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Yes, prior authorization required		
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Yes, prior authorization required		
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes, prior authorization required		
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Yes, prior authorization required		
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Yes, prior authorization required		
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Yes, prior authorization required		
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Yes, prior authorization required		
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, - DPB1, or -DPA1), each	Yes, prior authorization required		
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Yes, prior authorization required		
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Yes, prior authorization required		
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	Yes, prior authorization required		
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	Yes, prior authorization required		
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Yes, prior authorization required		
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/ deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	Yes, prior authorization required		
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/ deletion variants of 26-50 exons)	Yes, prior authorization required		
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/ deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Yes, prior authorization required		
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Yes, prior authorization required		
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Yes, prior authorization required		
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Yes, prior authorization required		
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Yes, prior authorization required		
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	Yes, prior authorization required		

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81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	Yes, prior authorization required		
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes, prior authorization required		
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes, prior authorization required		
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Yes, prior authorization required		
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Yes, prior authorization required		
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	No prior authorization required		
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Yes, prior authorization required		
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes, prior authorization required		
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes, prior authorization required		

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81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Yes, prior authorization required		
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Yes, prior authorization required		
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	Yes, prior authorization required		
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Yes, prior authorization required		
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	Yes, prior authorization required		
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Yes, prior authorization required		
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	Yes, prior authorization required		

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81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	Yes, prior authorization required		
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Yes, prior authorization required		
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Yes, prior authorization required		
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Yes, prior authorization required		
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Yes, prior authorization required		

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81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Yes, prior authorization required		
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Yes, prior authorization required		
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Yes, prior authorization required		
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Yes, prior authorization required		
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Yes, prior authorization required		
81457	SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY	Yes, prior authorization required		
81458	SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS	Yes, prior authorization required		
81459	SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS	Yes, prior authorization required		
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Yes, prior authorization required		
81462	SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT	Yes, prior authorization required		
81463	SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS	Yes, prior authorization required		
81464	SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS	Yes, prior authorization required		
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Yes, prior authorization required		
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Yes, prior authorization required		

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81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Yes, prior authorization required		
81479	Unlisted molecular pathology procedure	Yes, prior authorization required		
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Yes, prior authorization required		
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Yes, prior authorization required		
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	Yes, prior authorization required		
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	Yes, prior authorization required		
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Yes, prior authorization required		
81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	Yes, prior authorization required		
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	No prior authorization required		
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	Yes, prior authorization required		
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	Yes, prior authorization required		
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	Yes, prior authorization required		
81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	Yes, prior authorization required		
81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	Yes, prior authorization required		
81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	No prior authorization required		
81514	NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	No prior authorization required		

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81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported	No prior authorization required		
81517	LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	No prior authorization required		
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin- embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	No prior authorization required		
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as recurrence score	Yes, prior authorization required		
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Yes, prior authorization required		
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Yes, prior authorization required		
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Yes, prior authorization required		
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Yes, prior authorization required		
81524	Onc cns tum dna mthyl 10,000	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Yes, prior authorization required		
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	No prior authorization required		
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Yes, prior authorization required		
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Yes, prior authorization required		
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	Yes, prior authorization required		
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Yes, prior authorization required		
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Yes, prior authorization required		
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	Yes, prior authorization required		

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81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Yes, prior authorization required		
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as metastasis risk score	Yes, prior authorization required		
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Yes, prior authorization required		
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin- fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	Yes, prior authorization required		
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Yes, prior authorization required		
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Yes, prior authorization required		
81558	TRNSPL REJ KDN MRNA QPCR 139	Yes, prior authorization required		
81560	TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	Yes, prior authorization required		
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Yes, prior authorization required		
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	Yes, prior authorization required		

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81599	Unlisted multianalyte assay with algorithmic analysis	Yes, prior authorization required		
82009	KETONE BODIES SERUM QUALITATIVE	No prior authorization required		
82010	KETONE BODIES SERUM QUANTITATIVE	No prior authorization required		
82013	ASSAY OF ACETYLCHOLINESTERASE	No prior authorization required		
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	No prior authorization required		
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	No prior authorization required		
82024	ADRENOCORTICOTROPIC HORMONE ACTH	No prior authorization required		
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	No prior authorization required		
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	No prior authorization required		
82042	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	No prior authorization required		
82043	URINE ALBUMIN QUANTITATIVE	No prior authorization required		
82044	URINE ALBUMIN SEMIQUANTITATIVE	No prior authorization required		
82045	ALBUMIN ISCHEMIA MODIFIED	No prior authorization required		
82075	ASSAY OF ALCOHOL (ETHANOL) BREATH	No prior authorization required		
82077	ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	No prior authorization required		
82085	ASSAY OF ALDOLASE	No prior authorization required		
82088	ASSAY OF ALDOSTERONE	No prior authorization required		
82103	ALPHA-1-ANTITRYPSIN TOTAL	No prior authorization required		
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	No prior authorization required		
82105	ALPHA-FETOPROTEIN SERUM	No prior authorization required		
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	No prior authorization required		
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	No prior authorization required		
82108	ASSAY OF ALUMINUM	No prior authorization required		
82120	AMINES VAGINAL FLUID QUALITATIVE	No prior authorization required		
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	No prior authorization required		
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	No prior authorization required		
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	No prior authorization required		
82135	AMINOLEVULINIC ACID DELTA	No prior authorization required		
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	No prior authorization required		
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	No prior authorization required		

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82140	ASSAY OF AMMONIA	No prior authorization required		
82143	AMNIOTIC FLU SCAN	No prior authorization required		
82150	ASSAY OF AMYLASE	No prior authorization required		
82154	ANDROSTANEDIOL GLUCURONIDE	No prior authorization required		
82157	ANDROSTENEDIONE	No prior authorization required		
82160	ANDROSTERONE	No prior authorization required		
82163	ANGIOTENSIN II	No prior authorization required		
82164	ANGIOTENSIN I-CONVERTING ENZYME	No prior authorization required		
82166	ASSAY OF ANTI-MULLERIAN HORMONE	No prior authorization required		
82172	APOLIPOPROTEIN EACH	No prior authorization required		
82175	ASSAY OF ARSENIC	No prior authorization required		
82180	ASSAY OF ASCORBIC ACID BLOOD	No prior authorization required		
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	No prior authorization required		
82232	BETA-2 MICROGLOBULIN	No prior authorization required		
82233	Beta-amyloid; 1-40 (Abeta 40)	Yes, prior authorization required		
82234	Beta-amyloid; 1-42 (Abeta 42)	Yes, prior authorization required		
82239	BILE ACIDS TOTAL	No prior authorization required		
82240	BILE ACIDS CHOLYLGLYCINE	No prior authorization required		
82247	BILIRUBIN TOTAL	No prior authorization required		
82248	BILIRUBIN DIRECT	No prior authorization required		
82252	BILIRUBIN FECES QUALITATIVE	No prior authorization required		
82261	BIOTINIDASE EACH SPECIMEN	No prior authorization required		
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	No prior authorization required		
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	No prior authorization required		
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	No prior authorization required		
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	No prior authorization required		
82286	BRADYKININ	No prior authorization required		
82300	CADMIUM	No prior authorization required		
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	No prior authorization required		
82308	CALCITONIN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
82310	CALCIUM TOTAL	No prior authorization required		
82330	CALCIUM IONIZED	No prior authorization required		
82331	CALCIUM AFTER CALCIUM INFUSION TEST	No prior authorization required		
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	No prior authorization required		
82355	CALCULUS QUALITATIVE ANALYSIS	No prior authorization required		
82360	CALCULUS QUANTITATIVE CHEMICAL	No prior authorization required		
82365	CALCULUS INFRARED SPECTROSCOPY	No prior authorization required		
82370	CALCULUS XRAY DIFFRACTION	No prior authorization required		
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	No prior authorization required		
82374	CARBON DIOXIDE BICARBONATE	No prior authorization required		
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	No prior authorization required		
82376	CARBOXYHEMOGLOBIN QUALITATIVE	No prior authorization required		
82378	CARCINOEMBRYONIC ANTIGEN CEA	No prior authorization required		
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	No prior authorization required		
82380	CAROTENE	No prior authorization required		
82382	CATECHOLAMINES TOTAL URINE	No prior authorization required		
82383	CATECHOLAMINES BLOOD	No prior authorization required		
82384	CATECHOLAMINES FRACTIONATED	No prior authorization required		
82387	CATHEPSIN-D	No prior authorization required		
82390	CERULOPLASMIN	No prior authorization required		
82397	CHEMILUMINESCENT ASSAY	No prior authorization required		
82415	CHLORAMPHENICOL	No prior authorization required		
82435	CHLORIDE BLD	No prior authorization required		
82436	CHLORIDE URINE	No prior authorization required		
82438	CHLORIDE OTHER SOURCE	No prior authorization required		
82441	CHLORINATED HYDROCARBONS SCREEN	No prior authorization required		
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	No prior authorization required		
82480	CHOLINESTERASE SERUM	No prior authorization required		
82482	CHOLINESTERASE RBC	No prior authorization required		
82485	CHONDROITIN B SULFATE QUANTITATIVE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
82495	ASSAY OF CHROMIUM	No prior authorization required		
82507	ASSAY OF CITRATE	No prior authorization required		
82523	COLLAGEN CROSS LINKS ANY METHOD	No prior authorization required		
82525	ASSAY OF COPPER	No prior authorization required		
82528	CORTICOSTERONE	No prior authorization required		
82530	CORTISOL FREE	No prior authorization required		
82533	CORTISOL TOTAL	No prior authorization required		
82540	ASSAY OF CREATINE	No prior authorization required		
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	No prior authorization required		
82550	CREATINE KINASE TOTAL	No prior authorization required		
82552	CREATINE KINASE ISOENZYMES	No prior authorization required		
82553	CREATINE KINASE MB FRACTION ONLY	No prior authorization required		
82554	CREATINE KINASE ISOFORMS	No prior authorization required		
82565	CREATININE BLOOD	No prior authorization required		
82570	CREATININE OTHER SOURCE	No prior authorization required		
82575	CREATININE CLEARANCE	No prior authorization required		
82585	ASSAY OF CRYOFIBRN	No prior authorization required		
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	No prior authorization required		
82600	ASSAY OF CYANIDE	No prior authorization required		
82607	CYANOCOBALAMIN VITAMIN B-12	No prior authorization required		
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	No prior authorization required		
82610	CYSTATIN C	No prior authorization required		
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	No prior authorization required		
82626	DEHYDROEPIANDROSTERONE	No prior authorization required		
82627	DEHYDROEPIANDROSTERONE-SULFATE	No prior authorization required		
82633	DESOXYCORTICOSTERONE 11-	No prior authorization required		
82634	DEOXYCORTISOL 11-	No prior authorization required		
82638	ASSAY OF DIBUCAINE NUMBER	No prior authorization required		
82642	DIHYDROTESTOSTERONE (DHT)	No prior authorization required		
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
82653	ELASTASE PANCREATIC FECAL QUANTITATIVE	No prior authorization required		
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	No prior authorization required		
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	No prior authorization required		
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	No prior authorization required		
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	No prior authorization required		
82668	ASSAY OF ERYTHROPOIETIN	No prior authorization required		
82670	ASSAY OF TOTAL ESTRADIOL	No prior authorization required		
82671	ASSAY OF ESTROGENS FRACTIONATED	No prior authorization required		
82672	ASSAY OF ESTROGENS TOTAL	No prior authorization required		
82677	ASSAY OF ESTRIOL	No prior authorization required		
82679	ASSAY OF ESTRONE	No prior authorization required		
82681	ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	No prior authorization required		
82693	ASSAY OF ETHYLENE GLYCOL	No prior authorization required		
82696	ASSAY OF ETIOCHOLANOLONE	No prior authorization required		
82705	FAT/LIPIDS FECES QUALITATIVE	No prior authorization required		
82710	FAT/LIPIDS FECES QUANTITATIVE	No prior authorization required		
82715	FAT DIFFIAL FECES QUANTITATIVE	No prior authorization required		
82725	FATTY ACIDS NONESTERIFIED	No prior authorization required		
82726	VERY LONG CHAIN FATTY ACIDS	No prior authorization required		
82728	ASSAY OF FERRITIN	No prior authorization required		
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	No prior authorization required		
82735	ASSAY OF FLUORIDE	No prior authorization required		
82746	ASSAY OF FOLIC ACID SERUM	No prior authorization required		
82747	ASSAY OF FOLIC ACID RBC	No prior authorization required		
82757	ASSAY OF FRUCTOSE SEMEN	No prior authorization required		
82759	ASSAY OF GALACTOKINASE RBC	No prior authorization required		
82760	ASSAY OF GALACTOSE	No prior authorization required		
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	No prior authorization required		
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	No prior authorization required		
82777	GALECTIN-3	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	No prior authorization required		
82785	ASSAY OF GAMMAGLOBULIN IGE	No prior authorization required		
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	No prior authorization required		
82800	GASES BLOOD PH ONLY	No prior authorization required		
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	No prior authorization required		
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	No prior authorization required		
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	No prior authorization required		
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	No prior authorization required		
82930	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	No prior authorization required		
82938	GASTRIN AFTER SECRETIN STIMULATION	No prior authorization required		
82941	ASSAY OF GASTRIN	No prior authorization required		
82943	ASSAY OF GLUCAGON	No prior authorization required		
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	No prior authorization required		
82946	GLUCOSE TOLERANCE TEST	No prior authorization required		
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	No prior authorization required		
82948	GLUCOSE BLOOD REAGENT STRIP	No prior authorization required		
82950	GLUCOSE POST GLUCOSE DOSE	No prior authorization required		
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	No prior authorization required		
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	No prior authorization required		
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	No prior authorization required		
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	No prior authorization required		
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	No prior authorization required		
82963	ASSAY OF GLUCOSIDASE BETA	No prior authorization required		
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	No prior authorization required		
82977	ASSAY OF GLUTAMYLTRASE GAMMA	No prior authorization required		
82978	ASSAY OF GLUTATHIONE	No prior authorization required		
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	No prior authorization required		
82985	ASSAY OF GLYCATED PROTEIN	No prior authorization required		
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	No prior authorization required		
83002	GONADOTROPIN LUTEINIZING HORMONE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
83003	ASSAY OF GROWTH HORMONE HUMAN	No prior authorization required		
83006	GROWTH STIMULATION EXPRESSED GENE 2	No prior authorization required		
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	No prior authorization required		
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	No prior authorization required		
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	No prior authorization required		
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	No prior authorization required		
83014	HPYLORI DRUG ADMINISTRATION	No prior authorization required		
83015	HEAVY METAL QUALITATIVE ANY ANALYTES	No prior authorization required		
83018	HEAVY METAL QUANTIATIVE EACH NES	No prior authorization required		
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	No prior authorization required		
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	No prior authorization required		
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	No prior authorization required		
83030	HEMOGLOBIN F FETAL CHEMICAL	No prior authorization required		
83033	HEMOGLOBIN F FETAL QUALITATIVE	No prior authorization required		
83036	HEMOGLOBIN GLYCOSYLATED A1C	No prior authorization required		
83037	HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	No prior authorization required		
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	No prior authorization required		
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	No prior authorization required		
83051	HEMOGLOBIN PLASMA	No prior authorization required		
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	No prior authorization required		
83065	HEMOGLOBIN THERMOLABILE	No prior authorization required		
83068	HEMOGLOBIN UNSTABLE SCREEN	No prior authorization required		
83069	HEMOGLOBIN URINE	No prior authorization required		
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	No prior authorization required		
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	No prior authorization required		
83088	ASSAY OF HISTAMINE	No prior authorization required		
83090	ASSAY OF HOMOCYSTEINE	No prior authorization required		
83150	ASSAY OF HOMOVANILLIC ACID	No prior authorization required		
83491	ASSAY OF HYDROXYCORTICOSTEROIDS 17	No prior authorization required		
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	No prior authorization required		
83500	ASSAY OF FREE HYDROXYPROLINE	No prior authorization required		
83505	ASSAY OF TOTAL HYDROXYPROLINE	No prior authorization required		
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	No prior authorization required		
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	No prior authorization required		
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	No prior authorization required		
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	No prior authorization required		
83521	IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	No prior authorization required		
83525	ASSAY OF INSULIN TOTAL	No prior authorization required		
83527	ASSAY OF INSULIN FREE	No prior authorization required		
83528	ASSAY OF INTRINSIC FACTOR	No prior authorization required		
83529	ASSAY OF INTERLEUKIN-6 (IL-6)	No prior authorization required		
83540	ASSAY OF IRON	No prior authorization required		
83550	IRON BINDING CAPACITY	No prior authorization required		
83570	ISOCITRIC DEHYDROGENASE	No prior authorization required		
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	No prior authorization required		
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	No prior authorization required		
83593	KETOSTEROIDS 17- FRACTIONATION	No prior authorization required		
83605	ASSAY OF LACTATE	No prior authorization required		
83615	LACTATE DEHYDROGENASE LDH	No prior authorization required		
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	No prior authorization required		
83630	LACTOFERRIN FECAL QUALITATIVE	No prior authorization required		
83631	LACTOFERRIN FECAL QUANTITATIVE	No prior authorization required		
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	No prior authorization required		
83633	LACTOSE URINE QUALITATIVE	No prior authorization required		
83655	ASSAY OF LEAD	No prior authorization required		
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	No prior authorization required		
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	No prior authorization required		
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	No prior authorization required		
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	No prior authorization required		

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83670	LEUCINE AMINOPEPTIDASE LAP	No prior authorization required		
83690	ASSAY OF LIPASE	No prior authorization required		
83695	LIPOPROTEIN (A)	No prior authorization required		
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	No prior authorization required		
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	No prior authorization required		
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	No prior authorization required		
83704	LIPOPROTEIN BLOOD QUAN NUMBERS&SUBCLASSES	No prior authorization required		
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	No prior authorization required		
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	No prior authorization required		
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	No prior authorization required		
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	No prior authorization required		
83727	LUTEINIZING RELEASING FACTOR	No prior authorization required		
83735	ASSAY OF MAGNESIUM	No prior authorization required		
83775	ASSAY OF MALATE DEHYDROGENASE	No prior authorization required		
83785	ASSAY OF MANGANESE	No prior authorization required		
83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	No prior authorization required		
83825	ASSAY OF MERCURY QUANTITATIVE	No prior authorization required		
83835	METANEPHRINES	No prior authorization required		
83857	METHEMALBUMIN	No prior authorization required		
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	No prior authorization required		
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	No prior authorization required		
83872	MUCIN SYNOVIAL FLUID ROPES TEST	No prior authorization required		
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	No prior authorization required		
83874	MYOGLOBIN	No prior authorization required		
83876	MYELOPEROXIDASE MPO	No prior authorization required		
83880	NATRIURETIC PEPTIDE	No prior authorization required		
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	No prior authorization required		
83884	Neurofilament light chain (NfL)	No prior authorization required		
83885	ASSAY OF NICKEL	No prior authorization required		
83915	ASSAY OF NUCLEOTIDASE 5'-	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
83916	OLIGOCLONAL IMMUNE	No prior authorization required		
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	No prior authorization required		
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	No prior authorization required		
83921	ORGANIC ACID 1 QUANTITATIVE	No prior authorization required		
83930	ASSAY OF OSMOLALITY BLOOD	No prior authorization required		
83935	ASSAY OF OSMOLALITY URINE	No prior authorization required		
83937	ASSAY OF OSTEOCALCIN	No prior authorization required		
83945	ASSAY OF OXALATE	No prior authorization required		
83950	ONCOPROTEIN HER-2/NEU	No prior authorization required		
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	No prior authorization required		
83970	ASSAY OF PARATHORMONE	No prior authorization required		
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	No prior authorization required		
83987	PH EXHALED BREATH CONDENSATE	No prior authorization required		
83992	ASSAY OF PHENCYCLIDINE	No prior authorization required		
83993	ASSAY OF CALPROTECTIN FECAL	No prior authorization required		
84030	ASSAY OF PHENYLALANINE BLOOD	No prior authorization required		
84035	ASSAY OF PHENYLKETONES QUALITATIVE	No prior authorization required		
84060	ASSAY OF PHOSPHATASE ACID TOTAL	No prior authorization required		
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	No prior authorization required		
84075	ASSAY OF PHOSPHATASE ALKALINE	No prior authorization required		
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	No prior authorization required		
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	No prior authorization required		
84081	PHOSPHATIDYLGLYCEROL	No prior authorization required		
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	No prior authorization required		
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	No prior authorization required		
84100	ASSAY OF PHOSPHORUS INORGANIC	No prior authorization required		
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	No prior authorization required		
84106	PORPHOBILINOGEN URINE QUALITATIVE	No prior authorization required		
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	No prior authorization required		
84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
84119	PORPHYRINS URINE QUALITATAIVE	No prior authorization required		
84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION	No prior authorization required		
84126	PORPHYRINS FECES QUANTITATIVE	No prior authorization required		
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	No prior authorization required		
84133	POTASSIUM URINE	No prior authorization required		
84134	PREALBUMIN	No prior authorization required		
84135	PREGNANEDIOL	No prior authorization required		
84138	PREGNANETRIOL	No prior authorization required		
84140	PREGNENOLONE	No prior authorization required		
84143	17-HYDROXYPREGNENOLONE	No prior authorization required		
84144	ASSAY OF PROGESTERONE	No prior authorization required		
84145	PROCALCITONIN (PCT)	No prior authorization required		
84146	ASSAY OF PROLACTIN	No prior authorization required		
84150	ASSAY OF PROSTAGLNDIN EACH	No prior authorization required		
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	No prior authorization required		
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	No prior authorization required		
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	No prior authorization required		
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	No prior authorization required		
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	No prior authorization required		
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	No prior authorization required		
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	No prior authorization required		
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	No prior authorization required		
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	No prior authorization required		
84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	No prior authorization required		
84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	No prior authorization required		
84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	No prior authorization required		
84202	PROTOPORPHYRIN RBC QUANTITATIVE	No prior authorization required		
84203	PROTOPORPHYRIN RBC SCREEN	No prior authorization required		
84206	ASSAY OF PROINSULIN	No prior authorization required		
84207	ASSAY OF PYRIDOXAL PHOSPHATE	No prior authorization required		

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84210	ASSAY OF PYRUVATE	No prior authorization required		
84220	ASSAY OF PYRUVATE KINASE	No prior authorization required		
84228	ASSAY OF QUININE	No prior authorization required		
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	No prior authorization required		
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	No prior authorization required		
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	No prior authorization required		
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	No prior authorization required		
84244	ASSAY OF RENIN	No prior authorization required		
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	No prior authorization required		
84255	ASSAY OF SELENIUM	No prior authorization required		
84260	ASSAY OF SEROTONIN	No prior authorization required		
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	No prior authorization required		
84275	ASSAY OF SIALIC ACID	No prior authorization required		
84285	ASSAY OF SILICA	No prior authorization required		
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	No prior authorization required		
84300	ASSAY OF URINE SODIUM	No prior authorization required		
84302	ASSAY OF SODIUM OTHER SOURCE	No prior authorization required		
84305	ASSAY OF SOMATOMEDIN	No prior authorization required		
84307	ASSAY OF SOMATOSTATIN	No prior authorization required		
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	No prior authorization required		
84315	SPECIFIC GRAVITY EXCEPT URINE	No prior authorization required		
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	No prior authorization required		
84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	No prior authorization required		
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	No prior authorization required		
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	No prior authorization required		
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	No prior authorization required		
84392	ASSAY OF SULFATE URINE	No prior authorization required		
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each	No prior authorization required		
84394	Tau, total (tTau)	No prior authorization required		
84402	ASSAY OF TESTOSTERONE FREE	No prior authorization required		

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84403	ASSAY OF TESTOSTERONE TOTAL	No prior authorization required		
84410	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	No prior authorization required		
84425	ASSAY OF THIAMINE-VITAMIN B-1	No prior authorization required		
84430	ASSAY OF THIOCYANATE	No prior authorization required		
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	No prior authorization required		
84432	ASSAY OF THYROGLOBULIN	No prior authorization required		
84433	ASSAY THIOPURINE S-METHYLTRANSFERASE	No prior authorization required		
84436	ASSAY OF THYROXINE TOTAL	No prior authorization required		
84437	ASSAY OF THYROXINE REQUIRING ELUTION	No prior authorization required		
84439	ASSAY OF FREE THYROXINE	No prior authorization required		
84442	ASSAY OF THYROXINE BINDING GLOBULIN	No prior authorization required		
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	No prior authorization required		
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	No prior authorization required		
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	No prior authorization required		
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	No prior authorization required		
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	No prior authorization required		
84460	TRANSFERASE ALANINE AMINO ALT SGPT	No prior authorization required		
84466	ASSAY OF L7383TRANSFERRIN	No prior authorization required		
84478	ASSAY OF TRIGLYCERIDES	No prior authorization required		
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	No prior authorization required		
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	No prior authorization required		
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	No prior authorization required		
84482	TRIIODOTHYRONINE T3 REVERSE	No prior authorization required		
84484	ASSAY OF TROPONIN QUANTITATIVE	No prior authorization required		
84485	ASSAY OF TRYPSIN DUODENAL FLUID	No prior authorization required		
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	No prior authorization required		
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	No prior authorization required		
84510	ASSAY OF TYROSINE	No prior authorization required		
84512	ASSAY OF TROPONIN QUALITATIVE	No prior authorization required		
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	No prior authorization required		
84540	ASSAY OF UREA NITROGEN URINE	No prior authorization required		
84545	UREA NITROGEN CLEARANCE	No prior authorization required		
84550	ASSAY OF BLOOD/URIC ACID	No prior authorization required		
84560	ASSAY OF URIC ACID OTHER SOURCE	No prior authorization required		
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	No prior authorization required		
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	No prior authorization required		
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	No prior authorization required		
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	No prior authorization required		
84585	ASSAY OF VANILLYLMANDELIC ACID URINE	No prior authorization required		
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	No prior authorization required		
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	No prior authorization required		
84590	ASSAY OF VITAMIN A	No prior authorization required		
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	No prior authorization required		
84597	ASSAY OF VITAMIN K	No prior authorization required		
84600	ASSAY OF VOLATILES	No prior authorization required		
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	No prior authorization required		
84630	ASSAY OF ZINC	No prior authorization required		
84681	ASSAY OF C-PEPTIDE	No prior authorization required		
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	No prior authorization required		
84703	GONADOTROPIN CHORIONIC QUALITATIVE	No prior authorization required		
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	No prior authorization required		
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	No prior authorization required		
84999	UNLISTED CHEMISTRY PROCEDURE	No prior authorization required		
85002	BLEEDING TIME TEST	No prior authorization required		
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	No prior authorization required		
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	No prior authorization required		
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	No prior authorization required		
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	No prior authorization required		
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	No prior authorization required		

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85014	BLOOD COUNT HEMATOCRIT	No prior authorization required		
85018	BLOOD COUNT HEMOGLOBIN	No prior authorization required		
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	No prior authorization required		
85027	BLOOD COUNT COMPLETE AUTOMATED	No prior authorization required		
85032	BLOOD COUNT MANUAL CELL COUNT EACH	No prior authorization required		
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	No prior authorization required		
85044	BLOOD COUNT RETICULOCYTE MANUAL	No prior authorization required		
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	No prior authorization required		
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	No prior authorization required		
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	No prior authorization required		
85049	BLOOD COUNT PLATELET AUTOMATED	No prior authorization required		
85055	RETICULATED PLATELET ASSAY	No prior authorization required		
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	No prior authorization required		
85097	BONE MARROW SMEAR INTERPRETATION	No prior authorization required		
85130	CHROMOGENIC SUBSTRATE ASSAY	No prior authorization required		
85170	BLOOD CLOT RETRACTION	No prior authorization required		
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	No prior authorization required		
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	No prior authorization required		
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	No prior authorization required		
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	No prior authorization required		
85240	CLOTTING FACTOR VIII AHG 1 STAGE	No prior authorization required		
85244	CLOTTING FACTOR VIII RELATED ANTIGEN	No prior authorization required		
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	No prior authorization required		
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	No prior authorization required		
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	No prior authorization required		
85250	CLOTTING FACTOR IX PTC/CHRISTMAS	No prior authorization required		
85260	CLOTTING FACTOR X STUART-PROWER	No prior authorization required		
85270	CLOTTING FACTOR XI PTA	No prior authorization required		
85280	CLOTTING FACTOR XII HAGEMAN	No prior authorization required		
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	No prior authorization required		

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85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	No prior authorization required		
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	No prior authorization required		
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	No prior authorization required		
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	No prior authorization required		
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	No prior authorization required		
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	No prior authorization required		
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	No prior authorization required		
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	No prior authorization required		
85306	CLOTTING INHIBITORS PROTEIN S FREE	No prior authorization required		
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	No prior authorization required		
85335	FACTOR INHIBITOR TEST	No prior authorization required		
85337	THROMBOMODULIN	No prior authorization required		
85345	COAGULATION TIME LEE AND WHITE	No prior authorization required		
85347	COAGULATION TIME ACTIVATED	No prior authorization required		
85348	COAGULATION TIME OTHER METHODS	No prior authorization required		
85360	EUGLOBULIN LYSIS	No prior authorization required		
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	No prior authorization required		
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	No prior authorization required		
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	No prior authorization required		
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	No prior authorization required		
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	No prior authorization required		
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	No prior authorization required		
85384	FIBRINOGEN ACTIVITY	No prior authorization required		
85385	FIBRINOGEN ANTIGEN	No prior authorization required		
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	No prior authorization required		
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	No prior authorization required		
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	No prior authorization required		
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	No prior authorization required		
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	No prior authorization required		
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	No prior authorization required		

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85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	No prior authorization required		
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	No prior authorization required		
85441	HEINZ BODIES DIRECT	No prior authorization required		
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	No prior authorization required		
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	No prior authorization required		
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	No prior authorization required		
85475	HEMOLYSIN ACID	No prior authorization required		
85520	HEPARIN ASSAY	No prior authorization required		
85525	HEPARIN NEUTRALIZATION	No prior authorization required		
85530	HEPARIN-PROTAMINE TOLERANCE TST	No prior authorization required		
85536	IRON STAIN PERIPHERAL BLOOD	No prior authorization required		
85540	WBC ALKALINE PHOSPHATASE COUNT	No prior authorization required		
85547	MECHANICAL FRAGILITY RBC	No prior authorization required		
85549	MURAMIDASE	No prior authorization required		
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	No prior authorization required		
85557	OSMOTIC FRAGILITY RBC INCUBATED	No prior authorization required		
85576	PLATELET AGGREGATION IN VITRO EACH AGENT	No prior authorization required		
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	No prior authorization required		
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	No prior authorization required		
85610	PROTHROMBIN TIME	No prior authorization required		
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	No prior authorization required		
85612	RUSSELL VIPER VENON TIME UNDILUTED	No prior authorization required		
85613	RUSSELL VIPER VENOM TIME DILUTED	No prior authorization required		
85635	REPTILASE TEST	No prior authorization required		
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	No prior authorization required		
85652	SEDIMENTATION RATE RBC AUTOMATED	No prior authorization required		
85660	SICKLING RBC REDUCTION	No prior authorization required		
85670	THROMBIN TIME PLASMA	No prior authorization required		
85675	THROMBIN TIME TITER	No prior authorization required		
85705	THROMBOPLASTIN INHIBITION TISSUE	No prior authorization required		

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85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	No prior authorization required		
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	No prior authorization required		
85810	VISCOSITY	No prior authorization required		
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	No prior authorization required		
86000	AGGLUTININS FEBRILE EACH ANTIGEN	No prior authorization required		
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	No prior authorization required		
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	No prior authorization required		
86005	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	No prior authorization required		
86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	No prior authorization required		
86015	ACTIN SMOOTH MUSCLE ANTIBODY EACH	No prior authorization required		
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	No prior authorization required		
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	No prior authorization required		
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	No prior authorization required		
86036	ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	No prior authorization required		
86037	ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	No prior authorization required		
86038	ANTINUCLEAR ANTIBODIES ANA	No prior authorization required		
86039	ANTINUCLEAR ANTIBODIES ANA TITER	No prior authorization required		
86041	ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	No prior authorization required		
86042	ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	No prior authorization required		
86043	ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	No prior authorization required		
86051	AQUAPORIN-4 ANTIBODY ELISA	No prior authorization required		
86052	AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	No prior authorization required		
86053	AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	No prior authorization required		
86060	ANTISTREPTOLYSIN O TITER	No prior authorization required		
86063	ANTISTREPTOLYSIN O SCREEN	No prior authorization required		
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	No prior authorization required		
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	No prior authorization required		
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	No prior authorization required		
86140	C-REACTIVE PROTEIN	No prior authorization required		
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	No prior authorization required		

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86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	No prior authorization required		
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	No prior authorization required		
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	No prior authorization required		
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	No prior authorization required		
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	No prior authorization required		
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	No prior authorization required		
86156	COLD AGGLUTININ SCREEN	No prior authorization required		
86157	COLD AGGLUTININ TITER	No prior authorization required		
86160	COMPLEMENT ANTIGEN EACH COMPONENT	No prior authorization required		
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	No prior authorization required		
86162	COMPLEMENT TOTAL HEMOLYTIC	No prior authorization required		
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	No prior authorization required		
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	No prior authorization required		
86215	DEOXYRIBONUCLEASE ANTIBODY	No prior authorization required		
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	No prior authorization required		
86226	DNA ANTIBODY SINGLE STRANDED	No prior authorization required		
86231	ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	No prior authorization required		
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	No prior authorization required		
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	No prior authorization required		
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	No prior authorization required		
86258	GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	No prior authorization required		
86277	GROWTH HORMONE HUMAN ANTIBODY	No prior authorization required		
86280	HEMAGGLUTINATION INHIBITION TEST HAI	No prior authorization required		
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	No prior authorization required		
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	No prior authorization required		
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	No prior authorization required		
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	No prior authorization required		
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	No prior authorization required		
86308	HETEROPHILE ANTIBODIES SCREEN	No prior authorization required		
86309	HETEROPHILE ANTIBODIES TITER	No prior authorization required		

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86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	No prior authorization required		
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	No prior authorization required		
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	No prior authorization required		
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	No prior authorization required		
86320	IMMUNOELECTROPHORESIS SERUM	No prior authorization required		
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	No prior authorization required		
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	No prior authorization required		
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	No prior authorization required		
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	No prior authorization required		
86332	IMMUNE COMPLEX ASSAY	No prior authorization required		
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	No prior authorization required		
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	No prior authorization required		
86336	INHIBIN A	No prior authorization required		
86337	INSULIN ANTIBODIES	No prior authorization required		
86340	INTRINSIC FACTOR ANTIBODIES	No prior authorization required		
86341	ISLET CELL ANTIBODY	No prior authorization required		
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	No prior authorization required		
86344	LEUKOCYTE PHAGOCYTOSIS	No prior authorization required		
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	No prior authorization required		
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	No prior authorization required		
86355	B CELLS TOTAL COUNT	No prior authorization required		
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	No prior authorization required		
86357	NATURAL KILLER CELLS TOTAL COUNT	No prior authorization required		
86359	T CELLS TOTAL COUNT	No prior authorization required		
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	No prior authorization required		
86361	T CELLS ABSOLUTE CD4 COUNT	No prior authorization required		
86362	MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	No prior authorization required		
86363	MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	No prior authorization required		
86364	TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	No prior authorization required		
86366	MUSCLE-SPECIFIC KINASE ANTIBODY	No prior authorization required		

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86367	STEM CELLS TOTAL COUNT	No prior authorization required		
86376	MICROSOMAL ANTIBODIES EACH	No prior authorization required		
86381	MITOCHONDRIAL ANTIBODY EACH	No prior authorization required		
86382	NEUTRALIZATION TEST VIRAL	No prior authorization required		
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	No prior authorization required		
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	No prior authorization required		
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	No prior authorization required		
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	No prior authorization required		
86408	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	No prior authorization required		
86409	NEUTRALIZING ANTIBODY SARS-COV-2 TITER	No prior authorization required		
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	No prior authorization required		
86430	RHEUMATOID FACTOR QUALITATIVE	No prior authorization required		
86431	RHEUMATOID FACTOR QUANTITATIVE	No prior authorization required		
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	No prior authorization required		
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	No prior authorization required		
86485	SKIN TEST CANDIDA	No prior authorization required		
86486	SKIN TEST UNLISTED ANTIGEN EACH	No prior authorization required		
86510	SKIN TEST HISTOPLASMOSIS	No prior authorization required		
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	No prior authorization required		
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	No prior authorization required		
86590	STREPTOKINASE ANTIBODY	No prior authorization required		
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	No prior authorization required		
86593	SYPHILIS TEST QUANTITATIVE	No prior authorization required		
86596	VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	No prior authorization required		
86602	ANTIBODY ACTINOMYCES	No prior authorization required		
86603	ANTIBODY ADENOVIRUS	No prior authorization required		
86606	ANTIBODY ASPERGILLUS	No prior authorization required		
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	No prior authorization required		
86611	ANTIBODY BARTONELLA	No prior authorization required		

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86612	ANTIBODY BLASTOMYCES	No prior authorization required		
86615	ANTIBODY BORDETELLA	No prior authorization required		
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	No prior authorization required		
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	No prior authorization required		
86619	ANTIBODY BORRELIA RELAPSING FEVER	No prior authorization required		
86622	ANTIBODY BRUCELLA	No prior authorization required		
86625	ANTIBODY CAMPYLOBACTER	No prior authorization required		
86628	ANTIBODY CANDIDA	No prior authorization required		
86631	ANTIBODY CHLAMYDIA	No prior authorization required		
86632	ANTIBODY CHLAMYDIA IGM	No prior authorization required		
86635	ANTIBODY COCCIDIOIDES	No prior authorization required		
86638	ANTIBODY COXIELLA BURNETII Q FEVER	No prior authorization required		
86641	ANTIBODY CRYPTOCOCCUS	No prior authorization required		
86644	ANTIBODY CYTOMEGALOVIRUS CMV	No prior authorization required		
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	No prior authorization required		
86648	ANTIBODY DIPHTHERIA	No prior authorization required		
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	No prior authorization required		
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	No prior authorization required		
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	No prior authorization required		
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	No prior authorization required		
86658	ANTIBODY ENTEROVIRUS	No prior authorization required		
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	No prior authorization required		
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	No prior authorization required		
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	No prior authorization required		
86666	ANTIBODY EHRLICHIA	No prior authorization required		
86668	ANTIBODY FRANCISELLA TULARENSIS	No prior authorization required		
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	No prior authorization required		
86674	ANTIBODY GIARDIA LAMBLIA	No prior authorization required		
86677	ANTIBODY HELICOBACTER PYLORI	No prior authorization required		
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	No prior authorization required		

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86684	ANTIBODY HAEMOPHILUS INFLUENZA	No prior authorization required		
86687	ANTIBODY HTLV-I	No prior authorization required		
86688	ANTIBODY HTLV-II	No prior authorization required		
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	No prior authorization required		
86692	ANTIBODY HEP DELTA AGENT	No prior authorization required		
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	No prior authorization required		
86695	ANTIBODY HERPES SMPLX TYPE 1	No prior authorization required		
86696	ANTIBODY HERPES SMPLX TYPE 2	No prior authorization required		
86698	ANTIBODY HISTOPLASMA	No prior authorization required		
86701	ANTIBODY HIV-1	No prior authorization required		
86702	ANTIBODY HIV-2	No prior authorization required		
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	No prior authorization required		
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	No prior authorization required		
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	No prior authorization required		
86706	HEPATITIS B SURF ANTIBODY HBSAB	No prior authorization required		
86707	HEPATITIS BE ANTIBODY HBEAB	No prior authorization required		
86708	HEPATITIS A ANTIBODY HAAB	No prior authorization required		
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	No prior authorization required		
86710	ANTIBODY INFLUENZA VIRUS	No prior authorization required		
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	No prior authorization required		
86713	ANTIBODY LEGIONELLA	No prior authorization required		
86717	ANTIBODY LEISHMANIA	No prior authorization required		
86720	ANTIBODY LEPTOSPIRA	No prior authorization required		
86723	ANTIBODY LISTERIA MONOCYTOGENES	No prior authorization required		
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	No prior authorization required		
86732	ANTIBODY MUCORMYCOSIS	No prior authorization required		
86735	ANTIBODY MUMPS	No prior authorization required		
86738	ANTIBODY MYCOPLSM	No prior authorization required		
86741	ANTIBODY NEISSERIA MENINGITIDIS	No prior authorization required		
86744	ANTIBODY NOCARDIA	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
86747	ANTIBODY PARVOVIRUS	No prior authorization required		
86750	ANTIBODY PLASMODIUM MALARIA	No prior authorization required		
86753	ANTIBODY PROTOZOA NES	No prior authorization required		
86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	No prior authorization required		
86757	ANTIBODY RICKETTSIA	No prior authorization required		
86759	ANTIBODY ROTAVIRUS	No prior authorization required		
86762	ANTIBODY RUBELLA	No prior authorization required		
86765	ANTIBODY RUBEOLA	No prior authorization required		
86768	ANTIBODY SALMONELLA	No prior authorization required		
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	No prior authorization required		
86771	ANTIBODY SHIGELLA	No prior authorization required		
86774	ANTIBODY TETANUS	No prior authorization required		
86777	ANTIBODY TOXOPLASMA	No prior authorization required		
86778	ANTIBODY TOXOPLASMA IGM	No prior authorization required		
86780	ANTIBODY TREPONEMA PALLIDUM	No prior authorization required		
86784	ANTIBODY TRICHINELLA	No prior authorization required		
86787	ANTIBODY VARICELLA-ZOSTER	No prior authorization required		
86788	ANTIBODY WEST NILE VIRUS IGM	No prior authorization required		
86789	ANTIBODY WEST NILE VIRUS	No prior authorization required		
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	No prior authorization required		
86793	ANTIBODY YERSINIA	No prior authorization required		
86794	ZIKA VIRUS IGM ANTIBODY	No prior authorization required		
86800	THYROGLOBULIN ANTIBODY	No prior authorization required		
86803	HEPATITIS C ANTIBODY	No prior authorization required		
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	No prior authorization required		
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	No prior authorization required		
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	No prior authorization required		
86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	No prior authorization required		
86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	No prior authorization required		
86812	HLA TYPING A/B/C SINGLE ANTIGEN	No prior authorization required		

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86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	No prior authorization required		
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	No prior authorization required		
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	No prior authorization required		
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	No prior authorization required		
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	No prior authorization required		
86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	No prior authorization required		
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	No prior authorization required		
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	No prior authorization required		
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	No prior authorization required		
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	No prior authorization required		
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	No prior authorization required		
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	No prior authorization required		
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	No prior authorization required		
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	No prior authorization required		
86849	UNLISTED IMMUNOLOGY	No prior authorization required		
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	No prior authorization required		
86860	ANTIBODY ELUTION RBC EACH ELUTION	No prior authorization required		
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	No prior authorization required		
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	No prior authorization required		
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	No prior authorization required		
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	No prior authorization required		
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	No prior authorization required		
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	No prior authorization required		
86900	BLOOD TYPING SEROLOGIC ABO	No prior authorization required		
86901	BLOOD TYPING SEROLOGIC RH (D)	No prior authorization required		
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	No prior authorization required		
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	No prior authorization required		
86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	No prior authorization required		
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	No prior authorization required		
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	No prior authorization required		

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86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	No prior authorization required		
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	No prior authorization required		
86921	COMPATIBILITY EACH UNIT INCUBATION	No prior authorization required		
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	No prior authorization required		
86923	COMPATIBILITY EACH UNIT ELECTRONIC	No prior authorization required		
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	No prior authorization required		
86930	FROZEN BLOOD EACH UNIT FREEZING	No prior authorization required		
86931	FROZEN BLOOD EACH UNIT THAWING	No prior authorization required		
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING	No prior authorization required		
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	No prior authorization required		
86941	HEMOLYSINS&AGGLUTININS INCUBATED	No prior authorization required		
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	No prior authorization required		
86950	LEUKOCYTE TRANSFUSION	No prior authorization required		
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	No prior authorization required		
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	No prior authorization required		
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	No prior authorization required		
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	No prior authorization required		
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	No prior authorization required		
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	No prior authorization required		
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	No prior authorization required		
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	No prior authorization required		
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	No prior authorization required		
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	No prior authorization required		
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	No prior authorization required		
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	No prior authorization required		
87015	CONCENTRATION INFECTIOUS AGENTS	No prior authorization required		
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	No prior authorization required		
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	No prior authorization required		
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	No prior authorization required		
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	No prior authorization required		

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87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	No prior authorization required		
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	No prior authorization required		
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	No prior authorization required		
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	No prior authorization required		
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	No prior authorization required		
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	No prior authorization required		
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	No prior authorization required		
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	No prior authorization required		
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	No prior authorization required		
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	No prior authorization required		
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	No prior authorization required		
87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	No prior authorization required		
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	No prior authorization required		
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	No prior authorization required		
87109	CULTURE MYCOPLASMA ANY SOURCE	No prior authorization required		
87110	CULTURE CHLAMYDIA ANY SOURCE	No prior authorization required		
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	No prior authorization required		
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	No prior authorization required		
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	No prior authorization required		
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	No prior authorization required		
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	No prior authorization required		
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	No prior authorization required		
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	No prior authorization required		
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	No prior authorization required		
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	No prior authorization required		
87154	CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	No prior authorization required		
87158	CULTURE TYPING OTHER METHODS	No prior authorization required		
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	No prior authorization required		
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	No prior authorization required		
87168	MACROSCOPIC EXAMINATION ARTHROPOD	No prior authorization required		

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87169	MACROSCOPIC EXAMINATION PARASITE	No prior authorization required		
87172	PINWORM EXAMINATION	No prior authorization required		
87176	HOMOGENIZATION TISSUE CULTURE	No prior authorization required		
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	No prior authorization required		
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	No prior authorization required		
87182	Sc std carbapenemase nzm det	No prior authorization required		
87183	Sc std carbapenem resist gen	No prior authorization required		
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	No prior authorization required		
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	No prior authorization required		
87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	No prior authorization required		
87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	No prior authorization required		
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	No prior authorization required		
87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	No prior authorization required		
87197	SERUM BACTERICIDAL TITER	No prior authorization required		
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	No prior authorization required		
87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	No prior authorization required		
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	No prior authorization required		
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	No prior authorization required		
87210	SMR PRIM SRC WET MOUNT NFCT AGT	No prior authorization required		
87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	No prior authorization required		
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	No prior authorization required		
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	No prior authorization required		
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	No prior authorization required		
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	No prior authorization required		
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	No prior authorization required		
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	No prior authorization required		
87260	IAADI ADENOVIRUS	No prior authorization required		
87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	No prior authorization required		
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	No prior authorization required		
87269	IAADI GIARDIA	No prior authorization required		

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87270	IAADI CHLAMYDIA TRACHOMATIS	No prior authorization required		
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	No prior authorization required		
87272	IAADI CRYPTOSPORIDIUM	No prior authorization required		
87273	IAADI HERPES SMPLX VIRUS TYPE 2	No prior authorization required		
87274	IAADI HERPES SMPLX VIRUS TYPE 1	No prior authorization required		
87275	IAADI INFLUENZA B VIRUS	No prior authorization required		
87276	IAADI INFFLUENZA A VIRUS	No prior authorization required		
87278	IAADI LEGIONELLA PNEUMOPHILA	No prior authorization required		
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	No prior authorization required		
87280	IAADI RESPIRATORY SYNCTIAL VIRUS	No prior authorization required		
87281	IAADI PNEUMOCUSTIS CARINII	No prior authorization required		
87283	IAADI RUBEOLA	No prior authorization required		
87285	IAADI TREPONEMA PALLIDUM	No prior authorization required		
87290	IAADI VARICELLA ZOSTER VIRUS	No prior authorization required		
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	No prior authorization required		
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	No prior authorization required		
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	No prior authorization required		
87305	IAAD IA ASPERGILLUS	No prior authorization required		
87320	IAAD IA CHLAMYDIA TRACHOMATIS	No prior authorization required		
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	No prior authorization required		
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	No prior authorization required		
87328	IAAD IA CRYPTOSPORIDIUM	No prior authorization required		
87329	IAAD IA GIARDIA	No prior authorization required		
87332	IAAD IA CYTOMEGALOVIRUS	No prior authorization required		
87335	IAAD IA ESCHERICHIA COLI 0157	No prior authorization required		
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	No prior authorization required		
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	No prior authorization required		
87338	IAAD IA HPYLORI STOOL	No prior authorization required		
87339	IAAD IA HPYLORI	No prior authorization required		
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	No prior authorization required		

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87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	No prior authorization required		
87350	IAAD IA HEPATITIS BE ANTIGEN	No prior authorization required		
87380	IAAD IA HEPATITIS DELTA ANTIGEN	No prior authorization required		
87385	IAAD IA HISTOPLASM CAPSULATUM	No prior authorization required		
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	No prior authorization required		
87390	IAAD IA HIV-1	No prior authorization required		
87391	IAAD IA HIV-2	No prior authorization required		
87400	IAAD IA INFLUENZA A/B EACH	No prior authorization required		
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	No prior authorization required		
87425	IAAD IA ROTAVIRUS	No prior authorization required		
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	No prior authorization required		
87427	IAAD IA SHIGA-LIKE TOXIN	No prior authorization required		
87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	No prior authorization required		
87430	IAAD IA STREPTOCOCCUS GROUP A	No prior authorization required		
87449	IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	No prior authorization required		
87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	No prior authorization required		
87467	HEPATITIS B SURFACE ANTIGEN QUANTITATIVE	No prior authorization required		
87468	IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFED PRB TQ	No prior authorization required		
87469	IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	No prior authorization required		
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	No prior authorization required		
87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	No prior authorization required		
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	No prior authorization required		
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	No prior authorization required		
87478	IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	No prior authorization required		
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	No prior authorization required		
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	No prior authorization required		
87482	IADNA CANDIDA SPECIES QUANTIFICATION	No prior authorization required		
87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	No prior authorization required		
87484	IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	No prior authorization required		
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	No prior authorization required		

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87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	No prior authorization required		
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	No prior authorization required		
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	No prior authorization required		
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	No prior authorization required		
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	No prior authorization required		
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	No prior authorization required		
87494	Chlmy trch&neisra gonor mult	No prior authorization required		
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	No prior authorization required		
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	No prior authorization required		
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	No prior authorization required		
87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	No prior authorization required		
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	No prior authorization required		
87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	No prior authorization required		
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	No prior authorization required		
87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	No prior authorization required		
87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	No prior authorization required		
87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	No prior authorization required		
87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	No prior authorization required		
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	No prior authorization required		
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	No prior authorization required		
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	No prior authorization required		
87513	Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique	No prior authorization required		
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	No prior authorization required		
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	No prior authorization required		
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	No prior authorization required		
87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	No prior authorization required		
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	No prior authorization required		
87523	IADNA HEPATITIS D DELTA QUAN W/REV TRANSCRIPTION	No prior authorization required		
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	No prior authorization required		

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87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	No prior authorization required		
87527	IADNA HEPATITIS G QUANTIFICATION	No prior authorization required		
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	No prior authorization required		
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	No prior authorization required		
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	No prior authorization required		
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	No prior authorization required		
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	No prior authorization required		
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	No prior authorization required		
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	No prior authorization required		
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	No prior authorization required		
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	No prior authorization required		
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	No prior authorization required		
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	No prior authorization required		
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	No prior authorization required		
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	No prior authorization required		
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	No prior authorization required		
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	No prior authorization required		
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	No prior authorization required		
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	No prior authorization required		
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	No prior authorization required		
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	No prior authorization required		
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	No prior authorization required		
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	No prior authorization required		
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	No prior authorization required		
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	No prior authorization required		
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	No prior authorization required		
87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	No prior authorization required		
87564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique	No prior authorization required		

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87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	No prior authorization required		
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	No prior authorization required		
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	No prior authorization required		
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	No prior authorization required		
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	No prior authorization required		
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	No prior authorization required		
87593	IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	No prior authorization required		
87594	Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique	No prior authorization required		
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	No prior authorization required		
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	No prior authorization required		
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	No prior authorization required		
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	No prior authorization required		
87627	Jt spc pthgn&rx rsist gen26+	No prior authorization required		
87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	No prior authorization required		
87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	No prior authorization required		
87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	No prior authorization required		
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	No prior authorization required		
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	No prior authorization required		
87636	IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	No prior authorization required		
87637	IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	No prior authorization required		
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	No prior authorization required		
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	No prior authorization required		
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	No prior authorization required		
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	No prior authorization required		
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	No prior authorization required		
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	No prior authorization required		
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	No prior authorization required		

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87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	No prior authorization required		
87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	No prior authorization required		
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	No prior authorization required		
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	No prior authorization required		
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	No prior authorization required		
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	No prior authorization required		
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	No prior authorization required		
87802	IAADIADOO STREPTOCOCCUS GROUP B	No prior authorization required		
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	No prior authorization required		
87804	IAADIADOO INFLUENZA	No prior authorization required		
87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	No prior authorization required		
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	No prior authorization required		
87808	IAADIADOO TRICHOMONAS VAGINALIS	No prior authorization required		
87809	IAADIADOO ADENOVIRUS	No prior authorization required		
87810	IAADIADOO CHLAMYDIA TRACHOMATIS	No prior authorization required		
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	No prior authorization required		
87812	Sarscov2&inf typ a&b w/optic	No prior authorization required		
87850	IAADIADOO NEISSERIA GONORRHOEAE	No prior authorization required		
87880	IAADIADOO STREPTOCOCCUS GROUP A	No prior authorization required		
87899	IAADIADOO NOT OTHERWISE SPECIFIED	No prior authorization required		
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	No prior authorization required		
87901	NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	No prior authorization required		
87902	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	No prior authorization required		
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	No prior authorization required		
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	No prior authorization required		
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	No prior authorization required		
87906	NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	No prior authorization required		
87910	NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	No prior authorization required		
87912	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	No prior authorization required		
87913	NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	No prior authorization required		

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87999	UNLISTED MICROBIOLOGY PROCEDURE	No prior authorization required		
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	No prior authorization required		
88005	NECROPSY GROSS EXAMINATION W/BRAIN	No prior authorization required		
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	No prior authorization required		
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	No prior authorization required		
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	No prior authorization required		
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	No prior authorization required		
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	No prior authorization required		
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	No prior authorization required		
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	No prior authorization required		
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	No prior authorization required		
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	No prior authorization required		
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	No prior authorization required		
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	No prior authorization required		
88040	NECROPSY FORENSIC EXAMINATION	No prior authorization required		
88045	NECROPSY CORONER CALL	No prior authorization required		
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	No prior authorization required		
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	No prior authorization required		
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	No prior authorization required		
88108	CYTP CONCENTRATION SMEARS & INTERPRETATION	No prior authorization required		
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	No prior authorization required		
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	No prior authorization required		
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	No prior authorization required		
88125	CYTOPATHOLOGY FORENSIC	No prior authorization required		
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	No prior authorization required		
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	No prior authorization required		
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	No prior authorization required		
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	No prior authorization required		
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	No prior authorization required		
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	No prior authorization required		

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88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	No prior authorization required		
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	No prior authorization required		
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	No prior authorization required		
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	No prior authorization required		
88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	No prior authorization required		
88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	No prior authorization required		
88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	No prior authorization required		
88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	No prior authorization required		
88164	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	No prior authorization required		
88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	No prior authorization required		
88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	No prior authorization required		
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	No prior authorization required		
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	No prior authorization required		
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	No prior authorization required		
88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	No prior authorization required		
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	No prior authorization required		
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	No prior authorization required		
88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	No prior authorization required		
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	No prior authorization required		
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	No prior authorization required		
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	No prior authorization required		
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	No prior authorization required		
88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	No prior authorization required		
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	No prior authorization required		
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	Yes, prior authorization required		
88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	No prior authorization required		
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	Yes, prior authorization required		
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	Yes, prior authorization required		
88239	TISS CUL NEO DISORDERS SOLID TUMOR	No prior authorization required		
88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	No prior authorization required		

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88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	No prior authorization required		
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	No prior authorization required		
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	No prior authorization required		
88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	No prior authorization required		
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Yes, prior authorization required		
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	Yes, prior authorization required		
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	Yes, prior authorization required		
88264	CHRMSM ANALYZE 20-25 CELLS	Yes, prior authorization required		
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	Yes, prior authorization required		
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	Yes, prior authorization required		
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Yes, prior authorization required		
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	Yes, prior authorization required		
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	Yes, prior authorization required		
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	Yes, prior authorization required		
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	Yes, prior authorization required		
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	Yes, prior authorization required		
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	Yes, prior authorization required		
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	Yes, prior authorization required		
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	Yes, prior authorization required		
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	Yes, prior authorization required		
88299	CYTOGENETIC STUDY	Yes, prior authorization required		
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	No prior authorization required		
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No prior authorization required		
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No prior authorization required		
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No prior authorization required		
88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No prior authorization required		
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	No prior authorization required		
88311	DECALCIFICATION PROCEDURE	No prior authorization required		
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	No prior authorization required		
88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	No prior authorization required		

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88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	No prior authorization required		
88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	No prior authorization required		
88321	CONSLTJ&REPRT REFERRED SLIDES PREPARED ELSEWHERE	No prior authorization required		
88323	CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	No prior authorization required		
88325	CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	No prior authorization required		
88329	PATHOLOGY CONSULTATION DURING SURGERY	No prior authorization required		
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	No prior authorization required		
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	No prior authorization required		
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	No prior authorization required		
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	No prior authorization required		
88341	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	No prior authorization required		
88342	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	No prior authorization required		
88344	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	No prior authorization required		
88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	No prior authorization required		
88348	ELECTRON MICROSCOPY DIAGNOSTIC	No prior authorization required		
88350	IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	No prior authorization required		
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	No prior authorization required		
88356	MORPHOMETRIC ANALYSIS NERVE	No prior authorization required		
88358	MORPHOMETRIC ANALYSIS TUMOR	No prior authorization required		
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	No prior authorization required		
88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	No prior authorization required		
88362	NERVE TEASING PREPARATIONS	No prior authorization required		
88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	No prior authorization required		
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	No prior authorization required		
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	No prior authorization required		
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	No prior authorization required		
88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	No prior authorization required		
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	No prior authorization required		
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	No prior authorization required		
88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	No prior authorization required		

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88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	No prior authorization required		
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	No prior authorization required		
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	Yes, prior authorization required		
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	No prior authorization required		
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	Yes, prior authorization required		
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	No prior authorization required		
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	No prior authorization required		
88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	No prior authorization required		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	No prior authorization required		
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	No prior authorization required		
88738	HGB QUANTITATIVE TRANSCUTANEOUS	No prior authorization required		
88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	No prior authorization required		
88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	No prior authorization required		
88749	UNLISTED IN VIVO LABORTORY SERVICE	No prior authorization required		
89049	CAFFEINE HALOTHANE CONTRACTURE TEST	No prior authorization required		
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	No prior authorization required		
89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	No prior authorization required		
89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	No prior authorization required		
89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	No prior authorization required		
89125	FAT STAIN FECES URINE/RESPIR SECRETIONS	No prior authorization required		
89160	MEAT FIBERS FECES	No prior authorization required		
89190	NASAL SMEAR EOSINOPHILS	No prior authorization required		
89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	No prior authorization required		
89230	SWEAT COLLECTION IONTOPHORESIS	No prior authorization required		
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	No prior authorization required		
89250	CUL OOCYTE/EMBRYO < 4 DAYS	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89251	CULTR OOCYTE/EMBRYO <4 D	No prior authorization required **see special instructions**	Potential Benefit Exclusion	

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89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89254	OOCYTE ID FROM FOLLICULAR FLU	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89255	PREPJ EMBRYO TR	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89258	CRYOPRSRV EMBRYO	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89259	CRYOPRSRV SPRM	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89268	INSEMINATION OOCYTES	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89280	ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89290	BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89291	BX OOCYTE MICROTQ > 5 EMBRY	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	No prior authorization required **see special instructions**	Potential Benefit Exclusion	

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89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89325	SPERM ANTIBODIES	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89329	SPERM EVALUATION TEST	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89335	CRYOPRESERVE TESTICULAR	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89337	CRYOPRESERVATION MATURE OOCYTE(S)	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89342	STORAGE PER YEAR EMBRYO	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89343	STORAGE PER YEAR SPERM/SEMEN	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89344	STORAGE/YEAR REPROD TISS	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89346	STORAGE/YEAR OOCYTE(S)	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89352	THAWING CRYOPRESERVED EMBRYO	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	No prior authorization required **see special instructions**	Potential Benefit Exclusion	

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89354	THAW CRYOPRSVRD REPROD T	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89356	THAWING CRYOPRESRVED OOC	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	No prior authorization required **see special instructions**	Potential Benefit Exclusion	
90281	HUMAN IG IM	No prior authorization required		
90283	HUMAN IG IV	No prior authorization required		
90284	HUMAN IG SC	No prior authorization required		
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	No prior authorization required		
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	No prior authorization required		
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Yes, prior authorization required		
90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	No prior authorization required		
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Yes, prior authorization required		
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	No prior authorization required		
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	No prior authorization required		
90377	RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	No prior authorization required		
90378	RSV MAB IM 50MG	No prior authorization required		
90380	RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	No prior authorization required		
90381	RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	No prior authorization required		
90382	RSV MONOC ANTB SEASN .7ML IM	No prior authorization required		
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	No prior authorization required		
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	No prior authorization required		
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	No prior authorization required		
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	No prior authorization required		
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	No prior authorization required		
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	No prior authorization required		
90399	IMMUNE GLOBULIN	No prior authorization required		
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	No prior authorization required		
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	No prior authorization required		

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90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACCINE	No prior authorization required		
90472	IMADM PRQ ID SUBQ/IM NJXS EA VACCINE	No prior authorization required		
90473	IMADM INTRANSL/ORAL 1 VACCINE	No prior authorization required		
90474	IMADM INTRANSL/ORAL EA VACCINE	No prior authorization required		
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	No prior authorization required		
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	No prior authorization required		
90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	No prior authorization required		
90481	Admn sarscov2 vac ea add cmp	No prior authorization required		
90482	Imm cnsl not admn sm 3<10	No prior authorization required		
90483	Imm cnsl not admn sm>10<20	No prior authorization required		
90484	Imm cnsl not admn sm>20	No prior authorization required		
90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	No prior authorization required		
90584	DENGUE VACC QUAD LIVE 2 DOSE SCHEDULE SUBQ USE	Yes, prior authorization required		
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	No prior authorization required		
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	No prior authorization required		
90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	Yes, prior authorization required		
90589	CHIKUNGUNYA VIRUS VACCINE LIVE FOR IM USE	No prior authorization required		
90611	SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	No prior authorization required		
90612	INF&SARSCOV2 VACC 31.7/.32IM	Yes, prior authorization required		
90613	INF&SARSCOV2 VACC 4	Yes, prior authorization required		
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	No prior authorization required		
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	No prior authorization required		
90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	No prior authorization required		
90622	VACCINIA VIRUS VACC LIVE 0.3 ML DOS FOR PERQ USE	No prior authorization required		
90623	MENIGCCAL PNTVLNT MENACWY TT MENB FHBP VACC IM	No prior authorization required		
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	No prior authorization required		
90626	TICK-BORNE ENCEPH VACC INACTIVATED 0.25ML IM USE	Yes, prior authorization required		
90627	TICK-BORNE ENCEPH VACC INACTIVATED 0.5ML IM USE	Yes, prior authorization required		
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	No prior authorization required		
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	No prior authorization required		

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90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	No prior authorization required		
90635	H5N1 VACC DRV CLL CUL ADJ IM	Yes, prior authorization required		
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	No prior authorization required		
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	No prior authorization required		
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	No prior authorization required		
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	No prior authorization required		
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	No prior authorization required		
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	No prior authorization required		
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	No prior authorization required		
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90655	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	No prior authorization required		
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	No prior authorization required		
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	No prior authorization required		
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	No prior authorization required		
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	No prior authorization required		
90661	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	No prior authorization required		
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	No prior authorization required		
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	No prior authorization required		
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	No prior authorization required		
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	No prior authorization required		
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	No prior authorization required		
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90672	LAIV4 VACCINE FOR INTRANASAL USE	No prior authorization required		
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	No prior authorization required		
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	No prior authorization required		
90675	RABIES VACCINE INTRAMUSCULAR	No prior authorization required		
90676	RABIES VACCINE INTRADERMAL	No prior authorization required		
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90678	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	No prior authorization required		

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90679	RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	No prior authorization required		
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	No prior authorization required		
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	No prior authorization required		
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	No prior authorization required		
90683	RSV VACCINE MRNA LIPID NANOPARTICLES FOR IM USE	No prior authorization required		
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	No prior authorization required		
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	No prior authorization required		
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	No prior authorization required		
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	No prior authorization required		
90689	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	No prior authorization required		
90690	TYPHOID VACCINE LIVE ORAL	No prior authorization required		
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	No prior authorization required		
90694	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	No prior authorization required		
90695	H5n8 vacc drv cll cul adj im	No prior authorization required		
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	No prior authorization required		
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	No prior authorization required		
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	No prior authorization required		
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	No prior authorization required		
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	No prior authorization required		
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	No prior authorization required		
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	No prior authorization required		
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	No prior authorization required		
90715	TDAP VACCINE 7 YRS/> IM	No prior authorization required		
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	No prior authorization required		
90717	YELLOW FEVER VACCINE LIVE SUBQ	No prior authorization required		
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	No prior authorization required		
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	No prior authorization required		
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	No prior authorization required		
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	No prior authorization required		

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90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	No prior authorization required		
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	No prior authorization required		
90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	No prior authorization required		
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	No prior authorization required		
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	No prior authorization required		
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	No prior authorization required		
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	No prior authorization required		
90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	No prior authorization required		
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	No prior authorization required		
90749	UNLISTED VACCINE/TOXOID	No prior authorization required		
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	No prior authorization required		
90756	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	No prior authorization required		
90758	ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	No prior authorization required		
90759	HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	No prior authorization required		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	No prior authorization required		
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	No prior authorization required		
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	No prior authorization required		
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	No prior authorization required		
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	No prior authorization required		
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	No prior authorization required		
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	No prior authorization required		
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	No prior authorization required		
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	No prior authorization required		
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	No prior authorization required		
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	No prior authorization required		
90845	PSYCHOANALYSIS	No prior authorization required		
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	No prior authorization required		
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	No prior authorization required		
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	No prior authorization required		
90853	GROUP PSYCHOTHERAPY	No prior authorization required		

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90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	No prior authorization required		
90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	No prior authorization required		
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	No prior authorization required		
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	No prior authorization required		
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	No prior authorization required		
90870	ELECTROCONVULSIVE THERAPY	No prior authorization required		
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Non-covered		
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Non-covered		
90880	HYPNOTHERAPY	Prior Authorization Required for select diagnosis only, see "Special Instructions/Notes" for diagnosis codes	Certain diagnosis will require a prior authorization F17.200, F17.299, Z87.891.	
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	Non-covered		
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	No prior authorization required		
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	No prior authorization required		
90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	No prior authorization required		
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	No prior authorization required		
90901	BIOFEEDBACK TRAINING ANY MODALITY	No prior authorization required		
90912	BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	No prior authorization required		
90913	BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	No prior authorization required		
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	No prior authorization required		
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	No prior authorization required		
90940	HEMODIALYSIS ACCESS FLOW STUDY	No prior authorization required		
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	No prior authorization required		
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	No prior authorization required		
90951	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	No prior authorization required		
90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	No prior authorization required		
90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	No prior authorization required		
90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/>VISITS	No prior authorization required		
90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	No prior authorization required		

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90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	No prior authorization required		
90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/>VISITS	No prior authorization required		
90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	No prior authorization required		
90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	No prior authorization required		
90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	No prior authorization required		
90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	No prior authorization required		
90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	No prior authorization required		
90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	No prior authorization required		
90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	No prior authorization required		
90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	No prior authorization required		
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	No prior authorization required		
90967	ESRD RELATED SVC <FULL MONTH < 2 YR OLD	No prior authorization required		
90968	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	No prior authorization required		
90969	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	No prior authorization required		
90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	No prior authorization required		
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	No prior authorization required		
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	No prior authorization required		
90997	HEMOPERFUSION	No prior authorization required		
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	No prior authorization required		
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	No prior authorization required		
91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	No prior authorization required		
91020	GASTRIC MOTILITY MANOMETRIC STUDIES	No prior authorization required		
91022	DUODENAL MOTILITY MANOMETRIC STUDY	No prior authorization required		
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	No prior authorization required		
91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	No prior authorization required		
91035	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	No prior authorization required		
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	No prior authorization required		
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	No prior authorization required		
91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	No prior authorization required		
91065	BREATH HYDROGEN/METHANE TEST	No prior authorization required		

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91110	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	Yes, prior authorization required		
91111	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI&R	Yes, prior authorization required		
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	Yes, prior authorization required		
91113	GI TRACT IMAGING INTRALUMINAL COLON I&R	Yes, prior authorization required		
91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	No prior authorization required		
91120	RECTAL SESATION TONE & COMPLIANCE TEST	No prior authorization required		termed 12/31/2025
91122	ANORECTAL MANOMETRY	No prior authorization required		termed 12/31/2025
91124	Rct snsatn tone&cmplianc std	No prior authorization required		
91125	Anrct mano rct snsatn&balo	No prior authorization required		
91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	No prior authorization required		
91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	No prior authorization required		
91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R	No prior authorization required		
91299	GASTROENTEROLOGY PROCEDU	Yes, prior authorization required		
91304	SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	No prior authorization required		
91318	SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	No prior authorization required		
91319	SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	No prior authorization required		
91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	No prior authorization required		
91321	SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	No prior authorization required		
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	No prior authorization required		
91323	SARSCOV2 VAC 1	No prior authorization required		
92002	OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	No prior authorization required		
92004	OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	No prior authorization required		
92012	OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	No prior authorization required		
92014	OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	No prior authorization required		
92015	DETERMINATION REFRACTIVE STATE	No prior authorization required		
92018	COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	No prior authorization required		
92019	LMTD OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	No prior authorization required		
92020	GONIOSCOPY SEPARATE PROCEDURE	No prior authorization required		

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92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	No prior authorization required		
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	No prior authorization required		
92065	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	No prior authorization required		
92066	ORTHOPTIC TRAINING UNDER SUPERVISION OF PHYS/QHP	No prior authorization required		
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	No prior authorization required		
92072	FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	No prior authorization required		
92081	LIMITED VISUAL FIELD XM UNI/BI I&R	No prior authorization required		
92082	INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	No prior authorization required		
92083	EXTENDED VISUAL FIELD XM UNI/BI I&R	No prior authorization required		
92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	No prior authorization required		
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	No prior authorization required		
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	No prior authorization required		
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	No prior authorization required		
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	No prior authorization required		
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	No prior authorization required		
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	No prior authorization required		
92201	OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	No prior authorization required		
92202	OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	No prior authorization required		
92227	IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	No prior authorization required		
92228	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	No prior authorization required		
92229	IMG RETINA DETCJ/MNTR DS POC AUTON A/R UNI/BI	No prior authorization required		
92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	No prior authorization required		
92235	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	No prior authorization required		
92240	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	No prior authorization required		
92242	FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	No prior authorization required		
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	No prior authorization required		
92260	OPHTHALMODYNAMOMETRY	No prior authorization required		
92265	NDL OCULOELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	No prior authorization required		

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92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	No prior authorization required		
92273	FULL FIELD ELECTRORETINOGRAPHY W/I&R	No prior authorization required		
92274	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	No prior authorization required		
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	No prior authorization required		
92284	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	No prior authorization required		
92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	No prior authorization required		
92286	ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	No prior authorization required		
92287	ANT SGM IMAGING W/I&R W/FLUORESCEIN ANGRPH	No prior authorization required		
92288	Scr dark adaptation meas i&r	No prior authorization required		
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	No prior authorization required		
92311	RX&FITG CONTACT LENS CORNEAL LENS APHAKIA 1 EYE	No prior authorization required		
92312	RX&FITG CONTACT LENS CORNEAL LENS APHAKIA OU	No prior authorization required		
92313	RX&FITG CONTACT LENS CORNEOSCLERAL LENS	No prior authorization required		
92314	RX&FITG C-LENS TECH CRNL LENS OU XCPT APHAKIA	Non-covered		
92315	RX&FITG C-LENS TECH CRNL LENS APHAKIA 1 EYE	Non-covered		
92316	RX&FITG C-LENS TECH CRNL LENS APHAKIA BOTH EYES	Non-covered		
92317	RX&FITG CONTACT LENS TECH CORNEOSCLERAL LENS	Non-covered		
92325	MODIFICAJ CONTACT LENS SPX SUPVJ ADAPTATION	No prior authorization required		
92326	REPLACEMENT OF CONTACT LENS	No prior authorization required		
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	No prior authorization required		
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	No prior authorization required		
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	No prior authorization required		
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	No prior authorization required		
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	No prior authorization required		
92354	FITTING SPECTACLE MNTD LOW VISION AID 1ELMNT SYS	No prior authorization required		
92355	FITTING SPECTACLE MNTD LOW VISION AID CMPND LENS	No prior authorization required		
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	No prior authorization required		
92370	REPAIR&REFITTING SPECTACLES EXCEPT FOR APHAKIA	Non-covered		
92371	REPAIR&REFITTING SPECTACLE PROSTH FOR APHAKIA	Non-covered		
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	No prior authorization required		

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92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	No prior authorization required		
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	No prior authorization required		
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	No prior authorization required		
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	No prior authorization required		
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	No prior authorization required		
92512	NASAL FUNCTION STUDIES	No prior authorization required		
92516	FACIAL NERVE FUNCTION STUDIES	No prior authorization required		
92517	CERVICAL VEMP TESTING W/I&R	No prior authorization required		
92518	OCULAR VEMP TESTING W/I&R	No prior authorization required		
92519	CERVICAL & OCULAR VEMP TESTING W/I&R	No prior authorization required		
92520	LARYNGEAL FUNCTION STUDIES	No prior authorization required		
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	No prior authorization required		
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	No prior authorization required		
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	No prior authorization required		
92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	No prior authorization required		
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	No prior authorization required		
92531	SPONTANEOUS NYSTAGMUS W/GAZE	No prior authorization required		
92532	POSITIONAL NYSTAGMUS TEST	No prior authorization required		
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	No prior authorization required		
92534	OPTOKINETIC NYSTAGMUS TEST	No prior authorization required		
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	No prior authorization required		
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	No prior authorization required		
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	No prior authorization required		
92541	SPONTANEOUS NYSTAGMUS TEST	No prior authorization required		
92542	POSITIONAL NYSTAGMUS TEST	No prior authorization required		
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	No prior authorization required		
92545	OSCILLATING TRACKING TEST W/RECORDING	No prior authorization required		
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	No prior authorization required		
92547	USE VERTICAL ELECTRODES	No prior authorization required		
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
92549	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	No prior authorization required		
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	No prior authorization required		
92551	SCREENING TEST PURE TONE AIR ONLY	No prior authorization required		
92552	PURE TONE AUDIOMETRY AIR ONLY	No prior authorization required		
92553	PURE TONE AUDIOMETRY AIR & BONE	No prior authorization required		
92555	SPEECH AUDIOMETRY THRESHOLD	No prior authorization required		
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	No prior authorization required		
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	No prior authorization required		
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	No prior authorization required		
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	No prior authorization required		
92563	TONE DECAY TEST	No prior authorization required		
92565	STENGER TEST PURE TONE	No prior authorization required		
92567	TYMPANOMETRY	No prior authorization required		
92568	ACOUSTIC REFLEX THRESHOLD	No prior authorization required		
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	No prior authorization required		
92571	FILTERED SPEECH TEST	No prior authorization required		
92572	STAGGERED SPONDAIC WORD	No prior authorization required		
92575	SENSORINEURAL ACUITY LEVEL	No prior authorization required		
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	No prior authorization required		
92577	STENGER TEST SPEECH	No prior authorization required		
92579	VISUAL REINFORCEMENT AUDIOMETRY	No prior authorization required		
92582	CONDITIONING PLAY AUDIOMETRY	No prior authorization required		
92583	SELECT PICTURE AUDIOMETRY	No prior authorization required		
92584	ELECTROCOCHLEOGRAPHY	No prior authorization required		
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	No prior authorization required		
92588	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	No prior authorization required		
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	No prior authorization required		termed 12/31/2025
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	No prior authorization required		termed 12/31/2025

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
92592	HEARING AID CHECK MONAURAL	No prior authorization required		termed 12/31/2025
92593	HEARING AID CHECK BINAURAL	No prior authorization required		termed 12/31/2025
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	No prior authorization required		termed 12/31/2025
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	No prior authorization required		termed 12/31/2025
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	No prior authorization required		
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	No prior authorization required		
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	No prior authorization required		
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	No prior authorization required		
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	No prior authorization required		
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	No prior authorization required		
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	No prior authorization required		
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	No prior authorization required		
92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	No prior authorization required		
92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	No prior authorization required		
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	No prior authorization required		
92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	No prior authorization required		
92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	No prior authorization required		
92612	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	No prior authorization required		
92613	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	No prior authorization required		
92614	FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	No prior authorization required		
92615	FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	No prior authorization required		
92616	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	No prior authorization required		
92617	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R	No prior authorization required		
92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	No prior authorization required		
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	Yes, prior authorization required		
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	Yes, prior authorization required		

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92622	DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	Yes, prior authorization required		
92623	DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	Yes, prior authorization required		
92625	ASSESSMENT TINNITUS	No prior authorization required		
92626	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	No prior authorization required		
92627	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	No prior authorization required		
92628	Eval hearing aid cand 1st 30	No prior authorization required		
92629	Eval hearing aid cand ea add	No prior authorization required		
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	No prior authorization required		
92631	Hearing aid slctn svc 1st 30	No prior authorization required		
92632	HEARING AID SELECTION SERVICES EA ADDL 15 MIN	No prior authorization required		
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Non-covered		
92634	HEARING AID FITTING SERVICES 1ST 60 MINUTES	No prior authorization required		
92635	HEARING AID FITTING SERVICES EA ADDL 15 MINUTES	No prior authorization required		
92636	HEARING AID POST-FITTING F-UP SVC 1ST 30 MINUTES	No prior authorization required		
92637	HEARING AID POST-FITTING F-UP SVC EA ADDL 15 MIN	No prior authorization required		
92638	BEHAVIORAL VERIFICATION OF AMPLIFICATION	No prior authorization required		
92639	Hearing aid meas verif	No prior authorization required		
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	No prior authorization required		
92641	Hearing dev verif eacous aly	No prior authorization required		
92642	Hearing asstv dev fitg svc	No prior authorization required		
92650	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	No prior authorization required		
92651	AEP HEARING STATUS DETER BROADBAND STIMULI I&R	No prior authorization required		
92652	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	No prior authorization required		
92653	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	No prior authorization required		
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	No prior authorization required		
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	No prior authorization required		
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	No prior authorization required		termed 12/31/2025
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	No prior authorization required		

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92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	No prior authorization required		termed 12/31/2025
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	No prior authorization required		
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	No prior authorization required		termed 12/31/2025
92930	Prq tcat plmt ntrac st 2+les	No prior authorization required		
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	No prior authorization required		
92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	No prior authorization required		termed 12/31/2025
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	No prior authorization required		
92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	No prior authorization required		termed 12/31/2025
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	No prior authorization required		
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	No prior authorization required		
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	No prior authorization required		termed 12/31/2025
92945	Prq trl rvs ch occ ant&rtrgr	No prior authorization required		
92950	CARDIOPULMONARY RESUSCITATION	No prior authorization required		
92953	TEMPORARY TRANSCUTANEOUS PACING	No prior authorization required		
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	No prior authorization required		
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	No prior authorization required		
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	No prior authorization required		
92971	CARDIOASSIST EXTERNAL	No prior authorization required		
92972	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	No prior authorization required		
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	No prior authorization required		
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	No prior authorization required		
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	No prior authorization required		termed 12/31/2025
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	No prior authorization required		
92978	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	No prior authorization required		
92979	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	No prior authorization required		

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92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	No prior authorization required		
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	No prior authorization required		
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	No prior authorization required		
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	No prior authorization required		
92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	No prior authorization required		
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	No prior authorization required		
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	No prior authorization required		
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	No prior authorization required		
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	No prior authorization required		
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	No prior authorization required		
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	No prior authorization required		
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	No prior authorization required		
93024	ERGONOVINE PROVOCATION TST	No prior authorization required		
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	No prior authorization required		
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	No prior authorization required		
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	No prior authorization required		
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	No prior authorization required		
93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	No prior authorization required		
93145	Interrog crtd sins bat ip wo	No prior authorization required		
93146	Interrog crtd sins bat ip w/	No prior authorization required		
93150	THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	Yes, prior authorization required		
93151	INTERROG&PRGRMG IMPL PHRENIC NRV STIMULATOR SYS	Yes, prior authorization required		
93152	INTERROG&PRGRMG IPNSS DURING POLYSOMNOGRAPHY	Yes, prior authorization required		
93153	INTERROGATION WITHOUT PROGRAMMING IPNSS	Yes, prior authorization required		
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	No prior authorization required		
93225	XTRNL ECG & 48 HR RECORDING	No prior authorization required		
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	No prior authorization required		
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	No prior authorization required		
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	No prior authorization required		
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	No prior authorization required		

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93241	EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	No prior authorization required		
93242	EXTERNAL ECG REC>48HR<7D RECORDING	No prior authorization required		
93243	EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	No prior authorization required		
93244	EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	No prior authorization required		
93245	EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	No prior authorization required		
93246	EXTERNAL ECG REC>7D<15D RECORDING	No prior authorization required		
93247	EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	No prior authorization required		
93248	EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	No prior authorization required		
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	No prior authorization required		
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	No prior authorization required		
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	No prior authorization required		
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	No prior authorization required		
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	No prior authorization required		
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	No prior authorization required		
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	No prior authorization required		
93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	No prior authorization required		
93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	No prior authorization required		
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	No prior authorization required		
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	No prior authorization required		
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	No prior authorization required		
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	No prior authorization required		
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	No prior authorization required		
93285	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	No prior authorization required		
93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	No prior authorization required		
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	No prior authorization required		
93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	No prior authorization required		
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	No prior authorization required		
93290	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	No prior authorization required		
93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	No prior authorization required		
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	No prior authorization required		

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93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	No prior authorization required		
93294	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	No prior authorization required		
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	No prior authorization required		
93296	REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	No prior authorization required		
93297	REM INTERROG ICPMS <30 D PHYS/QHP	No prior authorization required		
93298	REM INTERROG SCRMS <30 D PHYS/QHP	No prior authorization required		
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	No prior authorization required		
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	No prior authorization required		
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	No prior authorization required		
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	No prior authorization required		
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	No prior authorization required		
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	No prior authorization required		
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	No prior authorization required		
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	No prior authorization required		
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	No prior authorization required		
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	No prior authorization required		
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	No prior authorization required		
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	No prior authorization required		
93319	3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL	No prior authorization required		
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	No prior authorization required		
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	No prior authorization required		
93324	XTRNL ECG < 48 HR RECORD SCAN STOR W/PHY R&I	Yes, prior authorization required		
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	No prior authorization required		
93350	ECHO TRANSTHORACIC	No prior authorization required		
93351	STRESS TTE COMPLETE	No prior authorization required		
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	No prior authorization required		
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	No prior authorization required		
93356	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	No prior authorization required		
93451	RIGHT HEART CATH	No prior authorization required		
93452	LEFT HRT CATH W/VENTRCLGRPHY	No prior authorization required		

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93453	R&L HRT CATH W/VENTRICLGRPHY	No prior authorization required		
93454	CORONARY ARTERY ANGIO S&I	No prior authorization required		
93455	CORONARY ART/GRFT ANGIO S&I	No prior authorization required		
93456	R HRT CORONARY ARTERY ANGIO	No prior authorization required		
93457	R HRT ART/GRFT ANGIO	No prior authorization required		
93458	L HRT ARTERY/VENTRICLE ANGIO	No prior authorization required		
93459	L HRT ART/GRFT ANGIO	No prior authorization required		
93460	R&L HRT ART/VENTRICLE ANGIO	No prior authorization required		
93461	R&L HRT ART/VENTRICLE ANGIO	No prior authorization required		
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	No prior authorization required		
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	No prior authorization required		
93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	No prior authorization required		
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	No prior authorization required		
93505	ENDOMYOCARDIAL BIOPSY	No prior authorization required		
93563	NJX DRG CGEN C-CATHJ SLCTV CORONARY ANGRPH S&I	No prior authorization required		
93564	NJX DRG CGEN C-CATHJ SLCTV OPACIFICATION S&I	No prior authorization required		
93565	NJX DRG C-CATHJ SLCTV L VNTRC/R ATRIAL ANGRPHS&I	No prior authorization required		
93566	NJX DRG C-CATHJ SLCTV R VNTRC/R ATRIAL ANGRPHS&I	No prior authorization required		
93567	NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	No prior authorization required		
93568	NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	No prior authorization required		
93569	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	No prior authorization required		
93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	No prior authorization required		
93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	No prior authorization required		
93573	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	No prior authorization required		
93574	NJX DRG C-CATHJ SLCTV PULM VEN ANGIOGRAPHY	No prior authorization required		
93575	NJX DRG C-CATHJ SLCTV PULM ANGRPH MAPCA CHD EA	No prior authorization required		
93580	TRANSCATH CLOSURE OF ASD	No prior authorization required		
93581	TRANSCATH CLOSURE OF VSD	No prior authorization required		
93582	PERQ TRANSCATH CLOSURE PDA	No prior authorization required		
93583	PERQ TRANSCATH SEPTAL REDUXN	No prior authorization required		

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93584	VENOGRAPHY CHD ANOMALOUS/PERSISTENT SVC NT DRG	Yes, prior authorization required		
93585	VENOGRAPHY CHD AZYGOS/HEMIAZYGOS VENOUS SYSTEM	Yes, prior authorization required		
93586	VENOGRAPHY CHD CORONARY SINUS	Yes, prior authorization required		
93587	VENOGRAPHY CHD VENOVENOUS COLTRL AT/ABOVE HRT	Yes, prior authorization required		
93588	VENOGRAPHY CHD VENOVENOUS COLLATERAL BELOW HEART	Yes, prior authorization required		
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	No prior authorization required		
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	No prior authorization required		
93592	PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	No prior authorization required		
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	No prior authorization required		
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	No prior authorization required		
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	No prior authorization required		
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	No prior authorization required		
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	No prior authorization required		
93598	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	Yes, prior authorization required		
93600	BUNDLE OF HIS RECORDING	No prior authorization required		
93602	INTRA-ATRIAL RECORDING	No prior authorization required		
93603	RIGHT VENTRICULAR RECORDING	No prior authorization required		
93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	No prior authorization required		
93610	INTRA-ATRIAL PACING	No prior authorization required		
93612	INTRAVENTRICULAR PACING	No prior authorization required		
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	No prior authorization required		

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93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	No prior authorization required		
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	No prior authorization required		
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	No prior authorization required		
93619	ELECTROPHYSIOLOGY EVALUA	No prior authorization required		
93620	ELECTROPHYSIOLOGY EVALUA	No prior authorization required		
93621	ELECTROPHYSIOLOGY EVALUA	No prior authorization required		
93622	ELECTROPHYSIOLOGY EVALUA	No prior authorization required		
93623	PROGRAMMED STIMJ&PACG AFTER IV DRUG NFS	No prior authorization required		
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	No prior authorization required		
93631	INTRAOP EPICAR&ENDOCAR PACG&MAPG	No prior authorization required		
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	No prior authorization required		
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	No prior authorization required		
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	No prior authorization required		
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	No prior authorization required		
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	No prior authorization required		
93653	EP & ABLATE SUPRAVENT AR	No prior authorization required		
93654	EP & ABLATE VENTRIC TACH	No prior authorization required		
93655	ABLATE ARRHYTHMIA ADD ON	No prior authorization required		
93656	TX ATRIAL FIB PULM VEIN	No prior authorization required		
93657	TX L/R ATRIAL FIB ADDL	No prior authorization required		
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	No prior authorization required		
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	No prior authorization required		
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	No prior authorization required		
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	No prior authorization required		
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	No prior authorization required		
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	No prior authorization required		
93740	TEMPRATURE GRADIENT STUDY	Non-covered		
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	No prior authorization required		
93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	No prior authorization required		
93770	DERMINATION OF VENOUS PRESSUE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
93784	AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	No prior authorization required		
93786	AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	No prior authorization required		
93788	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	No prior authorization required		
93790	AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	No prior authorization required		
93792	PT/CAREGIVER TRAING FOR INITIATION HOME INR MNTR	No prior authorization required		
93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	No prior authorization required		
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	No prior authorization required		
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	No prior authorization required		
93799	CARDIOVASCULAR PROCEDURE	Yes, prior authorization required		
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	No prior authorization required		
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	No prior authorization required		
93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	No prior authorization required		
93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	No prior authorization required		
93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	No prior authorization required		
93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	No prior authorization required		
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	No prior authorization required		
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	No prior authorization required		
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	No prior authorization required		
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	No prior authorization required		
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	No prior authorization required		
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	No prior authorization required		
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	No prior authorization required		
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	No prior authorization required		
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	No prior authorization required		

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93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	No prior authorization required		
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	No prior authorization required		
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	No prior authorization required		
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	No prior authorization required		
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	No prior authorization required		
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	No prior authorization required		
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	No prior authorization required		
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	No prior authorization required		
93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	No prior authorization required		
93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	No prior authorization required		
93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	No prior authorization required		
93986	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	No prior authorization required		
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	No prior authorization required		
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	No prior authorization required		
94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	No prior authorization required		
94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	No prior authorization required		
94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	No prior authorization required		
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	No prior authorization required		
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	No prior authorization required		
94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	No prior authorization required		
94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	No prior authorization required		
94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	No prior authorization required		
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	No prior authorization required		
94015	PATIENT-INITIATED SPIROMETRIC RECORDING	No prior authorization required		
94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	No prior authorization required		
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	No prior authorization required		
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	No prior authorization required		
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	No prior authorization required		
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	No prior authorization required		
94375	RESPIRATORY FLOW VOLUME LOOP	No prior authorization required		

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94450	BREATHING RESPONSE TO HYPOXIA	No prior authorization required		
94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	No prior authorization required		
94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	No prior authorization required		
94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	No prior authorization required		
94617	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	No prior authorization required		
94618	PULMONARY STRESS TESTING	No prior authorization required		
94619	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	No prior authorization required		
94621	CARDIOPULMONARY EXERCISE TESTING	No prior authorization required		
94625	PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	No prior authorization required		
94626	PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	No prior authorization required		
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	No prior authorization required		
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	No prior authorization required		
94644	CONTINUOUS INHALATION TREATMENT 1ST HR	No prior authorization required		
94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	No prior authorization required		
94660	CPAP VENTILATION CPAP INITIATION&MGMT	No prior authorization required		
94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	No prior authorization required		
94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	No prior authorization required		
94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	No prior authorization required		
94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	No prior authorization required		
94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	No prior authorization required		
94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	No prior authorization required		
94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	No prior authorization required		
94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	No prior authorization required		
94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	No prior authorization required		
94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	No prior authorization required		
94728	AIRWAY RESISTANCE BY OSCILLOMETRY	No prior authorization required		
94729	CO DIFFUSING CAPACITY	No prior authorization required		
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	No prior authorization required		
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	No prior authorization required		
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	No prior authorization required		

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94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	No prior authorization required		
94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	No prior authorization required		
94775	PEDIATRIC APNEA MONITOR ATTACHMENT	No prior authorization required		
94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	No prior authorization required		
94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	No prior authorization required		
94780	CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	No prior authorization required		
94781	CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	No prior authorization required		
94799	PULMONARY SERVICE/PROCED	Yes, prior authorization required		
95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	No prior authorization required		
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	No prior authorization required		
95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/ I&R	No prior authorization required		
95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/ I&R	No prior authorization required		
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	No prior authorization required		
95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	No prior authorization required		
95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	No prior authorization required		
95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	No prior authorization required		
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	No prior authorization required		
95056	PHOTO TESTS	No prior authorization required		
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	No prior authorization required		
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	No prior authorization required		
95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	No prior authorization required		
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	No prior authorization required		
95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	No prior authorization required		
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	No prior authorization required		
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	No prior authorization required		
95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	No prior authorization required		
95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	No prior authorization required		
95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	No prior authorization required		
95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	No prior authorization required		
95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	No prior authorization required		

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95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	No prior authorization required		
95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	No prior authorization required		
95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	No prior authorization required		
95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	No prior authorization required		
95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	No prior authorization required		
95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	No prior authorization required		
95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	No prior authorization required		
95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	No prior authorization required		
95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	No prior authorization required		
95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	No prior authorization required		
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	No prior authorization required		
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX	No prior authorization required		
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	No prior authorization required		
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	No prior authorization required		
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	No prior authorization required		
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	No prior authorization required		
95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	No prior authorization required		
95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	No prior authorization required		
95707	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	No prior authorization required		
95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	No prior authorization required		
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	No prior authorization required		
95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	No prior authorization required		
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	No prior authorization required		
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	No prior authorization required		
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	No prior authorization required		
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	No prior authorization required		
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	No prior authorization required		
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	No prior authorization required		
95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	No prior authorization required		
95718	EEG PHYS/QHP 2-12 HR WITH VEEG	No prior authorization required		

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95719	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	No prior authorization required		
95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	No prior authorization required		
95721	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	No prior authorization required		
95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	No prior authorization required		
95723	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	No prior authorization required		
95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	No prior authorization required		
95725	EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	No prior authorization required		
95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	No prior authorization required		
95782	POLYSOM <6 YRS 4/> PARAMTRS	No prior authorization required		
95783	POLYSOM <6 YRS CPAP/BILVL	No prior authorization required		
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	No prior authorization required		
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	No prior authorization required		
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	No prior authorization required		
95805	MULTIPLE SLEEP LATENCY T	No prior authorization required		
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	No prior authorization required		
95807	SLEEP STUDY ATTENDED	No prior authorization required		
95808	POLYSOMNOGRAPHY 1-3	No prior authorization required		
95810	POLYSOMNOGRAPHY 4 OR MOR	No prior authorization required		
95811	POLYSOMNOGRAPHY W/CPAP	No prior authorization required		
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	No prior authorization required		
95813	EEG EXTENDED MONITORING 61-119 MINUTES	No prior authorization required		
95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	No prior authorization required		
95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	No prior authorization required		
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	No prior authorization required		
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	No prior authorization required		
95829	ELECTROCORTICOGRAM SURGERY SPX	No prior authorization required		
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	No prior authorization required		
95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	No prior authorization required		
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	No prior authorization required		
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	No prior authorization required		

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95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	No prior authorization required		
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	No prior authorization required		
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	No prior authorization required		
95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	No prior authorization required		
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	No prior authorization required		
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	No prior authorization required		
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	No prior authorization required		
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	No prior authorization required		
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	No prior authorization required		
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	No prior authorization required		
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	No prior authorization required		
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	No prior authorization required		
95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	No prior authorization required		
95874	NEEDLE EMG GUID W/CHEMODENERVATION	No prior authorization required		
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	No prior authorization required		
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	No prior authorization required		
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	No prior authorization required		
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	No prior authorization required		
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	No prior authorization required		
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	No prior authorization required		
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	No prior authorization required		
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	No prior authorization required		
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	No prior authorization required		
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	No prior authorization required		
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	No prior authorization required		
95913	NERVE CONDUCTION STUDIES 13/> STUDIES	No prior authorization required		
95919	QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	No prior authorization required		
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	No prior authorization required		
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	No prior authorization required		
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	No prior authorization required		

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95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	No prior authorization required		
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	No prior authorization required		
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	No prior authorization required		
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	No prior authorization required		
95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	No prior authorization required		
95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	No prior authorization required		
95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	No prior authorization required		
95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	No prior authorization required		
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	No prior authorization required		
95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	No prior authorization required		
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	No prior authorization required		
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	No prior authorization required		
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	No prior authorization required		
95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	No prior authorization required		
95955	EEG NONINTRACRANIAL SURGERY	No prior authorization required		
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	No prior authorization required		
95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	No prior authorization required		
95961	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	No prior authorization required		
95962	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	No prior authorization required		
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	No prior authorization required		
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	No prior authorization required		
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	No prior authorization required		
95970	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	No prior authorization required		
95971	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	No prior authorization required		
95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	No prior authorization required		
95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	No prior authorization required		
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	No prior authorization required		
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	No prior authorization required		
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	No prior authorization required		
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	No prior authorization required		

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95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	No prior authorization required		
95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	No prior authorization required		
95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	No prior authorization required		
95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	No prior authorization required		
95992	CANALITH REPOSITIONING PROCEDURE	No prior authorization required		
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	No prior authorization required		
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	No prior authorization required		
96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	No prior authorization required		
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	No prior authorization required		
96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	No prior authorization required		
96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	No prior authorization required		
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	No prior authorization required		
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	No prior authorization required		
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	No prior authorization required		
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	No prior authorization required		
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	No prior authorization required		
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	No prior authorization required		
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	No prior authorization required		
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	No prior authorization required		
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	No prior authorization required		
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	No prior authorization required		
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	No prior authorization required		
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	No prior authorization required		
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	No prior authorization required		
96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	No prior authorization required		
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	No prior authorization required		
96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	No prior authorization required		
96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	No prior authorization required		
96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	No prior authorization required		
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	No prior authorization required		
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	No prior authorization required		
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	No prior authorization required		
96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	No prior authorization required		
96164	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	No prior authorization required		
96165	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	No prior authorization required		
96167	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	No prior authorization required		
96168	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	No prior authorization required		
96170	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	Non-covered		
96171	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	Non-covered		
96202	MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING 1ST 60	No prior authorization required		
96203	MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING EA ADDL	No prior authorization required		
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	No prior authorization required		
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	No prior authorization required		
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	No prior authorization required		
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	No prior authorization required		
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	No prior authorization required		
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	No prior authorization required		
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	No prior authorization required		
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	No prior authorization required		
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	No prior authorization required		
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	No prior authorization required		
96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	No prior authorization required		
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	No prior authorization required		
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	No prior authorization required		
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	No prior authorization required		
96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	No prior authorization required		
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	No prior authorization required		

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96380	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	No prior authorization required		
96381	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	No prior authorization required		
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	No prior authorization required		
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	No prior authorization required		
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	No prior authorization required		
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL > 7	No prior authorization required		
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	No prior authorization required		
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	No prior authorization required		
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	No prior authorization required		
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	No prior authorization required		
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	No prior authorization required		
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	No prior authorization required		
96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	No prior authorization required		
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	No prior authorization required		
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	No prior authorization required		
96425	CHEMOTX ADMN IA NFS > 8 HR PRTBLE IMPLTBL PMP	No prior authorization required		
96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	No prior authorization required		
96446	CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	No prior authorization required		
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	No prior authorization required		
96521	REFILLING & MAINTENANCE PORTABLE PUMP	No prior authorization required		
96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	No prior authorization required		
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	No prior authorization required		
96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	No prior authorization required		
96547	INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	No prior authorization required		
96548	INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	No prior authorization required		
96549	UNLISTED CHEMOTHERAPY PROCEDURE	No prior authorization required		
96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	No prior authorization required		
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	No prior authorization required		
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	No prior authorization required		
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	No prior authorization required		

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96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	No prior authorization required		
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Yes, prior authorization required		
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	No prior authorization required		
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	No prior authorization required		
96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	Yes, prior authorization required		
96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	Yes, prior authorization required		
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Yes, prior authorization required		
96920	LASER TX SKIN < 250 SQ C	Yes, prior authorization required		
96921	LASER TX SKIN 250-500 SQ	Yes, prior authorization required		
96922	LASER TX SKIN > 500 SQ C	Yes, prior authorization required		
96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	Yes, prior authorization required		
96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	Yes, prior authorization required		
96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	Yes, prior authorization required		
96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	Yes, prior authorization required		
96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Yes, prior authorization required		
96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	Yes, prior authorization required		
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX	No prior authorization required		
97007	Mchnl sclp cool meas fitg	No prior authorization required		
97008	Mchnl sclp cool prep plmt	No prior authorization required		
97009	Mchnl sclp cool after chemo	No prior authorization required		
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	No prior authorization required		
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	No prior authorization required		
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	No prior authorization required		
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	No prior authorization required		
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	No prior authorization required		
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	No prior authorization required		
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	No prior authorization required		
97026	APPLICATION MODALITY 1/> AREAS INFRARED	No prior authorization required		
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	No prior authorization required		
97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	No prior authorization required		

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97033	APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	No prior authorization required		
97034	APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	No prior authorization required		
97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	No prior authorization required		
97036	APPL MODALITY 1+ AREAS HUBBARD TANK EA 15 MIN	No prior authorization required		
97037	APPL MODALITY 1+ AREAS LLLT PO PAIN REDUCTION	Yes, prior authorization required		
97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	No prior authorization required		
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	No prior authorization required		
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	No prior authorization required		
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	No prior authorization required		
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	No prior authorization required		
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	No prior authorization required		
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	No prior authorization required		
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	No prior authorization required		
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	No prior authorization required		
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	No prior authorization required		
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	No prior authorization required		
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	No prior authorization required		
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	No prior authorization required		
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	No prior authorization required		
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	No prior authorization required		
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	No prior authorization required		
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	No prior authorization required		
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	No prior authorization required		
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	No prior authorization required		
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	No prior authorization required		
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	No prior authorization required		
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	No prior authorization required		
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	No prior authorization required		
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	No prior authorization required		
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	No prior authorization required		

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97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	No prior authorization required		
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	No prior authorization required		
97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	No prior authorization required		
97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	No prior authorization required		
97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	No prior authorization required		
97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	No prior authorization required		
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	No prior authorization required		
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	No prior authorization required		
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	No prior authorization required		
97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	No prior authorization required		
97542	WHEELCHAIR MGMT EA 15 MIN	No prior authorization required		
97545	WORK HARDENING/CONDITIONING 1ST 2 HR	No prior authorization required		
97546	WORK HARDENING/CONDITIONING EACH HOUR	No prior authorization required		
97550	CAREGIVER TRAINING STRATEGIES&TQ 1ST 30 MINUTES	No prior authorization required		
97551	CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN	No prior authorization required		
97552	GROUP CAREGIVER TRAINING STRATEGIES & TECHNIQUE	No prior authorization required		
97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	No prior authorization required		
97598	DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	No prior authorization required		
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	No prior authorization required		
97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	Yes, prior authorization required		
97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	Yes, prior authorization required		
97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	Yes, prior authorization required		
97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Yes, prior authorization required		
97610	LOW FREQUENCY NON-THERMAL US	No prior authorization required		
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	No prior authorization required		
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	No prior authorization required		
97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	No prior authorization required		
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	No prior authorization required		
97763	ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	No prior authorization required		
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	No prior authorization required		

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97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	No prior authorization required		
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	No prior authorization required		
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	No prior authorization required		
97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	No prior authorization required		
97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	No prior authorization required		
97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	No prior authorization required		
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	No prior authorization required		
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/ or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	No prior authorization required		
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/ or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior authorization required		
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	No prior authorization required		
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/ or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	No prior authorization required		
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	No prior authorization required		

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98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	No prior authorization required		
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior authorization required		
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	No prior authorization required		
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	No prior authorization required		
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior authorization required		
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	No prior authorization required		

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98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/ or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	No prior authorization required		
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	No prior authorization required		
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	No prior authorization required		
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior authorization required		
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	No prior authorization required		

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98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	No prior authorization required		
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	No prior authorization required		
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	No prior authorization required		
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	No prior authorization required		
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	No prior authorization required		
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	No prior authorization required		
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	No prior authorization required		
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	No prior authorization required		
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	No prior authorization required		
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	No prior authorization required		
98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	No prior authorization required		
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	No prior authorization required		
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	No prior authorization required		
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	No prior authorization required		
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	No prior authorization required		
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	No prior authorization required		
98970	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 5-10 MIN	Non-covered		
98971	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 11-20 MIN	Non-covered		
98972	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN	Non-covered		
98975	REMOTE THERAPEUTIC MNTR 1ST SETUP&PT EDUCAJ EQP	No prior authorization required		
98976	REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	No prior authorization required		
98977	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	No prior authorization required		
98978	REM THER MNTR DEV SPLY W/REC COG BHV THER EA 30D	No prior authorization required		
98979	Rtm tx mgmt 1st 10 min	No prior authorization required		

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98980	REMOTE THER MNTR TX MGMT PHYS/QHP 1ST 20 MIN	No prior authorization required		
98981	REMOTE THER MNTR TX MGMT PHYS/QHP EA ADDL 20 MIN	No prior authorization required		
98984	Rtm dev sply resp sys 2-15 d	No prior authorization required		
98985	Rtm dev sply mscsk sys 2-15d	No prior authorization required		
98986	Rtm dev sply cbt 2-15 d	No prior authorization required		
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	Non-covered		
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	Non-covered		
99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	Non-covered		
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	Non-covered		
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	No prior authorization required		
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	Yes, prior authorization required		
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	Non-covered		
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	Non-covered		
99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	Non-covered		
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	Non-covered		
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	Non-covered		
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	Non-covered		
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	No prior authorization required		
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	Non-covered		
99072	ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	Non-covered		
99075	MEDICAL TESTIMONY	Non-covered		
99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	No prior authorization required		
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	Non-covered		
99082	UNUSUAL TRAVEL	Non-covered		
99091	COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	No prior authorization required		
99100	ANESTHESIA EXTREME AGE PATIENT<1 YR&>70	No prior authorization required		
99116	ANES COMP BY UTILIZATION TOTAL BODY HYPOTHERMIA	No prior authorization required		
99135	ANES COMP UTILIZATION CONTROLLED HYPOTENSION	No prior authorization required		
99140	ANES COMP BY EMERGENCY CONDITIONS SPECIFY	No prior authorization required		
99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	No prior authorization required		

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99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	No prior authorization required		
99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	No prior authorization required		
99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	No prior authorization required		
99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	No prior authorization required		
99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	No prior authorization required		
99170	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	No prior authorization required		
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	No prior authorization required		
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	No prior authorization required		
99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	No prior authorization required		
99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	Yes, prior authorization required		
99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	No prior authorization required		
99183	HYPERBARIC OXYGEN THERAP	Yes, prior authorization required		
99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	No prior authorization required		
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	No prior authorization required		
99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	No prior authorization required		
99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	No prior authorization required		
99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	No prior authorization required		
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	No prior authorization required		
99199	SPECIAL SERVICE/PROC/REP	Yes, prior authorization required		
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	No prior authorization required		
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	No prior authorization required		
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	No prior authorization required		
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	No prior authorization required		
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	No prior authorization required		
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	No prior authorization required		
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	No prior authorization required		
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	No prior authorization required		
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	No prior authorization required		
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	No prior authorization required		
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	No prior authorization required		

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99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	No prior authorization required		
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	No prior authorization required		
99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	No prior authorization required		
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	No prior authorization required		
99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	No prior authorization required		
99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	No prior authorization required		
99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	No prior authorization required		
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	No prior authorization required		
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	No prior authorization required		
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	No prior authorization required		
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	No prior authorization required		
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	No prior authorization required		
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	No prior authorization required		
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	No prior authorization required		
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	No prior authorization required		
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	No prior authorization required		
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	No prior authorization required		
99281	EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	No prior authorization required		
99282	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	No prior authorization required		
99283	EMERGENCY DEPARTMENT VISIT LOW MDM	No prior authorization required		
99284	EMERGENCY DEPARTMENT VISIT MODERATE MDM	No prior authorization required		
99285	EMERGENCY DEPARTMENT VISIT HIGH MDM	No prior authorization required		
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	No prior authorization required		
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	No prior authorization required		
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	No prior authorization required		
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	No prior authorization required		
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	No prior authorization required		
99306	INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	No prior authorization required		
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	No prior authorization required		
99308	SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTES	No prior authorization required		

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99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	No prior authorization required		
99310	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	No prior authorization required		
99315	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	No prior authorization required		
99316	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	No prior authorization required		
99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	No prior authorization required		
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	No prior authorization required		
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	No prior authorization required		
99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	No prior authorization required		
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	No prior authorization required		
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	No prior authorization required		
99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	No prior authorization required		
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	No prior authorization required		
99358	PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	No prior authorization required		
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	No prior authorization required		
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	No prior authorization required		
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	No prior authorization required		
99367	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	No prior authorization required		
99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	No prior authorization required		
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	No prior authorization required		
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	No prior authorization required		
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	No prior authorization required		
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	No prior authorization required		
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	No prior authorization required		
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	No prior authorization required		
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	No prior authorization required		
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	No prior authorization required		
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	No prior authorization required		
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	No prior authorization required		
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	No prior authorization required		
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	No prior authorization required		

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99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	No prior authorization required		
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	No prior authorization required		
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	No prior authorization required		
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	No prior authorization required		
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	No prior authorization required		
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	No prior authorization required		
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	No prior authorization required		
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	No prior authorization required		
99401	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	No prior authorization required		
99402	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	No prior authorization required		
99403	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	No prior authorization required		
99404	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	No prior authorization required		
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	No prior authorization required		
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	No prior authorization required		
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	No prior authorization required		
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	No prior authorization required		
99411	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	No prior authorization required		
99412	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	No prior authorization required		
99415	PROLONGED CLINICAL STAFF SVC OFFICE/O/P 1ST HR	No prior authorization required		
99416	PROLONGED CLINICAL STAFF SVC OFFICE/O/P EA ADDL	No prior authorization required		
99417	PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	No prior authorization required		
99418	PROLONGED INPATIENT/OBSERVATION EM SVC EA 15 MIN	No prior authorization required		
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	No prior authorization required		
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	No prior authorization required		
99423	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	No prior authorization required		
99424	PRINCIPAL CARE MGMT SVC 1ST 30 PHYS/QHP CAL MO	No prior authorization required		
99425	PRINCIPAL CARE MGMT SVC EA ADL 30 PHY/QHP CAL MO	No prior authorization required		
99426	PRINCIPAL CARE MGMT SVC 1ST 30 STAFF CAL MO	No prior authorization required		
99427	PRINCIPAL CARE MGMT SVC EA ADDL 30 STAFF CAL MO	No prior authorization required		
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	No prior authorization required		

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99437	CHRONIC CARE MGMT SVC PHYS EA ADDL 30 MIN CAL MO	No prior authorization required		
99439	CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	No prior authorization required		
99445	Rem mntr physiol param 2-15	No prior authorization required		
99446	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	No prior authorization required		
99447	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN	No prior authorization required		
99448	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN	No prior authorization required		
99449	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 31/> MIN	No prior authorization required		
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	No prior authorization required		
99451	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5/> MIN	No prior authorization required		
99452	NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	No prior authorization required		
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	No prior authorization required		
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	No prior authorization required		
99455	WORK RELATED/MED DBLT XM TREATING PHYS	No prior authorization required		
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	No prior authorization required		
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	No prior authorization required		
99458	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO	No prior authorization required		
99459	PELVIC EXAMINATION	No prior authorization required		
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	No prior authorization required		
99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	No prior authorization required		
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	No prior authorization required		
99463	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	No prior authorization required		
99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	No prior authorization required		
99465	DELIVERY/BIRTHING ROOM RESUSCITATION	No prior authorization required		
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	No prior authorization required		
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	No prior authorization required		
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	No prior authorization required		
99469	SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	No prior authorization required		
99470	Rpm tx mgmt 1st 10 min	No prior authorization required		
99471	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	No prior authorization required		
99472	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	No prior authorization required		

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99473	SELF-MEAS BP PT EDUCAJ/TRAING & DEV CALIBRATION	No prior authorization required		
99474	SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	No prior authorization required		
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	No prior authorization required		
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	No prior authorization required		
99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	No prior authorization required		
99478	SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	No prior authorization required		
99479	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	No prior authorization required		
99480	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	No prior authorization required		
99483	ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	No prior authorization required		
99484	CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	No prior authorization required		
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	No prior authorization required		
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	No prior authorization required		
99487	COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	No prior authorization required		
99489	CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	No prior authorization required		
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	No prior authorization required		
99491	CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	No prior authorization required		
99492	1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	No prior authorization required		
99493	SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	No prior authorization required		
99494	1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	No prior authorization required		
99495	TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	No prior authorization required		
99496	TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	No prior authorization required		
99497	ADVANCE CARE PLANNING FIRST 30 MINS	No prior authorization required		
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	No prior authorization required		
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	No prior authorization required		
99500	HOME VISIT PRENATAL	No prior authorization required		
99501	HOME VISIT POSTNATAL	No prior authorization required		
99502	HOME VISIT NB CARE	No prior authorization required		
99503	HOME VISIT RESP THERAPY	No prior authorization required		
99504	HOME VISIT MECH VENTILAT	No prior authorization required		
99505	HOME VISIT STOMA CARE	No prior authorization required		

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99506	HOME VISIT IM INJECTION	No prior authorization required		
99507	HOME VISIT CATH MAINTAIN	No prior authorization required		
99509	HOME VISIT DAY LIFE ACTI	No prior authorization required		
99510	HOME VISIT SING/M/FAM CO	No prior authorization required		
99511	HOME VISIT FECAL/ENEMA M	No prior authorization required		
99512	HOME VISIT FOR HEMODIALY	No prior authorization required		
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	No prior authorization required		
99601	HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	No prior authorization required		
99602	HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	No prior authorization required		
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	No prior authorization required		
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	No prior authorization required		
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	No prior authorization required		
0001F	HRT FAILURE ASSESSED	No prior authorization required		
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	Yes, prior authorization required		
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	Yes, prior authorization required		
0002U	ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	Yes, prior authorization required		
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	Yes, prior authorization required		
0003U	ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	Yes, prior authorization required		
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Yes, prior authorization required		
0005F	OSTEOARTHRITIS COMPOSITE	No prior authorization required		

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0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Yes, prior authorization required		
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha- fetoprotein level, algorithm reported as a risk classifier	Yes, prior authorization required		
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Yes, prior authorization required		
0007U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	Yes, prior authorization required		
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	Yes, prior authorization required		
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	Yes, prior authorization required		
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Yes, prior authorization required		
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Yes, prior authorization required		
0011U	RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	Yes, prior authorization required		
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSMT	No prior authorization required		
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Yes, prior authorization required		

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0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Yes, prior authorization required		
0014F	COMP PREOP ASSESS CATARACT SURG W/IOL PLACEMNT	No prior authorization required		
0015F	MELANOMA FOLLOW UP COMPLETED	No prior authorization required		
0015M	ADRENAL CORTICAL TUM BIOCHEM ASSAY 25 STRD MRK	Yes, prior authorization required		
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Yes, prior authorization required		
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Yes, prior authorization required		
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	Yes, prior authorization required		
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Yes, prior authorization required		
0018M	TRNSPLJ RNL RJCTN MEAS CD154+T CLL WHL PRPH BLD	Yes, prior authorization required		
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Yes, prior authorization required		
0019M	CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA&ALG	Yes, prior authorization required		
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Yes, prior authorization required		

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0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	Yes, prior authorization required		
0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	Yes, prior authorization required		
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	Yes, prior authorization required		
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin	Yes, prior authorization required		
0024U	GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	Yes, prior authorization required		
0025U	TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	Yes, prior authorization required		
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Yes, prior authorization required		
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Yes, prior authorization required		
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Yes, prior authorization required		
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Yes, prior authorization required		
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Yes, prior authorization required		
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Yes, prior authorization required		

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0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.- 759C>T] and rs1414334 [c.551- 3008C>G])	Yes, prior authorization required		termed 12/31/2025
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15*3, *4, *5)	Yes, prior authorization required		
0035U	NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	Yes, prior authorization required		
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Yes, prior authorization required		
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes, prior authorization required		
0038U	VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	Yes, prior authorization required		
0039U	DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	Yes, prior authorization required		
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Yes, prior authorization required		
0041U	B BURGDORFERI ANTB 5 PRTN GRP IMMUNOBLOT IGM	Yes, prior authorization required		
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	No prior authorization required		termed 12/31/2025
0042U	B BURGDORFERI ANTB 12 PRTN GRP IMMUNOBLOT IGG	Yes, prior authorization required		
0043U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGM	Yes, prior authorization required		
0044U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGG	Yes, prior authorization required		
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by realtime RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	Yes, prior authorization required		
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	Yes, prior authorization required		
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin- fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	Yes, prior authorization required		
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Yes, prior authorization required		
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Yes, prior authorization required		
0051U	RX MNTR DRUGS PRESENT LC-MS/MS UR/BLD 31 RX PNL	Yes, prior authorization required		
0052U	LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENTRFUGTN	Yes, prior authorization required		
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	No prior authorization required		
0054U	RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	Yes, prior authorization required		
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	No prior authorization required		
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Yes, prior authorization required		
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Yes, prior authorization required		
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD +/-	Yes, prior authorization required		
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Yes, prior authorization required		
0061U	TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	Yes, prior authorization required		
0062U	AI SLE IGG & IGM ALYS 80 BMRK SRM ALG RSK SCORE	Yes, prior authorization required		
0063U	NEURO AUTISM 32 AMINES PLSM ALG METAB SIGNATURE	Yes, prior authorization required		
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	Yes, prior authorization required		
0065U	SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	Yes, prior authorization required		
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	Yes, prior authorization required		
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin fixed paraffin-embedded tissue, algorithm reported as an expression score	Yes, prior authorization required		
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Yes, prior authorization required		
0071T	U/S LEIOMYOMATA ABLATE <	No prior authorization required		
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0072T	U/S LEIOMYOMATA ABLATE >	No prior authorization required		
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0075T	PERQ STENT/CHEST VERT AR	No prior authorization required		
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5′ gene duplication/multiplication) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0076T	TCAT PLMT XTRC VRT CRTD STENT RS&IPRQ EA VSL	No prior authorization required		
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3′ gene duplication/ multiplication) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0077U	IG PARAPROTEIN QUAL IMPRCIP&MS BLD/UR W/ISOTYPE	Yes, prior authorization required		
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Yes, prior authorization required		
0080U	ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL	Yes, prior authorization required		
0082U	RX TST DEF 90+ RX/SBSTS UR REPRT PRES/ABS EA RX	Yes, prior authorization required		
0083U	ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY	Yes, prior authorization required		
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Yes, prior authorization required		
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	Yes, prior authorization required		
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Yes, prior authorization required		
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Yes, prior authorization required		
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Yes, prior authorization required		
0091U	ONC CLRCT SCR CLL ENUM CRCG TUM CLL WHL BLD ALG	Yes, prior authorization required		
0092U	ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	Yes, prior authorization required		
0093U	RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	Yes, prior authorization required		
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Yes, prior authorization required		
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	No prior authorization required		
0095U	EE&MAJ BASIC PRTN ELISA ESOPHGL STRING TST DEV	Yes, prior authorization required		
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	Yes, prior authorization required		
0098T	REV ARTIFIC DISC ADDL	No prior authorization required		
0100T	PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA	No prior authorization required		
0101T	EXTRACORPOREAL SHOCK WAVE MUSCSKEL SYS NOS	No prior authorization required		
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Yes, prior authorization required		
0102T	ESW BY PHYS W/ANES INVG LAT HUMERL EPICONDYLE	No prior authorization required		
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	Yes, prior authorization required		
0105U	NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	Yes, prior authorization required		
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	No prior authorization required		
0106U	GASTRIC EMPTYING SERIAL COLLJ 7 TIMED BRTH SPEC	Yes, prior authorization required		
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	No prior authorization required		
0107U	C DIFF TOXIN ANTIGEN DETCJ IA TECH STOOL QUAL	Yes, prior authorization required		
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	No prior authorization required		
0108U	GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	Yes, prior authorization required		
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	No prior authorization required		
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	Yes, prior authorization required		
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	No prior authorization required		
0110U	RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	Yes, prior authorization required		
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Yes, prior authorization required		
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Yes, prior authorization required		
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Yes, prior authorization required		
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Yes, prior authorization required		

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0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Yes, prior authorization required		
0116U	RX MNTR NZM IA 35+DRUGS LC-MS/MS ORAL FLUID ALG	Yes, prior authorization required		
0117U	PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	Yes, prior authorization required		
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Yes, prior authorization required		
0119U	CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA	Yes, prior authorization required		
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	Yes, prior authorization required		
0121U	SICKLE CELL DISEASE VCAM-1 WHOLE BLOOD	Yes, prior authorization required		
0122U	SICKLE CELL DISEASE P-SELECTIN WHOLE BLOOD	Yes, prior authorization required		
0123U	MCHNL FRGLTY RBC SHEAR STRS&SPECTRAL ALYS PRFLG	Yes, prior authorization required		
0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Yes, prior authorization required		
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0131U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Yes, prior authorization required		termed 12/31/2025

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0132U	Hereditary ovarian cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Yes, prior authorization required		termed 12/31/2025
0133U	Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Yes, prior authorization required		termed 12/31/2025
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Yes, prior authorization required		
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Yes, prior authorization required		
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma untargeted next-generation sequencing, report for significant positive pathogens	Yes, prior authorization required		
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Yes, prior authorization required		
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3), utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Yes, prior authorization required		
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffinembedded breast tumor tissue, reported as PIK3CA gene mutation status	Yes, prior authorization required		
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Yes, prior authorization required		
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Yes, prior authorization required		
0163U	ONC CLRCT SCR BIOCHEM ELISA 3 PLSM/SRM PRTN ALG	Yes, prior authorization required		
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	No prior authorization required		
0164U	GI IBS IA ANTI-CDTB&ANTI-VINCULIN ANTB PLSM ALG	Yes, prior authorization required		
0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	No prior authorization required		
0165U	PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD PROB ALL	Yes, prior authorization required		
0166U	LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG	Yes, prior authorization required		
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Yes, prior authorization required		
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Yes, prior authorization required		
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Yes, prior authorization required		
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin- fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Yes, prior authorization required		
0174T	CAD CHEST RADIOGRAPH CONCURRENT W/INTERPRETATION	No prior authorization required		
0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Yes, prior authorization required		
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ	No prior authorization required		
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Yes, prior authorization required		
0176U	CDTB & VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	Yes, prior authorization required		
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Yes, prior authorization required		
0178U	PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD CLIN RXN	Yes, prior authorization required		
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Yes, prior authorization required		
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3 Nacetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Yes, prior authorization required		
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Yes, prior authorization required		
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Yes, prior authorization required		
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Yes, prior authorization required		
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	No prior authorization required		
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	Yes, prior authorization required		
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Yes, prior authorization required		
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Yes, prior authorization required		
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Yes, prior authorization required		
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Yes, prior authorization required		
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Yes, prior authorization required		
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Yes, prior authorization required		
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Yes, prior authorization required		
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26	Yes, prior authorization required		
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Yes, prior authorization required		
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	Yes, prior authorization required		
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Yes, prior authorization required		
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Yes, prior authorization required		
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R	No prior authorization required		
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Yes, prior authorization required		
0200T	PERQ SACRAL AUGMT UNILAT	No prior authorization required		
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1-3	Yes, prior authorization required		
0201T	PERQ SACRAL AUGMT BILAT	No prior authorization required		
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Yes, prior authorization required		
0202T	POST VERT ARTHRPLSTY W/WO BONE CEMENT 1 LUMB LVL	No prior authorization required		
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Yes, prior authorization required		
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Yes, prior authorization required		
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Yes, prior authorization required		
0206U	NEUROLOGY ALZHEIMER DISEASE CELL AGGREGATION	Yes, prior authorization required		
0207T	EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	No prior authorization required		
0207U	NEUROLOGY ALZHEIMER DISEASE QUANTITATIVE IMAGING	Yes, prior authorization required		
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	No prior authorization required		
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	No prior authorization required		
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Yes, prior authorization required		

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0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	No prior authorization required		
0210U	SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAN RPR	Yes, prior authorization required		
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	No prior authorization required		
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Yes, prior authorization required		
0212T	COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG	No prior authorization required		
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes, prior authorization required		
0213T	NJX PARAVERT W/US CER/THOR	No prior authorization required		
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Yes, prior authorization required		
0214T	NJX PARAVERT W/US CER/THOR	No prior authorization required		
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes, prior authorization required		
0215T	NJX PARAVERT W/US CER/TH	No prior authorization required		
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Yes, prior authorization required		

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0216T	NJX PARAVERT W/US LUMB/S	No prior authorization required		
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes, prior authorization required		
0217T	NJX PARAVERT W/US LUMB/SAC	No prior authorization required		
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes, prior authorization required		
0218T	NJX PARAVERT W/US LUMB/SAC	No prior authorization required		
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Yes, prior authorization required		
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV	No prior authorization required		
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	Yes, prior authorization required		
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT THOR	No prior authorization required		
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Yes, prior authorization required		
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB	No prior authorization required		
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	Yes, prior authorization required		
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	Yes, prior authorization required		
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	No prior authorization required		
0224U	ANTB SEV AQT RESPIR SYND CORONAVIRUS 2 TITER(S)	No prior authorization required		
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	No prior authorization required		
0226U	SUROGAT VIR NEUTRLZJ TST SARSCOV2 ELISA PLSM SRM	No prior authorization required		
0227U	RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM	Yes, prior authorization required		
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Yes, prior authorization required		
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Yes, prior authorization required		
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		

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0232T	NJX PLATELET PLASMA	No prior authorization required		
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	No prior authorization required		
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	No prior authorization required		
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		
0236T	TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA	No prior authorization required		
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	Yes, prior authorization required		
0237T	TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL	No prior authorization required		
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Yes, prior authorization required		

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0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	No prior authorization required		
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non- uniquely mappable regions	Yes, prior authorization required		
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Yes, prior authorization required		
0240U	NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	No prior authorization required		temed 07/01/2025
0241U	NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	No prior authorization required		termed 07/01/2025
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Yes, prior authorization required		
0243U	OB PE BIOCHEM ASY PLCNTL GRWTH FACTR MAT SRM ALG	Yes, prior authorization required		
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/ deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Yes, prior authorization required		
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next- generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Yes, prior authorization required		
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Yes, prior authorization required		
0247U	OB PRETERM BIRTH IBP4 SHBG QUAN MEAS MAT SRM PRS	Yes, prior authorization required		
0248U	ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE	Yes, prior authorization required		

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0249U	ONC BRST SEMIQ ALYS 32 PHSPRTN&PRTN ANALYTE ALG	Yes, prior authorization required		
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Yes, prior authorization required		
0251U	HEPCIDIN-25 ELISA SERUM OR PLASMA	Yes, prior authorization required		
0252U	Fetal aneuploidy short tandem–repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	No prior authorization required		
0253T	INSERT ANT SGM DRAINAGE DEV W/O RESERVR INT APPR	No prior authorization required		
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Yes, prior authorization required		
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	No prior authorization required		
0255U	ANDROLOGY INFERTILITY SPERM CAPACITATION ASSMT	Yes, prior authorization required		
0256U	TMA/TMAO PROFILE MS/MS URINE ALG ALYS&REPORT	Yes, prior authorization required		
0257U	VLCAD LEUKOCYTE ENZYME ACTIVITY WHOLE BLOOD	Yes, prior authorization required		
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	Yes, prior authorization required		
0259U	NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	Yes, prior authorization required		
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0261U	ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES	Yes, prior authorization required		
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	Yes, prior authorization required		
0263T	IM B1 MRW CEL THER CMPL	No prior authorization required		
0263U	NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES	Yes, prior authorization required		
0264T	AUTO BONE MARRW CELL RX COMP W/O BONE MAR HARVST	No prior authorization required		
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Yes, prior authorization required		
0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	No prior authorization required		
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	Yes, prior authorization required		
0266T	IM/REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	No prior authorization required		termed 12/31/2025
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	Yes, prior authorization required		
0267T	IM/REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	No prior authorization required		
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	Yes, prior authorization required		
0268T	IM/REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	No prior authorization required		termed 12/31/2025
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		

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0269T	REV/REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	No prior authorization required		termed 12/31/2025
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0270T	REV/REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	No prior authorization required		termed 12/31/2025
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0271T	REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	No prior authorization required		termed 12/31/2025
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R	No prior authorization required		termed 12/31/2025
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	Yes, prior authorization required		
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM	No prior authorization required		termed 12/31/2025
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0274T	PERC LAMINO-/LAMINECTOMY IMAGE GUIDE CERV/THORAC	No prior authorization required		
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0275T	PERQ LAMOT/LAM LUMBAR	No prior authorization required		termed 12/31/2025
0275U	HEM HEPARIN INDUCD TRMBCTPNA PLTLT ANTB REAC SRM	Yes, prior authorization required		
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		

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0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	No prior authorization required		
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	Yes, prior authorization required		
0279U	HEM VW DS VW FACTOR & COLLAGEN III BINDING ELISA	Yes, prior authorization required		
0280U	HEM VW DS VW FACTOR & COLLAGEN IV BINDING ELISA	Yes, prior authorization required		
0281U	HEM VW DS VW PROPEPTIDE ELISA AG LEVEL	Yes, prior authorization required		
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	Yes, prior authorization required		
0283U	VON WILLEBRAND FACTOR TYPE 2B PLASMA	Yes, prior authorization required		
0284U	VON WILLEBRAND FACTOR TYPE 2N FACTOR VIII PLASMA	Yes, prior authorization required		
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Yes, prior authorization required		
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Yes, prior authorization required		
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Yes, prior authorization required		
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Yes, prior authorization required		
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		

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0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Yes, prior authorization required		
0295U	ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN	Yes, prior authorization required		
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Yes, prior authorization required		
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Yes, prior authorization required		
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	Yes, prior authorization required		
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	Yes, prior authorization required		
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	Yes, prior authorization required		
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	Yes, prior authorization required		
0303U	HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC HYPOXIC	Yes, prior authorization required		
0304U	HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC NORMOXIC	Yes, prior authorization required		
0305U	HEM RBC FNCLTY&DFRM FUNCJ SHEAR STRS WHL BLOOD	Yes, prior authorization required		
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	Yes, prior authorization required		
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Yes, prior authorization required		
0308T	INSJ OC TLSCP PROSTH RMVL CRYSTALLINE/IO LENS	No prior authorization required		
0308U	CRD CAD ALYS 3 PRTN 3 CLIN PARAM PLSM OBSTR CAD	Yes, prior authorization required		
0309U	CRD CV DS ALYS 4 PRTN PLSM ALG RSK MAJ CAR EVENT	Yes, prior authorization required		
0310U	PED VSCLTS KD ALYS 3 BMRK PLSM ALG RSK SCORE KD	Yes, prior authorization required		
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)–based antimicrobial susceptibility for each organism identified	Yes, prior authorization required		
0312U	AI DS SLE ALYS 8 IGG AUTOANT&2 CLL BOUND PRDCTS	Yes, prior authorization required		

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0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Yes, prior authorization required		
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Yes, prior authorization required		
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Yes, prior authorization required		
0316U	BORRELIA BURGDORFERI LYME DS OSPA PRTN EVAL UR	Yes, prior authorization required		
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm generated evaluation reported as decreased or increased risk for lung cancer	Yes, prior authorization required		
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Yes, prior authorization required		
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral	Yes, prior authorization required		
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Yes, prior authorization required		
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Yes, prior authorization required		
0322U	NEURO ASD QUAN MEAS 14 ACYL CARNITINES & METABLT	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF),identification of pathogenic bacteria, viruses, parasites, or fungi	Yes, prior authorization required		
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes, prior authorization required		
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	Yes, prior authorization required		
0328U	DRUG ASSAY DEF 120+ RX&METABOLITES UR W/LC-MS/MS	Yes, prior authorization required		
0329T	MNTR INTRAOCULAR PRESS 24HRS/> UNI/BI W/INTERP	No prior authorization required		
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Yes, prior authorization required		
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R	No prior authorization required		
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	Yes, prior authorization required		
0331T	HEART SYMP IMAGE PLNR	No prior authorization required		
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations	Yes, prior authorization required		
0332T	HEART SYMP IMAGE PLNR SP	No prior authorization required		

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0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy	Yes, prior authorization required		
0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	No prior authorization required		
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy prothrombin (DCP), algorithm reported as normal or abnormal result	Yes, prior authorization required		
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes, prior authorization required		
0335T	EXTRAOSSEOUS JOINT STABLJ	No prior authorization required		
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Yes, prior authorization required		
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Yes, prior authorization required		
0337U	ONC PLSM CLL DO&MYLOMA CRCG PLSM CLL IMMLG SLCTN	Yes, prior authorization required		
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	No prior authorization required		
0338U	ONC SLD TUM CRCG TUMOR CELL SELECTION	Yes, prior authorization required		

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0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	No prior authorization required		
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT- PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Yes, prior authorization required		
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Yes, prior authorization required		
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	Yes, prior authorization required		
0342T	THERAPEUTIC APHERESIS W/ SELECTIVE HDL DELIP	No prior authorization required		
0342U	ONC PNCRTC CA MULT IA ECLIA SRM ALG	Yes, prior authorization required		
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Yes, prior authorization required		
0344U	HEP NAFLD SEMIQ EVAL 28 LIPID MRK SRM NASH/XNASH	Yes, prior authorization required		
0345T	TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS	No prior authorization required		
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Yes, prior authorization required		
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	No prior authorization required		
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Yes, prior authorization required		
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	No prior authorization required		
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Yes, prior authorization required		

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0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	No prior authorization required		
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis including reported phenotypes and impacted gene-drug interactions	Yes, prior authorization required		
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	No prior authorization required		
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Yes, prior authorization required		
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	No prior authorization required		
0351U	NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	Yes, prior authorization required		
0352T	OCT BREAST OR AXILL NODE SPECIMEN I&R	No prior authorization required		
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	No prior authorization required		
0354T	OCT BREAST SURG CAVITY REAL TIME/REFERRED I&R	No prior authorization required		
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	Yes, prior authorization required		
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Yes, prior authorization required		
0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R	No prior authorization required		
0358U	NEURO MLD COG IMPAIRMNT ALYS B-AMYLOID 1-42&1-40	Yes, prior authorization required		
0359U	ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	Yes, prior authorization required		
0360U	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	Yes, prior authorization required		
0361U	NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	Yes, prior authorization required		termed 12/31/2025
0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	No prior authorization required		
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Yes, prior authorization required		
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Yes, prior authorization required		
0365U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB BLDR CA	Yes, prior authorization required		
0366U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA	Yes, prior authorization required		
0367U	ONC BLDR 10PRTN BMRK ALG PRB CA FLWG TRURL RESCJ	Yes, prior authorization required		
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Yes, prior authorization required		
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	Yes, prior authorization required		
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Yes, prior authorization required		
0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	No prior authorization required		
0375U	ONC OVARIAN BIOCHEM ASSAY 7 PRTNS ALG RSK SCOR	Yes, prior authorization required		
0376U	ONC PRST8 CA IMG ALYS 128 HLOG FEAT&CLIN FCTR	Yes, prior authorization required		
0377U	CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT	Yes, prior authorization required		
0378T	VISUAL FIELD ASSESSMENT PHYS REVIEW AND REPORT	No prior authorization required		

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0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Yes, prior authorization required		
0379T	VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT	No prior authorization required		
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Yes, prior authorization required		
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Yes, prior authorization required		
0381U	MAPLE SYRUP UR DS MNTR BLD CARD SAMP QUAN MEAS	Yes, prior authorization required		
0382U	HYPERPHENYLALANINEMIA MNTR BLD CARD SAMP QUAN	Yes, prior authorization required		
0383U	TYROSINEMIA TYPE 1 MNTR BLD CARD SAMP QUAN MEAS	Yes, prior authorization required		
0384U	NEPH CKD RSK SCOR PREDICTIVE PRGSN HI STG KDN DS	Yes, prior authorization required		
0385U	NEPH CKD PLSM ALG RSK SCORE DIABETIC KDN DS	Yes, prior authorization required		
0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Yes, prior authorization required		
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Yes, prior authorization required		
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Yes, prior authorization required		
0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Yes, prior authorization required		
0391U	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	Yes, prior authorization required		
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Yes, prior authorization required		
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Yes, prior authorization required		
0394T	HDR ELCTRNC SKN SURF BRCHYTX	No prior authorization required		termed 12/31/2025
0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Yes, prior authorization required		
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	No prior authorization required		
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Yes, prior authorization required		
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	No prior authorization required		
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Yes, prior authorization required		
0399U	NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Yes, prior authorization required		

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0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Yes, prior authorization required		
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Yes, prior authorization required		
0402T	COLLAGEN CROSSLINKING CORNEA	No prior authorization required		
0402U	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Yes, prior authorization required		
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	No prior authorization required		
0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Yes, prior authorization required		
0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Yes, prior authorization required		
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Yes, prior authorization required		
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Yes, prior authorization required		
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Yes, prior authorization required		
0408T	INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	No prior authorization required		
0408U	IAAD BULK ACOUSTIC WAVE BIOSENSOR IA SARS-COV-2	Yes, prior authorization required		
0409T	INSJ/RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	No prior authorization required		
0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Yes, prior authorization required		
0410T	INSJ/RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	No prior authorization required		
0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTOSN	Yes, prior authorization required		
0411T	INSJ/RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	No prior authorization required		
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Yes, prior authorization required		
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	No prior authorization required		
0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LC-MS/MS ALG	Yes, prior authorization required		
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	No prior authorization required		
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Yes, prior authorization required		
0414T	RMVL & RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	No prior authorization required		
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Yes, prior authorization required		
0415T	REPOS CARDIAC MODULJ TRANSVENOUS ELECTRODE	No prior authorization required		
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Yes, prior authorization required		
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	No prior authorization required		
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	No prior authorization required		
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Yes, prior authorization required		
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	No prior authorization required		

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0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Yes, prior authorization required		
0419T	DSTRJ NEUROFIBROMA XTNSV FACE HEAD NECK >50	No prior authorization required		
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Yes, prior authorization required		
0420T	DSTRJ NEUROFIBROMA XTNSV TRNK EXTREMITIES >100	No prior authorization required		
0420U	ONC URTHL MRNA XPRSN PRFL RT QUAN PCR DDPCR 6SNP	Yes, prior authorization required		
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	No prior authorization required		termed 12/31/2025
0421U	ONC CLRCT SCR QUAN RT TRGT & SGL AMP 8 RNA MRK	Yes, prior authorization required		
0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI/BI	No prior authorization required		
0422U	ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER	Yes, prior authorization required		
0423U	PSYC GENOMIC ALYS PNL VRNT ALYS 26 GEN BUCC SWAB	Yes, prior authorization required		
0424U	ONC PRST8 XOME BASED ALYS 53 SNCRNA RT-QPCR UR	Yes, prior authorization required		
0425U	GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME	Yes, prior authorization required		
0426U	GENOME ULTRA-RAPID SEQUENCE ANALYSIS	Yes, prior authorization required		
0427U	MONOCYTE DISTRIBUTION WIDTH WHOLE BLOOD	Yes, prior authorization required		
0429U	HPV OROPHARYNGEAL SWAB 14 HIGH-RISK TYPES	Yes, prior authorization required		
0430U	GI MALABS EVAL AAT CALPROTECTIN PNCRTC ELASTASE	Yes, prior authorization required		
0431U	GLYCINE RECEPTOR ALPHA1 IGG SERUM/CSF LCBA QUAL	Yes, prior authorization required		
0432U	KLHL11 ANTB SERUM/CSF CELL BINDING ASSAY QUAL	Yes, prior authorization required		
0433U	ONC PROSTATE 5 DNA REG MRK QUAN PCR WHL BLD ALG	Yes, prior authorization required		
0434U	RX METAB ADVRS RX RXN&RSPSE VARIANT ALYS 25 GEN	Yes, prior authorization required		
0435U	ONC CHEMO CYTOX ASY CSC RX RSPSE MIN 14 RX/CMBN	Yes, prior authorization required		
0436U	ONC LNG PLSM ALYS 388 PRTN APTMR BSD PRTOMC TECH	Yes, prior authorization required		
0437T	IMPLTJ NONBIOL/SYNTH IMPLT FASC RNFCMT ABDL WALL	No prior authorization required		
0437U	PSYC ANXIETY DO MRNA GEN XPRSN PRFL RNA 15 BMRK	Yes, prior authorization required		
0438U	RX METAB ADVRS RX RXN&RSPSE VRNT ALYS 33 GENES	Yes, prior authorization required		
0439T	MYOCARDIAL PERFUSION ECHO ISCHM/VIABILITY ASSMT	No prior authorization required		
0439U	CRD CHD DNA ALYS 5 SNP 3 DNA MTHYLTN MRK QPCR	Yes, prior authorization required		
0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR/PERPH NERVE	No prior authorization required		
0440U	CRD CHD DNA ALYS 10 SNP 6 DNA MTHYLTN MRK QPCR	Yes, prior authorization required		

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0441T	ABLTJ PERC LXTR/PERPH NRV	No prior authorization required		
0441U	NFCT DS BCT FNGL/VIR INFCTJ SEMIQ BIOMCHN ASSMT	Yes, prior authorization required		
0442T	ABLTJ PERC PLEX/TRNCL NRV	No prior authorization required		
0442U	NFCT DS RESPIRATORY INFCTJ MXA&CRP FS WHL BLOOD	Yes, prior authorization required		
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	No prior authorization required		
0443U	NEUROFILAMENT LIGHT CHAIN ULTRSENS IA SERUM/CSF	Yes, prior authorization required		
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI/BI	No prior authorization required		
0444U	ONC SLD ORGN NEO TGSAP 361 GEN INTERROG DNA FFPE	Yes, prior authorization required		
0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI/BI	No prior authorization required		
0445U	ABETA42 & PTAU181 ECLIA CEREBRAL SPINAL FLUID	Yes, prior authorization required		
0446T	INSJ IMPLTBL GLUCOSE SENSOR	No prior authorization required		
0446U	AI DS SLE ALYS 10 CYTOKINE SOL MDTR BMRK IA PLSM	Yes, prior authorization required		
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	No prior authorization required		
0447U	AI DS SLE ALYS 11 CYTOKINE SOL MDTR BMRK IA PLSM	Yes, prior authorization required		
0448T	REMVL INSJ IMPLTBL GLUC SENS	No prior authorization required		
0449T	INSJ AQUEOUS DRAIN DEV 1ST	No prior authorization required		
0449U	CAR SCR SEV INH COND GENOMIC SEQ ALYS PNL 5 GEN	Yes, prior authorization required		
0450T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR EACH ADDL DEV	No prior authorization required		
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Yes, prior authorization required		
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Yes, prior authorization required		
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping(For additional PLA codes with identical clinical descriptor, see	Yes, prior authorization required		
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Yes, prior authorization required		

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0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Yes, prior authorization required		
0459U	Î²-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Yes, prior authorization required		
0464T	VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ&REPRT	No prior authorization required		
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as	No prior authorization required		
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Yes, prior authorization required		
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquir	Yes, prior authorization required		
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Yes, prior authorization required		
0469T	RTA POLARIZE SCAN OC SCR W/ONSITE AUTO RSLT BI	No prior authorization required		
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern	Yes, prior authorization required		
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Yes, prior authorization required		
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPRT	No prior authorization required		
0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W/REPRT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insert	Yes, prior authorization required		
0474T	INSJ ANT SEG AQUEOUS DRG DEV W/IO RSVR	No prior authorization required		
0479T	FXJL ABL LSR 1ST 100 SQ CM	No prior authorization required		
0480T	FXJL ABL LSR EA ADDL 100SQCM	No prior authorization required		
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	No prior authorization required		
0481U	IDH1 IDH2&TERT PROMOTER NGS	Yes, prior authorization required		
0483T	TMVI PERCUTANEOUS APPROACH	No prior authorization required		
0484T	TMVI W/PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	No prior authorization required		
0485T	OCT MIDDLE EAR WITH I&R UNILATERAL	No prior authorization required		
0485U	ONC SOL TUM CFDNA&RNA NGS GM	Yes, prior authorization required		
0486T	OCT MIDDLE EAR WITH I&R BILATERAL	No prior authorization required		
0487U	ONC SOL TUM CFCDNA TGSAP 84	Yes, prior authorization required		
0488T	DIABETES PREV ONLINE/ELECTRONIC PRGRM PR 30 DAYS	No prior authorization required		
0488U	OB FETAL AG NIPT CFDNA ALYS	Yes, prior authorization required		
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	No prior authorization required		
0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1/> HANDS	No prior authorization required		
0490U	ONC CUTAN/UVEAL MLNMA CD146	Yes, prior authorization required		
0491U	ONC SOL TUM CTC SLCT ER PRTN	Yes, prior authorization required		
0492U	ONC SOL TUM CTC SLCTN PD-L1	Yes, prior authorization required		
0494T	PREP & CANNULJ CDVR DON LNG ORGN PRFUJ SYS	No prior authorization required		
0495T	INIT & MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	No prior authorization required		
0496T	MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	No prior authorization required		
0496U	ONC CLRCT CFDNA 8/7 GENES	Yes, prior authorization required		
0499U	ONC CLRCT&LNG DNA NGS 8GENES	Yes, prior authorization required		
0500F	INITIAL PRENATAL CARE VISIT	No prior authorization required		
0500U	AUTOINFLAM DS VEXAS SYND DNA	Yes, prior authorization required		
0501F	PRENATAL FLOW SHEET	No prior authorization required		

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0501U	ONC CLRC BLD QUAN MEAS CFDNA	Yes, prior authorization required		
0502F	SUBSEQUENT PRENATAL CARE VISIT	No prior authorization required		
0503F	POSTPARTUM CARE VISIT	No prior authorization required		
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED	No prior authorization required		
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	No prior authorization required		
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI/BI W/I&R	No prior authorization required		
0506U	GI BARRETTS ESOPHGL CELL 89	Yes, prior authorization required		
0507F	PERITONEAL DIALYSIS PLAN DOCUMENTED	No prior authorization required		
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	No prior authorization required		
0507U	ONC OVR DNA WHOLE GEN W/5HMC	Yes, prior authorization required		
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED	No prior authorization required		
0509T	PATTERN ELECTRORETINOGRAPHY W/I&R	No prior authorization required		
0510T	REMOVAL OF SINUS TARSI IMPLANT	No prior authorization required		
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	No prior authorization required		
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	No prior authorization required		
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED	No prior authorization required		
0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	No prior authorization required		
0514F	PLAN/CARE INCRSD HGB LVL DOCD PT ON ESA THXPY	No prior authorization required		
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	No prior authorization required		
0516F	ANEMIA PLAN OF CARE DOCUMENTED	No prior authorization required		
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	No prior authorization required		
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED	No prior authorization required		
0517T	INSERTION WRLS CAR STIMULATOR LV PACG BTH COMPNT	No prior authorization required		
0518F	FALLS PLAN OF CARE DOCUMENTED	No prior authorization required		
0518T	REMOVAL PG WCS LV PACG BATTERY COMPONENT ONLY	No prior authorization required		
0519F	PLANNED CHEMO REGIMEN DOCD PRIOR START NEW TX	No prior authorization required		
0519T	REMOVAL&RPLCMT PG WCS LV PACG BOTH COMPONENTS	No prior authorization required		
0520F	RAD DOSE LIMTS EST PRIOR3D RAD FOR MIN 2 TIS/ORG	No prior authorization required		
0520T	RMVL&RPLCMT PG WCS LV PACG BATTERY COMPNT ONLY	No prior authorization required		
0520U	THER RX MNTR 200+ RX/SBSTS LC-MS/MS PLASMA	Yes, prior authorization required		

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0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED	No prior authorization required		
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	No prior authorization required		
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	No prior authorization required		
0523T	INTRAPROCEDURAL CORONARY FFP W/3D FUNCJL MAPPING	No prior authorization required		
0523U	ONC SOLTUM DNA NGS SNV 22GEN	Yes, prior authorization required		
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	No prior authorization required		
0525F	INITIAL VISIT FOR EPISODE	No prior authorization required		
0525T	INSERTION/REPLACEMENT COMPLETE IIMS	No prior authorization required		
0526F	SUBSEQUENT VISIT FOR EPISODE	No prior authorization required		
0526T	INSERTION/REPLACEMENT IIMS ELECTRODE ONLY	No prior authorization required		
0527T	INSERTION/REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	No prior authorization required		
0528F	RCMND FLLW-UP 2ND CLNSCPY 10/> YRS DOCD RPRT	No prior authorization required		
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	No prior authorization required		
0529F	INTRVL 3/> YRS PTS LAST COLONOSCOPY DOCD	No prior authorization required		
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	No prior authorization required		
0529U	HEM VTE SNP F2&F5 GEN LEIDEN	Yes, prior authorization required		
0530T	REMOVAL COMPLETE IIMS INCL IMG S&I	No prior authorization required		
0530U	ONC PAN-SOL TUM CTDNA 77 GEN	Yes, prior authorization required		
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S&I	No prior authorization required		
0531U	NFCT DS AFB&INV FNG 673ORGS	Yes, prior authorization required		
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S&I	No prior authorization required		
0532U	RARE DS WHLGEN&MITOCHD RL DNA	Yes, prior authorization required		
0533U	RX METAB ADVRS GNOTYP 16GENS	Yes, prior authorization required		
0534U	ONC PRST8 MIRNA SNP 32 VRNT	Yes, prior authorization required		
0535F	DYSPNEA MANAGEMENT PLAN DOCUMENTED	No prior authorization required		
0535U	PFAS LC-MS/MS PLSM/SRM QUAN	Yes, prior authorization required		
0536U	RBCAG FTL RHD PCR ALYS EXON4	Yes, prior authorization required		
0537U	ONC CLRCT CA CFDNA >2500 DMR	Yes, prior authorization required		
0538U	ONC SOL TUM NGTS FFPE 600GEN	Yes, prior authorization required		
0539U	ONC SOL TUMOR CFCTDNA 152GEN	Yes, prior authorization required		

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0540F	GLUCOCORTICOID MANAGEMENT PLAN DOCUMENTED	No prior authorization required		
0540U	TRNSPLJ MED QUAN DD-CFDNA	Yes, prior authorization required		
0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	No prior authorization required		
0541U	CV DS HDL RCT CEC LC-MS/MS 5	Yes, prior authorization required		
0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I&R	No prior authorization required		
0542U	NEFRO RENAL TRNSPL UR NMR 84	Yes, prior authorization required		
0543T	TRANSAPICAL MV RPR W/TTE PLMT ARTIF CHORDAE TEND	No prior authorization required		
0543U	ONC SOL TUM NGS DNA 517 GENS	Yes, prior authorization required		
0544T	TCAT MV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	No prior authorization required		
0544U	NEFRO TRNSP MNTR 48VRNT DPCR	Yes, prior authorization required		termed 12/31/2025
0545F	PLAN FOR FOLLOW-UP CARE FOR MDD DOCD	No prior authorization required		
0545T	TCAT TV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	No prior authorization required		
0545U	ACHR ANTB ID IMFLUOR LIVECLL	Yes, prior authorization required		
0546T	RF SPECTRSC R-T INTRAOP MRGN ASSMT TM PRTL MAST	No prior authorization required		
0546U	LDNS LRP4 ANTB IMFLR LIVECLL	Yes, prior authorization required		
0547T	BONE MATRL QUALITY TST BY MICROINDENTATION TIBIA	No prior authorization required		
0547U	NEURFLMNT LT CHN CLEIA PLSM	Yes, prior authorization required		
0548U	GFAP CLEIA PLASMA	Yes, prior authorization required		
0549U	ONC URTHL DNA MTHYLTD RT PCR	Yes, prior authorization required		
0550F	CYTOPATH REPORT ON NONGYN SPECIMEN 2 WKNG DAYS	No prior authorization required		
0550U	ONC PRST8 ELISA TOT&FREE PSA	Yes, prior authorization required		termed 12/31/2025
0551F	CYTOPATH REPORT NONGYN SPCMN DOCD NON-ROUTINE	No prior authorization required		
0551U	TP PTAU217 ULT DGT PRTN DETJ	Yes, prior authorization required		termed 12/31/2025
0552T	LOW-LVL LASER THER DYN PHOTONIC & THERMOKIN NRG	No prior authorization required		
0552U	REPRDTVE MED PGA ALYS GDO TE BX LNKGE ALYS LOCUS	Yes, prior authorization required		
0553U	REPRDTVE MED PGA 24CHRMSM EMBRY TE STRUX REARGMT	Yes, prior authorization required		
0554T	BONE STRENGTH & FRACTURE RISK ANALYSIS	No prior authorization required		
0554U	REPRDTVE MED PGA 24CHRMSM DNA TE BX QUALITY CTRL	Yes, prior authorization required		

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0555F	SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED	No prior authorization required		
0555T	BONE STRENGTH & FRACTURE RSK RETRV&TRANSMIS DATA	No prior authorization required		
0555U	REPRDTVE MED PGA 24CHRMSMS EMBRY TE QUALITY CTRL	Yes, prior authorization required		
0556F	PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED	No prior authorization required		
0556T	BONE STRENGTH & FRACTURE RISK ASSESSMENT	No prior authorization required		
0556U	NFCT DS PTHGN-SPECIFIC DNA&RNA RT PCR 12 TARGETS	Yes, prior authorization required		
0557F	PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCD	No prior authorization required		
0557T	BONE STRENGTH & FRACTURE RISK I&R	No prior authorization required		
0557U	NFCT DS BV RT AMPLIFICATION DNA MRK VAGINAL FLU	Yes, prior authorization required		
0558T	CT SCAN FOR PURPOSE BIOMECHANICAL CT ANALYSIS	No prior authorization required		
0558U	ONC COLORECTAL QUANTITATIVE ELISA BF7 AG SERUM	Yes, prior authorization required		
0559T	ANATOMIC MODEL 3D PRINTED 1ST COMPNT ANTMC STRUX	No prior authorization required		
0559U	ONC BREAST QUANTITATIVE ELISA BF9 ANTIGEN SERUM	Yes, prior authorization required		
0560T	ANATOMIC MODEL 3D PRINTED EA ADDL COMPONENT	No prior authorization required		
0560U	ONC MRD GEN SEQ ALYS CFDNA TUMOR TISS BL ASSMT	Yes, prior authorization required		
0561T	ANATOMIC GUIDE 3D PRINTED 1ST ANATOMIC GUIDE	No prior authorization required		
0561U	ONC MRD GEN SEQ ALYS CFDNA WHL BLD SBSQ ASSMT	Yes, prior authorization required		
0562T	ANATOMIC GUIDE 3D PRINTED EA ADDL ANATOMIC GUIDE	No prior authorization required		
0562U	ONC SOL TUM TGSA 33 GENES DETC SNVS CFDNA PLASMA	Yes, prior authorization required		
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	No prior authorization required		
0563U	NFCT DS PTHGN-SNA 11VIRAL&4BCT TRGTS QUAL RT-PCR	Yes, prior authorization required		
0564U	NFCT DS PTHGN-SNA 10VIRAL&4BCT TRGTS QUAL RT-PCR	Yes, prior authorization required		
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	No prior authorization required		
0565U	ONC HCC NGS MTHYLTN PTRN ASSAY DETC 6626 EPIGALT	Yes, prior authorization required		
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	No prior authorization required		
0566U	ONC LNG QPCR-BASED ALYS 13DMRS PLEURAL FLUID ALG	Yes, prior authorization required		
0567U	RARE DS WHL GENOME SEQ ALYS SRS&LRS SNVS INDELS	Yes, prior authorization required		
0568U	NEUROL DEMENTIA BAMYL PTAU NFL&GFAP ULTR-HI SMAD	Yes, prior authorization required		
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	No prior authorization required		
0569U	ONC SOLID TUMOR NGS ALYS TMM >20000 DMRS CFCTDNA	Yes, prior authorization required		

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0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	No prior authorization required		
0570U	NEUROLOGY TBI ALYS GFAP&UCH-L1 IA WHL BLOOD/PLSM	Yes, prior authorization required		
0571T	INSJ/RPLCMT ICDS W/SUBSTERNAL ELECTRODE	No prior authorization required		
0571U	ONC SOL TUM DNA80&RNA10 GENS NGS PLSM SNV INDELS	Yes, prior authorization required		
0572T	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	No prior authorization required		
0572U	ONC PRST8 HT TELOMERE LNGTH QFISH WHL BLD DX ALG	Yes, prior authorization required		
0573T	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	No prior authorization required		
0573U	ONC PANCREAS 3BMRK GLUC CEA&GASTRICSIN PCLF ALG	Yes, prior authorization required		
0574T	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	No prior authorization required		
0574U	MYCOBACTERIUM TB CFP-10 SERUM/PLASMA LC-MS	Yes, prior authorization required		
0575F	HIV RNA CONTROL PLAN OF CARE DOCD	No prior authorization required		
0575T	PROGRAMMING DEV EVAL ICDS W/SS ELTRD IN PERSON	No prior authorization required		
0576T	INTERROGATION DEV EVAL ICDS W/SS ELTRD IN PERSON	No prior authorization required		
0577T	ELECTROPHYSIOLOGIC EVAL ICDS W/SS ELECTRODE	No prior authorization required		
0578T	REM INTERROG DEV EVAL SS LD ICDS <90D PHY/QHP	No prior authorization required		
0579T	REM INTERROG DEV EVAL SS LD ICDS < 90D TECH	No prior authorization required		
0580F	MULTIDISCIPLINARY CARE PLAN DEVELOPED/UPDATED	No prior authorization required		
0580T	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	No prior authorization required		
0581F	PT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	No prior authorization required		
0581T	ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	No prior authorization required		
0582F	PT NOT TRANSFERRED FROM ANESTHETIZING TO CC UNIT	No prior authorization required		
0582T	TRURL ABLTJ MAL PRST8 TISS HI ENERGY WATER VAPOR	No prior authorization required		
0583F	TRANSFER OF CARE CHECKLIST USED	No prior authorization required		
0583T	TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	No prior authorization required		
0584F	TRANSFER OF CARE CHECKLIST NOT USED	No prior authorization required		
0584T	PERQ ISLET CELL TRANSPLANT	No prior authorization required		
0585T	LAPS ISLET CELL TRANSPLANT	No prior authorization required		
0586T	OPEN ISLET CELL TRANSPLANT	No prior authorization required		
0587T	PERQ IMPLTJ/RPLCMT ISDNS BLDR DYSF PTN	No prior authorization required		
0588T	REVJ/ OR RMVL PERQ ISDNS BLDR DYSF PTN	No prior authorization required		

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0589T	ELEC ALYS SMPL PRGRMG IINS BLDR DYSF PTN 1-3	No prior authorization required		
0590T	ELEC ALYS CPLX PRGRMG IINS BLDR DYSF PTN 4+	No prior authorization required		
0591T	HEALTH & WELL-BEING COACHING F2F INDIV 1ST ASSMT	No prior authorization required		
0592T	HEALTH & WELL-BEING COACHING F2F INDIV F-UP SESS	No prior authorization required		
0593T	HEALTH & WELL-BEING COACHING FACE TO FACE GROUP	No prior authorization required		
0594T	OSTEOT HUM INSJ XTRNL CTRLD IMED LNGTH DEVICE	No prior authorization required		
0596T	TEMP FEMALE INTRAURETHRAL VALVE-PUMP 1ST INSJ	No prior authorization required		
0597T	TEMP FEMALE INTRAURETHRAL VALVE-PUMP REPLACEMENT	No prior authorization required		
0598T	NONCONTACT R-T FLUOR WND IMG 1ST ANATOMIC SITE	No prior authorization required		
0599T	NONCONTACT R-T FLUOR WND IMG EA ADDL ANTMC SITE	No prior authorization required		
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	No prior authorization required		
0600U	NFCT DS WOUND INFCTJ ID 65ORGS&30ARGS SWAB RTPCR	Yes, prior authorization required		
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	No prior authorization required		
0601U	NFCT DS PJI ALYS 11 BIOMARKERS IMMUNOASSAY HEM	Yes, prior authorization required		
0602T	TRANSDERMAL GFR MEAS SNR PLMT&1 DOS PYRAZINE AGT	No prior authorization required		
0602U	ENDOCRINOLOGY DIABETES INS GEN MTHYLTN DPCR CPEP	Yes, prior authorization required		
0603T	TDRM GFR MNTR SNR PLMT&>1 DOS PYRAZINE EA 24 HRS	No prior authorization required		
0603U	DRUG ASSAY PRSMPTV 77 RX/METABLTS URINE LC-MS/MS	Yes, prior authorization required		
0604T	REMOTE OCT RETINA 1ST DEV SET-UP & PT EDUCAJ	No prior authorization required		
0604U	ALL&IMMUNOLOGY CHRNC RECR AE 4BK PEPTIDE LC-MSMS	Yes, prior authorization required		
0605T	REM OCT RETINA TECHL SUPRT MIN 8 DLY REC EA 30D	No prior authorization required		
0605U	ALL&IMMUNOLOGY HAT DNA ALYS TPSAB1 GENE CNV DPCR	Yes, prior authorization required		
0606T	REMOTE OCT RETINA REVIEW I&R PHYS/QHP EA 30 D	No prior authorization required		
0606U	HEM RED CELL MEMB DISORDER RBCS OGE WHL BLD QUAN	Yes, prior authorization required		
0607T	REM MNTR XTRNL CONT PULM FLU MNTR SYS SETUP	No prior authorization required		
0607U	REPRDTVE MED ENDOM MICROBIOME ASSMT RTPCR 31BCT	Yes, prior authorization required		
0608T	REM MNTR XTRNL CONT PULM FLU MNTR SYS ALYS DATA	No prior authorization required		
0608U	REPRDTVE MED ENDOM MICROBIOME ASSMT RTPCR 10BCT	Yes, prior authorization required		

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0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and	Yes, prior authorization required		
0609U	ONC PROSTATE IA TOTAL&FREE PSA SERUM/PLASMA ALG	Yes, prior authorization required		
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes, prior authorization required		
0610U	NFCT DS ANTMCRB SC PHENOTYPIC +BLOOD CUL MF SNR	Yes, prior authorization required		
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes, prior authorization required		
0611U	ONC LIVER ALYS >1000 MTHYLTD REGS CFDNA PLSM ALG	Yes, prior authorization required		
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes, prior authorization required		
0612U	ONC LIVER ALYS >1000 MTHYLTD REGS CFDNA PLSM ALG	Yes, prior authorization required		
0613T	PERQ TCAT IMPLTJ INTRATRL SEPTAL SHUNT DEVICE	No prior authorization required		
0613U	ONC UROTHELIAL CARC DNA MTHYLTN&MUT ALYS 6 BMRKS	Yes, prior authorization required		
0614T	RMVL&RPLCMT SUBSTERNAL IMPLTBL DEFIBRILLATOR PG	No prior authorization required		
0614U	IEM PMD MITOCHDRL ALYS 4 NZM CPLX BLUE NT PAGE	Yes, prior authorization required		
0615T	EYE MVMT ANALYSIS W/O SPATIAL CALIBRATION I&R	No prior authorization required		
0615U	B BRGDRFERI LD ANTIBODY DETECTION 26 RPRTN GRPS	Yes, prior authorization required		
0616U	NEUROLOGY DEMENTIA DNA MTHYLTN ALYS >30000 SITES	Yes, prior authorization required		
0617U	CV ASCVD DNA MTHYLTN ALYS >20000 SITES WHOLE BLD	Yes, prior authorization required		
0618U	PSYC BD DNA MTHYLTN ALYS >10000 SITES WHOLE BLD	Yes, prior authorization required		
0619T	CYSTO W/TRURL ANT PRST8 COMMISSUROTOMY & RX DLVR	No prior authorization required		termed 12/31/2025
0619U	PULM COPD DNA MTHYLTN ALYS >18000 SITES WHL BLD	Yes, prior authorization required		
0620T	ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	No prior authorization required		
0620U	ONCOLOGY HCC DNA MTHYLTN ALYS>5000 SITES WHL BLD	Yes, prior authorization required		

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0621T	TRABECULOSTOMY AB INTERNO BY LASER	No prior authorization required		
0621U	NFCT DS LB DNA MTHYLTN ALYS>10000 SITES WHL BLD	Yes, prior authorization required		
0622T	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	No prior authorization required		
0622U	PSYC MDD DNA MTHYLTN ALYS >20000 SITES WHOLE BLD	Yes, prior authorization required		
0623T	AUTO QUANTIFICATION C PLAQUE	No prior authorization required		termed 12/31/2025
0623U	AI MS DNA MTHYLTN ALYS >5000 SITES WHOLE BLOOD	Yes, prior authorization required		
0624T	AUTO QUAN C PLAQ DATA PREP	No prior authorization required		termed 12/31/2025
0624U	HEP NASH DNA MTHYLTN ALYS 5000 SITES WHOLE BLD	Yes, prior authorization required		
0625T	AUTO QUAN C PLAQ CPTR ALYS	No prior authorization required		termed 12/31/2025
0625U	ENDOCRINOL OP DNA MTHYLTN ALYS>5000 SITE WHL BLD	Yes, prior authorization required		
0626T	AUTO QUAN C PLAQ I&R	No prior authorization required		termed 12/31/2025
0626U	NEUROL PD DNA MTHYLTN ALYS >20000 SITES WHL BLD	Yes, prior authorization required		
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	No prior authorization required		
0627U	PSYC SCZ DNA MTHYLTN ALYS >15000 SITES WHOLE BLD	Yes, prior authorization required		
0628T	PERQ NJX ALGC FLUOR LMBR EA	No prior authorization required		
0628U	NFRO KDN DS GENETIC COND RNL DS PNL SLV NGS 449	Yes, prior authorization required		
0629T	PERQ NJX ALGC CT LMBR 1ST	No prior authorization required		
0629U	NFCT DS TB DNA ALYS 1 TRGT PCR W/CRISPR BASE PRB	Yes, prior authorization required		
0630T	PERQ NJX ALGC CELL&/PRDCT UNI/BI CT LMBR EA	No prior authorization required		
0630U	ONC BRST MRNA GENE XPRSN PRFLG MICRORA 80 GENES	Yes, prior authorization required		
0631T	TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	No prior authorization required		termed 12/31/2025
0632T	PERQ TCAT US ABLATION NERVES INNERVATING P-ART	No prior authorization required		
0633T	CT BREAST W/3D UNI C-	No prior authorization required		
0634T	CT BREAST W/3D UNI C+	No prior authorization required		
0635T	CT BREAST W/3D UNI C-/C+	No prior authorization required		
0636T	CT BREAST W/3D BI C-	No prior authorization required		

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0637T	CT BREAST W/3D BI C+	No prior authorization required		
0638T	CT BREAST W/3D BI C-/C+	No prior authorization required		
0639T	WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS&ASSMT	No prior authorization required		
0640T	NCNTC NR IFR SPECTRSC OTH/THN PAD 1ST ANTMC SITE	No prior authorization required		
0643T	TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTJ	No prior authorization required		
0644T	TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	No prior authorization required		
0645T	TCAT IMPLANTATION CORONARY SINUS REDUCTION DEV	No prior authorization required		
0646T	TTVI/RPLCMT PROSTC VLV PERQ W/R HRT CATH&ANGRPH	No prior authorization required		
0647T	INSJ GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY	No prior authorization required		
0648T	QUAN MR ALYS TISS W/O MRI	No prior authorization required		
0649T	QUAN MR ALYS TISS W/MRI	No prior authorization required		
0650T	PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE	No prior authorization required		
0651T	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/I&R	No prior authorization required		
0652T	EGD FLEXIBLE TRANSNASAL DX W/COLLJ SPEC BR/WA	No prior authorization required		
0653T	EGD FLEXIBLE TRANSNASAL W/BIOPSY SINGLE/MULTIPLE	No prior authorization required		
0654T	EGD FLEXIBLE TRANSNASAL W/INSJ INTRAL TUBE/CATH	No prior authorization required		
0655T	TRANSPERINEAL FOCAL LASER ABLTJ MAL PRST8 TISS	No prior authorization required		
0656T	VRT BDY TETHERING ANT <7 SEG	No prior authorization required		
0657T	VRT BDY TETHERING ANT 8+ SEG	No prior authorization required		
0658T	ELECTRICAL IMPEDENCE SPECTROSCOPY 1+SKIN LESIONS	No prior authorization required		
0659T	TCAT INTRA-C NFS SUPERSAT O2 W/PERQ C REVSC AMI	No prior authorization required		
0660T	IMPLTJ ANT SGM IO NBIODEGRADABLE RX ELUTING SYS	No prior authorization required		
0661T	RMVL&RIMPLTJ ANT SGM IO NBIODGRD RX ELUT IMPLT	No prior authorization required		
0662T	SCALP COOLING 1ST MEASUREMENT & CAP CALIBRATION	No prior authorization required		termed 12/31/2025
0663T	SCALP COOLING PLACEMENT MNTR & REMOVAL OF DEVICE	No prior authorization required		termed 12/31/2025
0664T	DON HYSTERECTOMY OPEN CDVR	No prior authorization required		
0665T	DON HYSTERECTOMY OPEN LIV	No prior authorization required		
0666T	DON HYSTERECTOMY LAPS LIV	No prior authorization required		

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0667T	DON HYSTERECTOMY RCP UTER	No prior authorization required		
0668T	DON HYSTERECTOMY RCP UTER	No prior authorization required		
0669T	BKBENCH RCNSTJ DON UTER VEN	No prior authorization required		
0670T	BKBENCH RCNSTJ DON UTER ARTL	No prior authorization required		
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	No prior authorization required		
0672T	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK&URT	No prior authorization required		
0673T	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	No prior authorization required		
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	No prior authorization required		
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	No prior authorization required		
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	No prior authorization required		
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	No prior authorization required		
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	No prior authorization required		
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	No prior authorization required		
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	No prior authorization required		
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	No prior authorization required		
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	No prior authorization required		
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	No prior authorization required		
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	No prior authorization required		
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	No prior authorization required		
0686T	HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN	No prior authorization required		
0687T	TX AMBLYOPIA DEV SUPLY EDUCATIONAL SETUP 1ST SES	No prior authorization required		
0688T	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	No prior authorization required		
0689T	QUAN US TISS CHARAC I&R W/O DX US SAME ANAT	No prior authorization required		
0690T	QUANTITATIVE US TISS CHARAC I&R W/DX US SM ANAT	No prior authorization required		
0691T	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I&R	No prior authorization required		
0692T	THERAPEUTIC ULTRAFILTRATION	No prior authorization required		
0693T	COMPRE FUL BDY CPTR MRKRLS 3D KNMTC&KIN MTN ALYS	No prior authorization required		
0694T	3D VOLUMETRIC IMG&RCNSTJ BRST/AX LYMPH NODE TISS	No prior authorization required		

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0695T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	No prior authorization required		
0696T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	No prior authorization required		
0697T	QUAN MR TIS WO MRI MLT ORGN	Yes, prior authorization required		
0698T	QUAN MR TISS W/MRI MLT ORGN	Yes, prior authorization required		
0699T	INJECTION POSTERIOR CHAMBER EYE MEDICATION	No prior authorization required		
0700T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	No prior authorization required		
0701T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	No prior authorization required		
0704T	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP&PT EDUCAJ	No prior authorization required		
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	No prior authorization required		
0706T	REM TX AMBLYOPIA I&R PHYS/QHP PER CALENDAR MONTH	No prior authorization required		
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	No prior authorization required		
0708T	INTRADERMAL CANCER IMMNTX PREP & 1ST INJECTION	No prior authorization required		
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	No prior authorization required		
0710T	N-INVAS ARTL PLAQ ALYS	Yes, prior authorization required		
0711T	N-NVS ARTL PLAQ ALYS DAT PRP	Yes, prior authorization required		
0712T	N-NVS ARTL PLAQ ALYS QUAN	Yes, prior authorization required		
0713T	N-NVS ARTL PLAQ ALYS RVW I&R	Yes, prior authorization required		
0714T	TPRNL LSR ABLTJ B9 PROSTATIC HYPERPLASIA W/IMG	No prior authorization required		
0716T	CARDIAC ACOUS WAVFRM REC AUTO ALYS CAD RSK SCORE	No prior authorization required		
0717T	ADRC THER PRTL RC TEAR	No prior authorization required		
0718T	ADRC THER PRTL RC TEAR NJX	No prior authorization required		
0719T	PST VERTEBRAL JOINT RPLCMT LUMBAR SPI SINGLE SGM	No prior authorization required		
0720T	PRQ ELC NRV STIM CN WO IMPLT	No prior authorization required		termed 12/31/2025
0721T	QUAN CT TISS CHARAC I&R W/O CNCRNT CT EXAM	No prior authorization required		
0722T	QUAN CT TISS CHARAC I&R W/CNCRNT CT EXAM	No prior authorization required		
0723T	QMRCP W/O DIAGNOSTIC MRI SM ANATOMY DRG SM SESS	No prior authorization required		
0724T	QMRCP W/DIAGNOSTIC MRI SAME ANATOMY	No prior authorization required		
0725T	VESTIBULAR DEVICE IMPLANTATION UNILATERAL	No prior authorization required		
0726T	REMOVAL IMPLANTED VESTIBULAR DEVICE UNILATERAL	No prior authorization required		

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0727T	RMVL&RPLCMT IMPLANTED VESTIBULAR DEVICE UNI	No prior authorization required		
0728T	DX ALYS VESTIBULAR IMPLANT UNILATERAL 1ST PRGRMG	No prior authorization required		
0729T	DX ALYS VESTIBULAR IMPLANT UNI SBSQ PRGRMG	No prior authorization required		
0730T	TRABECULOTOMY BY LASER INCLUDING OCT GUIDANCE	No prior authorization required		
0731T	AUGMENTATIVE AI-BASED FACIAL PHENOTYPE A/R	No prior authorization required		
0732T	IMMUNOTHERAPY ADMN WITH ELECTROPORATION IM	No prior authorization required		
0733T	REM R-T MTN CAP NREHAB THER SPLY&TECH SPRT 30D	No prior authorization required		
0734T	REM R-T MTN CAP NREHAB THER TX MGMT SVCS CAL MO	No prior authorization required		
0735T	PREPJ TUMOR CAVITY IORT CNCRNT W/PRIM CRANIOTOMY	No prior authorization required		
0736T	COLONIC LAVAGE 35+L WATER W/INDUCED DEFECATION	No prior authorization required		
0737T	XENOGRAFT IMPLANTATION INTO ARTICULAR SURFACE	No prior authorization required		
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	No prior authorization required		
0739T	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	No prior authorization required		
0740T	REM AUTON ALG INSULIN DOSE 1ST SETUP& PT EDUCAJ	No prior authorization required		
0741T	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	No prior authorization required		
0742T	AQMBF SPECT W/EXERCISE/RX STRESS & REST	No prior authorization required		
0743T	BONE STRENGTH & FRACTURE RSK CNCRNT VRT FX ASSMT	No prior authorization required		
0744T	INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN	No prior authorization required		
0745T	CAR FCL ABLTJ RADJ ARRHYT N-INVAS LOCLZJ & MAPG	No prior authorization required		
0746T	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG	No prior authorization required		
0747T	CAR FCL ABLTJ RADJ ARRHYT DLVR RADJ THER	No prior authorization required		
0748T	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS	No prior authorization required		
0749T	B1 STR & FX RISK ASSESSMENT USING DXR-BMD ALYS	No prior authorization required		
0750T	B1 STR&FX RSK ASSMT DXR-BMD ALYS W/1VW XRAY HAND	No prior authorization required		
0751T	DGTZ GLASS MCRSCP SLD LEVEL II SURG PATH	No prior authorization required		
0752T	DGTZ GLASS MCRSCP SLD LEVEL III SURG PATH	No prior authorization required		
0753T	DGTZ GLASS MCRSCP SLD LEVEL IV SURG PATH	No prior authorization required		
0754T	DGTZ GLASS MCRSCP SLD LEVEL V SURG PATH	No prior authorization required		
0755T	DGTZ GLASS MCRSCP SLD LEVEL VI SURG PATH	No prior authorization required		
0756T	DGTZ GLASS MCRSCP SLD SPEC STAIN GRP I MICROORG	No prior authorization required		

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0757T	DGTZ GLASS MCRSCP SLD SPEC STAIN GRP II ALL OTH	No prior authorization required		
0758T	DGTZ GLASS MCRSCP SLD SPEC STAIN HCHEM STAIN	No prior authorization required		
0759T	DGTZ GLAS MCRSCP SLD SPEC STN GRP III NZM CONST	No prior authorization required		
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	No prior authorization required		
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	No prior authorization required		
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	No prior authorization required		
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/ progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	No prior authorization required		
0764T	ASSTV ALG ECG RSK-BASED ASSMT RELATED CNCRT ECG	No prior authorization required		
0765T	ASSTV ALG ECG RSK-BASED ASSMT RELATED PREV ECG	No prior authorization required		
0766T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1ST NERVE	No prior authorization required		
0767T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN EA ADD NRV	No prior authorization required		
0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	No prior authorization required		
0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	No prior authorization required		
0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	No prior authorization required		
0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	No prior authorization required		
0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	No prior authorization required		
0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	No prior authorization required		
0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	No prior authorization required		
0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	No prior authorization required		
0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	No prior authorization required		
0780T	INSTLJ FECAL MICROBIOTA SSP RCT NMA LWR GI TRC	No prior authorization required		

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0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	No prior authorization required		
0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	No prior authorization required		
0783T	TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	No prior authorization required		
0784T	INSJ/RPLCMT PERQ ELTRD RA SPI W/INTEGRATED NSTIM	No prior authorization required		
0785T	REVJ/RMVL NSTIM ELTRD RA SPI W/INTEGRATED NSTIM	No prior authorization required		
0786T	INSJ/RPLCMT PERQ ELTRD RA SAC W/INTEGRATED NSTIM	No prior authorization required		
0787T	REVJ/RMVL NSTIM ELTRD RA SAC W/INTEGRATED NSTIM	No prior authorization required		
0788T	ELEC ALYS SMPL PRGRMG IINS SP/SAC NRV 1-3 PARAM	No prior authorization required		
0789T	ELEC ALYS CPLX PRGRMG IINS SP/SAC NRV 4+PARAM	No prior authorization required		
0790T	REVJ RPLCMT/RMVL TLMBR/LMBR VRT BODY TETHERING	No prior authorization required		
0791T	MOTOR COG SEMI-IMMRSV VR FACIL GAIT TRAING EA 15	No prior authorization required		
0792T	APPLICATION SILVER DIAMINE FLUORIDE 38% PHYS/QHP	No prior authorization required		
0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	No prior authorization required		
0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	No prior authorization required		
0795T	TCAT INS 2CHMBR LDLS PM CMPL	No prior authorization required		
0796T	TCAT INS 2CHMBR LDLS PM RA	No prior authorization required		
0797T	TCAT INS 2CHMBR LDLS PM RV	No prior authorization required		
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	No prior authorization required		
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	No prior authorization required		
0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	No prior authorization required		
0801T	TCAT RMV&RPL 2CHMBR LDLS PM	No prior authorization required		
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	No prior authorization required		
0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	No prior authorization required		
0804T	PRGRMG DEV EVAL LDLS PM SYS 2CHMBR IN PERSON	No prior authorization required		
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	No prior authorization required		
0806T	TCAT S&IVC PRSTC VL IMPL OPN	No prior authorization required		
0807T	PULM TISS VNTJ ALYS PREV CT	No prior authorization required		
0808T	PULM TISS VNTJ ALYS W/CT	No prior authorization required		
0810T	SUBRETINAL NJX RX AGT W/VTRC & 1+ RETINOTOMIES	No prior authorization required		
0811T	REM MULTI DAY CPLX UROFLOWMETRY SETUP&PT EDUCAJ	No prior authorization required		

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0812T	REM MULTI DAY CPLX UROFLOWMETRY DEV SPLY W/REPRT	No prior authorization required		
0813T	EGD FLX TRNSORL VOL ADJMT NTRGSTR BARIATRIC BALO	No prior authorization required		
0814T	PERQ NJX CALCIUM BIOD OSTEOCONDUCTIVE MATRL FEM	No prior authorization required		
0815T	US REMS B1 DNS&FX RSK ASSMT 1+SITE HIPS PLVS/SPI	No prior authorization required		
0816T	OPEN INSJ/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBQ	No prior authorization required		
0817T	OPEN INSJ/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBF	No prior authorization required		
0818T	REVJ/RMVL INTEGRATED NSTIMJ SYS PTN SUBCUTANEOUS	No prior authorization required		
0819T	REVJ/RMVL INTEGRATED NSTIMJ SYS PTN SUBFASCIAL	No prior authorization required		
0820T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY 1ST	No prior authorization required		
0821T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY 2ND	No prior authorization required		
0822T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY STAFF	No prior authorization required		
0823T	TCAT INSJ PERM 1CHMBR LDLS PACEMAKER R ATRIAL	No prior authorization required		
0824T	TCAT RMVL PERM 1CHMBR LDLS PACEMAKER R ATRIAL	No prior authorization required		
0825T	TCAT RMVL&RPLCMT PERM 1CHMBR LDLS PM R ATRIAL	No prior authorization required		
0826T	PRGRMG DEV EVAL LDLS PM SINGLE CAR CHAMBER IP	No prior authorization required		
0827T	DGTZ GLASS MCRSCP SLD CYTP SMEARS W/INTERPJ	No prior authorization required		
0828T	DGTZ GLASS MCRSCP SLD CYTP SMPL FLTR METH INTERP	No prior authorization required		
0829T	DGTZ GLASS MCRSCP SLD CYTP CONCTRJ TQ SMR&INTERP	No prior authorization required		
0830T	DGTZ GLASS MCRSCP SLD CYTP SLCTV CELL NHNCMNT TQ	No prior authorization required		
0831T	DGTZ GLASS MCRSCP SLD CYTP CERVICAL OR VAGINAL	No prior authorization required		
0832T	DGTZ GLASS MCRSCP SLD CYTP SMR OTH SRC SCR&NTRP	No prior authorization required		
0833T	DGTZ GLASS MCRSCP SLD CYTP SMR OTH SRC PREP SCR	No prior authorization required		
0834T	DGTZ GLASS MCRSCP SLD CYTP SMR OTH SRC EXTND STD	No prior authorization required		
0835T	DGTZ GLASS MCRSCP SLD CYTP FNA IMMT 1ST EPSD EA	No prior authorization required		
0836T	DGTZ GLASS MCRSCP SLD CYTP FNA IMMT EA SEP ADDL	No prior authorization required		
0837T	DGTZ GLASS MCRSCP SLD CYTP FNA INTERPJ&REPRT	No prior authorization required		
0838T	DGTZ GLS MCRSCP SLD CNSLT&REPRT REF SLD PREP ELS	No prior authorization required		
0839T	DGTZ GLS MCRSCP SLD CNSLT&REPRT REF MAT PREP SLD	No prior authorization required		
0840T	DGTZ GLS MCRSCP SLD FOR CONSLTJ COMPREHENSIVE	No prior authorization required		
0841T	DGTZ GLS MCRSCP SLD PATH CNSLT DRG SRG 1ST TIS 1	No prior authorization required		

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0842T	DGTZ GLS MCRSCP SLD PATH CNSLT DRG SURG EA ADDL	No prior authorization required		
0843T	DGTZ GLS MCRSCP SLD PATH CNSLT SURG CYTL XM 1ST	No prior authorization required		
0844T	DGTZ GLS MCRSCP SLD PATH CNSLT SURG CYTL XM EA	No prior authorization required		
0845T	DGTZ GLS MCRSCP SLD IMFLUOR 1ST SINGLE ANTB STN	No prior authorization required		
0846T	DGTZ GLS MCRSCP SLD IMFLUOR EACH ADDL 1 ANTB STN	No prior authorization required		
0847T	DGTZ GLS MCRSCP SLD XM&SLCTN ARCH TIS MOLEC ALYS	No prior authorization required		
0848T	DGTZ GLS MCRSCP SLD ISH 1ST SINGLE PROBE STAIN	No prior authorization required		
0849T	DGTZ GLS MCRSCP SLD ISH EA ADDL 1 PROBE STAIN	No prior authorization required		
0850T	DGTZ GLS MCRSCP SLD ISH EA MULT PROBE STAIN	No prior authorization required		
0851T	DGTZ GLS MCRSCP SLD M/PHMTRC ISH 1ST 1 PROBE STN	No prior authorization required		
0852T	DGTZ GLS MCRSCP SLD M/PHMTRC ISH EA ADD 1PRB STN	No prior authorization required		
0853T	DGTZ GLS MCRSCP SLD M/PHMTRC ISH EA MULT PRB STN	No prior authorization required		
0854T	DGTZ GLS MCRSCP SLD BLOOD SMEAR PERIPHERAL I&R	No prior authorization required		
0855T	DGTZ GLS MCRSCP SLD BONE MARROW SMEAR INTERPJ	No prior authorization required		
0856T	DGTZ GLS MCRSCP SLD ELECTRON MICROSCOPY DX	No prior authorization required		
0857T	OPTO-ACOUSTIC IMG BREAST UNI AUGMNT ALYS&REPRT	No prior authorization required		
0858T	XTRNL TRNSCRANL MAG STIMJ MEAS EVOKD CRTCL PTNTL	No prior authorization required		
0859T	NCNTC NR IFR SPECTRSC OTH/THN PAD EA ANTMC SITE	No prior authorization required		
0860T	NCNTC NR IFR SPECTRSC SCR PAD W/PROV MANEUVERS	No prior authorization required		
0861T	REMOVAL PG WCS LV PACING BOTH COMPONENTS	No prior authorization required		
0862T	RELOCATION PG WCS LV PACG BATTERY COMPONENT ONLY	No prior authorization required		
0863T	RELOCATION PG WCS LV PACG TRANSMITTR COMPNT ONLY	No prior authorization required		
0864T	LOW INTENSITY ESWT CORPUS CAVERNOSUM LOW ENERGY	No prior authorization required		
0865T	QUAN MRI ALYS BRAIN W/O DIAGNOSTIC MRI SAME SESS	Yes, prior authorization required		
0866T	QUAN MRI ALYS BRAIN WITH DIAGNOSTIC MRI	Yes, prior authorization required		
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed(Do not report 0869T in conjunction with 0707T)	No prior authorization required		

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0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRIâ€"guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the t	No prior authorization required		
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	No prior authorization required		
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report	No prior authorization required		
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a ph	No prior authorization required		
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	No prior authorization required		
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	No prior authorization required		
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	No prior authorization required		
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	No prior authorization required		
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	No prior authorization required		
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	No prior authorization required		
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	No prior authorization required		
0908T	OPN IMP INT NSTM SYS VGS NRV	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	No prior authorization required		
0910T	Removal of integrated neurostimulation system, vagus nerve	No prior authorization required		
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	No prior authorization required		
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	No prior authorization required		
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	No prior authorization required		
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	No prior authorization required		
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	No prior authorization required		
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	No prior authorization required		
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	No prior authorization required		
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	No prior authorization required		
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	No prior authorization required		
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	No prior authorization required		
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	No prior authorization required		
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	No prior authorization required		
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	No prior authorization required		
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	No prior authorization required		
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	No prior authorization required		
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	No prior authorization required		
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	No prior authorization required		
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	No prior authorization required		
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	No prior authorization required		
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	No prior authorization required		
0933T	TCAT IMPL WRLS L ATR PRS SNR	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional	No prior authorization required		
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	No prior authorization required		
0936T	Photobiomodulation therapy of retina, single session	No prior authorization required		
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	No prior authorization required		
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	No prior authorization required		
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	No prior authorization required		
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	No prior authorization required		
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	No prior authorization required		
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	No prior authorization required		
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	No prior authorization required		
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	No prior authorization required		
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	No prior authorization required		
0947T	MRGFUS STRTCTC BL-BR DISRPJ	No prior authorization required		
0948T	REM INTERROG DEV CCM PHYS	No prior authorization required		
0949T	REM INTERROG DEV CCM TECH	No prior authorization required		
0950T	ABLTJ B9 PRST8 TISSUE HIFU	No prior authorization required		
0951T	TOT IMPL AMEI 1ST PLMT	No prior authorization required		
0952T	TOT IMPL AMEI REV/RPLC MSTDC	No prior authorization required		
0953T	TOT IMPL AMEI REV/RPLC W/O	No prior authorization required		
0954T	TOT IMPL AMEI RPLC SND PROC	No prior authorization required		
0955T	TOT IMPL AMEI REMOVAL	No prior authorization required		
0956T	PRT CRN CH CR&TUN ELT S-SCLP	No prior authorization required		
0957T	REV S-SCLP ELTR RA RCVR&TLMT	No prior authorization required		
0958T	RMV S-SCLP ELTR RA RCVR&TLMT	No prior authorization required		
0959T	RMV/RPLC MAGNET COIL ASSEM	No prior authorization required		
0960T	RPL S-SCLP ELTR RA RCVR&TLMT	No prior authorization required		
0961T	SHORTWAVE IFR RADIATION IMG	No prior authorization required		
0962T	ASSTV ALG ALYS ACOUS & ECG REC	No prior authorization required		
0963T	ANOSC SBMCSL NJX BULKING AGT	No prior authorization required		
0964T	I&CUST PREP JAW XPNSJ 1ARCH	No prior authorization required		
0965T	I & CST PRP JW XPN DL ARCH NON	No prior authorization required		
0966T	I & CST PRP JW XPN DL ARCH FXD	No prior authorization required		
0967T	TRANAL INS TMP CLRC ANST DEV	No prior authorization required		
0968T	INSJ/RPLCMT EPCRNL NSTIM SYS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
0969T	REMOVAL EPICRANIAL NSTIM SYS	No prior authorization required		
0970T	ABLT B9 BRST TUM PERQ LSR EA	No prior authorization required		
0971T	ABLT MAL BRST TUM PQ LSR UNI	No prior authorization required		
0972T	ASSTV ALG CLSFCTN BURN HLG	No prior authorization required		
0973T	SLCTV NZMTC DBRDMT T/A/L 1ST	No prior authorization required		
0974T	SLCTV NZMTC DBRDMT T/A/L EA	No prior authorization required		
0975T	SLCTV NZMTC DBRDMT S/N/HF 1	No prior authorization required		
0976T	SLCTV NZMTC DBRDMT S/N/HF EA	No prior authorization required		
0977T	UPR GI BLD DETCJ SNR CAPSULE	No prior authorization required		
0978T	SUBMUCOSAL CRYOLYSIS THERAPY	No prior authorization required		
0979T	SBMCSL CRYLYS THER SFT PALT	No prior authorization required		
0980T	SBMCSL CRYLYS THER TNG & TNSL	No prior authorization required		
0981T	TCAT IMPL WRLS IVC SNR	No prior authorization required		
0982T	REM MNTR IMPL IVC SNR SET-UP	No prior authorization required		
0983T	REM MNTR IMPL IVC SNR PHYS	No prior authorization required		
0988T	Opn ins/rplc ins ptn sbq&sbf	No prior authorization required		
0989T	Revj/rmvl ins ptn subq&subf	No prior authorization required		
0990T	Trncrv inst biod hydrgl mtrl	No prior authorization required		
0991T	Cysto lo-nrg lithtrp&mcrsphr	No prior authorization required		
0992T	N-invas assmt car rsk w/o ct	No prior authorization required		
0993T	N-invas assmt car rsk w/ct	No prior authorization required		
0994T	Evasc dlvr a-wal stbl rx prq	No prior authorization required		
0995T	Evasc dlvr a-wal stbl rx opn	No prior authorization required		
0996T	Ins&sclr fix caps bag prosth	No prior authorization required		
0997T	Precuneus mag stimj tx plng	No prior authorization required		
0998T	Precuneus mag stimj tx dlvr	No prior authorization required		
0999T	Autol musc cell therapy hrvg	No prior authorization required		
1000F	TOBACCO USE ASSESSED	No prior authorization required		
1000T	Autol musc cell therapy admn	No prior authorization required		
1001T	Autol musc cell therapy njx	No prior authorization required		

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1002F	ANGINAL SYMPTOMS & LEVEL ACTIVITY ASSESSED	No prior authorization required		
1002T	Air displacmnt plethysmograp	No prior authorization required		
1003F	LEVEL ACTIVITY ASSESSED	No prior authorization required		
1003T	Arthrp 1st crp/mtcrpl prostc	No prior authorization required		
1004F	CLINICAL SYMPTOMS VOL OVERLOAD ASSESSED	No prior authorization required		
1004T	Elec alys s-scl eeg wo prgrm	No prior authorization required		
1005F	ASTHMA SYMPTOMS EVALUATED	No prior authorization required		
1005T	Elec alys s-scl eeg prgr 1st	No prior authorization required		
1006F	OSTEOARTHRITIS SYMPTOMS&FUNCJAL STATUS ASSES	No prior authorization required		
1006T	Elec alys s-scl eeg prgrm ea	No prior authorization required		
1007F	ANTI-INFLAMMATORY/ANALGESIC SYMPTOM RELIEF ASSES	No prior authorization required		
1007T	Eeg impl s-sclp eeg w/o vid	No prior authorization required		
1008F	GI&RENAL PRESCRIBED/OTC NSAID RISK FACTORS ASSES	No prior authorization required		
1008T	Rem mntr s-scl eeg sys setup	No prior authorization required		
1009T	Rem mntr s-sclp cont eeg sys	No prior authorization required		
1010F	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY	No prior authorization required		
1010T	Cptr oph alys monoc eye mvmt	No prior authorization required		
1011F	ANGINA PRESENT	No prior authorization required		
1011T	Pbm therapy of oral cavity	No prior authorization required		
1012F	ANGINA ABSENT	No prior authorization required		
1012T	Mtrz ab ntrno trph scl/tr mw	No prior authorization required		
1013T	Lap srg imp/rpl eso nea&pg/r	No prior authorization required		
1014T	Lap rv/rmv eso sph nstm eltr	No prior authorization required		
1015F	COPD SYMPTOMS ASSESSED/TOOL COMPLETED	No prior authorization required		
1015T	Rev/rmv lw esoph sphnc npg/r	No prior authorization required		
1016T	Elec alys npgs esoph intraop	No prior authorization required		
1017T	Elec aly npgs esoph sbsq w/o	No prior authorization required		
1018F	DYSPNEA ASSESSED NOT PRESENT	No prior authorization required		
1018T	Elec alys npgs esoph sbsq w/	No prior authorization required		
1019F	DYSPNEA ASSESSED PRESENT	No prior authorization required		

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1019T	Lymphovenous bypass per xtr	No prior authorization required		
1020T	Raman spectroscopy 1+skn les	No prior authorization required		
1021T	Active thrc irrigation spx	No prior authorization required		
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED	No prior authorization required		
1022T	Prq tis dsplmt ntra-abdl/pel	No prior authorization required		
1023T	Prq tis dsplmt intrathoracic	No prior authorization required		
1024T	Perq tiss dsplmt soft tissue	No prior authorization required		
1025T	Alt elec fld dos&dlv sim mdl	No prior authorization required		
1026F	CO-MORBID CONDITIONS ASSESSED	No prior authorization required		
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED	No prior authorization required		
1031F	SMOKING & 2ND HAND SMOKE IN THE HOME ASSESSED	No prior authorization required		
1032F	CURRENT SMOKER/EXPOSED TO SECONDHAND SMOKE	No prior authorization required		
1033F	TOBACCO NON-SMOKER & NO 2NDHAND SMOKE EXPOSURE	No prior authorization required		
1034F	CURRENT TOBACCO SMOKER	No prior authorization required		
1035F	CURRENT SMOKELESS TOBACCO USER	No prior authorization required		
1036F	CURRENT TOBACCO NON-USER CAD CAP COPD PV DM	No prior authorization required		
1038F	PERSISTENT ASTHMA MILD MODERATE OR SEVERE ASTHMA	No prior authorization required		
1039F	INTERMITTENT ASTHMA	No prior authorization required		
1040F	DSM-5 CRITERIA MDD DOCD AT THE INITIAL EVAL	No prior authorization required		
1050F	HISTORY NEW OR CHANGING MOLES	No prior authorization required		
1052F	TYPE ANATOMIC LOCATION AND ACTIVITY ALL ASSESSED	No prior authorization required		
1055F	VISUAL FUNCTIONAL STATUS ASSESSED	No prior authorization required		
1060F	DOC PERM/PERSISTENT/PAROXYSMAL ATRIAL FIB	No prior authorization required		
1061F	DOC ABSENCE PERM&PERSISTENT&PAROXYSM ATRIAL FIB	No prior authorization required		
1065F	ISCHEMIC STROKE SYMP ONSET <3 HRS PRIOR ARRIVAL	No prior authorization required		
1066F	ISCHEMIC STROKE SX ONSET >=3 HRS PRIOR ARRIVAL	No prior authorization required		
1070F	ALARM SYMPTOMS ASSESSED NONE PRESENT	No prior authorization required		
1071F	ALARM SYMPTOMS ASSESSED 1/> PRESENT	No prior authorization required		
1090F	PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED	No prior authorization required		
1091F	URINE INCONTINENCE CHARACTERIZED	No prior authorization required		

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1100F	PT FALLS ASSESS DOCD 2/> FALLS/FALL W/INJURY/YR	No prior authorization required		
1101F	PT FALLS ASSESS DOCD W/O FALL/INJURY PAST YEAR	No prior authorization required		
1110F	PT DISCHARGE INPT FACILITY WITHIN LAST 60 DAYS	No prior authorization required		
1111F	DISCHRG MEDS RECONCILED W/CURRENT MED LIST	No prior authorization required		
1116F	AURICULAR/PERIAURICULAR PAIN ASSESSED	No prior authorization required		
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS THERAPY	No prior authorization required		
1119F	INITIAL EVALUATION FOR CONDITION	No prior authorization required		
1121F	SUBSEQUENT EVALUATION CONDITION	No prior authorization required		
1123F	ADV CARE PLN TLKD & ALT DCSN MAKER DOCD	No prior authorization required		
1124F	ADV CARE PLN/ NO ALT DCSN MKR DOCD OR REFUSAL	No prior authorization required		
1125F	PAIN SEVERITY QUANTIFIED PAIN PRESENT	No prior authorization required		
1126F	PAIN SEVERITY QUANTIFIED NO PAIN PRESENT	No prior authorization required		
1127F	NEW EPISODE FOR CONDITION	No prior authorization required		
1128F	SUBS EPISODE FOR CONDITION	No prior authorization required		
1130F	BK PAIN & FXN ASSESSED CERTAIN ASPECTS OF CARE	No prior authorization required		
1134F	EPISODE BACK PAIN LASTING SIX WEEKS/<	No prior authorization required		
1135F	EPISODE BACK PAIN LASTING > SIX WEEKS	No prior authorization required		
1136F	EPISODE BACK PAIN LASTING 12 WEEKS/<	No prior authorization required		
1137F	EPISODE BACK PAIN LASTING > 12 WKS	No prior authorization required		
1150F	DOC PT W/SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No prior authorization required		
1151F	DOC PT W/O SUBSTANTIAL RISK DEATH WITHIN 1 YEAR	No prior authorization required		
1152F	DOC ADVANCED DISEASE DX CARE GOALS COMFORT	No prior authorization required		
1153F	DOC ADVANCED DISEASE DX CARE GOALS W/O COMFORT	No prior authorization required		
1157F	ADVNC CARE PLAN OR EQV LGL DOC IN MED RCRD	No prior authorization required		
1158F	ADVNC CARE PLANNING TLK DOCD IN MED RCRD	No prior authorization required		
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	No prior authorization required		
1160F	RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD	No prior authorization required		
1170F	FUNCTIONAL STATUS ASSESSED	No prior authorization required		
1175F	FUNCTIONAL STATUS DEMENTIA ASSESS RESULTS RVWD	No prior authorization required		
1180F	THROMBOEMBOLIC RISK ASSESSED	No prior authorization required		

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1181F	NEUROPSYCHIATRIC SYMPTS ASSESSED RESULTS REVIEWD	No prior authorization required		
1182F	NEUROPSYCHIATRIC SYMPTOMS ONE OR MORE PRESENT	No prior authorization required		
1183F	NEUROPSYCHIATRIC SYMPTOMS ABSENT	No prior authorization required		
1200F	SEIZURE TYPE FREQUENCY DOCUMENTED	No prior authorization required		
1205F	ETIOLOGY OF EPILEPSY SYNDROME RVWD & DOCD	No prior authorization required		
1220F	PATIENT SCREENED DEPRESSION	No prior authorization required		
1400F	PARKINSON DISEASE DIAGNOSIS REVIEWED	No prior authorization required		
1450F	SYMPTOMS IMPROVED/CONSIST W/TXMNT GOAL ASSESSMNT	No prior authorization required		
1451F	SYMPTOMS SHOW CLIN IMPRTNT DROP SINCE ASSESSMENT	No prior authorization required		
1460F	QUALIFYING CARD EVENT/DIAGNOSIS PRIOR 12 MONTHS	No prior authorization required		
1461F	NO QUAL CARD EVENT/DIAG IN PREVIOUS 12 MONTHS	No prior authorization required		
1490F	DEMENTIA SEVERITY CLASSIFIED MILD	No prior authorization required		
1491F	DEMENTIA SEVERITY CLASSIFIED MODERATE	No prior authorization required		
1493F	DEMENTIA SEVERITY CLASSIFIED SEVERE	No prior authorization required		
1494F	COGNITION ASSESSED AND REVIEWED	No prior authorization required		
1500F	SYMP&SIGN DISTAL SYMM POLYNEUROPATHY REVWD&DOCD	No prior authorization required		
1501F	NOT INITIAL EVALUATION FOR CONDITION	No prior authorization required		
1502F	PT QUERIED RE PAIN W/FUNC USING RELIABLE INSTRM	No prior authorization required		
1503F	PT QUERIED RE SYMP RESPIRATORY INSUFFICIENCY	No prior authorization required		
1504F	PATIENT HAS RESPIRATORY INSUFFICIENCY	No prior authorization required		
1505F	PATIENT DOES NOT HAVE RESPIRATORY INSUFFICIENCY	No prior authorization required		
2000F	BLOOD PRESSURE MEASURED	No prior authorization required		
2001F	WEIGHT RECORDED	No prior authorization required		
2002F	CLINICAL SIGNS VOLUME OVERLOAD ASSESSED	No prior authorization required		
2004F	INITIAL EXAMINATION INVOLVED JOINTS	No prior authorization required		
2010F	VITAL SIGNS RECORDED	No prior authorization required		
2014F	MENTAL STATUS ASSESSED	No prior authorization required		
2015F	ASTHMA IMPAIRMENT ASSESSED	No prior authorization required		
2016F	ASTHMA RISK ASSESSED	No prior authorization required		
2018F	HYDRATION STATUS ASSESSED	No prior authorization required		

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2019F	DILATED MACULAR EXAM PERFORMED	No prior authorization required		
2020F	DILATED FUNDUS EVALUATION PERFORMED	No prior authorization required		
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED	No prior authorization required		
2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	No prior authorization required		
2023F	DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY	No prior authorization required		
2024F	7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPTHY	No prior authorization required		
2025F	7 STANDARD FLD RETINAL PHOTO W/O EVC RTNOPTHY	No prior authorization required		
2026F	EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPTHY	No prior authorization required		
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED	No prior authorization required		
2028F	FOOT EXAMINATION PERFORMED	No prior authorization required		
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED	No prior authorization required		
2030F	HYDRATION STATUS DOCD NORMALLY HYDRATED	No prior authorization required		
2031F	HYDRATION STATUS DOCUMENTED DEHYDRATED	No prior authorization required		
2033F	EYE IMG VLD MTCH DX 7 STND FLD W/O EVC RTNOPTHY	No prior authorization required		
2035F	TYMPANIC MEMBRANE MOBILITY ASSESS	No prior authorization required		
2040F	PHYS EXAM ON DATE OF INIT VST FOR LBP DONE	No prior authorization required		
2044F	DOC MNTL HLTH ASSES PRIOR INTVN BACK PAIN 6WKS	No prior authorization required		
2050F	WOUND CHARACTERISTICS DOCD PRIOR DEBRIDEMENT	No prior authorization required		
2060F	PT INTRVWD ON/BEFORE DATE DIAG MDD	No prior authorization required		
3006F	CHEST X-RAY RESULTS DOCUMENTED & REVIEWED	No prior authorization required		
3008F	BODY MASS INDEX DOCUMENTED	No prior authorization required		
3011F	LIPID PANEL RESULTS DOCUMENTED & REVIEWED	No prior authorization required		
3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV	No prior authorization required		
3015F	CERVICAL CANCER SCREENING RESULTS DOCD & RVWD	No prior authorization required		
3016F	PT SCRND UNHLTHY OH USE BY SYSTMTC SCRNG METHD	No prior authorization required		
3017F	COLORECTAL CANCER SCREENING RESULTS DOC&REV	No prior authorization required		
3018F	PRE-PRX RISK ASSESS DEPTH&QUAL BOWEL PREP	No prior authorization required		
3019F	LVEF ASSESSMENT PLANNED POST DISCHARGE	No prior authorization required		
3020F	LEFT VENTRICULAR FUNCTION ASSESSMENT DOCUMENTED	No prior authorization required		
3021F	LEFT VENTRICULAR EJECTION FRACTION < 40%	No prior authorization required		

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3022F	LEFT VENTRICULAR EJECTION FRACTION >= 40%	No prior authorization required		
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED	No prior authorization required		
3025F	SPIROMETRY TEST RESULTS FEV/FVC <70% W/COPD	No prior authorization required		
3027F	SPIROMETRY TEST RESULTS FEV/FVC >=70% W/O COPD	No prior authorization required		
3028F	OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWE	No prior authorization required		
3035F	OXYGEN SATUR <= 88%/PAO2 <= 55 MM	No prior authorization required		
3037F	OXYGEN SATURATION > 88%/PAO2> 55 MM HG	No prior authorization required		
3038F	PULMONARY FUNC TEST WITHIN 12 MON PRIOR SURG	No prior authorization required		
3040F	FUNCTIONAL EXPIRATORY VOLUME < 40%	No prior authorization required		
3042F	FUNCTJL EXPIR VOLUME >= 40% PREDICTED VALUE	No prior authorization required		
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL < 7.0%	No prior authorization required		
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0%	No prior authorization required		
3048F	MOST RECENT LDL-C < 100 MG/DL	No prior authorization required		
3049F	MOST RECENT LDL-C 100-129 MG/DL	No prior authorization required		
3050F	MOST RECENT LDL-C >= 130 MG/DL	No prior authorization required		
3051F	MOST RECENT HG A1C>EQUAL TO 7.0%&<8.0%	No prior authorization required		
3052F	MOST RECENT HG A1C>EQUAL TO 8.0%&<EQUAL TO 9.0%	No prior authorization required		
3055F	LVEF LESS THAN OR EQUAL TO 35%	No prior authorization required		
3056F	LVEF GREATER THAN 35%	No prior authorization required		
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOC&REV	No prior authorization required		
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOC&REV	No prior authorization required		
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOC&REV	No prior authorization required		
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY	No prior authorization required		
3072F	LOW RISK FOR RETINOPATHY	No prior authorization required		
3073F	DOCUMENTED LENGTH CORNEAL POWER & LENS POWER	No prior authorization required		
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE <130 MM HG	No prior authorization required		
3075F	MOST RECENT SYSTOLIC BLOOD PRESS 130-139MM HG	No prior authorization required		
3077F	MOST RECENT SYSTOLIC BLOOD PRES>= 140 MM HG	No prior authorization required		
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	No prior authorization required		
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	No prior authorization required		

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3080F	MOST RECENT DIASTOL BLOOD PRES >= 90 MM HG	No prior authorization required		
3082F	KT/V <1.2 (CLEARANCE OF UREA (KT)/VOLUME (V))	No prior authorization required		
3083F	KT/V EQUAL/> 1.2 & < 1.7	No prior authorization required		
3084F	KT/V >= 1.7	No prior authorization required		
3085F	SUICIDE RISK ASSESSED	No prior authorization required		
3088F	MAJOR DEPRESSIVE DISORDER MILD	No prior authorization required		
3089F	MAJOR DEPRESSIVE DISORDER MODERATE	No prior authorization required		
3090F	MDD SEVERE WITHOUT PSYCHOTIC FEATURES	No prior authorization required		
3091F	MAJOR DESPRESV DISORDER SEVERE W/PSYCHOT FEATURE	No prior authorization required		
3092F	MAJOR DEPRESSIVE DISORDER REMISSION	No prior authorization required		
3093F	DOC NEW DIAG DX INIT/RECURRENT EPISODE OF MDD	No prior authorization required		
3095F	CENTRAL DUAL ENERGY ABSORPTIOMETRY DOCD	No prior authorization required		
3096F	CENTRAL DUAL ENERGY ABSORPTIOMETRY ORDERED	No prior authorization required		
3100F	CAROTID IMAGNG REPORT DIR/INDIR MEAS VESSEL DIAM	No prior authorization required		
3110F	CT/MRI HMRHG/MASS LESION/ACUTE INFRC DOC	No prior authorization required		
3111F	CT OR MRI BRAIN DONE W/IN 24 HRS HOSP ARRIVAL	No prior authorization required		
3112F	CT/MRI BRAIN DONE 24 HRS AFTER HOSP ARRIVAL	No prior authorization required		
3115F	QUANT RESULTS EVAL CURR LEVEL ACTIVITY CLIN SYMP	No prior authorization required		
3117F	HF DISEASE SPECIFIC ASSESSMENT TOOL COMPLETED	No prior authorization required		
3118F	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCD	No prior authorization required		
3119F	NO EVAL LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS	No prior authorization required		
3120F	12-LEAD ECG PERFORMED	No prior authorization required		
3126F	ESOPH BX RPRT W/DYSPLAS INFO AND APPROP GRADING	No prior authorization required		
3130F	UPPER GI ENDOSCOPY PERFORMED	No prior authorization required		
3132F	DOC REFERAL FOR UPPER GI ENDOSCOPY	No prior authorization required		
3140F	UPPER GI ENDO REPORT SHOWS POSS BARRETT'S ESOPH	No prior authorization required		
3141F	UPPER GI ENDO REPORT SHOW NO SUSPECT BARRETT'S	No prior authorization required		
3142F	BARIUM SWALLOW TEST ORDERED	No prior authorization required		
3150F	FORCEPS ESOPHAGEAL BIOPSY PERFORMED	No prior authorization required		
3155F	CYTOGEN TEST DONE MARROW DIAG OR PRIOR TXMNT	No prior authorization required		

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3160F	DOC IRON STORES PRIOR START EPO THERAPY	No prior authorization required		
3170F	BASELINE FLOW CYTOMETRY W/DIAG/PRIOR INITG TX	No prior authorization required		
3200F	BARIUM SWALLOW TEST NOT ORDERED	No prior authorization required		
3210F	GROUP A STREP TEST PERFORMED	No prior authorization required		
3215F	DOCUMENTED IMMUNITY HEPATITIS A	No prior authorization required		
3216F	DOCUMENTED IMMUNITY HEPATITIS B	No prior authorization required		
3218F	HEP C RNA TEST 6 MOS BEFORE ANTIVIRAL TX	No prior authorization required		
3220F	HEP C QUANT RNA TEST 12 WKS AFTER ANTIVIRAL TX	No prior authorization required		
3230F	HEARING TEST 6 MOS PRIOR TO EAR TUBE INSERTION	No prior authorization required		
3250F	NONPRIM ANATOMIC LOCATION OF SPECIMEN SITE	No prior authorization required		
3260F	TUMOR/NODES/HISTO GRADE DOCUMENTED	No prior authorization required		
3265F	RNA TESTING FOR HEP C VIREMIA ORDERED/DOCD	No prior authorization required		
3266F	HEPATITIS C GENOTYPE PRIOR ANTIVIRAL TREATMENT	No prior authorization required		
3267F	PATH RPRT INCLUDES PT & PN CAT GLEASON	No prior authorization required		
3268F	PSA & TUMOR STAGE&GLEASON SCORE PRIOR INIT	No prior authorization required		
3269F	BONE SCAN PRIOR INITIAT TX/DX PROSTATE CANCER	No prior authorization required		
3270F	BONE SCAN NOT PRIOR INITIAT TX/DX PROSTATE CA	No prior authorization required		
3271F	LOW RISK OF RECURRENCE PROSTATE CANCER	No prior authorization required		
3272F	INTERMED RISK OF RECURRENCE PROSTATE CANCER	No prior authorization required		
3273F	HIGH RISK OF RECURRENCE PROSTATE CANCER	No prior authorization required		
3274F	PROST CANCER RSK RECUR NOT DETER/LOW/INTERMED/HI	No prior authorization required		
3278F	SERUM LEVELS CALCUM PHOSPH PARATHYR & LIPID PR	No prior authorization required		
3279F	HEMOGLOBIN LEVEL>= 13 G/DL	No prior authorization required		
3280F	HEMOGLOBIN LEVEL 11 G/DL-12.9 G/DL	No prior authorization required		
3281F	HEMOGLOBIN LEVEL < 11 G/DL	No prior authorization required		
3284F	IO PRESSURE REDUCED >= 15% PRE-INTERVENTION LVL	No prior authorization required		
3285F	IOP REDUCED < 15% PRE-INTERVENTION LEVEL	No prior authorization required		
3288F	FALLS RISK ASSESSMENT DOCUMENTED	No prior authorization required		
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED	No prior authorization required		
3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
3292F	HIV TSTNG ASK/DOCD/RVWD AT 1ST/2ND PRENATAL VST	No prior authorization required		
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	No prior authorization required		
3294F	GBS SCRNING DOCD DONE DURING WK 35-37 GESTATION	No prior authorization required		
3300F	AJCC STAGE DOCUMENTED & REVIEWED	No prior authorization required		
3301F	CANCER STAGE DOCD METASTATIC & REVIEWED	No prior authorization required		
3315F	ESTROGEN/PROGEST RECEPTOR POSITIVE BREAST CANCER	No prior authorization required		
3316F	ESTROGEN/PROGEST RECEPTOR NEGATIVE BREAST CANCER	No prior authorization required		
3317F	PATH REPRT MALIGNANCY DOCD & RVWD INITIATE CHE	No prior authorization required		
3318F	PATH REPRT MALIGNANCY DOCD & RVWD INITIA RAD	No prior authorization required		
3319F	1 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	No prior authorization required		
3320F	0 DX IMG ORDER CHEST XRAY CT US MRI PET/NUC MED	No prior authorization required		
3321F	AJCC CANCER STAGE 0 OR IA MELANOMA	No prior authorization required		
3322F	MELANOMA THAN AJCC STAGE 0	No prior authorization required		
3323F	CLIN TUMOR NODE METASTASES STAGE DOCD PRIOR SURG	No prior authorization required		
3324F	MRI CT SCAN ORDERED REVIEWED/REQUESTED	No prior authorization required		
3325F	PREOP ASSES 12 MOS PRIOR CATARACT SURG W/IO LENS	No prior authorization required		
3328F	PERFORMANCE STATUS DOCD RVWD 2 WKS PRIOR SURG	No prior authorization required		
3330F	IMAGING STUDY ORDERED	No prior authorization required		
3331F	IMAGING STUDY NOT ORDERED	No prior authorization required		
3340F	MAMMO ASSESSMENT CAT INCOMP ADDTNL IMAGE DOCD	No prior authorization required		
3341F	MAMMO ASSESSMENT CAT NEGATIVE DOCD	No prior authorization required		
3342F	MAMMO ASSESSMENT CAT BENIGN DOCD	No prior authorization required		
3343F	MAMMO ASSESSMENT CAT PROB BENIGN DOCD	No prior authorization required		
3344F	MAMMO ASSESSMENT CAT SUSPICIOUS DOCD	No prior authorization required		
3345F	MAMMO ASSESSMENT CAT HIGH CHANCE MALIG DOCD	No prior authorization required		
3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD	No prior authorization required		
3351F	NEG DEP SYMP CAT USING STAND DEP ASSESS TOOL	No prior authorization required		
3352F	NO SIGNIF DEP SYMP CAT BY STAND DEP ASSESS TOOL	No prior authorization required		
3353F	MILD TO MOD DEP SYMP BY STAND DEP ASSESS TOOL	No prior authorization required		
3354F	CLIN SIGN DEP SYMP BY STAND DEP ASSESS TOOL	No prior authorization required		

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3370F	AJCC BREAST CANCER STAGE 0 DOCUMENTED	No prior authorization required		
3372F	AJCC BREAST CANCER STAGE I T1MIC T1A/T1B	No prior authorization required		
3374F	AJCC BREAST CANCER STAGE I T1C	No prior authorization required		
3376F	AJCC BREAST CANCER STAGE II	No prior authorization required		
3378F	AJCC BREAST CANCER STAGE III	No prior authorization required		
3380F	AJCC BREAST CANCER STAGE IV	No prior authorization required		
3382F	AJCC COLON CANCER STAGE 0	No prior authorization required		
3384F	AJCC COLON CANCER STAGE I	No prior authorization required		
3386F	AJCC COLON CANCER STAGE II	No prior authorization required		
3388F	AJCC COLON CANCER STAGE III DOCD	No prior authorization required		
3390F	AJCC COLON CANCER STAGE IV DOCD	No prior authorization required		
3394F	QUANT HER2 IHC EVAL OF BRST CANCER ASCO/CAP	No prior authorization required		
3395F	QUANT NON-HER2 IHC EVAL OF BRST CANCER PERFORMED	No prior authorization required		
3450F	DYSPNEA SCRND NO-MILD DYSPNEA	No prior authorization required		
3451F	DYSPNEA SCRND MOD-SEVERE DYSPNEA	No prior authorization required		
3452F	DYSPNEA NOT SCREENED	No prior authorization required		
3455F	TB SCR PFRMD&INTRPD W/IN 6 MO INITIATION RA THER	No prior authorization required		
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY LOW	No prior authorization required		
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY MOD	No prior authorization required		
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY HIGH	No prior authorization required		
3475F	DISEASE PROGNOSIS RA ASSESSED POOR PROG DOCD	No prior authorization required		
3476F	DISEASE PROGNOSIS RA ASSESSED GOOD PROG DOCD	No prior authorization required		
3490F	HISTORY OF AIDS-DEFINING CONDITION	No prior authorization required		
3491F	HIV INDETERMINATE INFANTS BORN OF HIV MOTHERS	No prior authorization required		
3492F	HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3	No prior authorization required		
3493F	NO HIST NADIR CD4+ CELL CNT <350&AIDS CONDITION	No prior authorization required		
3494F	CD4+ CELL COUNT <200 CELLS/MM	No prior authorization required		
3495F	CD4+ CELL COUNT 200 - 499 CELLS/MM (HIV)	No prior authorization required		
3496F	CD4+ CELL COUNT >= 500 CELLS/MM	No prior authorization required		
3497F	CD4+ CELL PERCENTAGE <15% HIV	No prior authorization required		

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3498F	CD4+ CELL PERCENTAGE >= 15% HIV	No prior authorization required		
3500F	CD4+CELL CNT/CD4+CELL % DOCD AS DONE	No prior authorization required		
3502F	HIV RNA VIRAL LOAD <LIMITS OF QUANTIF	No prior authorization required		
3503F	HIV RNA VIRAL LOAD NOT <LIMITS OF QUANTIF	No prior authorization required		
3510F	DOCJ TB SCREEN PERFORMED & RESULTS INTERPRET	No prior authorization required		
3511F	CHLAMYDIA/GONORRHEA TSTS DOCD AS DONE	No prior authorization required		
3512F	SYPHILIS SCREENING DOCUMENTED AS DONE	No prior authorization required		
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED	No prior authorization required		
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED	No prior authorization required		
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C	No prior authorization required		
3517F	HBV STATUS ASSESSED W/RESULTS IN 1YR	No prior authorization required		
3520F	CLOSTRIDIUM DIFFICILE TESTING PERFORMED	No prior authorization required		
3550F	LOW RISK FOR THROMBOEMBOLISM	No prior authorization required		
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM	No prior authorization required		
3552F	HIGH RISK FOR THROMBOEMBOLISM	No prior authorization required		
3555F	PT HAD INR MEASUREMENT PERFORMED	No prior authorization required		
3570F	REPORT BONE SCINTIGRAPHY W/X-RAY SAME REGION	No prior authorization required		
3572F	PT POTENTIAL RISK FRACTURE WEIGHT-BEARING SITE	No prior authorization required		
3573F	PT NOT POTENT RISK FRACTURE WEIGHT-BEARING SITE	No prior authorization required		
3650F	ELECTROENCEPHALOGRAM ORDERED RVWD OR REQ	No prior authorization required		
3700F	PSYCHIATRIC DISORDERS/DISTURBANCES ASSESSED	No prior authorization required		
3720F	COGNITIVE IMPAIRMENT/DYSFUNCTION ASSESSED	No prior authorization required		
3725F	SCREENING FOR DEPRESSION PERFORMED	No prior authorization required		
3750F	PT NOT RCVNG CORTICOSTERIDS>=10MG/DAY 60/> DAYS	No prior authorization required		
3751F	ELECTRODIAG STUDIES DSP DOCD RVWD W/IN 6 MONTHS	No prior authorization required		
3752F	ELECTRODIAG STUDIES DSP NOT DOCD RVWD W/IN 6 MON	No prior authorization required		
3753F	PT HAS CLINICAL SYMP&SIGNS NEUROPATHY W/CAUSE	No prior authorization required		
3754F	SCREENING TSTS DIABETES MELLITUS RVWD RQSTD ORD	No prior authorization required		
3755F	COGNITIVE&BEHAVIORAL IMPAIRMENT SCRNG PERFORMED	No prior authorization required		
3756F	PT HAS PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP	No prior authorization required		

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3757F	NO PSEUDOBULBAR AFFECT/SIALORRHEA/ALS SYMP	No prior authorization required		
3758F	PULM FUNC TESTING/PEAK COUGH EXPIRATORY FLOW	No prior authorization required		
3759F	PT SCRND DYSPHAGIA WT LOSS IMPAIRED NUTRITION	No prior authorization required		
3760F	PT W/DYSPHAG/WT LOSS/IMPAIRED NUTRITION	No prior authorization required		
3761F	PT WO/DYSPHAG/WT LOSS/IMPAIRED NUTRITION	No prior authorization required		
3762F	PATIENT IS DYSARTHRIC	No prior authorization required		
3763F	PATIENT IS NOT DYSARTHRIC	No prior authorization required		
3775F	ADENOMA(S)/NEOPLASM DETECTED SCRNG CLNSCPY	No prior authorization required		
3776F	ADENOMA(S)/NEOPLASM NOT DETECTED SCRNG CLNSCPY	No prior authorization required		
4000F	TOBACCO USE CESSATION IVNTJ COUNSELING	No prior authorization required		
4001F	TOBACCO USE CESSATION IVNTJ PHARMACOLOGIC THER	No prior authorization required		
4003F	PT EDUCATION WRTTN/ORAL HRT FAILURE PTS PFRMD	No prior authorization required		
4004F	PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	No prior authorization required		
4005F	PHARMACOLOGIC OSTEOPOROSIS THERAPY PRESCRIBED	No prior authorization required		
4008F	BETA BLOCKER THERAPY RXD/CURRENTLY BEING TAKEN	No prior authorization required		
4010F	ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN	No prior authorization required		
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED	No prior authorization required		
4012F	WARFARIN THERAPY PRESCRIBED	No prior authorization required		
4013F	STATIN THERAPY RXD/CURRENTLY TAKEN	No prior authorization required		
4014F	DSCHRG INSTRUCTIONS HRT FAILURE XCP PTS 18 YR	No prior authorization required		
4015F	PRSISTENT ASTHMA LONG TERM CTRL MED PRESCRIBED	No prior authorization required		
4016F	ANTI-INFLAMMATORY/ANALGESIC AGT PRESCRIBED	No prior authorization required		
4017F	GI PROPHYLAXIS NSAID USE PRESCRIBED	No prior authorization required		
4018F	THERAPEUTIC EXERCISE INVOLVED JTS INST/PRESCRIBE	No prior authorization required		
4019F	DOCUMENT COUNSELING EXERCISE CALCIUM & VITAMIN	No prior authorization required		
4025F	INHALED BRONCHODILATOR PRESCRIBED	No prior authorization required		
4030F	LONG-TERM OXYGEN THERAPY PRESCRIBED	No prior authorization required		
4033F	PULMONARY REHABILITATION RECOMMENDED	No prior authorization required		
4035F	INFLUENZA IMMUNIZATION RECOMMENDED	No prior authorization required		
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED	No prior authorization required		

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4040F	PNEUMOCOCCAL VACCINE ADMIN RCVD PRIOR	No prior authorization required		
4041F	DOC ORDER CEFAZOLIN/CEFUROXIME ANTIMICRB PROPHYL	No prior authorization required		
4042F	DOC PROPHY ANTIBIO NOT GIVEN W/IN 4 HR PRIOR SUR	No prior authorization required		
4043F	DOC ORDER DISCONT ANTIBIO W/IN 48 HOURS OF SURG	No prior authorization required		
4044F	DOC ORDER VTE PROPHYL W/IN 24 HRS PRIOR SURG	No prior authorization required		
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	No prior authorization required		
4046F	DOCD ANTIBIO W/IN 4 HRS PRIOR/INTRAOP SURG INCIS	No prior authorization required		
4047F	DOC ORDER ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INC	No prior authorization required		
4048F	DOC ANTIBIO GIVEN W/IN 1 HR PRIOR SURG/INCIS	No prior authorization required		
4049F	DOC ORDER GIVEN TO STOP ANTIBIO W/IN 24 HRS SURG	No prior authorization required		
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED	No prior authorization required		
4051F	REFERRED FOR AN ARTERIO-VENOUS (AV) FISTULA	No prior authorization required		
4052F	HEMODIAL VIA FUNCTIONG AV FISTULA	No prior authorization required		
4053F	HEMODIALYSIS VIA FUNCTIONING AVGRAFT	No prior authorization required		
4054F	HEMODIALYSIS VIA CATHETER	No prior authorization required		
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS	No prior authorization required		
4056F	APPROPRIATE ORAL REHYD SOLUTION RECOMMENDED	No prior authorization required		
4058F	PAG PROVIDED TO CAREGIVER	No prior authorization required		
4060F	PSYCHOTHERAPY SERVICES PROVIDED	No prior authorization required		
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED	No prior authorization required		
4063F	ANTIDEPRESSANT RXTHXY CONSIDER & NOT PRESCRIBE	No prior authorization required		
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED	No prior authorization required		
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED	No prior authorization required		
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED	No prior authorization required		
4067F	PT REFERRAL ELECTROCONVULSIVE THXPY (ECT) DOCD	No prior authorization required		
4069F	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RCVD	No prior authorization required		
4070F	DEEP VEIN THROMB PROPHYL RECVD BY HOSP DAY 2	No prior authorization required		
4073F	ORAL ANTIPLATELET THERAPY PRESCRBED AT DISCHARGE	No prior authorization required		
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE	No prior authorization required		
4077F	DOC T-PA ADMINISTRATION WAS CONSIDERED	No prior authorization required		

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4079F	DOC REHAB SERVICES WERE CONSIDERED	No prior authorization required		
4084F	ASPIRIN RECVD W/IN 24 HRS PRIOR ED ARRIVAL/STAY	No prior authorization required		
4086F	ASPIRIN OR CLOPIDOGREL PRESCRIBED	No prior authorization required		
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY	No prior authorization required		
4095F	PATIENT NOT RECEIVING ERYTHORPOIETIN THERAPY	No prior authorization required		
4100F	BISPHOS THXPY VENOUS ORDERED OR RECEIVED	No prior authorization required		
4110F	LIMA GRAFT USED IN 1ST ISOLATED CABG PXD	No prior authorization required		
4115F	BETA BLOCKER GIVEN W/IN 24 HRS PRIOR SURG INC	No prior authorization required		
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED	No prior authorization required		
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	No prior authorization required		
4130F	ACUTE OTITIS EXTERNA TOPICAL PREPS PRESCRIBED	No prior authorization required		
4131F	SYSTEMIC ANTIMICROBIAL TX PRESCRIBED	No prior authorization required		
4132F	SYSTEMIC ANTIMICROBIAL TX NOT PRESCRIBED	No prior authorization required		
4133F	ANTIHISTAMINE/DECONGESTANT PRESCRIBED	No prior authorization required		
4134F	ANTIHISTAMINE/DECONGESTANT NOT PRESCRIBED	No prior authorization required		
4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED	No prior authorization required		
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED	No prior authorization required		
4140F	INHALED CORTICOSTEROIDS PRESCRIBED	No prior authorization required		
4142F	CORTICOSTEROID SPARING THERAPY PRESCRIBED	No prior authorization required		
4144F	ALTERNATIVE LONG-TERM CONTROL MEDICATION RXD	No prior authorization required		
4145F	2+ ANTI-HYPERTENSIVE AGENTS RXD OR TAKEN	No prior authorization required		
4148F	HEPATITIS A VACCINE ADMIN OR PREVIOSLY RECVD	No prior authorization required		
4149F	HEPATITIS B VACCCINE ADMIN OR PREVIOSLY RECVD	No prior authorization required		
4150F	CURRENT HEPATITIS C ANTIVIRAL TREATMENT	No prior authorization required		
4151F	NO CURRENT HEPATITIS C ANTIVIRAL TREATMENT	No prior authorization required		
4153F	COMB PEGINTERF/RIBAVIRIN TX PRESCRIBED	No prior authorization required		
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED	No prior authorization required		
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED	No prior authorization required		
4158F	PATIENT COUNSELED ABOUT RISKS ALCOHOL USE	No prior authorization required		
4159F	CONTRACEPTION COUNSEL BEFORE ANTIVIRAL TX	No prior authorization required		

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4163F	PT COUNSELING TREATMENT OPTIONS PROSTATE CANCER	No prior authorization required		
4164F	ADJUVANT HORMONAL THXPY RX/ADMIN	No prior authorization required		
4165F	3D-CRT OR INTENSITY MODUL RAD THXPY RECVD	No prior authorization required		
4167F	HEAD-BED ELEV 30-45 DEG 1ST VENT DAY ORDERED	No prior authorization required		
4168F	PT RCVG CARE ICU & RCVNG MECH VENT 24 HRS/<	No prior authorization required		
4169F	PT NOT RCVG CARE IN ICU/NOT RCVG MECHL VENT	No prior authorization required		
4171F	PATIENT RECEIVING (ESA) THERAPY	No prior authorization required		
4172F	PATIENT NOT RECEIVING (ESA) THERAPY	No prior authorization required		
4174F	TLK VIS FXN & QUAL LIFE/TRXMNT FOR PT/CRGVR	No prior authorization required		
4175F	CORRECT VISUAL ACUIT 20/40/> W/IN 90 DAYS SURG	No prior authorization required		
4176F	COUNSEL UV LITE PROTEC PREV/PROG CATARACT DEVEL	No prior authorization required		
4177F	COUNSEL BENEF/RISK AREDS PREV AGE RELATED AMD	No prior authorization required		
4178F	ANTI-D IMMUNE GLOBULIN RCVD 26-30 WKS GESTATION	No prior authorization required		
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) RXD	No prior authorization required		
4180F	ADJVNT CHEMO RFRRD RXD/RCVD STAGE III COLON CA	No prior authorization required		
4181F	CONFORMAL RADIATION THERAPY RECEIVED	No prior authorization required		
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED	No prior authorization required		
4185F	NONSTOP 12MON THXPY W/PPI OR H2 H2RA RCVD	No prior authorization required		
4186F	NO CONTIN 12MON THXPY W/PPI OR H2 H2RA RCVD	No prior authorization required		
4187F	DIS MODFY ANTI-RHEU DRUG THXPY RX/GVN	No prior authorization required		
4188F	APPROP ACE/ARB THXP MONIT TEST ORDRD/DONE	No prior authorization required		
4189F	APPROP DIGOXIN THXP MONIT TST ORDRD/DONE	No prior authorization required		
4190F	APPROP DIURETIC THXP MONIT TST ORDRD/DONE	No prior authorization required		
4191F	APPROP ANTICONVUL THXP MONIT TST ORDRD/DONE	No prior authorization required		
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID	No prior authorization required		
4193F	PATIENT RCVNG <10 MG DAILY PREDNISONE	No prior authorization required		
4194F	PATIENT RCVNG >= 10 MG DAILY PREDNISONE	No prior authorization required		
4195F	PT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXRPY FOR RA	No prior authorization required		
4196F	PT NOT RCVNG 1ST BIOL ANTI-RHEUM DRUG THXPY RA	No prior authorization required		
4200F	EXTRNL BM RADIOTHXPY TO PROST W/WO NODAL IRRAD	No prior authorization required		

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4201F	EXTRNL BM RADIOTHXPY W/WO NODAL IRRAD AS ADJV	No prior authorization required		
4210F	ACE/ARB MEDICATION THERAPY 6 MONTHS/>	No prior authorization required		
4220F	DIGOXIN MEDICATION THERAPY 6 MONTHS/>	No prior authorization required		
4221F	DIURETIC MEDICATION THERAPY 6 MOS/>	No prior authorization required		
4230F	ANTICONVUL MED THERAPY 6 MOS/>	No prior authorization required		
4240F	INSTR THER XRCS-DR FLLWUP PT EPSD BACK PN >12 WK	No prior authorization required		
4242F	TLK RE SPRVSD XRCS PROG TO PTS BACK PN >12WKS	No prior authorization required		
4245F	PT TLK 1ST VST TO KEEP/RESUME NORMAL ACTIVITIES	No prior authorization required		
4248F	COUNSEL INIT BACK PAIN AGNST BED REST 4 DAYS/>	No prior authorization required		
4250F	ACTV WRMNG INTRAOP FOR NORMOTHERMIA	No prior authorization required		
4255F	DURATION GEN NEUR ANESTH 60 MINS/> DOC RECORD	No prior authorization required		
4256F	DURATION GEN NEUR ANESTH <60 MIN DOCD RECORD	No prior authorization required		
4260F	WOUND SURFACE CULTURE TECHNIQUE USED	No prior authorization required		
4261F	TECH OTHER THAN SURFACE CULTURE WOUND EXUD USED	No prior authorization required		
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED RECMD	No prior authorization required		
4266F	USE WET TO DRY DRESSINGS NEITHER RXD NOR RECMD	No prior authorization required		
4267F	COMPRESSION THERAPY PRESCRIBED	No prior authorization required		
4268F	PT ED RE NEED LONG TERM COMPRESS THXPY RCVD	No prior authorization required		
4269F	APPROP METHOD OFFLOADING PRESCRIBED	No prior authorization required		
4270F	PT RCVNG POTENT ANTI R-VIRAL THX 6 MON OR MORE	No prior authorization required		
4271F	PT RCVNG POT ANTI R-VIRAL THX <6 MON/NOT RCVN	No prior authorization required		
4274F	FLU IMMUNO ADMIND/PREVIOUSLY RCVD	No prior authorization required		
4276F	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED	No prior authorization required		
4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS RXD	No prior authorization required		
4280F	PNEUMOCYS JIROVECI PNEUMO PRPHYLXS PRSCRBD 3 MON	No prior authorization required		
4290F	PATIENT SCREENED FOR INJECTION DRUG USE	No prior authorization required		
4293F	PT SCRND HGH-RSK SEXUAL BEHAVIOR	No prior authorization required		
4300F	PT RCVNG WARFARIN THXPY NONVALV AFIB OR AFLUT	No prior authorization required		
4301F	PT NOT RCVNG WARFARIN THXPY NONVALV AFIB/AFLUT	No prior authorization required		
4305F	PT EDUC FOOT CARE & DAILY INSPCTN FEET RCVD	No prior authorization required		

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4306F	PT COUNSEL PSYCHOSOC&PHARM TX OPIOID ADDICTION	No prior authorization required		
4320F	PT COUNSEL PSYCHSOC & PHARM TX ALCOHOL DEPEND	No prior authorization required		
4322F	CRGVR PROVIDED W/ED REFERRED ADDL RESOURCES	No prior authorization required		
4324F	PT QUERIED PARKINSONS MED-RELATED COMPLICATION	No prior authorization required		
4325F	MEDICAL & SURGICAL TREATMENT OPTION REVIEW W/P	No prior authorization required		
4326F	PT/CAREGIVER QUERIED AUTONOMIC DYSFUNCJ SYMPTOMS	No prior authorization required		
4328F	PT/CAREGIVER QUERIED SLEEP DISTURBANCES	No prior authorization required		
4330F	EPILEPSY SPECIFIC SAFETY COUNSELING TO PATIENT	No prior authorization required		
4340F	COUNSEL WOMEN CHILDBEARING POTENTIAL W/EPILEPSY	No prior authorization required		
4350F	COUNSELING PROVIDED SYMP MNGMNT PALLIATION	No prior authorization required		
4400F	REHAB THERAPY OPTIONS DISCUSSED W/PATIENT	No prior authorization required		
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT	No prior authorization required		
4470F	IMPLANT CARDIOVERT-DEFIB (ICD) COUNSELING PROV	No prior authorization required		
4480F	PT RCVNG ACE/ARB BETA BLOCKER TX 3 MONS/LONGER	No prior authorization required		
4481F	PT RCVNG ACE/ARB AND BETA BLOCKER < 3 MONTHS	No prior authorization required		
4500F	REFERRED TO OUTPT CARD REHABILITATION PROGRAM	No prior authorization required		
4510F	PREVIOUS CARDIAC REHAB FOR QUAL CARD EVENT DONE	No prior authorization required		
4525F	NEUROPSYCHIATRIC INTERVENTION ORDERED	No prior authorization required		
4526F	NEUROPSYCHIATRIC INTERVENTION RECEIVED	No prior authorization required		
4540F	DISEASE MODIFYING PHARMACOTHERAPY DISCUSSED	No prior authorization required		
4541F	TX PSEUDOBULBAR AFFECT SIALORRHEA/ALS SYMP	No prior authorization required		
4550F	OPTIONS NONINVASIVE RESP SUPPORT DISCUSSED W/PT	No prior authorization required		
4551F	NUTRITIONAL SUPPORT OFFERED	No prior authorization required		
4552F	PT OFFERED REFERRAL SPEECH LANGUAGE PATHOLOGIST	No prior authorization required		
4553F	PT OFFERED ASSISTANCE PLANNING END LIFE ISSUES	No prior authorization required		
4554F	PT RECEIVED INHALATIONAL ANESTHETIC AGENT	No prior authorization required		
4555F	PT DID NOT RECEIVE INHALATIONAL ANESTHETIC AGENT	No prior authorization required		
4556F	PT SHOWS 3+RISK FACTORS POST-OP NAUSEA&VOMITING	No prior authorization required		
4557F	PT NO EXHIBIT 3+ RISK FACTORS POST-OP NAUSEA/VOM	No prior authorization required		
4558F	PT RCEVD 2 PROPHYLACTIC RX AGENTS PRE&INTRA-OP	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
4559F	1BODY TEMP MEAS>=35.5C IN 30-15 MINS POST ANESTH	No prior authorization required		
4560F	ANESTH DID NOT INVOLVE GENERAL/NEURAXIAL ANESTH	No prior authorization required		
4561F	PATIENT HAS A CORONARY ARTERY STENT	No prior authorization required		
4562F	PATIENT DOES NOT HAVE A CORONARY ARTERY STENT	No prior authorization required		
4563F	PT RECVD ASPIRIN W/IN 24 HRS PRIOR ANESTH START	No prior authorization required		
5005F	COUNSEL NEW/CHANGING MOLES SELF-EXAMINATION	No prior authorization required		
5010F	DILATED MACULAR/FUNDUS XM COMMUNJ TX PHYS/QHP	No prior authorization required		
5015F	DOCD CONTACT THAT FX EXISTED & PT TSTED/TXD OP	No prior authorization required		
5020F	TX SUMM RPRT COMMUN PHYS&PT 1 MO COMPLETE	No prior authorization required		
5050F	TX COMMUN PROVIDERS CONTINUING CARE 1 MO DX	No prior authorization required		
5060F	FINDNGS DIAG MAM TO MNGNG PRACT 3 DAYS INTERP	No prior authorization required		
5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON	No prior authorization required		
5100F	FX RISK REF PHYS/QHP COMMJ 24 HRS IMAGING STUDY	No prior authorization required		
5200F	CONSID NEURO EVAL APPROP SURG THXPY EPIL 3YRS	No prior authorization required		
5250F	ASTHMA DISCHARGE PLAN PRESENT	No prior authorization required		
6005F	RATIONALE FOR LEVEL OF CARE DOCUMENTED	No prior authorization required		
6010F	DYSPHAGIA SCREENING PRIOR ORAL INTAKE	No prior authorization required		
6015F	PATIENT OK FOR PER ORAL INTAKE (FOOD/MEDICATION)	No prior authorization required		
6020F	NOTHING BY MOUTH ORDERED	No prior authorization required		
6030F	ALL ELEM OF MAX STERILE BARRIER TECHNQ FLWD	No prior authorization required		
6040F	USE APPROP RAD DOSE RDXN DEV/MAN TECHS DOCD	No prior authorization required		
6045F	RAD EXPOS/TIME IN LAST RPRT FLUORO PRXD DOCD	No prior authorization required		
6070F	PATIENT QUERIED COUNSELED RE AED SIDE EFFECTS	No prior authorization required		
6080F	PATIENT QUERIED ABOUT FALLS	No prior authorization required		
6090F	PATIENT SAFETY COUNSEL DISEASE STAGE APPROPRIATE	No prior authorization required		
6100F	VERIFY CORRECT PT SITE PXD DOCUMENTED	No prior authorization required		
6101F	SAFETY COUNSELING DEMENTIA PROVIDED	No prior authorization required		
6102F	SAFETY COUNSELING DEMENTIA ORDERED	No prior authorization required		
6110F	COUNSELING PROV RE RISKS DRIVING ALT TO DRIVING	No prior authorization required		
6150F	PT NOT RCVNG 1ST COURSE OF ANTI-TNF THERAPY	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
7010F	PT INFORMATION ENTERED INTO RECALL SYSTEM	No prior authorization required		
7020F	MAMMO ASSESSMENT CAT IN DATABASE FOR RATE	No prior authorization required		
7025F	INFO SYSTEM ANALYSIS ABNORMAL INTERPRATE	No prior authorization required		
9001F	AORTIC ANEURYSM<5CM MAX DIAM CENTERLINE/AXIAL CT	No prior authorization required		
9002F	AORTIC ANEURYSM 5-5.4CM MAX DIAM CTRLN/AXIAL CT	No prior authorization required		
9003F	AORTIC ARYSM 5.5-5.9CM MAX DIAM CTRLN/AXIAL CT	No prior authorization required		
9004F	AORTIC ANEURYSM 6/> CM MAX DIAM CTRLN/AXIAL CT	No prior authorization required		
9005F	ASYMPT CAROT STEN NO ISCHEM/STRK CAROT/VRTBROBAS	No prior authorization required		
9006F	SYMPT CAROT STENOS IPSIL CAROT TIA/STRK<120DAYS	No prior authorization required		
9007F	OTHER CAROTID STENT IPSIL TIA/STRK 120 DAYS/>	No prior authorization required		
A0021	Outside state ambulance service per mile	Non-covered		
A0080	Noninterest escort in non emergency per mile	Non-covered		
A0090	Interest escort in non-emergency per mile	Non-covered		
A0100	Non-emergency transportation; taxi	Non-covered		
A0110	Non-emergency transportation; bus	Non-covered		
A0120	Non-emergency transport mini-bus, mnt area	Non-covered		
A0130	Non-emergency transport wheel-chair van	Non-covered		
A0140	NONEMERG TRANSP AIR ST	Non-covered		
A0160	Non-emergency transport case worker per mile	Non-covered		
A0170	Non-emergency transport park fees, tolls	Non-covered		
A0180	Non-emerg transport lodgng recip; ancillary	Non-covered		
A0190	Non-emerg transport meals recip; ancillary	Non-covered		
A0200	Non-emerg transport lodgng escrt; ancillary	Non-covered		
A0210	Non-emerg transport meals escort; ancillary	Non-covered		
A0225	Neonatal emergency transport; one way, base	Non-covered		
A0380	Basic life support mileage: per mile	Non-covered		
A0382	Basic support routine disposable supplies	Non-covered		
A0384	BLS defibrillation disposable supplies	Non-covered		
A0390	Advanced life support mileage, per mile	Non-covered		
A0392	ALS defibrillation disposable supplies	Non-covered		

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A0394	ALS IV drug therapy disposable supplies	Non-covered		
A0396	ALS esophageal intube disposable supplies	Non-covered		
A0398	ALS routine disposable supplies	Non-covered		
A0420	Ambulance waiting 1/2 hr increments	Non-covered		
A0422	Ambulance O2 and O2 supplies life sustaining	Non-covered		
A0424	Extra ambulance attendant: req medical review	Non-covered		
A0425	Ground mileage, per statute mile	No prior authorization required		
A0426	ALS1 non-emergency transport	No prior authorization required		
A0427	ALS1 emergency transport	No prior authorization required		
A0428	BLS non-emergency	No prior authorization required		
A0429	BLS emergency	No prior authorization required		
A0430	FIXED WING AIR TRANSPORT	Yes, prior authorization required		
A0431	AMBULANCE SERVICE, ROTARY WING AIR TRANSPORT	Yes, prior authorization required		
A0432	PI volunteer ambulance co prohibited third	No prior authorization required		
A0433	ALS 2, advanced life support level 2	No prior authorization required		
A0434	Specialty care transport SCT	No prior authorization required		
A0435	FIXED WING AIR MILEAGE	Yes, prior authorization required		
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	Yes, prior authorization required		
A0888	Noncovered ambulance mileage, per mile	Non-covered		
A0998	Ambulance response/treatment, no transport	No prior authorization required		
A0999	Unlisted ambulance service	No prior authorization required		
A2001	INNOVAMATRIX AC, PER SQ CM	Yes, prior authorization required		
A2002	MIRRAGEN ADV WND MAT PER SQ	Yes, prior authorization required		
A2003	BIO-CONNEKT WOUND MATRIX	Yes, prior authorization required		
A2004	Xcellistem, per sq cm	Yes, prior authorization required		
A2005	Microlyte matrix, per sq cm	Yes, prior authorization required		
A2006	NOVOSORB SYNPATH PER SQ CM	Yes, prior authorization required		
A2007	RESTRATA, PER SQ CM	Yes, prior authorization required		
A2008	THERAGENESIS, PER SQ CM	Yes, prior authorization required		
A2009	SYMPHONY, PER SQ CM	Yes, prior authorization required		

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A2010	APIS, PER SQUARE CENTIMETER	Yes, prior authorization required		
A2011	SUPRA SDRM, PER SQ CM	Yes, prior authorization required		
A2012	SUPRATHEL, PER SQ CM	Yes, prior authorization required		
A2013	INNOVAMATRIX FS, PER SQ CM	Yes, prior authorization required		
A2014	OMEZA COLLAGEN MATRIX, PER 100 MG	Yes, prior authorization required		
A2015	PHOENIX WND MTRX, PER SQ CM	Yes, prior authorization required		
A2016	PERMEADERM B, PER SQUARE CENTIMETER	Yes, prior authorization required		
A2017	PERMEADERM GLOVE, EACH	Yes, prior authorization required		
A2018	PERMEADERM C, PER SQ CM	Yes, prior authorization required		
A2019	Kerecis marigen shld sq cm	Yes, prior authorization required		
A2020	Ac5 wound system	Yes, prior authorization required		
A2021	Neomatrix per sq cm	Yes, prior authorization required		
A2022	INNOVABRN/INNOVAMATX XL SQCM	Yes, prior authorization required		
A2023	INNOVAMATRIX PD, 1 MG	Yes, prior authorization required		
A2024	RESOLVE MATRIX PER SQ CM	Yes, prior authorization required		
A2025	MIRO3D PER CUBIC CM	Yes, prior authorization required		
A2026	RESTRATA MINIMATRIX, 5 MG	Yes, prior authorization required		
A2027	MATRIDERM PER SQ CM	Yes, prior authorization required		
A2028	MICROMATRIX FLEX PER MG	Yes, prior authorization required		
A2029	MIROTRACT MATRIX SHEET	Yes, prior authorization required		
A2030	MIRO3D FIBERS, PER MG	Yes, prior authorization required		
A2031	MIRODRY, PER SQ CM	Yes, prior authorization required		
A2032	MYRIAD MATRIX, PER SQ CM	Yes, prior authorization required		
A2033	MYRIAD MORCELLS, 4 MG	Yes, prior authorization required		
A2034	FOUND DRS SOLO, PER SQ CM	Yes, prior authorization required		
A2035	CORPL P THERAC P ALLAC P MG	Yes, prior authorization required		
A2036	COHEALYX COL DML MX PR SQ CM	Yes, prior authorization required		
A2037	G4DERM PLUS, PER ML	Yes, prior authorization required		
A2038	MARIGEN PACTO, PER SQ CM	Yes, prior authorization required		
A2039	INNOVAMATRIX FD, PER SQ CM	Yes, prior authorization required		

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A2040	MICROLYTE PAINGUARD PR SQ CM	Yes, prior authorization required		
A2041	FOUNDATION DRS+ DUO PR SQ CM	Yes, prior authorization required		
A2042	FOUNDATION DRS+ SOLO, SQ CM	Yes, prior authorization required		
A2043	BIOBRANE, PER SQ CM	Yes, prior authorization required		
A2044	BIOBRANE GLOVE, EACH	Yes, prior authorization required		
A2045	NOVASHIELD/NOVOGEN PR SQ CM	Yes, prior authorization required		
A4100	Skin sub fda clrd as dev not otherwise specified	No prior authorization required		
A4206	1 CC sterile syringe & needle, each	No prior authorization required		
A4207	2 CC sterile syringe & needle, each	No prior authorization required		
A4208	3 CC sterile syringe & needle, each	No prior authorization required		
A4209	5+ CC sterile syringe & needle, each	No prior authorization required		
A4210	Needle-free injection device, each	No prior authorization required		
A4211	Supplies for self-administered injections	No prior authorization required		
A4212	Non coring needle or stylet W/O catheter	No prior authorization required		
A4213	20+ CC syringe only, each	No prior authorization required		
A4215	Sterile needle, any size, each	No prior authorization required		
A4216	Sterile water/saline, 10 ml	No prior authorization required		
A4217	Sterile water/saline, 500 ml	No prior authorization required		
A4218	Sterile saline or water, 10 ml	No prior authorization required		
A4220	Infusion pump refill kit, implantable pump	No prior authorization required		
A4221	Supplies maint drug infusion catheter per wk	No prior authorization required		
A4222	External drug infusion pump supplies, per bag	No prior authorization required		
A4223	Infusion supplies W/O pump	No prior authorization required		
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER W	No prior authorization required		
A4225	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER W	No prior authorization required		
A4226	Weekly supply maint cgs pump	No prior authorization required		
A4230	Infusion insulin pump non needle cannula type	No prior authorization required		
A4231	Infusion insulin pump needle	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4232	Syringe w/needle external insulin 3cc	No prior authorization required		
A4233	Alkaline battery for glucose monitor	No prior authorization required		
A4234	J-cell battery for glucose monitor	No prior authorization required		
A4235	Lithium battery for glucose monitor	No prior authorization required		
A4236	Silver oxide battery glucose monitor	No prior authorization required		
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GL	No prior authorization required		
A4239	THER CGM SUPPLY ALLOWANCE	No prior authorization required		
A4244	Alcohol or peroxide, per pint	No prior authorization required		
A4245	Alcohol wipes, per box	No prior authorization required		
A4246	Betadine/phisohex solution, per pint	No prior authorization required		
A4247	Betadine/iodine swabs/wipes, per box	No prior authorization required		
A4248	Chlorhexidine antisept, 1 ml	No prior authorization required		
A4250	Urine reagent strips/tablets 100 tabs/strips	No prior authorization required		
A4252	Blood ketone test or strip, each	No prior authorization required		
A4253	Blood glucose/reagent strips, per 50 strips	No prior authorization required		
A4255	Glucose monitor platforms, 50 per box	No prior authorization required		
A4256	Calibrator solution/chips normal high low	No prior authorization required		
A4257	Replace lens shield cartridge, each	No prior authorization required		
A4258	Spring- powered lancet device ,each	No prior authorization required		
A4259	Lancets per box of 100	No prior authorization required		
A4261	Cervical cap for contraceptive use	No prior authorization required		
A4262	Temporary tear duct plug, each	No prior authorization required		
A4263	Permanent tear duct plug, each	No prior authorization required		
A4264	Perm implant contrecep intratubal occlusion dev	No prior authorization required		
A4265	Paraffin, per pound	No prior authorization required		
A4266	Diaphragm for contraceptive use	No prior authorization required		
A4267	Male condom, each	No prior authorization required		
A4268	Female condom, each	No prior authorization required		
A4269	Spermicide: foam,gel, each	No prior authorization required		

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A4270	Disposable endoscope sheath, each	No prior authorization required		
A4271	Home lancing/test cartridges, per 50 tests	No prior authorization required		
A4280	Breast prosthesis adhesive attachment, each	No prior authorization required		
A4281	REPLACEMENT BREAST PUMP TUBE	No prior authorization required		
A4282	REPLACEMENT BREAST PUMP ADAPTER	No prior authorization required		
A4283	REPLACEMENT BREAST PUMP CAP	No prior authorization required		
A4284	REPLACEMENT BREAST PUMP SHIELD	No prior authorization required		
A4285	REPLACEMENT BREAST PUMP BOTTLE	No prior authorization required		
A4286	REPLACEMENT BREAST PUMP LOCKING RING	No prior authorization required		
A4287	DISP COL STO BAG BREAST MILK	No prior authorization required		
A4288	REPLACEMENT BREASTPUMP VALVE	No prior authorization required		
A4290	Sacral nerve stim test lead, each	No prior authorization required		
A4295	STRAIGH TIP HYDROPHILIC CATH	No prior authorization required		
A4296	COUDE TIP HYDROPHILIC CATH	No prior authorization required		
A4297	HYDROPHILIC COAT INSERT SUP	No prior authorization required		
A4300	CATH IMPL VASC ACCESS PORTAL, EXTERNAL ACCESS	No prior authorization required		
A4301	IMPLANTABLE ACCESS TOTAL CATHERTER, PORT/RES	No prior authorization required		
A4305	Drug delivery system >=50 ML per hour	No prior authorization required		
A4306	Drug delivery system <=50 ml per hour	No prior authorization required		
A4310	Insert tray W/O drainage bag/cath	No prior authorization required		
A4311	Catheter W/O bag 2-way latex	No prior authorization required		
A4312	Catheter W/O bag 2-way silicone	No prior authorization required		
A4313	Catheter W/O bag 3-way, continuous irrigation	No prior authorization required		
A4314	Catheter w/drainage 2-way latex with coating	No prior authorization required		
A4315	Catheter w/drainage 2-way all silicone	No prior authorization required		
A4316	Cath w/drainage 3-way, continuous irrigation	No prior authorization required		
A4318	FEM URINARY CUP W/WO ATTCH	No prior authorization required		
A4320	Irrigation tray with bulb or piston syringe	No prior authorization required		
A4321	Urinary catheter irrig therapeutic agent	No prior authorization required		
A4322	Irrigation syringe, bulb or piston, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4326	Male external catheter w internal coll, each	No prior authorization required		
A4327	Female urinary collect device metal cup, each	No prior authorization required		
A4328	Female urinary collection pouch, each	No prior authorization required		
A4330	Stool collection pouch with adhesive, each	No prior authorization required		
A4331	Extension drainage tubing, any type, each	No prior authorization required		
A4332	Lubricant individual sterile packet each	No prior authorization required		
A4333	Urinary catheter anchor device adhesive, each	No prior authorization required		
A4334	Urinary catheter leg strap, each	No prior authorization required		
A4335	Incontinence supply; miscellaneous	No prior authorization required		
A4336	Incontin supply, urethral insert, any type, each	No prior authorization required		
A4337	Incontinent rectal insert, any type, each	No prior authorization required		
A4338	Indwelling catheter latex; foley type, each	No prior authorization required		
A4340	Indwelling catheter special, coude wing, each	No prior authorization required		
A4341	Iduc valve pat inst repl, each	No prior authorization required		
A4342	Iduc valve sply repl, each	No prior authorization required		
A4344	Catheter indwellng foley 2 way silicone, each	No prior authorization required		
A4346	Catheter indwelling foley 3 way, each	No prior authorization required		
A4349	Disposable male external catheter	No prior authorization required		
A4351	Straight tip urine catheter, each	No prior authorization required		
A4352	Coude tip urinary catheter, each	No prior authorization required		
A4353	Intermittent urinary catheter, w insertion	No prior authorization required		
A4354	Catheter insertion tray w/bag, W/O catheter	No prior authorization required		
A4355	Bladder irrigation tubing cont, 3 way, each	No prior authorization required		
A4356	Ext urethra clamp or compression device, each	No prior authorization required		
A4357	Bedside drainage bag, each	No prior authorization required		
A4358	Urinary leg bag w straps, each	No prior authorization required		
A4360	Disposable external urethral clamp\comp dev,each	No prior authorization required		
A4361	Ostomy face plate, each	No prior authorization required		
A4362	Solid skin barrier, 4 x 4 equivalent, each	No prior authorization required		
A4363	Ostomy clamp, any type, replacement	No prior authorization required		

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A4364	Ostomy/catheter adhesive, any type, each	No prior authorization required		
A4366	Ostomy vent, any type, each	No prior authorization required		
A4367	Ostomy belt, each	No prior authorization required		
A4368	Ostomy filter, any type, each	No prior authorization required		
A4369	Skin barrier liquid, spray, brush,etc.,per oz	No prior authorization required		
A4371	Skin barrier powder per oz	No prior authorization required		
A4372	Skin barrier solid 4X4 equiv w convex, each	No prior authorization required		
A4373	Skin barrier with flange, w convexity, each	No prior authorization required		
A4375	Drainable plastic pouch w faceplate, each	No prior authorization required		
A4376	Drainable rubber pouch w faceplate, each	No prior authorization required		
A4377	Drainable plastic pouch W/O faceplate, each	No prior authorization required		
A4378	Drainable rubber pouch W/O faceplate, each	No prior authorization required		
A4379	Urinary plastic pouch w faceplate, each	No prior authorization required		
A4380	Urinary rubber pouch w faceplate, each	No prior authorization required		
A4381	Urinary plastic pouch W/O faceplate, each	No prior authorization required		
A4382	Urinary hvy plstc pch W/O faceplate, each	No prior authorization required		
A4383	Urinary rubber pouch W/O faceplate, each	No prior authorization required		
A4384	Ostomy faceplate equiv, silicone ring, each	No prior authorization required		
A4385	Ost skn barrier sld ext wear W/O convex, each	No prior authorization required		
A4387	Ost clsd pouch w att st barr w convex, 1 each	No prior authorization required		
A4388	Drainable pch w ext wear barr, 1 piece, each	No prior authorization required		
A4389	Drainable pch w stan wear barr, 1 piece, each	No prior authorization required		
A4390	Drainable pch ext wear convex, 1 piece, each	No prior authorization required		
A4391	Urinary pouch w ex wear barr, 1 piece, each	No prior authorization required		
A4392	Urinary pouch w sta wear barr w convex, 1, ea	No prior authorization required		
A4393	Urine pch w ext wear bar conv w convex, 1, ea	No prior authorization required		
A4394	Ostomy pouch liq deodorant, per fl oz	No prior authorization required		
A4395	Ostomy pouch solid deodorant, per tablet	No prior authorization required		
A4396	Peristomal hernia support belt	No prior authorization required		
A4398	Irrigation supply bags, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4399	Ostomy irrigation cone/catheter, incl brush	No prior authorization required		
A4400	Ostomy irrigation set	No prior authorization required		
A4402	Lubricant per ounce	No prior authorization required		
A4404	Ostomy ring each	No prior authorization required		
A4405	Nonpectin based ostomy paste, per oz	No prior authorization required		
A4406	Pectin based ostomy paste, per oz	No prior authorization required		
A4407	Ext wear ostomy skin barr <=4 sq inch, each	No prior authorization required		
A4408	Extend wear ostomy skin barr >4 sq inch, each	No prior authorization required		
A4409	Ostomy skin barrier w flang <=4 sq inch, each	No prior authorization required		
A4410	Ostomy skin barrier w flange >4 sq inch, each	No prior authorization required		
A4411	Ostomy skin barrier extend =4sq	No prior authorization required		
A4412	Ostomy pouch drain high output use on barrier	No prior authorization required		
A4413	2 pc drainable ostomy pouch, w filter, each	No prior authorization required		
A4414	Ostomy skin barrier w flang <=4 sq inch, each	No prior authorization required		
A4415	Ostomy skin barrier w flange >4 sq inch, each	No prior authorization required		
A4416	Ostomy pouch closed w barrier/filter, each	No prior authorization required		
A4417	Ost pouch w bar/bltinconv/fltr, 1 piece, each	No prior authorization required		
A4418	Ost pouch clsd W/O bar w filtr, 1 piece, each	No prior authorization required		
A4419	Ost pouch for bar w flange/flt, 2 piece, each	No prior authorization required		
A4420	Ost pouch clsd for bar w lk fl, 2 piece, each	No prior authorization required		
A4421	Ostomy supply miscellaneous	No prior authorization required		
A4422	Ostomy pouch absorbent material, each	No prior authorization required		
A4423	Ost pouch for bar w lk fl/fltr, 2 piece, each	No prior authorization required		
A4424	Ost pouch drain w bar & filter, 1 piece, each	No prior authorization required		
A4425	Ost pouch drain for barrier fl, 2 piece, each	No prior authorization required		
A4426	Ost pouch drain 2 piece system, 2 piece, each	No prior authorization required		
A4427	Ost pch drain/barr lk flng/filtr, 2 piece, ea	No prior authorization required		
A4428	Urine ostomy pouch w faucet/tap, 1piece, each	No prior authorization required		
A4429	Urine ostomy pouch w bltinconv, 1 piece, each	No prior authorization required		
A4430	Ost urine pouch w b/bltin conv, 1 piece, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4431	Ost pouch urine w barrier/tapv, 1 piece, each	No prior authorization required		
A4432	Ost pch urine w bar/flange/tap, 2 piece, each	No prior authorization required		
A4433	Urine ost pouch bar w lock fln, 2 piece, each	No prior authorization required		
A4434	Ost pouch urine w lock flng/ft, 2 piece, each	No prior authorization required		
A4435	Ost pouch drain high output, 1 piece, each	No prior authorization required		
A4436	Irrigation supply; sleeve, reusable, per month	No prior authorization required		
A4437	Irrigation supply; sleeve, disposable, per month	No prior authorization required		
A4438	Adhesive clip ext ens contr, each	No prior authorization required		
A4450	Non-waterproof tape, per 18 sq inches	No prior authorization required		
A4452	Waterproof tape, per 18 sq inches	No prior authorization required		
A4453	Rec cath any transanal, each	No prior authorization required		
A4455	Adhesive remover or solvent per ounce	No prior authorization required		
A4456	Adhesive remover, wipes, any type, each	No prior authorization required		
A4457	Enema tube any type repl only, each	No prior authorization required		
A4458	Reusable enema bag w tubing	No prior authorization required		
A4459	Transanal irrigation, any type	No prior authorization required		
A4461	Surgical dressing holder, non-reusable, each	No prior authorization required		
A4463	Surgical dressing holder, reusable, each	No prior authorization required		
A4465	Non-elastic extremity binder	No prior authorization required		
A4467	Belt, strap, sleeve, garment, covering, any type	No prior authorization required		
A4468	Exsuff belt incl all supplies and accessories	No prior authorization required		
A4470	Gravlee jet washer	No prior authorization required		
A4479	ELECTRO PUMP ENEMA, REUSABLE	No prior authorization required		
A4480	Vabra aspirator	No prior authorization required		
A4481	Tracheostoma filter, any type or size, each	No prior authorization required		
A4483	Moisture exchanger, for mechan vent, disposab	No prior authorization required		
A4490	Above knee surgical stocking, each	No prior authorization required		
A4495	Thigh length surgical stocking, each	No prior authorization required		
A4500	Below knee surgical stocking, each	No prior authorization required		
A4510	Full length surgical stocking, each	No prior authorization required		

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A4520	Incontinence garment anytype	Non-covered		
A4540	Trans elec nerv periph nerv upper arm	No prior authorization required		
A4541	Monthly supp use with e0733	No prior authorization required		
A4542	Supp ext up limb tremor stim peri nerves wrist	No prior authorization required		
A4543	Supply trans elec nerve stim, per month	No prior authorization required		
A4544	Electro nerve stimulator restless leg syndrome	No prior authorization required		
A4545	Suppl accessor tibial stim for one month	No prior authorization required		
A4550	Surgical trays	No prior authorization required		
A4553	Non-disposable underpads, all sizes	No prior authorization required		
A4554	Disposable underpads, all sizes, E.G., chux	No prior authorization required		
A4555	Ca tx e-stim electr/transducer	No prior authorization required		
A4556	ELECTRODES, E.G., APNEA MONITOR, PER PAIR	No prior authorization required		
A4557	LEAD WIRES, E.G., APNEA MONITOR, PER PAIR	No prior authorization required		
A4558	Conductive gel or paste, per oz	No prior authorization required		
A4559	COUPLING GEL OR PASTE, FOR ULTRASOUND, PER OZ	No prior authorization required		
A4560	Nmes disposable repl only	No prior authorization required		
A4561	Pessary, reusable, rubber, any type	No prior authorization required		
A4562	Pessary, reusable, non rubber, any type	No prior authorization required		
A4563	Vag inser rectal control sys, any type each	No prior authorization required		
A4564	Pessary, disposable, any type	No prior authorization required		
A4565	Slings	No prior authorization required		
A4566	Shoulder sling/vest/abduction restrainer	No prior authorization required		
A4570	Splint	No prior authorization required		
A4575	Topical hyperbaric O2 chamber, disposable	No prior authorization required		
A4580	Cast supplies (plaster)	No prior authorization required		
A4590	Special casting material E.G., fiberglass	No prior authorization required		
A4593	NEUROMODULATION STIMULATOR SYSTEM, ADJUNCT TO REHABILITATION	No prior authorization required		
A4594	Neuromod adj rehab mouthpiece each	No prior authorization required		
A4595	ELECTRICAL STIMUL SUPPLIES, 2 LEAD, PER MONTH	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4596	Ces system supplies and acc, per month	No prior authorization required		
A4600	Sleeve, inter limb compression, replacement, ea	No prior authorization required		
A4601	Lithium ion battery, non-prosthetic, replacement	No prior authorization required		
A4602	REPLACE LITHIUM BATTERY 1.5V	No prior authorization required		
A4604	Tubing with heating element	No prior authorization required		
A4605	Tracheal suction catheter close system	No prior authorization required		
A4606	Oxygen probe used w oximeter, replacement	No prior authorization required		
A4608	Transtracheal oxygen catheter, each	No prior authorization required		
A4611	Heavy duty battery, replace for pt owned vent	No prior authorization required		
A4612	Battery cables, replacement for pt owned vent	No prior authorization required		
A4613	Battery charger, replacemnt for pt owned vent	No prior authorization required		
A4614	Hand-held peak expiratory flow rate meter	No prior authorization required		
A4615	Cannula nasal	No prior authorization required		
A4616	Tubing (oxygen) per foot	No prior authorization required		
A4617	Mouth piece	No prior authorization required		
A4618	Breathing circuits	No prior authorization required		
A4619	Face tent	No prior authorization required		
A4620	Variable concentration mask	No prior authorization required		
A4623	Tracheostomy, inner cannula	No prior authorization required		
A4624	Tracheal suction catheter, any type, each	No prior authorization required		
A4625	Tracheostomy care kit for new tracheostomy	No prior authorization required		
A4626	Tracheostomy cleaning brush, each	No prior authorization required		
A4627	Spacer bag/reservoir w/wo mask, for MDI	No prior authorization required		
A4628	Oropharyngeal suction catheter, each	No prior authorization required		
A4629	Tracheostomy care kit for established trach	No prior authorization required		
A4630	Replacement batteries TENS owned by patient	No prior authorization required		
A4633	Uvl replacement bulb/lamp for uvl therapy, ea	No prior authorization required		
A4634	Replacement bulb therapeutic lightbox, tabletop	No prior authorization required		
A4635	Underarm crutch pad, replacement, each	No prior authorization required		
A4636	Handgrip for cane/crutch/walker, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4637	Replacement tip cane/crutch/walker, each	No prior authorization required		
A4638	REPL BATTERY FOR PT OWNED EAR PULSE GEN, EACH	No prior authorization required		
A4639	INFRARED HEATING SYSTEM REPLACEMENT PAD, EACH	No prior authorization required		
A4640	Alternating pressure pad, replace pt owned	No prior authorization required		
A4641	RADIOPHARM DX AGENT NOC	No prior authorization required		
A4642	Satumomab pendetide, imaging agent, per dose	No prior authorization required		
A4648	IMPLANTABLE TISSUE MARKE	No prior authorization required		
A4649	Surgical supplies miscellaneous	No prior authorization required		
A4650	IMPLANT RADIATION DOSIME	No prior authorization required		
A4651	Calibrated microcapillary tube, each	No prior authorization required		
A4652	Microcapillary tube sealant	No prior authorization required		
A4653	Peritoneal dialysis catheter anchor belt, each	No prior authorization required		
A4657	Dialysis syringe w/wo needle, each	No prior authorization required		
A4660	ESRD blood pressure device w cuff and steth	No prior authorization required		
A4663	ESRD blood pressure cuff only	No prior authorization required		
A4670	Automatic blood pressure monitor	No prior authorization required		
A4671	Disposable cycler set for cycler dialysis, ea	No prior authorization required		
A4672	Drainage extens line, dialysis, sterile, each	No prior authorization required		
A4673	Extens line w easy lock connect, for dialysis	No prior authorization required		
A4674	Chem/antisept solution dialysis equip, 8 oz	No prior authorization required		
A4680	Activated carbon filters for hemodialysis, ea	No prior authorization required		
A4690	Dialyzers, any type, for hemodialysis, each	No prior authorization required		
A4706	Bicarbonate conc sol for hemodialysis per gal	No prior authorization required		
A4707	Bicarb conc powder for hemodial, per packet	No prior authorization required		
A4708	Acetate conc sol for hemodialysis per gallon	No prior authorization required		
A4709	Acid concentr sol for hemodialysis per gallon	No prior authorization required		
A4714	Treated water for peritoneal dialysis per ga	No prior authorization required		
A4719	''y set'' tubing for peritoneal dialysis	No prior authorization required		
A4720	Dialysat sol fld vol >249cc, for peritoneal	No prior authorization required		
A4721	Dialysat sol fld vol >999cc <1999cc, for peri	No prior authorization required		

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A4722	Dialys sol fld vol >1999cc <2999cc, for peri	No prior authorization required		
A4723	Dialys sol fld vol >2999cc <3999cc, for peri	No prior authorization required		
A4724	Dialys sol fld vol >3999cc <4999cc, for peri	No prior authorization required		
A4725	Dialys sol fld vol >4999cc <5999cc, for peri	No prior authorization required		
A4726	Dialysate solutn fluid vol >5999cc, for peri	No prior authorization required		
A4728	Dialysate solution, non-dex, 500 ml	No prior authorization required		
A4730	Fistula cannulation set for dialysis, each	No prior authorization required		
A4736	Topical anesthetic for dialysis, per gram	No prior authorization required		
A4737	Injection anesthetic for dialysis, per 10 ml	No prior authorization required		
A4740	ESRD shunt accessory, any type, each	No prior authorization required		
A4750	Arterial or venous tubing for dialysis, each	No prior authorization required		
A4755	Arterial and venous tubing for dialysis, each	No prior authorization required		
A4760	Standard testing sol for peri dialysis, each	No prior authorization required		
A4765	Dialysate concentrate	No prior authorization required		
A4766	Dialysate conc sol add peri dialys, per 10 ml	No prior authorization required		
A4770	Blood testing supplies, vacuum tube, per 50	No prior authorization required		
A4771	Blood clotting time tube, dialysis, per 50	No prior authorization required		
A4772	Dextrostick/glucose strips, dialysis, per 50	No prior authorization required		
A4773	Hemostix for dialysis, per 50	No prior authorization required		
A4774	Ammonia test paper, for dialysis, per 50	No prior authorization required		
A4802	Protamine sulfate for dialysis, per 50 mg	No prior authorization required		
A4860	Disposable catheter caps for dialysis, per 10	No prior authorization required		
A4870	Plumbing/electrical work for home dialysis eq	No prior authorization required		
A4890	Contracts/repair/maintenance for hemodialysis	No prior authorization required		
A4911	Drain bag/bottle, for dialysis, each	No prior authorization required		
A4913	ESRD supply miscellaneous, NOC	No prior authorization required		
A4918	Venous pressure clamp, for hemodialysis, each	No prior authorization required		
A4927	Gloves non-sterile, per 100	No prior authorization required		
A4928	Surgical mask, per 20	No prior authorization required		
A4929	Tourniquet for dialysis, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A4930	Sterile, gloves per pair	No prior authorization required		
A4931	Reusable oral thermometer, any type, each	No prior authorization required		
A4932	Reusable rectal thermometer, any type, each	No prior authorization required		
A5051	Closed ostomy pouch w/barrier attach, 1 pc ea	No prior authorization required		
A5052	Closed ostomy pouch W/O barrier, 1 piece each	No prior authorization required		
A5053	Closed ostomy pouch for use w/faceplate, each	No prior authorization required		
A5054	Closed ostomy pouch use w/bar w/flng, 2 pc ea	No prior authorization required		
A5055	Stoma cap	No prior authorization required		
A5056	1 piece ostomy pouch w filter	No prior authorization required		
A5057	1 pc ostomy pouch w built-in convexity	No prior authorization required		
A5061	Ostomy pouch drnble w barrier attach, 1 pc ea	No prior authorization required		
A5062	Drainable ostomy pouch W/O barrier, 1 pc each	No prior authorization required		
A5063	Drnble ostomy pouch use w/bar w/flng, 2 pc ea	No prior authorization required		
A5071	Urinary ostomy pouch w/barrier attch, 1 pc ea	No prior authorization required		
A5072	Urnry ostomy pouch W/O barrier attch, 1 pc ea	No prior authorization required		
A5073	Urinry ostomy pouch use w/bar w/flng, 2 pc ea	No prior authorization required		
A5081	Continent stoma plug	No prior authorization required		
A5082	Continent stoma catheter	No prior authorization required		
A5083	Stoma absorptive cover, continent device	No prior authorization required		
A5093	Ostomy accessory, convex insert	No prior authorization required		
A5102	Bedside bottle w/wo tube rigid/expandable, ea	No prior authorization required		
A5105	Urinary suspensory with leg bag, w/wo tube	No prior authorization required		
A5112	Urinary drainage leg bag; latex	No prior authorization required		
A5113	Latex leg strap, replacement, per set	No prior authorization required		
A5114	Foam/fabric leg strap, replacement, per set	No prior authorization required		
A5120	Skin barrier, wipe or swab	No prior authorization required		
A5121	Solid skin barrier 6X6 or equivalent, each	No prior authorization required		
A5122	Solid skin barrier 8X8 or equivalent, each	No prior authorization required		
A5126	Adhesive or non-adhesive, disc/foam pad	No prior authorization required		
A5131	Appliance cleaner, incont/ostmy app per 16 oz	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A5200	Percutaneous cath/tube anchor, adhes skin att	No prior authorization required		
A5500	Diabetic shoe for density insert, per shoe	No prior authorization required		
A5501	Diabetic custom molded shoe, per shoe	No prior authorization required		
A5503	Diabetic shoe w/roller/rocker, per shoe	No prior authorization required		
A5504	Diabetic shoe with wedge, fitting, per shoe	No prior authorization required		
A5505	Diabetic shoe w/metatarsal bar, per shoe	No prior authorization required		
A5506	Diabetic shoe w/offset heel, fitting, per shoe	No prior authorization required		
A5507	Modification diabetic shoe, fitting, per shoe	No prior authorization required		
A5508	Diabetic deluxe feature shoe, per shoe	No prior authorization required		
A5510	Compression form shoe insert, per shoe	No prior authorization required		
A5512	Multiple density insert direct form, each	No prior authorization required		
A5513	Multiple density insert custom mold, each	No prior authorization required		
A5514	Mult den insert dir carv/cam, each	No prior authorization required		
A6000	Non-contact wound warming wound cover	No prior authorization required		
A6010	Collagen based wound filler, per gram	No prior authorization required		
A6011	Collagen gel/paste wound filler, per gram	No prior authorization required		
A6021	Collagen dressing pad <=16 sq in, each	No prior authorization required		
A6022	Collagen dressing pad >16<=48 sq in, each	No prior authorization required		
A6023	COLLAGEN DRESSING PAD >48 SQ IN, EACH	Yes, prior authorization required		
A6024	Collagen dressing wound filler, per 6 inches	No prior authorization required		
A6025	SILICONE GEL SHEET, EACH	No prior authorization required		
A6154	Wound pouch, each	No prior authorization required		
A6196	Alginate dressing <=16 sq in, each dressing	No prior authorization required		
A6197	Alginate dressing >16 <=48 sq in, each drsng	No prior authorization required		
A6198	Alginate dressing >48 sq in, each dressing	No prior authorization required		
A6199	Alginate dressing wound filler, per 6 inches	No prior authorization required		
A6203	Composite dressing <=16 sq in, each drsng	No prior authorization required		
A6204	Composite dressing >16 <=48 sq in, ea drsng	No prior authorization required		
A6205	Composite dressing >48 sq in, each dressing	No prior authorization required		
A6206	Contact layer <= 16 sq in, each dressing	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6207	Contact layer >16 <=48 sq in, each dressing	No prior authorization required		
A6208	Contact layer >48 sq in, each dressing	No prior authorization required		
A6209	Foam drsg <=16 sq in W/O border, each drsng	No prior authorization required		
A6210	Foam drsg >16 <=48 sq in W/O brdr, ea drsng	No prior authorization required		
A6211	Foam drsg >48 sq in W/O border, each drsng	No prior authorization required		
A6212	Foam drsg <=16 sq in w/border, each dressing	No prior authorization required		
A6213	Foam drsg >16 <=48 sq in w/border, each drsng	No prior authorization required		
A6214	Foam drsg >48 sq in w/border, each dressing	No prior authorization required		
A6215	Foam dressing, wound filler, per gram	No prior authorization required		
A6216	Non-sterile gauze <=16 sq in, each dressing	No prior authorization required		
A6217	Non-sterile gauze >16 <=48 sq in, each drsng	No prior authorization required		
A6218	Non-sterile gauze >48 sq in, each dressing	No prior authorization required		
A6219	Gauze <=16 sq in w/border, each dressing	No prior authorization required		
A6220	Gauze >16 <=48 sq in w/border, each dressing	No prior authorization required		
A6221	Gauze >48 sq in w/border, each dressing	No prior authorization required		
A6222	Gauze <=16 in no wtr/sal W/O brdr, each drsng	No prior authorization required		
A6223	Gauze >16<=48 no wtr/sal W/O brdr, each drsng	No prior authorization required		
A6224	Gauze > 48 in no wtr/sal W/O brdr, each drsng	No prior authorization required		
A6228	Gauze <=16 sq in water/saline, each dressing	No prior authorization required		
A6229	Gauze >16 <= 48 sq in water/saline, ea drsng	No prior authorization required		
A6230	Gauze >48 sq in water/saline, each dressing	No prior authorization required		
A6231	Hydrogel dsg <=16 sq in, each dressing	No prior authorization required		
A6232	Hydrogel dressng >16 <=48 sq in, each dressing	No prior authorization required		
A6233	Hydrogel dressing >48 sq in, each dressing	No prior authorization required		
A6234	Hydrocolloid drsg <=6 W/O border, each drsng	No prior authorization required		
A6235	Hydrocolloid drsg >16 <=48 W/O brd, ea drsng	No prior authorization required		
A6236	Hydrocolloid drsg >48 in W/O brdr, ea dressng	No prior authorization required		
A6237	Hydrocolloid drsg <=16 in w/brdr, ea dressing	No prior authorization required		
A6238	Hydrocolloid drsg >16 <=48 w/brdr, ea drsng	No prior authorization required		
A6239	Hydrocolloid drsg >48 in w/bordr, ea dressing	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6240	Hydrocolloid dressing filler paste, per fl oz	No prior authorization required		
A6241	Hydrocolloid dressing filler dry form, per gm	No prior authorization required		
A6242	Hydrogel drsg <=16 in W/O border, ea dressing	No prior authorization required		
A6243	Hydrogel drsg >16 <= 48 W/O border, ea drsng	No prior authorization required		
A6244	Hydrogel drsg >48 in W/O border, ea dressing	No prior authorization required		
A6245	Hydrogel drsg <=16 in w/border, ea dressing	No prior authorization required		
A6246	Hydrogel drsg >16 <=48 in w/border, ea drsng	No prior authorization required		
A6247	Hydrogel drsg >48 sq in w/border, ea dressing	No prior authorization required		
A6248	Hydrogel dressing wound filler gel, per fluid oz	No prior authorization required		
A6250	Skin seal protect moisturizer, any size, type	No prior authorization required		
A6251	Absorptv drsg <=16 sq in W/O border, ea drsng	No prior authorization required		
A6252	Absorptiv drsg >16 <=48 W/O border, ea drsng	No prior authorization required		
A6253	Absorptiv drsg >48 sq in W/O border, ea drsng	No prior authorization required		
A6254	Absorptiv drsg <=16 sq in w/border, ea drsng	No prior authorization required		
A6255	Absorptiv drsg >16 <=48 in w/border, ea drsng	No prior authorization required		
A6256	Absorptive drsg >48 sq in w/border, ea drsng	No prior authorization required		
A6257	Transparent film <=16 sq in, ea dressing	No prior authorization required		
A6258	Transparent film >16 <=48 sq in, ea dressing	No prior authorization required		
A6259	Transparent film >48 sq in, each dressing	No prior authorization required		
A6260	Wound cleanser any type/size	No prior authorization required		
A6261	Wound filler gel/paste, per oz, NOS	No prior authorization required		
A6262	Wound filler, dry form, per gram, NOS	No prior authorization required		
A6266	Impreg gauze, no watr/saln, any width, per yd	No prior authorization required		
A6402	Sterile gauze <=16 sq in, wo adhes, ea drsng	No prior authorization required		
A6403	Sterile gauze >16 <=48 sq in, wo adh, ea drsng	No prior authorization required		
A6404	Sterile gauze >48 sq in, wo adhes, ea dressing	No prior authorization required		
A6407	Packing strips, non-impreg, up to 2in W, per yd	No prior authorization required		
A6410	Sterile eye pad, each	No prior authorization required		
A6411	Non-sterile eye pad, each	No prior authorization required		
A6412	Occlusive eye patch, each	No prior authorization required		

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A6413	Adhesive bandage, first-aid, any size, each	No prior authorization required		
A6441	Pad band, non-elastic w >=3 inch <5 inch per yd	No prior authorization required		
A6442	Conform band non-elastic N/S W<3 inch per yd	No prior authorization required		
A6443	Conform band non-elastic N/S W>=3 inch<5 in/yd	No prior authorization required		
A6444	Conform band non-elastic N/S W>=5 inch per yd	No prior authorization required		
A6445	Conforming band non-elastic st w <3 inch per yd	No prior authorization required		
A6446	Conform band non-elastic st W>=3 inch <5 inch/yd	No prior authorization required		
A6447	Conforming band non-elastic st W>=5 inch per yd	No prior authorization required		
A6448	Light compression band elastic w <3 inch per yd	No prior authorization required		
A6449	Lt compression band elastic W>=3 inch <5 inch/yd	No prior authorization required		
A6450	Light compression band elastic W>=5 inch per yd	No prior authorization required		
A6451	Mod compres band w>=3''<5''/per yard	No prior authorization required		
A6452	High compres band w>=3''<5'' per yard	No prior authorization required		
A6453	Self-adhering band elastic w <3 inch per yard	No prior authorization required		
A6454	Self-adhering band elastic w>=3in <5in per yd	No prior authorization required		
A6455	Self-adhering band elastic w>=5 inch per yd	No prior authorization required		
A6456	Zinc paste band non-elastic w>=3 in <5 in /yd	No prior authorization required		
A6457	Tubular dressing w/wo elastic any width	No prior authorization required		
A6460	Synthetic drsg <= 16 sq in each	No prior authorization required		
A6461	Synthetic drsg >16<=48 sq in each	No prior authorization required		
A6501	Compression burn garment bodysuit, custom	No prior authorization required		
A6502	Compression burn garment chinstrp, custom	No prior authorization required		
A6503	Compression burn garment facehood, custom	No prior authorization required		
A6504	Compression burn garment glove-wrist, custom	No prior authorization required		
A6505	Compression burn garment glove-elbow, custom	No prior authorization required		
A6506	Compression burn garment glove-axilla, custom	No prior authorization required		
A6507	Cmpression burn garment foot-knee, custom	No prior authorization required		
A6508	Cmpression burn garment foot-thigh, custom	No prior authorization required		
A6509	Compression burn garment jacket, custom	No prior authorization required		
A6510	Compression burn garment leotard, custom	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6511	Compression burn garment panty, custom	No prior authorization required		
A6512	Compresion burn garment, noc	No prior authorization required		
A6513	Compression burn mask face/neck, plastic/equa	No prior authorization required		
A6515	GRAD COM WRAP W STR FU LE CU	No prior authorization required		
A6516	GRAD COM WRAP W STRAP FOO CU	No prior authorization required		
A6517	GRAD COM WRAP W STRAP BN CUS	No prior authorization required		
A6518	GRAD COM WRAP W STRAP ARM CU	No prior authorization required		
A6519	GRAD COM GARM NOC NIGHT USE	No prior authorization required		
A6520	G com garmnt glove nghttime each	No prior authorization required		
A6521	G com garmnt glove nght cust each	No prior authorization required		
A6522	G com garment arm nighttime each	No prior authorization required		
A6523	G com garment arm nght custm each	No prior authorization required		
A6524	G com garmnt lwr leg/ft nght each	No prior authorization required		
A6525	G com garm lwrleg/ft ngt cus each	No prior authorization required		
A6526	G com garmt full leg/ft nght each	No prior authorization required		
A6527	G garmt full leg/ft nght cus each	No prior authorization required		
A6528	G com garment bra nighttime each	No prior authorization required		
A6529	G com garmt bra night custm each	No prior authorization required		
A6530	Compression stocking BK 18-30 mm	No prior authorization required		
A6531	Compression stocking BK 30-40 mm	No prior authorization required		
A6532	Compression stocking BK 40-50 mm	No prior authorization required		
A6533	Compression stocking thigh length 18-30 mm	No prior authorization required		
A6534	Compression stocking thigh length 30-40 mm	No prior authorization required		
A6535	Compression stocking thigh length 40+ mmhg, each	No prior authorization required		
A6536	Compression stocking full length 18-30 mm	No prior authorization required		
A6537	Compression stocking full length 30-40 mm	No prior authorization required		
A6538	Compression stocking full length 40+ mmhg, each	No prior authorization required		
A6539	Compression stocking waist length 18-30 mm	No prior authorization required		
A6540	Compression stocking waist length 30-40 mm	No prior authorization required		
A6541	G comp stocking waist length 40+ mmhg, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6544	Compression stocking garter belt	No prior authorization required		
A6545	Gradient compression non-elastic bk, 30-50 mmhg	No prior authorization required		
A6548	ACCES CUST GRAD SILIC BAND	No prior authorization required		
A6549	G compression garment, nos, each	No prior authorization required		
A6550	NEG PRESSURE WOUND THERAPY DRESSING SET, EACH	No prior authorization required		
A6552	Grad com stocking bk 30-40 each	No prior authorization required		
A6553	G com stcking bk 30-40 custm each	No prior authorization required		
A6554	Grad com stocking bk 40+ each	No prior authorization required		
A6555	G com stcking bk 40+ custm each	No prior authorization required		
A6556	G com stcking thgh18-30 cust each	No prior authorization required		
A6557	G com stcking thgh30-40 cust each	No prior authorization required		
A6558	G com stcking thgh 40+ cust each	No prior authorization required		
A6559	G stckng full/chap18-30 cust each	No prior authorization required		
A6560	G stckng full/chap30-40 cust each	No prior authorization required		
A6561	G stockng full/chap 40+ cust each	No prior authorization required		
A6562	G com stckng waist18-30 cust each	No prior authorization required		
A6563	G com stckng waist30-40 cust each	No prior authorization required		
A6564	G com stckng waist 40+ cust each	No prior authorization required		
A6565	Grad comp gauntlet custom each	No prior authorization required		
A6566	Grad com garment neck/head each	No prior authorization required		
A6567	G com garment neck/head cust each	No prior authorization required		
A6568	G com garment torso/shldr each	No prior authorization required		
A6569	G com garmnt torso/shdr cust each	No prior authorization required		
A6570	Grad com garment genital each	No prior authorization required		
A6571	G com garment genital custm each	No prior authorization required		
A6572	Grad com garment toe caps each	No prior authorization required		
A6573	Grad com garmnt toe cap cust each	No prior authorization required		
A6574	Custom gradient sleev/glov each	No prior authorization required		
A6575	Gradient comp sleev/glov each	No prior authorization required		
A6576	Custom grad com sleeve med each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6577	Custom grad cm sleeve heavy each	No prior authorization required		
A6578	Gradient compression arm sleeve, each	No prior authorization required		
A6579	Custom grad com glove med each	No prior authorization required		
A6580	Custom grad com glove heavy each	No prior authorization required		
A6581	Gradient compression glove, each	No prior authorization required		
A6582	Gradient compression gauntlet, each	No prior authorization required		
A6583	Grad com wrap w straps bk each	No prior authorization required		
A6584	Grad com wrap w straps nos	No prior authorization required		
A6585	Grad com wrap w straps ak each	No prior authorization required		
A6586	Grad com wrap w straps leg each	No prior authorization required		
A6587	Grad com wrap w straps foot each	No prior authorization required		
A6588	Grad com wrap w straps arm each	No prior authorization required		
A6589	Grad com wrap w straps bra each	No prior authorization required		
A6590	Urinary cath disp suc pump, per month	No prior authorization required		
A6591	Urinary cath suc pump, per month	No prior authorization required		
A6593	Grad com accessory gmt or wrap nos	No prior authorization required		
A6594	G comp bandge liner lwr extr each	No prior authorization required		
A6595	G comp bandge liner upr extr each	No prior authorization required		
A6596	G comp bandge conform gauze each	No prior authorization required		
A6597	G comp bandage long stretch each	No prior authorization required		
A6598	G comp bandage med stretch each	No prior authorization required		
A6599	G comp bandage short stretch each	No prior authorization required		
A6600	G com bandge hgh dn foam sht each	No prior authorization required		
A6601	G com bandge hgh dn foam pad each	No prior authorization required		
A6602	G com bandge hgh dn foamroll each	No prior authorization required		
A6603	G com bandge low dn foamchnl each	No prior authorization required		
A6604	G com bandge low dn foam flt each	No prior authorization required		
A6605	G com bandage padded foam each	No prior authorization required		
A6606	G com bandage padded textile each	No prior authorization required		
A6607	G com bandage tub protct lyr each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A6608	G com bandage tub protct pad each	No prior authorization required		
A6609	G compression bandaging nos	No prior authorization required		
A6610	G com stcking bk 18-30 custm each	No prior authorization required		
A6611	GRAD COM WRAP W STRAP AK CUS	No prior authorization required		
A7000	DISPOSABLE CANISTER FOR SUCTION PUMP, EACH	No prior authorization required		
A7001	Nondisposable suction pump canister, each	No prior authorization required		
A7002	Tubing used with suction pump, each	No prior authorization required		
A7003	Pneu nebulizer administration set, disposable	No prior authorization required		
A7004	Disposable nebulizer small volume nonfiltered	No prior authorization required		
A7005	Nondisposable pneumtc nebulizer set admin set	No prior authorization required		
A7006	Filtered sm vol nebulizer administration set	No prior authorization required		
A7007	Lg volume nebulizer disposable use w aerosol	No prior authorization required		
A7008	Disposable nebulizer prefill, use w aerosol	No prior authorization required		
A7009	Lg vol nebulizer reserv bottle, non-disposable	No prior authorization required		
A7010	Disp corrugate tubng used w/lg vol neb, 100ft	No prior authorization required		
A7012	Large vol nebulizer water collection device	No prior authorization required		
A7013	Disposable aerosol compressor filter	No prior authorization required		
A7014	Non-disposable aerosol compressor filter	No prior authorization required		
A7015	Aerosol mask used with DME nebulizer	No prior authorization required		
A7016	Nebulizer dome & mouthpiece use w sml neb	No prior authorization required		
A7017	Nebulizer , durable, glass not used w oxygen	No prior authorization required		
A7018	Water distilled w/nebulizer, not used w oxygn	No prior authorization required		
A7020	INTERFACE, COUGH STIMULATING DEVICE	No prior authorization required		
A7021	Suppl and access lung expansion airway clearance	No prior authorization required		
A7023	Mech allergen parti barrier inh filter topical	No prior authorization required		
A7025	REPLACE CHEST COMPRESS VEST, PT OWNED, EACH	No prior authorization required		
A7026	REPLACE CHEST CMPRSS SYS HOSE, PT OWNED, EACH	No prior authorization required		
A7027	Combination oral/nasal mask, each	No prior authorization required		
A7028	Replacement oral cushion combo mask, each	No prior authorization required		
A7029	Replacement oral/nasal pillow comb mask, pair	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A7030	CPAP full face mask, each	No prior authorization required		
A7031	Replacement face mask interface, full, each	No prior authorization required		
A7032	Replacement nasal cushion for nasal dev, each	No prior authorization required		
A7033	Replacement nasal pillows for nasal dev, pair	No prior authorization required		
A7034	Nasal interface used w PAP, w/wo head strap	No prior authorization required		
A7035	Headgear used W/ positive airway pressure dev	No prior authorization required		
A7036	Chinstrap used w/positive airway pressure dev	No prior authorization required		
A7037	Tubing used W/ positive airway pressure dev	No prior authorization required		
A7038	Positive airway pressure disposable filter	No prior authorization required		
A7039	Positive airway pressure nondisposable filter	No prior authorization required		
A7040	One way chest drain valve	No prior authorization required		
A7041	Water seal drainage container and tubing	No prior authorization required		
A7044	Positive airway pressure oral interface, each	No prior authorization required		
A7045	Replacement exhalation port for PAP	No prior authorization required		
A7046	Replacement water chamber, PAP device, each	No prior authorization required		
A7047	Resp suction oral interface	No prior authorization required		
A7048	Vacuum drain bottle/tube kit, each	No prior authorization required		
A7049	Epap nasal valve	No prior authorization required		
A7501	Tracheostoma valve including diaphragm, each	No prior authorization required		
A7502	Replacement diaphragm/fplate trach valv, each	No prior authorization required		
A7503	Heat/moisture exch sys filter holder/cap, ea	No prior authorization required		
A7504	Tracheostoma heat/moisture exch sys filter,ea	No prior authorization required		
A7505	Heat/moisture exch sys trach valve housing,ea	No prior authorization required		
A7506	Heat/moisture exch sys trach vlv adhsv dsk,ea	No prior authorization required		
A7507	Heat/moist exch sys intgrtd filter&holder, ea	No prior authorization required		
A7508	Heat/moist exch sys/vlv hsng&intgrtd adhs, ea	No prior authorization required		
A7509	Trachstoma heat/moist exch sys fltr hld, each	No prior authorization required		
A7520	Tracheostomy/laryngect tube non-cuffed, each	No prior authorization required		
A7521	Tracheostomy/laryngectomy tube cuffed, each	No prior authorization required		
A7522	Tracheostomy/laryngectmy tube stainless, each	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
A7523	Tracheostomy shower protector, each	No prior authorization required		
A7524	Tracheostoma stent/stud/button, each	No prior authorization required		
A7525	Tracheostomy mask, each	No prior authorization required		
A7526	Tracheostomy tube collar/holder, each	No prior authorization required		
A7527	Tracheostomy/laryngectomy tube plug/stop, eac	No prior authorization required		
A8000	Helmet, protective, soft, prefabricated	No prior authorization required		
A8001	Helmet, protective, hard, prefabricated	No prior authorization required		
A8002	Helmet, protective, soft, custom fabricated	No prior authorization required		
A8003	Helmet, protective, hard, custom fabricated	No prior authorization required		
A8004	Soft interface for helmet, replacement	No prior authorization required		
A8005	GRIP GLOVE W MICROPROCESSOR	Yes, prior authorization required		
A8006	GRIP GLOVE REPLACEMENT ONLY	Yes, prior authorization required		
A9150	Misc/experimental non-prescription drugs	No prior authorization required		
A9152	Single vitamin/mineral oral, per dose nos	No prior authorization required		
A9153	Multi-vitamins oral nos	No prior authorization required		
A9154	Artificial saliva, 1 ml	No prior authorization required		
A9156	Oral mucoadhesive per 1 ml	No prior authorization required		
A9180	Lice treatment, topical	No prior authorization required		
A9268	Programmer orally ingest capsule	No prior authorization required		
A9269	Programable ingest capsule per month	No prior authorization required		
A9270	Non-covered item or service	No prior authorization required		
A9272	Disposable mechanical wound suction	No prior authorization required		
A9273	Hot/cold botle/cap/col/wrap, any type	Non-covered		
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM	No prior authorization required		
A9275	Disposable home glucose monitor	No prior authorization required		
A9276	DISPOSABLE SENSOR, CGM S	No prior authorization required		
A9277	EXTERNAL TRANSMITTER, CG	No prior authorization required		
A9278	MONITORING FEATURE/DEVIC	No prior authorization required		
A9279	Monitoring feature/device NOC	No prior authorization required		
A9280	Alert or alarm device, noc	No prior authorization required		

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A9281	Reaching/grabbing device, any type/length	No prior authorization required		
A9282	Wig any type	No prior authorization required		
A9283	Foot press off loading supportive device	No prior authorization required		
A9284	Non-electronic spirometer	No prior authorization required		
A9285	Inversion/eversion correction device	No prior authorization required		
A9286	Hygienic item or device, disp or nondisp, each	No prior authorization required		
A9291	Pres digital behav thera fda per course	No prior authorization required		
A9292	Pres dig visual therapy fda per course tx	No prior authorization required		
A9293	Fertility cycl tracking software app, per month	No prior authorization required		
A9294	BIOFEED DIG COG BEHAV TX FDA	No prior authorization required		
A9300	Exercise equipment	No prior authorization required		
A9500	Technetium TC 99M sestamibi, per dose	No prior authorization required		
A9501	Technetium TC-99M teboroxime per study dose	No prior authorization required		
A9502	Technetium TC 99M tetrofosmin, per unit dose	No prior authorization required		
A9503	Technetium TC 99M medronate, up to 30 mci	No prior authorization required		
A9504	Technetium TC 99M apcitide	No prior authorization required		
A9505	Thallous chloride TL 201/mci, per mci	No prior authorization required		
A9506	Tc-99m graphite crucible, one crucible	No prior authorization required		
A9507	Indium 111 capromab pendetide, per dose	No prior authorization required		
A9508	Iobenguane sulfate I-131, per 0.5 mci	No prior authorization required		
A9509	Iodine I-123 sodium iodide per millicurie	No prior authorization required		
A9510	Technetium TC 99M disofenin, per vial	No prior authorization required		
A9512	Technetium TC 99M pertechnetate, per MCI	No prior authorization required		
A9513	Lutetium lu 177 dotatat ther, 1 millicurie	No prior authorization required		
A9515	Choline C-11, diag, per study dose 20 millicurie	No prior authorization required		
A9516	Iodine I-123 sodium iodide microcuries	No prior authorization required		
A9517	I-131 sodium iodide capsule per MCI	No prior authorization required		
A9520	Tc99 tilmanocept diag 0.5mci	No prior authorization required		
A9521	Technetium TC 99M exametazine, per dose	No prior authorization required		
A9524	Iodinated I-131 serum albumin, 5 microcuries	No prior authorization required		

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A9526	Diagnosis ammonia N-13, per dose	No prior authorization required		
A9527	Iodine I-125, sodium iodide solution, millicurie	No prior authorization required		
A9528	Dx I-131 sodium iodide capsule, per millicur	No prior authorization required		
A9529	Dx I-131 sodium iodide solution, prer millicu	No prior authorization required		
A9530	Th I-131 sodium iodide solution, per millicu	No prior authorization required		
A9531	Dx I-131 sodium iodide , per microc up to 100	No prior authorization required		
A9532	Th I-125 serum albumin , 5 microcuries	No prior authorization required		
A9536	Technetium tc-99m depreotide, diag 35 mci	No prior authorization required		
A9537	Technetium tc-99m mebrofenin, diag 15 mci	No prior authorization required		
A9538	Technetium tc-99m pyrophosphate, diag 25 mci	No prior authorization required		
A9539	Technetium tc-99m pentetate, diag 25 mci	No prior authorization required		
A9540	Technetium tc-99m MAA, diag 10 mci	No prior authorization required		
A9541	Technetium tc-99m sulfur colloid 20 mci	No prior authorization required		
A9542	Indium in-111 ibritumomab tiuxetan, diag 5mci	No prior authorization required		
A9543	Yttrium Y-90 ibritumomab, therapeutic 40 mci	No prior authorization required		
A9546	Cobalt co-57/58, diag, 1 uci	No prior authorization required		
A9547	Indium in-111 oxyquinoline, diag 0.5 mci	No prior authorization required		
A9548	Indium in-111 pentetate, diag 0.5 mci	No prior authorization required		
A9550	Technetium tc-99m gluceptate, diag 25 mci	No prior authorization required		
A9551	Technetium tc-99m succimer, diag 10 mci	No prior authorization required		
A9552	Flurodeoxyglucose F-18 fdg, diag 45 mci	No prior authorization required		
A9553	Chromium cr-51 na chromate, diag 250 uci	No prior authorization required		
A9554	Iodine I-125 na iothalamate, diag 10 uci	No prior authorization required		
A9555	Rubidium rb-82 diag 60 mci	No prior authorization required		
A9556	Gallium ga-67 citrate, diag per mci	No prior authorization required		
A9557	Technetium tc-99m bicisate, diag mci	No prior authorization required		
A9558	Xenon xe-133 gas, diag 10 mci	No prior authorization required		
A9559	Cobalt co-57 cyanocobalamin, oral, diag 1uci	No prior authorization required		
A9560	Technetium tc-99m labeled rbc, diag 30 mci	No prior authorization required		
A9561	Technetium tc-99m oxidronate, diag 30 mci	No prior authorization required		

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A9562	Technetium tc-99m mertiatide, diag 15 mci	No prior authorization required		
A9563	Na phosphate P-32, therapeutic per mci	No prior authorization required		
A9564	Chromic phosphate P-32 therapeutic per mci	No prior authorization required		
A9566	Technetium tc-99m fanolesomab diag 25 mci	No prior authorization required		
A9567	Technetium TC-99M, diag, aerosol 75 mci	No prior authorization required		
A9568	Technetium tc-99m arcitumomab, diagnostic	No prior authorization required		
A9569	Technetium TC-99M autologous WBC per dose	No prior authorization required		
A9570	Indium in-111 autologous WBC per dose	No prior authorization required		
A9571	Indium IN-111 autologous platelet per dose	No prior authorization required		
A9572	Indium in-111 pentetreotide per dose up to 6 mil	No prior authorization required		
A9573	Injection, gadopiclenol, 1 ml	No prior authorization required		
A9575	Injection gadoterate meglumi 0.1ML	No prior authorization required		
A9576	Injection prohance multipack per ml	No prior authorization required		
A9577	Injection multihance per ml	No prior authorization required		
A9578	Injection multihance multipack per ml	No prior authorization required		
A9579	Gadolinium-base MR contrast nos,1ml	No prior authorization required		
A9580	Sodium fluoride F-18, diagnostic	No prior authorization required		
A9581	Gadoxetate disodium injection, 1 ml	No prior authorization required		
A9582	Iodine I-123 iobenguane, dx, per ds, up to 15 mc	No prior authorization required		
A9583	Gadofosveset trisodium injection, 1 ml	No prior authorization required		
A9584	Iodine I-123 ioflupane, dx, per ds, up to 5 mc	No prior authorization required		
A9585	Gadobutrol injection, 0.1 ml	No prior authorization required		
A9586	Florbetapir F18, dx, per dose, up to 10 mc	No prior authorization required		
A9587	Gallium ga-68, dotatate, diag, 0.1 millicurie	No prior authorization required		
A9588	Fluciclovine F-18, diag, 1 millicurie	No prior authorization required		
A9589	Insti hexaminolevulinate hcl, 100 mg	No prior authorization required		
A9590	Iodine i-131, iobenguane, 1 millicurie	No prior authorization required		
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie	No prior authorization required		
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	No prior authorization required		
A9593	Gallium ga-68 psma-11 ucsf, 1 millicurie	No prior authorization required		

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A9594	Gallium ga-68 psma-11, ucla, 1 millicurie	No prior authorization required		
A9595	Piflufolastat f-18, diagnostic, 1 millicurie	No prior authorization required		
A9596	Gallium illuccix 1 millicure	No prior authorization required		
A9597	Pet, dx, for tumor id, not otherwise classified	No prior authorization required		
A9598	Pet dx for non-tumor id, not otherwise class	No prior authorization required		
A9600	Strontium-89 chloride, per mci	No prior authorization required		
A9601	Flortaucipir inj 1 millicuri	No prior authorization required		
A9602	Fluorodopa f-18, diagnostic, per millicurie	No prior authorization required		
A9603	Injection, pafolacianine, 0.1 mg	No prior authorization required		
A9604	Sm-153 lexidronam, ther, per dose, up to 150 mc	No prior authorization required		
A9606	Radium ra223 dichloride ther	No prior authorization required		
A9607	Lutetium lu 177 vipivotide, 1 mci	No prior authorization required		
A9608	Flotufolastat f 18, diagnostic, 1 millicurie	No prior authorization required		
A9609	Fludeoxyglucose f18 up to 15 millicuries	No prior authorization required		
A9610	Xe129 xenon, diagnostic, per study dose	No prior authorization required		
A9611	Flurpiridaz f 18, diagnostic, 1 millicurie	No prior authorization required		
A9612	INJ, FLUORESCEIN, 1 MG	No prior authorization required		
A9615	Injection, pegulicianine, 1 mg	No prior authorization required		
A9616	GALLIUM GOZELLIX 1 MILLICURI	No prior authorization required		
A9697	Inj, magtrace per study dose	No prior authorization required		
A9698	Non-radactive contrast imaging material NOC	No prior authorization required		
A9699	RADIOPHARM RX AGENT NOC	No prior authorization required		
A9700	Echocardiography contrast, per study	No prior authorization required		
A9800	Gallium ga-68 locametz 1 millicurie	No prior authorization required		
A9900	DME supply/accessory/service, miscellaneous	No prior authorization required		
A9901	Delivery/set up/dispensing DME	No prior authorization required		
A9999	Miscellaneous DME supply or accessory, nos	No prior authorization required		
B4034	Enteral feeding supply kit; syringe, per day	No prior authorization required		
B4035	Enteral feeding supply kit; pump, per day	No prior authorization required		
B4036	Enteral feeding supply kit; gravity, per day	No prior authorization required		

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B4081	Enteral nasogastric tubing w/stylet	No prior authorization required		
B4082	Enteral nasogastric tubing w/o stylet	No prior authorization required		
B4083	Enteral stomach tube levine type	No prior authorization required		
B4087	Gastro/jejuno tube, standard, any type, each	No prior authorization required		
B4088	Gastro/jejuno tube, low-profile, any type, each	No prior authorization required		
B4100	Food thickeneradministered oral, per oz	Yes, prior authorization required		
B4102	EF adult, replace fluids and electrolytes	Yes, prior authorization required		
B4103	EF pediatrics replace fluids and electrolytes	Yes, prior authorization required		
B4104	Additive for enteral formula	Yes, prior authorization required		
B4105	ENZYME CARTRIDGE ENTERAL NUT, EACH	Yes, prior authorization required		
B4148	ENTERAL FEEDING SUPPLY KIT;	Yes, prior authorization required		
B4149	EF blenderized foods with intact nutrients	Yes, prior authorization required		
B4150	EF nutritionally comp with intact nutrients	Yes, prior authorization required		
B4152	EF nutritionally complete caloricaly dense	Yes, prior authorization required		
B4153	EF nutritionally complete hydrolysed protiens	Yes, prior authorization required		
B4154	EF special metabolic needs w/o inherit diseas	Yes, prior authorization required		
B4155	EF nutritionally incomp/modular nutrient	Yes, prior authorization required		
B4157	EF special metabolic needs, inherited disease	Yes, prior authorization required		
B4158	EF ped nutritionally complete intact nutrient	Yes, prior authorization required		
B4159	EF ped nutritionally complete soy based	Yes, prior authorization required		
B4160	EF ped calorically dense>/=0.7kc	Yes, prior authorization required		
B4161	EF ped hydrolyzed/amino acid	Yes, prior authorization required		
B4162	EF ped special metabolic inherit diseases	Yes, prior authorization required		
B4164	Parenteral 50% dextrose solution, 500 ml= 1un	Yes, prior authorization required		
B4168	Parenteral sol amino acid 3.5%, 500 ml=1 unit	Yes, prior authorization required		
B4172	Parenteral sol amino acid 5.5%, 500 ml=1 unit	Yes, prior authorization required		
B4176	Parenteral sol amino acid 7-8.5%, 500 ml= 1un	Yes, prior authorization required		
B4178	Parenteral sol amino acid > 8.5%, 500 ml= 1un	Yes, prior authorization required		
B4180	Parenteral solution carb >50%, 500 ml=1 unit	Yes, prior authorization required		
B4185	Parenteral nutrition solution 10 gm lipids	Yes, prior authorization required		

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B4187	OMEGAVEN, 10 GRAMS LIPIDS	Yes, prior authorization required		
B4189	Parenteral solu amino acid &, 10-51 grams prt	Yes, prior authorization required		
B4193	Parenteral solution 52-73 gm protein premix	Yes, prior authorization required		
B4197	Parenteral solution 74-100 gm protein premix	Yes, prior authorization required		
B4199	Parenteral solution >100 gm protein premix	Yes, prior authorization required		
B4216	Parenteral nutrition additive homemix,per day	Yes, prior authorization required		
B4220	Parenteral nutritn supply kit premix, per day	Yes, prior authorization required		
B4222	Parenteral nutritn supply kit homemix,per day	Yes, prior authorization required		
B4224	Parenteral nutritn administration kit,per day	Yes, prior authorization required		
B5000	Parenteral solution renal-amiro syn premix	Yes, prior authorization required		
B5100	Parenteral sol hepatic-freamine HBC premix	Yes, prior authorization required		
B5200	Parenteral sol stress-branch chn amino premix	Yes, prior authorization required		
B9002	ENTERAL NUTRITION INFUSION PUMP WITH ALARM	No prior authorization required		
B9004	Parenteral nutrition infusion pump portable	No prior authorization required		
B9006	Parenteral nutrition infusion pump stationary	No prior authorization required		
B9998	Enteral supplies NOC	No prior authorization required		
B9999	Parenteral supplies NOC	No prior authorization required		
C1052	HEMOSTATIC AGENT, GI, TOPIC	No prior authorization required		
C1062	Intravertebral fx aug impl	Yes, prior authorization required		
C1607	NEUROSTIM INTEG RECHG	Yes, prior authorization required		
C1608	PROSTHESIS, DUAL MOB CMC1	Yes, prior authorization required		
C1609	VERT DEV MOTION-PRESERV	No prior authorization required		
C1713	ANCHOR/SCREW BN/BN,TIS/BN	No prior authorization required		
C1715	BRACHYTHERAPY NEEDLE	No prior authorization required		
C1716	BRACHYTX SOURCE,GOLD 198	No prior authorization required		
C1717	BRACHYTX SOURCE, HDR IR-	No prior authorization required		
C1719	BRACHYTX SOUR,NON-HDR IR	No prior authorization required		
C1722	CARDIOVERTER-DEFIBRILLATOR,, SINGLE CHAMBER	Yes, prior authorization required		
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER	No prior authorization required		
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	No prior authorization required		

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C1728	CATH, BRACHYTX SEED ADM	Yes, prior authorization required		
C1729	CATHETER, DRAINAGE	No prior authorization required		
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	No prior authorization required		
C1735	CATHETER(S) RENAL DENERV RADIOFREQ	No prior authorization required		
C1736	CATHETER(S) RENAL DENERV ULTRASND	No prior authorization required		
C1737	SI&PELVIS FUSN&FIXN DEV, INCL ALL SYS COMP	No prior authorization required		
C1738	POWER SINGLE-USE ENDO US-GUID BX DEV	No prior authorization required		
C1739	TISSUE MARKER, DETECTABLE IMPL	No prior authorization required		
C1740	LT VENT PACING SYST, SEQUEN	No prior authorization required		
C1741	ANCHOR/SCREW BONE ABSORB	No prior authorization required		
C1742	PRESSURE SENS SYST, CONT IM	No prior authorization required		
C1743	SCAFLD ENDOVAS RESRB DRG ELU	No prior authorization required		
C1747	ENDO, SINGLE, URINARY TRACT	Yes, prior authorization required		
C1751	CATHETER, INFUSION, INSERTED PER/CENT/MIDLINE	No prior authorization required		
C1755	CATHETER, INTRASPINAL	Yes, prior authorization required		
C1760	CLOSURE DEVICE, VASCULAR IMPLNTABLE/INSRTABLE	No prior authorization required		
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Yes, prior authorization required		
C1762	CONNECTIVE TISSUE, HUMAN (INCLUD FASCIA LATA)	No prior authorization required		
C1763	CONNECTIVE TISSUE, NON-HUMAN (INC SYNTHETIC)	Yes, prior authorization required		
C1764	EVENT RECORDER, CARDIAC	Yes, prior authorization required		
C1767	GENERATOR, NEURO NON-REC	Yes, prior authorization required		
C1768	GRAFT, VASCULAR	No prior authorization required		
C1769	GUIDEWIRE	No prior authorization required		
C1770	MAGING COIL, MAGNETIC RESONANCE, INSERTABLE	Yes, prior authorization required		
C1771	REPAIR DEVICE, URINARY INCONT, W/SLING GRAFT	No prior authorization required		
C1772	INFUSION PUMP, PROGRAMMA	Yes, prior authorization required		
C1776	JOINT DEVICE (IMPLANTABLE)	Yes, prior authorization required		
C1778	LEAD, NEUROSTIMULATOR	Yes, prior authorization required		
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	No prior authorization required		
C1781	MESH (IMPLANTABLE)	No prior authorization required		

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C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEV	No prior authorization required		
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE	No prior authorization required		
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE	No prior authorization required		
C1787	PATIENT PROGR, NEUROSTIM	Yes, prior authorization required		
C1788	PORT, INDWELLING, IMPLANTABLE	No prior authorization required		
C1813	PROSTHESIS, PENILE, INFLATABLE	Yes, prior authorization required		
C1816	RECEIVER/TRANSMITTER, NE	Yes, prior authorization required		
C1818	INTEGRATED KERATOPROSTHESIS	Yes, prior authorization required		
C1820	GENERATOR NEURO RECHG BA	No prior authorization required		
C1821	INTERSPINOUS IMPLANT	Yes, prior authorization required		
C1822	GEN, NEURO, HF, RECHG BAT	Yes, prior authorization required		
C1824	GENERATOR, CCM, IMPLANT	Yes, prior authorization required		
C1825	Gen, neuro, carot sinus baro	Yes, prior authorization required		
C1830	POWERED BONE MARROW BIOPSY NEEDLE	No prior authorization required		
C1839	IRIS PROSTHESIS	Yes, prior authorization required		
C1876	STENT, NON-COATED/NON-COVERED W/DELIVERY SYST	No prior authorization required		
C1883	ADAP/EXT/PAC/NEURO LEAD	Yes, prior authorization required		
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	No prior authorization required		
C1886	CATHETER, EXTRAVASC TISSUE ABLATION, ANY MODE	No prior authorization required		
C1887	CATHETER, GUIDING (MAY INCLUD INFUSE/PERFUSE)	No prior authorization required		
C1888	ENDOVASCULAR NON-CARDIAC ABLATION CATHETER	No prior authorization required		
C1889	IMPLANT/INSERT DEVICE, NOC	Yes, prior authorization required		
C1892	INTRO/SHEATH, INTRACARD FIXED-CURVE, PEELAWAY	No prior authorization required		
C1893	INTRO/SHEATH, INTRACARD FIXED-CURVE, NON-PEEL	Yes, prior authorization required		
C1894	INTRO/SHEATH, NONGUIDE, INTRA CARDNON-LASER	Yes, prior authorization required		
C1895	LEAD, CARDIOVERTER-DEFIBRILL, ENDO DUAL COIL	Yes, prior authorization required		
C1896	LEAD, CARDIOVERTER-DEFIBRILL, NONSING OR DUAL	Yes, prior authorization required		
C1897	LEAD, NEUROSTIM TEST KIT	Yes, prior authorization required		
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVEN VDD SNG	Yes, prior authorization required		
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILL COMBO	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	Yes, prior authorization required		
C1982	CATH, PRESSURE,VALVE-OCCLUSIVE	Yes, prior authorization required		
C2596	PROBE, IMAGE-GUIDED, ROBOTIC, WATERJET ABLATION	Yes, prior authorization required		
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYS	Yes, prior authorization required		
C2614	PROBE, PERC LUMB DISC	Yes, prior authorization required		
C2615	SEALANT, PULMONARY, LIQUID	Yes, prior authorization required		
C2616	BRACHYTHERAPY, NON-STRANDED,YTTRIUM-90 PER SOURC	Yes, prior authorization required		
C2617	STENT, NON-CORONARY, TEMP W/O DELIVERY SYSTEM	Yes, prior authorization required		
C2618	PROBE, CRYOABLATION	Yes, prior authorization required		
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE	Yes, prior authorization required		
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSVE	Yes, prior authorization required		
C2621	PACEMAKER, OTHER THAN SING/DUAL CHAMBER	Yes, prior authorization required		
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	Yes, prior authorization required		
C2623	CATH, TRANSLUMIN, DRUG-COAT	Yes, prior authorization required		
C2624	WIRELESS PRESSURE SENSOR	Yes, prior authorization required		
C2625	STENT, NON-CORONARY, TEMP W/DELIVERY SYSTEM	Yes, prior authorization required		
C2626	INFUSION PUMP, NON-PROGRAMABLE, TEMPORARY	Yes, prior authorization required		
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	Yes, prior authorization required		
C2628	CATHETER, OCCLUSION	Yes, prior authorization required		
C2629	INTRODUC/SHEATH, NONGUIDE,INTRACARD EP, LASER	Yes, prior authorization required		
C2630	CATHETER, EP DIAG/ABLATION,NON3D/VEC,COOL-TIP	Yes, prior authorization required		
C2631	REPAIR DEVICE, URINARY INCONTIN, W/O SLING GR	No prior authorization required		
C2634	BRACHYTX SOURCE, HA, I-1	No prior authorization required		
C2635	BRACHYTX SOURCE, HA, P-1	No prior authorization required		
C2636	BRACHYTX LIN SRCE P-103	No prior authorization required		
C2637	BRACHYTX, YTTERBIUM-169	No prior authorization required		
C2638	BRACHYTX STRANDED I-125	No prior authorization required		
C2639	BRACHYTX NON-STRANDED I-	No prior authorization required		
C2640	BRACHYTX STRANDED P-103	No prior authorization required		
C2641	BRACHYTX NON-STRANDED P-	No prior authorization required		

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C2642	BRACHYTX STRANDED C-131	No prior authorization required		
C2643	BRACHYTX NON-STRANDED C-	No prior authorization required		
C2644	BRACHYTX CESIUM-131 CHLORIDE	No prior authorization required		
C2645	BRACHYTX PLANAR, P-103	No prior authorization required		
C2698	BRACHYTX STRANDED NOS	Yes, prior authorization required		
C2699	BRACHYTX NON-STRANDED NO	Yes, prior authorization required		
C5271	LOW COST SKIN SUBSTITUTE APP	Yes, prior authorization required		termed 12/31/2025
C5272	LOW COST SKIN SUBSTITUTE APP ADDITIONAL	Yes, prior authorization required		termed 12/31/2025
C5273	LOW COST SKIN SUBSTITUTE APP	Yes, prior authorization required		termed 12/31/2025
C5274	LOW COST SKIN SUBSTITUTE APP ADDITIONAL	Yes, prior authorization required		termed 12/31/2025
C5275	LOW COST SKIN SUBSTITUTE APP	Yes, prior authorization required		termed 12/31/2025
C5276	LOW COST SKIN SUBSTITUTE APP ADDITIONAL	Yes, prior authorization required		termed 12/31/2025
C5277	LOW COST SKIN SUBSTITUTE APPLICATION	Yes, prior authorization required		termed 12/31/2025
C5278	LOW COST SKIN SUBSTITUTE APP ADDITIONAL	Yes, prior authorization required		termed 12/31/2025
C7500	DEB BONE 20 CM2 W/DRUG DEV	Yes, prior authorization required		
C7501	PERC BX BREAST LESIONS STERO	Yes, prior authorization required		
C7502	PERC BX BREAST LESIONS MR	Yes, prior authorization required		
C7503	OPEN EXC CERV NODE(S) W/ ID	Yes, prior authorization required		
C7504	Perq cvt&ls inj vert bodies	No prior authorization required		
C7505	Perq ls&cvt inj vert bodies	No prior authorization required		
C7506	FUSION OF FINGER JOINTS	Yes, prior authorization required		
C7507	Perq thor&lumb vert aug	No prior authorization required		
C7508	Perq lumb&thor vert aug	No prior authorization required		

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C7509	DX BRONCH W/ NAVIGATION	Yes, prior authorization required		
C7510	BRONCH/LAVAG W/ NAVIGATION	Yes, prior authorization required		
C7511	BRONCH/BPSY(S) W/ NAVIGATION	Yes, prior authorization required		
C7512	BRONCH/BPSY(S) W/ EBUS	Yes, prior authorization required		
C7513	CATH/ANGIO DIALCIR W/APLASTY	No prior authorization required		
C7514	CATH/ANGIO DIAL CIR W/STENTS	No prior authorization required		
C7515	CATH/ANGIO DIAL CIR W/EMBOL	Yes, prior authorization required		
C7516	Cor angio w/ ivus or oct	Yes, prior authorization required		
C7517	Cor angio w/ilic/fem angio	Yes, prior authorization required		
C7518	Cor/gft angio w/ ivus or oct	Yes, prior authorization required		
C7519	Cor/gft angio w/ flow resrv	Yes, prior authorization required		
C7520	Cor/gft angio w/ilic/fem ang	Yes, prior authorization required		
C7521	R hrt angio w/ ivus or oct	Yes, prior authorization required		
C7522	R hrt angio w/flow resrv	Yes, prior authorization required		
C7523	L hrt angio w/ ivus or oct	Yes, prior authorization required		
C7524	L hrt angio w/flow resrv	Yes, prior authorization required		
C7525	L hrt gft ang w/ ivus or oct	Yes, prior authorization required		
C7526	L hrt gft ang w/flow resrv	Yes, prior authorization required		
C7527	R&l hrt angio w/ ivus or oct	Yes, prior authorization required		
C7528	R&l hrt angio w/flow resrv	Yes, prior authorization required		
C7529	R&l hrt gft ang w/flow resrv	Yes, prior authorization required		
C7530	CATH/APLASTY DIAL CIR W/STNT	Yes, prior authorization required		
C7531	ANGIO FEM/POP W/ US	Yes, prior authorization required		
C7532	ANGIO W/ US NON-CORONARY	Yes, prior authorization required		
C7533	PTCA W/ PLCMT BRACHYTX DEV	Yes, prior authorization required		
C7534	FEM/POP REVASC W/ARTHR & US	Yes, prior authorization required		
C7535	FEM/POP REVASC W/STENT & US	Yes, prior authorization required		
C7537	INSRT ATRIL PM W/L VENT LEAD	Yes, prior authorization required		
C7538	INSRT VENT PM W/L VENT LEAD	Yes, prior authorization required		
C7539	INSRT A & V PM W/L VENT LEAD	Yes, prior authorization required		

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C7540	RMV&RPLC PM DUL W/L VNT LEAD	Yes, prior authorization required		
C7541	ERCP W/ PANCREATOSCOPY	Yes, prior authorization required		
C7542	ERCP W/BX & PANCREATOSCOPY	Yes, prior authorization required		
C7543	ERCP W/OTOMY, PANCREATOSCOPY	Yes, prior authorization required		
C7544	ERCP RMV CALC PANCREATOSCOPY	Yes, prior authorization required		
C7545	EXCH BIL CATH W/ RMV CALCULI	Yes, prior authorization required		
C7546	REP NPH/URT CATH W/DIL STRIC	Yes, prior authorization required		
C7547	CNVRT NEPH CATH W/ DIL STRIC	Yes, prior authorization required		
C7548	EXCH NEPH CATH W/ DIL STRIC	Yes, prior authorization required		
C7549	CHGE URTR STENT W/ DIL STRIC	Yes, prior authorization required		
C7550	CYSTO W/ BX(S) W/ BLUE LIGHT	Yes, prior authorization required		
C7551	EXC NEUROMA W/ IMPLNT NV END	Yes, prior authorization required		
C7552	R hrt art/grft ang hrt flow	Yes, prior authorization required		
C7553	R&i hrt art/vent ang drg ad	Yes, prior authorization required		
C7554	CYSTURETH BLU LI CYST FL IMG	Yes, prior authorization required		
C7555	RMVL THYRD W/AUTOTRAN PARATH	Yes, prior authorization required		
C7556	BRONCHOSCOPY, LAVAGE W/EBUS	Yes, prior authorization required		
C7557	CATH PLACEMENT COR ANGIO/VENT W/FFR	Yes, prior authorization required		
C7560	ERCP REMOVE FORGN BODY & ENDOSCOPIC CANNULATION	Yes, prior authorization required		
C7562	R&L HRT ANGIO W/FFR & 3D MAPPING	No prior authorization required		
C7563	TRLUML BALLO ANGIOP ALL ARTERIES	No prior authorization required		
C7564	VEIN MECH THROM W/INTRVAS ULTRASOUND	No prior authorization required		
C7565	RPR AA HRN < 3 RDC W/ REMOVAL	No prior authorization required		
C7566	FUSE FINGER JOINTS W/GRAFTS	No prior authorization required		
C7567	BRONCH/NEEDLE BX(S) W/ NAV	No prior authorization required		
C7568	COR ANGIO W/FLOW RESRV	No prior authorization required		
C7569	PTCA W/ IVUS OR OCT	No prior authorization required		
C7570	COR ANGIO W/FFR & 3D MAP	No prior authorization required		
C7571	PCTA W/ COR LITHOTRIP	No prior authorization required		
C7900	HOPD MNTL HLT, 15-29 MINUTES	Yes, prior authorization required		

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C7901	HOPD MNTL HLT, 30-60 MINUTES	Yes, prior authorization required		
C7902	HOPD MNTL HLT, EA ADDL 15 MINUTES	Yes, prior authorization required		
C7903	HOPD MNTL HLT, GROUP	Yes, prior authorization required		
C8001	3D ANAT SEG IMAGING PREOP PLANNING	Yes, prior authorization required		
C8002	Prep skin cell susp, automtd	No prior authorization required		
C8003	Imp extar knee shck absrb	Yes, prior authorization required		
C8004	SIM ANG W/PRS CATH RAD EMB	Yes, prior authorization required		
C8005	PEF BRONCH ABLT 3D NAV EBUS	Yes, prior authorization required		
C8006	INST PLEU-PERIT SHNT W PUMP	No prior authorization required		
C8007	OPN MPLNT HPGLS NS ARY PS GN	No prior authorization required		
C8008	RV/RPL HPGLS NS INC CNT PG	No prior authorization required		
C8009	RMV HPGLS NS ARY AND PG	No prior authorization required		
C8010	PC PLM PM C CTD EMB PRTC	No prior authorization required		
C8011	OPN MPLNT HPGLS NS ARY REC	No prior authorization required		
C8012	RV/RPL HPGLS NS ARY REC	No prior authorization required		
C8013	RMV HPLS NS ARY REC	No prior authorization required		
C8014	CYSTO, LITHO, W SUCT SHEATH	No prior authorization required		
C8900	MRA W/ CONTRAST ABDOMEN	No prior authorization required		
C8901	MRA W/O CONTRAST ABDOMEN	No prior authorization required		
C8902	MRA W/O-W CONTRST ABD	No prior authorization required		
C8903	MRI W/ CONTRAST BRST UNI	No prior authorization required		
C8905	MRI W/O-W CONT BRST UNI	No prior authorization required		
C8906	MRI W/ CONTRAST BRST BIL	No prior authorization required		
C8908	MRI W/O-W CONT BRST BIL	No prior authorization required		
C8909	MRI W/ CONTRAST CHEST	No prior authorization required		
C8910	MRA W/O CONTRAST CHEST	No prior authorization required		
C8911	MRA W/O-W CONTRAST CHEST	No prior authorization required		
C8912	MRA W/ CONTRAST LWR EXTR	No prior authorization required		
C8913	MRA W/O CONTRAST LWR EXT	No prior authorization required		
C8914	MRA W/O-W CONTR LWR EXT	No prior authorization required		

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C8918	MRA W/CONT, PELVIS	No prior authorization required		
C8919	MRA W/O CONT, PELVIS	No prior authorization required		
C8920	MRA W/O FOL W/CONT, PELV	No prior authorization required		
C8921	TTE W OR W/O FOL W/CONTRAST, COMPLETE	Yes, prior authorization required		
C8922	TTE W OR W/O FOL W/CONT, FOLLOW-UP	No prior authorization required		
C8923	2D TTE W OR W/O FOL W/CONTRAST,COMPLETE	No prior authorization required		
C8924	2D TTE W OR W/O FOL W/CONTRAST, FOLLOW-UP	Yes, prior authorization required		
C8925	2D TEE W OR W/O FOL W/CONTRAST, INTERPRETATION	Yes, prior authorization required		
C8926	TEE W OR W/O FOL W/CONTRAST, CONGENITAL	No prior authorization required		
C8927	TEE W OR W/O FOL W/CONTRAST, MONITORING	No prior authorization required		
C8928	TTE W OR W/O FOL W/CONTRAST, STRESS	Yes, prior authorization required		
C8929	TTE W OR W/O FOL W/CONTRAST, DOPPLER	Yes, prior authorization required		
C8930	TTE W OR W/O CONTRAST, CONTINUOUS ECG	Yes, prior authorization required		
C8931	MRA W/DYE, SPINAL CANAL	No prior authorization required		
C8932	MRA W/O DYE, SPINAL CANA	No prior authorization required		
C8933	MRA W/O&W/DYE SPINAL CAN	No prior authorization required		
C8934	MRA W/DYE, UPPER EXTREMI	No prior authorization required		
C8935	MRA W/O DYE, UPPER EXTRE	No prior authorization required		
C8936	MRA W/O&W/DYE, UPPER EXT	No prior authorization required		
C8937	CAD BREAST MRI	Yes, prior authorization required		
C8957	PROLONGED IV INFUSION, REQUIRING PORTABLE PUMP	No prior authorization required		
C9046	COCAINE HCL NASAL SOLUTION, 1 MG	Refer to Pharmacy Benefit Management		
C9047	INJECTION, CAPLACIZUMAB-YHDP	Refer to Pharmacy Benefit Management		
C9067	GALLIUM GA-68 DOTATOC 0.01 MCI	Refer to Pharmacy Benefit Management		
C9089	BUPIVACAINE, COLLAGEN-MATRIX IMPLANT, 1 MG	Refer to Pharmacy Benefit Management		termed 12/31/2025
C9101	INJECTION, OLICERIDINE, 0.1 MG	Refer to Pharmacy Benefit Management		

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C9143	COCAINE HCL NASAL (NUMBRINO), 1 MG	Refer to Pharmacy Benefit Management		
C9144	INJECTION, BUPIVACAINE (POSIMIR), 1 MG	Refer to Pharmacy Benefit Management		
C9145	INJECTION, APREPITANT, (APONVIE), 1 MG	Refer to Pharmacy Benefit Management		
C9176	DOM NONHEU TC99M ADD-ON/DOSE	Refer to Pharmacy Benefit Management		
C9250	ARTISS HUMAN PLASMA FIBRIN SEALANT, 2ML	Refer to Pharmacy Benefit Management		
C9254	INJECTION, LACOSAMIDE, 1 MG	Refer to Pharmacy Benefit Management		
C9257	BEVACIZUMAB INJECTION, 0.25 MG	Refer to Pharmacy Benefit Management		
C9285	PATCH, LIDOCAINE/TETRACAINE, 70 MG/70MG	Refer to Pharmacy Benefit Management		
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	Refer to Pharmacy Benefit Management		
C9305	INJ, NIPOCALIMAB-AAHU, 3 MG	Yes, prior authorization required		termed 12/31/2025
C9306	TELISOTUZUMAB VEDOTIN-TLLV	Yes, prior authorization required		termed 12/31/2025
C9307	INJ LINVOSELTAMAB-GCPT 1 MG	Refer to Pharmacy Benefit Management		
C9308	INJ, CARBOPLATIN (AVYXA)	Refer to Pharmacy Benefit Management		
C9309	INJ ONASE ABEPAR-BRVE TREAT	Refer to Pharmacy Benefit Management		
C9310	INJ, LEUCOVORIN CAL (AVYXA)	Refer to Pharmacy Benefit Management		
C9352	NEURAGEN NERVE GUIDE, PE	Yes, prior authorization required		
C9353	NEURAWRAP NERVE PROTECTO	Yes, prior authorization required		

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C9354	VERITAS COLLAGEN MATRIX NON-HUMAN ORIGIN, CM2	Yes, prior authorization required		
C9355	NEUROMATRIX NERVE CUFF, PER 0.5 CM	Yes, prior authorization required		
C9356	TENOGLIDE TENDON PROT, PER SQ. CM	Yes, prior authorization required		
C9358	SURGIMEND, FETAL	Yes, prior authorization required		
C9359	IMPLANT, BONE VOID FILLER-PUTTY, PER 0.5 CC	Yes, prior authorization required		
C9360	SURGIMEND, NEONATAL	Yes, prior authorization required		
C9361	NEUROMEND NERVE WRAP, PER 0.5 CM LENGTH	Yes, prior authorization required		
C9362	IMPLANT, BONE VOID FILLER-STRIP, PER 0.5 CC	Yes, prior authorization required		
C9363	INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ. CM	Yes, prior authorization required		
C9364	PORCINE IMPLANT, PERMACO	Yes, prior authorization required		
C9399	UNCLASS DRUGS/BIOLOGICAL	Yes, prior authorization required		
C9460	INJECTION, CANGRELOR, 1 MG	Refer to Pharmacy Benefit Management		
C9462	INJECTION, DELAFLOXACIN, 1 MG	Refer to Pharmacy Benefit Management		
C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1 MG	Refer to Pharmacy Benefit Management		
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	Refer to Pharmacy Benefit Management		
C9507	COVID-19 CONVALESCENT PLASMA, EACH UNIT	Refer to Pharmacy Benefit Management		
C9600	PERC DRUG-ELUT COR STENT, SINGLE COR ART/BRANCH	Yes, prior authorization required		
C9601	PERC DRUG-ELUT COR STENT, ADDTL COR ART/BRANCH	Yes, prior authorization required		
C9602	PERC DRUG-ELUT COR STENT, ATHERECTOMY, SINGLE	No prior authorization required		
C9603	PERC DRUG-ELUT COR STENT, ATHERECTOMY, ADDTL	No prior authorization required		
C9604	PERC DRUG-ELUT COR STENT, REVASC CABG, SINGLE	Yes, prior authorization required		
C9605	PERC DRUG-ELUT COR STENT, REVASC CABG, SINGLE	No prior authorization required		
C9606	PERC DRUG-ELUT COR STENT, REVASC W AMI, SINGLE	No prior authorization required		
C9607	PERC DRUG-ELUT COR STENT, CHRONIC OCCLUS, SINGLE	No prior authorization required		
C9608	PERC DRUG-ELUT COR STENT, CHRONIC OCCLUS, ADDTL	No prior authorization required		
C9610	CATHETER CORONARY DRUG-DELIVERY	Yes, prior authorization required		

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C9725	PLACE ENDORECTAL APP	Yes, prior authorization required		
C9726	RXT BREAST APPL PLACE/RE	Yes, prior authorization required		
C9727	INSERT PALATE IMPLANTS	Yes, prior authorization required		
C9728	PLACE DEVICE/MARKER NON-	Yes, prior authorization required		
C9733	NON-OPHTHALMIC FLOURESCENT VASCULAR ANGIOGRAPHY	Yes, prior authorization required		
C9734	U/S TRTMT, NOT LEIOMYOMA	Yes, prior authorization required		
C9738	BLUE LIGHT CYSTO IMAG AGENT LIST SEP	Yes, prior authorization required		
C9739	CYSTOSCOPY PROSTATIC IMPLANT 1-3 IMPLANTS	No prior authorization required		
C9740	CYSTOSCOPY PROSTATIC IMPLANT 4 OR MORE IMPLANTS	Yes, prior authorization required		
C9751	MICROWAVE BRONCH, 3D, EBUS	Yes, prior authorization required		termed 12/31/2025
C9756	FLUORESCENCE LYMPH MAP W/ICG (LIST SEPARATELY)	Yes, prior authorization required		
C9757	SPINE/LUMBAR DISK SURGERY 1 INTERSPACE, LUMBAR	Yes, prior authorization required		
C9758	BLIND INTERATRIAL SHUNT IDE	Yes, prior authorization required		
C9759	TRANSCATH INTRAOP MICROINFUSION(S)	Yes, prior authorization required		
C9760	NON-BLIND INTERATRIAL SHUNT	Yes, prior authorization required		
C9761	CYSTO, LITHO, VACUUM KIDNEY COLL SYS URETHRA	Yes, prior authorization required		
C9762	Cardiac mri seg dys strain	No prior authorization required		
C9763	Cardiac mri seg dys stress	No prior authorization required		
C9764	Revasc intravasc lithotripsy	Yes, prior authorization required		
C9765	REVASC INTRA LITHOTRIP-STENT WHEN PERFORMED	Yes, prior authorization required		
C9766	REVASC INTRA LITHOTRIP-ATHER WHEN PERFORMED	Yes, prior authorization required		
C9767	Revasc lithotrip-stent-ather	Yes, prior authorization required		
C9768	ENDO US-GUIDE HEP PORTO GRAD BY ANY METH	Yes, prior authorization required		
C9772	Revasc lithotrip tibi/perone	Yes, prior authorization required		
C9773	REVASC LITHOTR-STENT TIB/PERONEAL ARTERY	Yes, prior authorization required		
C9774	REVASC LITHOTR-ATHER TIB/PERONEAL ARTERY	Yes, prior authorization required		
C9775	REVASC LITH-STEN-ATH TIB/PERONRAL ARTERY	Yes, prior authorization required		
C9776	FLUORESCENCE BILE DUCT IMAGING W/ICG	Yes, prior authorization required		
C9777	ESOPHAG MUC INTEG W/ESO EGD	Yes, prior authorization required		

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C9778	COLPOPEXY, MIN/INV, EX-PERITONEAL	Yes, prior authorization required		
C9779	ESD ENDOSCOPY OR COLONOSCOPY MUCOSAL CLOSURE	Yes, prior authorization required		
C9780	INSERT CV CATH INF & SUP APP INCLD IMAGING GUID	Yes, prior authorization required		
C9781	Arthro/shoul surg; w/spacer	Yes, prior authorization required		
C9782	BLINDED MYOCAR TRPL BONE MARROW	Yes, prior authorization required		
C9783	BLINDED COR SINUS REDUCER IMPL	Yes, prior authorization required		
C9784	ENDO SLEEVE GASTRO W/TUBE ALL SYSTEM AND TISSUE	Yes, prior authorization required		termed 12/31/2025
C9785	ENDO OUTLET RESTRICT W/TUBE TISSUE ANCHORING	Yes, prior authorization required		
C9789	INSTILL PHARM RENAL PELVIS, ANY METHOD	Yes, prior authorization required		
C9791	MRI HYPERPOLARIZED XENON-129	No prior authorization required		
C9792	BLIND/NONBLIND TRANS ATRIAL	Yes, prior authorization required		
C9793	Pre-plan 3d model w/ccta	Yes, prior authorization required		
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])	No prior authorization required		
C9797	VASC EMB/OCC W/PRS CATH RAD SUP AND INTERP	No prior authorization required		
C9804	PUMP ELASTOMC NON-OPIOID DEVICE	Yes, prior authorization required		
C9806	PUMP PERIST NON-OPIOID DEVICE	Yes, prior authorization required		
C9807	Nerve stim non-opioid dev	No prior authorization required		
C9808	Cryo probe non-opioid dev	Yes, prior authorization required		
C9809	Cryo needle non-opioid dev	Yes, prior authorization required		
C9810	COLD THERAPY NON-OPIOID DEV	Yes, prior authorization required		
C9811	ELEC AMB PMP NONOPIOID DEV	Yes, prior authorization required		
C9812	ECHGNC NV NDLS NONOPIOID DEV	Yes, prior authorization required		
C9813	PRF INFS CTH NONOPIOID DEV	Yes, prior authorization required		
C9814	ECHOGNC CATHR NONOPIOID DEV	Yes, prior authorization required		
C9815	PERISTLC PMP NONOPIOID DEV	Yes, prior authorization required		
C9816	PMP PRS REUSBL NONOPIOID DEV	Yes, prior authorization required		
C9817	CRYPNM CMPRS NONOPIOID DEV	Yes, prior authorization required		

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C9818	SUZETRIGINE, ORL, 1MG	Refer to Pharmacy Benefit Management		
C9898	INPATIENT STAY RADIOLABELED ITEM	Yes, prior authorization required		
C9899	INPATIENT IMPLANT PROSTHETIC DEVICE, NO COVERAGE	Yes, prior authorization required		
D0120	PERIODIC ORAL EVALUATION	No prior authorization required		
D0140	LIMITED ORAL EVAL PROBLEM FOCUSED	No prior authorization required		
D0145	ORAL EVALUATION, PATIENT UNDER 3 YEARS OLD	No prior authorization required		
D0150	COMPREHENSVE ORAL EVALUATION, NEW/ESTABLISHED	No prior authorization required		
D0160	DETAILED/EXTENSV ORAL EVAL PROBLEM FOCUSED	No prior authorization required		
D0170	RE-EVAL, LIMITED, EST PATIENT,PROBLEM FOCUSED	No prior authorization required		
D0171	RE-EVL POST OP OFF VISIT	No prior authorization required		
D0180	COMPREHENSIVE PERIODONTAL EVALUATION, NEW/EST	No prior authorization required		
D0190	SCREENING OF A PATIENT	No prior authorization required		
D0191	ASSESSMENT OF A PATIENT	No prior authorization required		
D0210	INTRAORAL COMP RADIOGRAPHIC IMAGES	No prior authorization required		
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	No prior authorization required		
D0230	INTRAORAL PERIAPICAL EACH ADD RADIOGRAP IMAGE	No prior authorization required		
D0240	INTRAORAL OCCLUSAL RADIOGRAPHIC IMAGE	No prior authorization required		
D0250	EXTRAORAL 2D PROJECTION RADIOGRAPHIC IMAGE	No prior authorization required		
D0251	EXTRA-ORAL POST DENTAL RADIOGRAPHIC IMAGE	No prior authorization required		
D0270	BITEWING SINGLE RADIOGRAPHIC IMAGE	No prior authorization required		
D0272	BITEWINGS TWO RADIOGRAPHIC IMAGES	No prior authorization required		
D0273	BITEWINGS THREE RADIOGRAPHIC IMAGES	No prior authorization required		
D0274	BITEWINGS FOUR RADIOGRAPHIC IMAGES	No prior authorization required		
D0277	VERTICAL BITEWINGS 7 TO 8 RADIOGRAPHIC IMAGES	No prior authorization required		
D0310	DENTAL SALIOGRAPHY	No prior authorization required		
D0320	DENTAL TMJ ARTHROGRAM INCLUDING INJECTION	No prior authorization required		
D0321	DENTAL OTHER TMJ RADIOGRAPH IMAGES, BY REPORT	No prior authorization required		
D0322	DENTAL TOMOGRAPHIC SURVEY	No prior authorization required		
D0330	PANORAMIC RADIOGRAPHIC IMAGE	No prior authorization required		

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D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	No prior authorization required		
D0350	2D ORAL/FACIAL PHOTOGRAPH IMAGES, INTRA/EXTRAORA	No prior authorization required		
D0364	CONE BEAM CT, LIMIT VIEW, LESS THAN WHOLE JAW	No prior authorization required		
D0365	CONE BEAM CT, FULL DENTAL ARCH - MANDIBLE	No prior authorization required		
D0366	CONE BEAM CT, FULL DENTAL ARCH - MAXILLA	No prior authorization required		
D0367	CONE BEAM CT, BOTH JAWS WITH OR W/O CRANIUM	No prior authorization required		
D0368	CONE BEAM, TMJ SERIES, 2 OR MORE EXPOSURES	No prior authorization required		
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	No prior authorization required		
D0370	MAXILLOFACIAL U/S CAPTURE AND INTERPRETATION	No prior authorization required		
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	No prior authorization required		
D0372	INTRAORAL TOMOSYNTHESIS COMP RADIO IMAGES	No prior authorization required		
D0373	INTRAORAL TOMOSYNTHESIS BITEWING RADIO IMAGE	No prior authorization required		
D0374	INTRAORAL TOMOSYNTHESIS PERIAPICAL RADIO IMAGE	No prior authorization required		
D0380	CONE BEAM CT, LIMIT VIEW, LESS THAN WHOLE JAW	No prior authorization required		
D0381	CONE BEAM CT CAPTURE, FULL ARCH - MANDIBLE	No prior authorization required		
D0382	CONE BEAM CT IMAGE CAPTURE FULL ARCH - MAXILLA	No prior authorization required		
D0383	CONE BEAM CT IMAGE CAPTURE 2 JAWS W/WO CRANIUM	No prior authorization required		
D0384	CONE BEAM CT IMAGE CAPTURE TMJ INC 2+ EXPOSURES	No prior authorization required		
D0385	MAXILLOFACIAL MRI CAPTURE ONLY	No prior authorization required		
D0386	MAXILLOFACIAL ULTRASOUND CAPTURE ONLY	No prior authorization required		
D0387	INTRAORAL TOMOSYNTHESIS IMAGE CAP ONLY	No prior authorization required		
D0388	INTRAORAL TOMOSYNTHESIS BITEWING IMG CAP ONLY	No prior authorization required		
D0389	INTRAORAL TOMOSYNTHESIS PERIAPICAL IMG CAP ONLY	No prior authorization required		
D0391	INTERPRET IMAGE NOT ASSOC W CAPTURE, W/REPORT	No prior authorization required		
D0393	VIRTUAL TREATMENT SIM 3D IMAGE VOLUME	No prior authorization required		
D0394	DIGITAL SUBTRACT TWO OR MORE IMAGE VOLUMES	No prior authorization required		
D0395	FUSION TWO OR MORE 3D IMAGE VOLUMES ONE OR MORE	No prior authorization required		
D0396	3D PRINTING OF A 3D DENTAL SURFACE SCAN	No prior authorization required		
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	No prior authorization required		
D0412	BLOOD GLUCOSE LEVEL TEST IN-OFFICE	No prior authorization required		

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D0414	LAB PROCESS PREP WRITTEN REPORT TRANS	No prior authorization required		
D0415	MICROORGANISMS FOR CULTURE & SENSITIVITY	No prior authorization required		
D0416	VIRAL CULTURE	No prior authorization required		
D0417	COLLECT & PREP SALIVA SAMPLE FOR LAB DIAG TEST	No prior authorization required		
D0418	ANALYSIS OF SALIVA SAMPLE	No prior authorization required		
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	No prior authorization required		
D0422	COLLECTION PREP GENETIC MATERIAL LAB ANALYSIS	No prior authorization required		
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES	No prior authorization required		
D0425	CARIES SUSCEPTIBILITY TESTS	No prior authorization required		
D0426	Coll, analys of saliva	No prior authorization required		
D0431	PRE-DIAGNOSTIC TEST TO DETECT MUCOS ABNORM	No prior authorization required		
D0460	PULP VITALITY TESTS	No prior authorization required		
D0461	Testing for cracked tooth	No prior authorization required		
D0470	DIAGNOSTIC CASTS	No prior authorization required		
D0472	GROSS EXAM, PREPARATION AND REPORT	No prior authorization required		
D0473	GROSS/MICROSCOPIC EXAM, PREPARATION & REPORT	No prior authorization required		
D0474	GROSS/MICRO EXAM W/ASSESMENT OF SURG MARGINS	No prior authorization required		
D0475	DECALCIFICATION PROCEDURE	No prior authorization required		
D0476	SPECIAL STAINS FOR MICROORGANISMS	No prior authorization required		
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	No prior authorization required		
D0478	IMMUNOHISTOCHEMICAL STAINS	No prior authorization required		
D0479	TISSUE IN-SITU HYBRIDIZATION INCL INTERPRETAT	No prior authorization required		
D0480	CYTOPATHOLOGY SMEAR PREPARATION AND REPORT	No prior authorization required		
D0481	ELECTRON MICROSCOPY	No prior authorization required		
D0482	DIRECT IMMUNOFLUORESCENCE	No prior authorization required		
D0483	INDIRECT IMMUNOFLUORESCENCE	No prior authorization required		
D0484	CONSULTATION SLIDES PREPARED ELSEWHERE	No prior authorization required		
D0485	CONSULT INC PREP OF SLIDES FROM BIOPSY	No prior authorization required		
D0486	ACCESSION TRANSEPI CYTO SAMPLE, MICROSCOPIC EXAM	No prior authorization required		
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	No prior authorization required		

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D0600	NON-IONIZING DIAGNOSTIC PROCEDURE	No prior authorization required		
D0601	CARIES RISK ASSESSMENT AND DOC, LOW RISK	No prior authorization required		
D0602	CARIES RISK ASSESSMENT AND DOC, MODERATE RISK	No prior authorization required		
D0603	CARIES RISK ASSESSMENT AND DOC, HIGH RISK	No prior authorization required		
D0604	ANTIGENT TESTING FOR PUBLIC HEALTH PATHOGEN	No prior authorization required		
D0605	ANTIBODY TESTING FOR PUBLIC HEALTH PATHOGEN	No prior authorization required		
D0606	MOLECULAR TESTING PUBLIC HLTH PATHOGEN	No prior authorization required		
D0701	PANORAMIC RADIOGRAPHIC IMAGE CAPTURE ONLY	No prior authorization required		
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE	No prior authorization required		
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE ONLY	No prior authorization required		
D0705	EXTRA-ORAL POST DENT RADIOGRAPHIC IMAGE	No prior authorization required		
D0706	INTRAORAL OCC RADIOGRPH IMAGE CAPTURE ONLY	No prior authorization required		
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE ONLY	No prior authorization required		
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE ONLY	No prior authorization required		
D0709	INTRAORAL - COMP SERIES OF RADIOGRAPHIC IMG	No prior authorization required		
D0801	3D DENTAL SURFACE SCAN - DIRECT	No prior authorization required		
D0802	3D DENTAL SURFACE SCAN - INDIRECT	No prior authorization required		
D0803	3D FACIAL SURFACE SCAN - DIRECT	No prior authorization required		
D0804	3D FACIAL SURFACE SCAN - INDIRECT	No prior authorization required		
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURES, BY REPORT	No prior authorization required		
D1110	DENTAL PROPHYLAXIS ADULT	No prior authorization required		
D1120	DENTAL PROPHYLAXIS CHILD	No prior authorization required		
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	No prior authorization required		
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	No prior authorization required		
D1301	IMMUNIZATION COUNSELING	No prior authorization required		
D1310	NUTRITIONAL COUNSELING, CONTROL DENTAL DISEAS	No prior authorization required		
D1320	TOBACCO COUNSELING	No prior authorization required		
D1321	COUNSELING FOR PREV HIGH RISK SUBSTANCE USE	No prior authorization required		
D1330	ORAL HYGIENE INSTRUCTIONS	No prior authorization required		
D1351	DENTAL SEALANT PER TOOTH	No prior authorization required		

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D1352	RESIN RESTORATION, PREVENT, HIGH CARIES RISK PT	No prior authorization required		
D1353	SEALANT REPAIR PER TOOTH	No prior authorization required		
D1354	APPL CARIES ARR MEDICAMENT PER TOOTH	No prior authorization required		
D1355	CARIES PREV MEDICAMENT APP - PER TOOTH	No prior authorization required		
D1510	SPACE MAINTAINER, FIXED UNILAT PER QUAD	No prior authorization required		
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	No prior authorization required		
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	No prior authorization required		
D1520	SPACE MAINTAINER, REMOBABLE UNILAT PER QUAD	No prior authorization required		
D1526	SPACE MNT - REMOVABLE - BILATERAL, MAXILLARY	No prior authorization required		
D1527	SPACE MNT - REMOVABLE - BILATERAL, MANDIBULAR	No prior authorization required		
D1551	RE-CEMENT/RE-BOND BILAT SPACE MNTNR MAXILLARY	No prior authorization required		
D1552	RE-CEMENT/RE-BOND BILAT SPACE MNTNR MANDIBULAR	No prior authorization required		
D1553	RE-CEMENT/BOND UNILAT SPACE MNTNR PER QUADRANT	No prior authorization required		
D1556	REMOVAL FIXED UNILAT SPC MAINTAINER PER QUADRANT	No prior authorization required		
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	No prior authorization required		
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	No prior authorization required		
D1575	DISTAL SHOE SPACE MAINTAINER FIX UNILAL PER QUAD	No prior authorization required		
D1701	PFIZER COVID-19 VACC ADMIN FIRST DOSE	No prior authorization required		
D1702	PFIZER COVID-19 VACC ADMIN SECOND DOSE	No prior authorization required		
D1703	MODERNA COVID-19 VACC ADMIN FIRST DOSE	No prior authorization required		
D1704	MODERNA COVID-19 VACC ADMIN SECOND DOSE	No prior authorization required		
D1705	ASTRAZENECA COVID-19 VACC ADMIN FIRST DOSE	No prior authorization required		
D1706	ASTRAZENECA COVID-19 VACC ADMIN SECOND DOSE	No prior authorization required		
D1707	JANSSEN COVID-19 VACCINE ADMINISTRATION	No prior authorization required		
D1708	PFIZER-BIONTECH COVID-19 VAC ADMIN 3RD DOSE	No prior authorization required		
D1709	PFIZER-BIONTECH COVID-19 VAC ADMIN BOOSTER DOSE	No prior authorization required		
D1710	MODERNA COVID-19 VAC ADMIN 3RD DOSE	No prior authorization required		
D1711	MODERNA COVID-19 VAC ADMIN BOOSTER DOSE	No prior authorization required		
D1712	JANSSEN COVID-19 VAC ADMIN BOOSTER DOSE	No prior authorization required		
D1713	PFIZER-BIONTECH COVID-19 TRI-SUC PED FIRST DOSE	No prior authorization required		

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D1714	PFIZER-BIONTECH COVID-19 TRI-SUC PED SECOND DOSE	No prior authorization required		
D1720	Influenza vacc admin	No prior authorization required		
D1781	VACC ADMIN HUMAN PAPILLOMAVIRUS DOSE 1	No prior authorization required		
D1782	VACC ADMIN HUMAN PAPILLOMAVIRUS DOSE 2	No prior authorization required		
D1783	VACC ADMIN HUMAN PAPILLOMAVIRUS DOSE 3	No prior authorization required		
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	No prior authorization required		
D2140	AMALGAM, ONE SURFACE, PRIMARY OR PERMANENT	No prior authorization required		
D2150	AMALGAM, TWO SURFACES, PRIMARY OR PERMANENT	No prior authorization required		
D2160	AMALGAM, THREE SURFACES, PRIMARY OR PERMANENT	No prior authorization required		
D2161	AMALGAM, FOUR OR MORE SURFACES PRIMARY/PERM	No prior authorization required		
D2330	RESIN ONE SURFACE, ANTERIOR	No prior authorization required		
D2331	RESIN TWO SURFACES, ANTERIOR	No prior authorization required		
D2332	RESIN THREE SURFACES, ANTERIOR	No prior authorization required		
D2335	RESIN 4/MORE SURFACES (ANTERIOR)	No prior authorization required		
D2390	ANTERIOR RESIN-BASED COMPOSITE CROWN	No prior authorization required		
D2391	POSTERIOR 1 SURFACE RESIN-BASED COMPOSITE	No prior authorization required		
D2392	POSTERIOR 2 SURFACE RESIN-BASED COMPOSITE	No prior authorization required		
D2393	POSTERIOR 3 SURFACE RESIN-BASED COMPOSITE	No prior authorization required		
D2394	POSTERIOR 4/MORE SURFACE RESIN-BASE COMPOSITE	No prior authorization required		
D2410	DENTAL GOLD FOIL ONE SURFACE	No prior authorization required		
D2420	DENTAL GOLD FOIL TWO SURFACES	No prior authorization required		
D2430	DENTAL GOLD FOIL THREE SURFACES	No prior authorization required		
D2510	DENTAL INLAY METALLIC 1 SURFACE	No prior authorization required		
D2520	DENTAL INLAY METALLIC 2 SURFACES	No prior authorization required		
D2530	DENTAL INLAY METALLIC 3/MORE SURFACES	No prior authorization required		
D2542	DENTAL ONLAY METALLIC 2 SURFACES	No prior authorization required		
D2543	DENTAL ONLAY METALLIC 3 SURFACES	No prior authorization required		
D2544	DENTAL ONLAY METALLIC 4/MORE SURFACES	No prior authorization required		
D2610	INLAY PORCELAIN/CERAMIC 1 SURFACE	No prior authorization required		
D2620	INLAY PORCELAIN/CERAMIC 2 SURFACES	No prior authorization required		

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D2630	INLAY PORCELAIN/CERAMIC 3/MORE SURFACES	No prior authorization required		
D2642	ONLAY PORCELIN/CERAMIC 2 SURFACES	No prior authorization required		
D2643	ONLAY PORCELIN/CERAMIC 3 SURFACES	No prior authorization required		
D2644	ONLAY PORCELIN/CERAMIC 4/MORE SURFACES	No prior authorization required		
D2650	INLAY RESIN-BASED COMPOSITE 1 SURFACE	No prior authorization required		
D2651	INLAY RESIN-BASED COMPOSITE 2 SURFACES	No prior authorization required		
D2652	INLAY RESIN-BASED COMPOSITE 3/MORE SURFACES	No prior authorization required		
D2662	ONLAY RESIN-BASED COMPOSITE 2 SURFACES	No prior authorization required		
D2663	ONLAY RESIN-BASED COMPOSITE 3 SURFACES	No prior authorization required		
D2664	ONLAY RESIN-BASED COMPOSITE 4/MORE SURFACES	No prior authorization required		
D2710	CROWN, RESIN BASED COMPOSITE	No prior authorization required		
D2712	CROWN 3/4 RESIN-BASED COMPOS	No prior authorization required		
D2720	CROWN RESIN WITH HIGH NOBLE METAL	No prior authorization required		
D2721	CROWN RESIN WITH PREDOMINT BASE METAL	No prior authorization required		
D2722	CROWN RESIN WITH NOBLE METAL	No prior authorization required		
D2740	CROWN - PORCELAIN/CERAMIC	No prior authorization required		
D2750	CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	No prior authorization required		
D2751	CROWN PORCELAIN FUSED TO PREDOM BASE METAL	No prior authorization required		
D2752	CROWN PORCELAIN FUSED TO NOBLE METAL	No prior authorization required		
D2753	CROWN PORCELAIN FUSED TO TITANIUM/ALLOYS	No prior authorization required		
D2780	CROWN 3/4 CAST HIGH NOBLE METAL	No prior authorization required		
D2781	CROWN 3/4 CAST BASE METAL	No prior authorization required		
D2782	CROWN 3/4 CAST NOBLE METAL	No prior authorization required		
D2783	CROWN 3/4 PORCELAIN/CERAMIC	No prior authorization required		
D2790	CROWN FULL CAST HIGH NOBLE METAL	No prior authorization required		
D2791	CROWN FULL CAST BASE METAL	No prior authorization required		
D2792	CROWN FULL CAST NOBLE METAL	No prior authorization required		
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	No prior authorization required		
D2799	INTERIM CROWN TX/COMPLETE PRIOR TO FINAL	No prior authorization required		
D2910	DENTAL RE-CEMENT INLAY, ONLAY, VENEER, PARTIAL	No prior authorization required		

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D2915	RE-CEMENT REBOND IND FAB OR PREFABRICATED POST	No prior authorization required		
D2920	RE-CEMENT OR RE-BOND CROWN	No prior authorization required		
D2921	REATTACHMENT TOOTH FRAGMENT, INCISAL EDGE/CUSP	No prior authorization required		
D2928	PREFAB PROCELAIN/CER CRWN PERM TOOTH	No prior authorization required		
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN	No prior authorization required		
D2930	PREFAB STAINLESS STEEL CROWN PRIMARY TOOTH	No prior authorization required		
D2931	PREFAB STAINLESS STEEL CROWN PERMANENT TOOTH	No prior authorization required		
D2932	PREFABRICATED RESIN CROWN	No prior authorization required		
D2933	PREFAB STAINLESS STEEL CROWN W/RESIN WINDOW	No prior authorization required		
D2934	PREFABRCATED STEEL CROWN PRIMARY TOOTH	No prior authorization required		
D2940	PROTECTIVE RESTORATION	No prior authorization required		
D2949	RESTORATIVE FOUNDATION INDIRECT RESTORATION	No prior authorization required		
D2950	CORE BUILDUP INCLUDING ANY PINS	No prior authorization required		
D2951	PIN RETENTION, PER TOOTH, + RESTORATION	No prior authorization required		
D2952	POST AND CORE CAST IN ADDITION TO CROWN	No prior authorization required		
D2953	EACH ADDITIONALL CAST POST, SAME TOOTH	No prior authorization required		
D2954	PREFAB POST/CORE IN ADDITION TO CROWN	No prior authorization required		
D2955	POST REMOVAL	No prior authorization required		
D2956	REMOVAL INDIRECT RESTORATION ON NATURAL TOOTH	No prior authorization required		
D2956	REMOVAL INDIRECT RESTORATION ON NATURAL TOOTH	No prior authorization required		
D2957	EACH ADDTNL PREFAB POST, SAME TOOTH	No prior authorization required		
D2960	LAMINATE LABIAL VENEER RESIN, DIRECT	No prior authorization required		
D2961	LAMINATE LABIAL VENEER RESIN, INDIRECT	No prior authorization required		
D2962	LAMINATE LABIAL VENEER PORCELAIN, INDIRECT	No prior authorization required		
D2971	ADD PROCEDURE CUSTOMIZE CROWN EXISTING PART DENT	No prior authorization required		
D2975	COPING	No prior authorization required		
D2976	BAND STABILIZATION - PER TOOTH	No prior authorization required		
D2980	CROWN REPAIR, DUE TO MATERIAL FAILURE	No prior authorization required		
D2981	INLAY REPAIR, DUE TO MATERIAL FAILURE	No prior authorization required		
D2982	ONLAY REPAIR, DUE TO MATERIAL FAILURE	No prior authorization required		

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D2983	VENEER REPAIR, DUE TO MATERIAL FAILURE	No prior authorization required		
D2989	EXCAVATION OF TOOTH DETER NON-RESTORABILITY	No prior authorization required		
D2990	RESIN INFILTRATION, INCIPIENT SMOOTH LESIONS	No prior authorization required		
D2991	APP OF HYDROXYAPATITE REG MEDIC PER TOOTH	No prior authorization required		
D2999	DENTAL UNSPECIFIED RESTORATIVE PROCEDURE	No prior authorization required		
D3110	PULP CAP DIRECT	No prior authorization required		
D3120	PULP CAP INDIRECT EXCL FINAL RESTORATION	No prior authorization required		
D3220	THERAPEUTIC PULPOTOMY REMOVAL OF PULP	No prior authorization required		
D3221	PULPAL DEBRIDEMENT, PRIMARY/PERMANENT	No prior authorization required		
D3222	PART PULPOTOMY FOR APEXOGENESIS	No prior authorization required		
D3230	PULPAL THERAPY ANTERIOR PRIMARY	No prior authorization required		
D3240	PULPAL THERAPY POSTERIOR PRIMARY	No prior authorization required		
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	No prior authorization required		
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH	No prior authorization required		
D3330	ENDODONTIC THERAPY, MOLAR TOOTH	No prior authorization required		
D3331	NON-SURG TREATMENT ROOT CANAL OBSTRUCTION	No prior authorization required		
D3332	INCOMPLETE ENDODONTIC THERAPY	No prior authorization required		
D3333	INTERNAL ROOT REPAIR OF PERFERATION DEFECTS	No prior authorization required		
D3346	RETREATMENT PREVIOUS ROOT CANAL ANTERIOR	No prior authorization required		
D3347	RETREATMENT PREVIOUS ROOT CANAL PREMOLAR	No prior authorization required		
D3348	RETREATMENT PREVIOUS ROOT CANAL MOLAR	No prior authorization required		
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	No prior authorization required		
D3352	APEXIFICATION/RECALCIFICATION INTERIM MED REP	No prior authorization required		
D3353	APEXIFICATION/RECALCIFICATION FINAL VISIT	No prior authorization required		
D3355	PULPAL REGENERATION- INITIAL VISIT	No prior authorization required		
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACE	No prior authorization required		
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	No prior authorization required		
D3410	APICOECTOMY - ANTERIOR	No prior authorization required		
D3421	APICOECTOMY - PREMOLAR(FIRST ROOT)	No prior authorization required		
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	No prior authorization required		

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D3426	APICOECTOMY - EACH ADDITIONAL ROOT	No prior authorization required		
D3428	BONE GRAFT CONJ PERIRADICULAR SURG PER TOOTH	No prior authorization required		
D3429	BONE GRAFT CONJ PERIRAD SURG EACH ADD	No prior authorization required		
D3430	RETROGRADE FILLING - PER ROOT	No prior authorization required		
D3431	BIOLOGIC MATERIALS TO AID TISSUE REGENERATION	No prior authorization required		
D3432	GUIDED TISSUE REGENERATION RESORBABLE BARRIER	No prior authorization required		
D3450	ROOT AMPUTATION - PER ROOT	No prior authorization required		
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	No prior authorization required		
D3470	INTENTIONAL REPLANTATION INCLUDING SPLINTING	No prior authorization required		
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	No prior authorization required		
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	No prior authorization required		
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	No prior authorization required		
D3501	SURG EXP ROOT SURF WOUT APICO - ANTERIOR	No prior authorization required		
D3502	SURG EXP ROOT SURF WOUT APICO - PREMOLAR	No prior authorization required		
D3503	SURG EXP ROOT SURF WOUT APICO - MOLAR	No prior authorization required		
D3910	SURGICAL ISOLATION OF TOOTH W/RUBBER DAM	No prior authorization required		
D3911	INTRAORIFICE BARRIER	No prior authorization required		
D3920	TOOTH SPLITTING	No prior authorization required		
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	No prior authorization required		
D3950	CANAL PREP/FITTING OF PREFORMED DOWEL OR POST	No prior authorization required		
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	No prior authorization required		
D4210	GINGIVECTOMY/PLASTY 4+ CONTIG TEETH, PER QUAD	No prior authorization required		
D4211	GINGIVECTOMY/PLASTY 1-3 TEETH, PER QUAD	No prior authorization required		
D4212	GINGIVECTOMY/PLASTY RESTORE ACCESS, PER TOOTH	No prior authorization required		
D4230	ANATOMICAL CROWN EXP, FOUR OF MORE PER QUAD	No prior authorization required		
D4231	ANATOMICAL CROWN EXP, ONE TO THREE PER QUAD	No prior authorization required		
D4240	GINGIVAL FLAP W/ROOT PLANING 4+ CONTIG TEETH	No prior authorization required		
D4241	GINGIVAL FLAP W/ROOT PLANING 1-3 TEETH	No prior authorization required		
D4245	APICALLY POSITIONED FLAP	No prior authorization required		
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	No prior authorization required		

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D4260	OSSEOUS SURGERY 4+ CONTIG TEETH, PER QUADRANT	No prior authorization required		
D4261	OSSEOUS SURGERY 1-3 CONTIG TEETH, PER QUADRANT	No prior authorization required		
D4263	BONE REPLACEMENT GRAFT FIRST SITE IN QUADRANT	No prior authorization required		
D4264	BONE REPLACEMNT GRAFT EACH ADD SITE IN QUADRANT	No prior authorization required		
D4265	BIO MTRLS TO AID SOFT/OSSEOUS TISS REGEN	No prior authorization required		
D4266	GUIDED TISS REGEN RESORBLE BARRIER, PER SITE	No prior authorization required		
D4267	GUIDED TISS REGEN NONRESORB BARRIER, PER SITE	No prior authorization required		
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	No prior authorization required		
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	No prior authorization required		
D4273	AUTOGENOUS CONNECTI TISSUE GRAFT PER TOOTH	No prior authorization required		
D4274	DISTAL/PROXIMAL WEDGE PROCEDURE	No prior authorization required		
D4275	NON-AUTOGENOUS TISSUE GRAFT	No prior authorization required		
D4276	COMBINED CONECTIVE TISSUE PED GRAFT PER TOOTH	No prior authorization required		
D4277	FREE SOFT TISSUE GRAFT, FIRST OR EDENTULOUS	No prior authorization required		
D4278	FREE SOFT TISSUE GRAFT, EACH ADDITIONAL TOOTH	No prior authorization required		
D4283	AUTOGENOUS TISSUE GRAFT EACH ADD IN SAME GRAFT	No prior authorization required		
D4285	NON-AUTOGENOUS TISSUE GRAFT EACH ADDITIONAL	No prior authorization required		
D4286	REMOVAL OF NON-RESORBABLE BARRIER	No prior authorization required		
D4322	SPLINT - INTRA-CORONAL; NATURAL TH/PROSTH CROWNS	No prior authorization required		
D4323	SPLINT - EXTRA-CORONAL; NATURAL TH/PROSTH CROWNS	No prior authorization required		
D4341	PERIODONTAL SCALING/ROOT PLANING 4+ CONTIG	No prior authorization required		
D4342	PERIODONTAL SCALING/ROOT PLANING 1-3 TEETH	No prior authorization required		
D4346	SCALING PRES GEN MOD SEV GINGIVAL INFLAMMATION	No prior authorization required		
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMP EVAL	No prior authorization required		
D4381	LOCALIZED DELIVERY ANTIMICROBIAL AGENTS	No prior authorization required		
D4910	PERIODONTAL MAINTENANCE PROCEDURES	No prior authorization required		
D4920	UNSCHEDULED DRESSING CHANGE	No prior authorization required		
D4921	GINGIVAL IRR WITH MEDICINAL AGENT - PER QUADRANT	No prior authorization required		
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	No prior authorization required		
D5110	DENTURES COMPLETE MAXILLARY	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
D5120	DENTURES COMPLETE MANDIBLE	No prior authorization required		
D5130	DENTURES IMMEDIATE MAXILLARY	No prior authorization required		
D5140	DENTURES IMMEDIATE MANDIBLE	No prior authorization required		
D5211	DENTURES PARTIAL MAXILLARY, RESIN	No prior authorization required		
D5212	DENTURES PARTIAL MANDIBULAR, RESIN	No prior authorization required		
D5213	MAXILLARY PARTIAL DENTURE, RESIN DENTURE BASES	No prior authorization required		
D5214	MANDIBULAR PARTIAL DENTURE, RESIN DENTURE BASES	No prior authorization required		
D5221	IMMEDIATE MAX PARTIAL DENTURE - RESIN BASE	No prior authorization required		
D5222	IMMEDIATE MAN PARTIAL DENTURE - RESIN BASE	No prior authorization required		
D5223	IMMEDIATE MAX PARTIAL DENTURE - CAST METAL	No prior authorization required		
D5224	IMMEDIATE MAN PARTIAL DENTURE - CAST METAL	No prior authorization required		
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	No prior authorization required		
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	No prior authorization required		
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE FLEX BASE	No prior authorization required		
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE FLEX BASE	No prior authorization required		
D5282	REMOVABLE UNILAT PARTIAL DENTURE, MAXILLARY	No prior authorization required		
D5283	REMOVABLE UNILAT PARTIAL DENTURE, MANDIBULAR	No prior authorization required		
D5284	REM UNILAT PART DENTURE ONE PIECE PER QUADRANT	No prior authorization required		
D5286	REM UNILAT PART DNTR ONE PC RESIN PER QUADRANT	No prior authorization required		
D5410	DENTURES ADJUST COMPLETE MAXILLARY	No prior authorization required		
D5411	DENTURES ADJUST COMPLETE MANDIBULAR	No prior authorization required		
D5421	DENTURES ADJUST PARTIAL MAXILLARY	No prior authorization required		
D5422	DENTURES ADJUST PARTIAL MANDIBULAR	No prior authorization required		
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	No prior authorization required		
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	No prior authorization required		
D5520	REPLACE BROKEN/MISSING TEETH, COMPL DENTURE	No prior authorization required		
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	No prior authorization required		
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	No prior authorization required		
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	No prior authorization required		
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	No prior authorization required		

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D5630	REPAIR/REPLACE PARTIAL DENTURE BROKEN CLASP	No prior authorization required		
D5640	REPLACE PRTL DENTURE BROKEN TEETH, PER TOOTH	No prior authorization required		
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	No prior authorization required		
D5660	ADD CLASP TO EXISITING PARTIAL DENTURE	No prior authorization required		
D5670	REPLC TEETH&ACRLC ON MTL FRMWK, MAXILLARY	No prior authorization required		
D5671	REPLC TEETH&ACRLC ON MTL FRMWK, MANDIBULAR	No prior authorization required		
D5710	DENTURES REBASE COMPLETE MAXILLARY	No prior authorization required		
D5711	DENTURES REBASE COMPLETE MANDIBULAR	No prior authorization required		
D5720	DENTURES REBASE PARTIAL MAXILLARY	No prior authorization required		
D5721	DENTURES REBASE PARTIAL MANDIBULAR	No prior authorization required		
D5725	REBASE HYBRID PROSTHESIS	No prior authorization required		
D5730	DENTURE RELINE COMPLETE MAXILLARY DIRECT	No prior authorization required		
D5731	DENTURE RELINE COMPLETE MANDIBULAR DIRECT	No prior authorization required		
D5740	DENTURE RELINE PARTIAL MAXILLARY DIRECT	No prior authorization required		
D5741	DENTURE RELINE PARTIAL MANDIBULAR DIRECT	No prior authorization required		
D5750	DENTURE RELINE COMPLETE MAXILLARY INDIRECT	No prior authorization required		
D5751	DENTURE RELINE COMPLETE MANDIBULAR INDIRECT	No prior authorization required		
D5760	DENTURE RELINE PARTIAL MAXILLARY INDIRECT	No prior authorization required		
D5761	DENTURE RELINE PARTIAL MANDIBULAR INDIRECT	No prior authorization required		
D5765	SOFT LINER COMPL OR PART REMOVABLE DENTURE - IND	No prior authorization required		
D5810	DENTURE INTERIM COMPLETE MAXILLARY	No prior authorization required		
D5811	DENTURE INTERIM COMPLETE MANDIBULAR	No prior authorization required		
D5820	DENTURE INTERIM PARTIAL MAXILLARY	No prior authorization required		
D5821	DENTURE INTERIM PARTIAL MANDIBULAR	No prior authorization required		
D5850	DENTURE TISSUE CONDITIONING MAXILLARY	No prior authorization required		
D5851	DENTURE TISSUE CONDITIONING MANDIBULAR	No prior authorization required		
D5862	PRECISION ATTACHMENT, BY REPORT	No prior authorization required		
D5863	OVERDENTURE - COMPLETE MAXILLARY	No prior authorization required		
D5864	OVERDENTURE - PARTIAL MAXILLARY	No prior authorization required		
D5865	OVERDENTURE - COMPLETE MANDIBULAR	No prior authorization required		

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D5866	OVERDENTURE - PARTIAL MANDIBULAR	No prior authorization required		
D5867	REPLACE PART OF SEMI-PRECSN/PRECSN ATTACHMENT	No prior authorization required		
D5875	MODIFY REMOVABLE PROSTHESIS AFTR IMPLNT SURG	No prior authorization required		
D5876	ADD METAL SUBSTRUCT ACRYLIC FULL DENT PER ARCH	No prior authorization required		
D5877	Dup of complt dent-maxill	No prior authorization required		
D5878	Dup of complt dent-mandib	No prior authorization required		
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	No prior authorization required		
D5909	Max guid prothes w/ flange	No prior authorization required		
D5911	FACIAL MOULAGE SECTIONAL	No prior authorization required		
D5912	FACIAL MOULAGE COMPLETE	No prior authorization required		
D5913	NASAL PROSTHESIS	No prior authorization required		
D5914	AURICULAR PROSTHESIS	No prior authorization required		
D5915	ORBITAL PROSTHESIS	No prior authorization required		
D5916	OCULAR PROSTHESIS	No prior authorization required		
D5919	FACIAL PROSTHESIS	No prior authorization required		
D5922	NASAL SEPTAL PROSTHESIS	No prior authorization required		
D5923	OCULAR PROSTHESIS INTERIM	No prior authorization required		
D5924	CRANIAL PROSTHESIS	No prior authorization required		
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	No prior authorization required		
D5926	REPLACEMENT NASAL PROSTHESIS	No prior authorization required		
D5927	AURICULAR PROSTHESIS REPLACEMENT	No prior authorization required		
D5928	ORBITAL PROSTHESIS REPLACEMENT	No prior authorization required		
D5929	FACIAL PROSTHESIS REPLACEMENT	No prior authorization required		
D5930	Max guid prothes w/o flange	No prior authorization required		
D5931	SURGICAL OBTURATOR PROSTHESIS	No prior authorization required		
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	No prior authorization required		
D5933	MODIFICATION, OBTURATOR PROSTHESIS	No prior authorization required		
D5934	MANDIBULAR RESECTION PROSTH W/GUIDE FLANGE	No prior authorization required		
D5935	MANDIBULAR RESECTION PROSTH W/O GUIDE FLANGE	No prior authorization required		
D5936	OBTURATOR PROSTHESIS, INTERIM	No prior authorization required		

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D5937	TRISMUS APPLIANCE	No prior authorization required		
D5938	Resct proth max comp remov	No prior authorization required		
D5939	Resct proth mand comp remov	No prior authorization required		
D5940	Resct proth max part remov	No prior authorization required		
D5941	Resct proth mand part remov	No prior authorization required		
D5942	Proth max implt sup remv	No prior authorization required		
D5943	Proth mandib implt sup remv	No prior authorization required		
D5944	Max implt sup remv part	No prior authorization required		
D5945	Mand implt sup remv part	No prior authorization required		
D5946	Max implt sup fix	No prior authorization required		
D5947	Mand implt sup fix	No prior authorization required		
D5948	Max implt sup fix part	No prior authorization required		
D5949	Mand implt sup fix part	No prior authorization required		
D5951	FEEDING AID	No prior authorization required		
D5952	PEDIATRIC SPEECH AID PROSTHESIS	No prior authorization required		
D5953	ADULT SPEECH AID PROSTHESIS	No prior authorization required		
D5954	PALATAL AUGMENTATION PROSTHESIS	No prior authorization required		
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	No prior authorization required		
D5958	PALATAL LIFT PROSTHESIS, INTERIM	No prior authorization required		
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	No prior authorization required		
D5960	MODIFY SPEECH AID PROSTHESIS	No prior authorization required		
D5982	SURGICAL STENT	No prior authorization required		
D5983	RADIATION CARRIER	No prior authorization required		
D5984	RADIATION SHIELD	No prior authorization required		
D5985	RADIATION CONE LOCATOR	No prior authorization required		
D5986	FLUORIDE GEL CARRIER	No prior authorization required		
D5987	COMMISSURE SPLINT	No prior authorization required		
D5988	SURGICAL SPLINT	No prior authorization required		
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	No prior authorization required		
D5992	MAXILLOFACIAL PROSTHESIS, ADJUST, BY REPORT	No prior authorization required		

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D5993	MAXILLOFACIAL PROSTHESIS, MAINTAIN/CLEAN, REPORT	No prior authorization required		
D5995	PERIODONTAL MED CARRIER W PERIPH SEAL MAXILLARY	No prior authorization required		
D5996	PERIODONTAL MED CARRIER W PERIPH SEAL MANDIBULAR	No prior authorization required		
D5999	MAXILLOFACIAL PROSTHESIS, UNSPECIFIED	No prior authorization required		
D6010	SURG PLACEMNT, IMPLANT BODY, ENDOSTEAL IMPLNT	No prior authorization required		
D6011	SURG ACCESS TO IMPLANT BODY	No prior authorization required		
D6012	ENDOSTEAL IMPLANT	No prior authorization required		
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	No prior authorization required		
D6040	SURGICAL PLACEMENT, EPOSTEAL IMPLANT	No prior authorization required		
D6049	Scale implt peri-implt inflm	No prior authorization required		
D6050	SURGICAL PLACEMENT, TRANSOSTEAL IMPLANT	No prior authorization required		
D6051	INTERIM IMPLANT ABUTMENT PLACEMENT	No prior authorization required		
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	No prior authorization required		
D6056	PREFABRICATED ABUTMENT - INCL MOD/PLACEMENT	No prior authorization required		
D6057	CUSTOM FABRICATED ABUTMENT - INCL PLACEMENT	No prior authorization required		
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	No prior authorization required		
D6059	ABUTMENT SPPRT PRCLN TO HIGH NOBEL METAL CRWN	No prior authorization required		
D6060	ABUTMENT SPPRT PRCLN TO PREDM BASE METAL CRWN	No prior authorization required		
D6061	ABUTMENT SPPRT PRCLN TO NOBEL METAL CRWN	No prior authorization required		
D6062	ABUTMENT SPPRT CST MTL - HIGH NOBEL MTL CRWN	No prior authorization required		
D6063	ABUTMENT SPPRT CST MTL - PREDM BASEL MTL CRWN	No prior authorization required		
D6064	ABUTMENT SPPRT CST MTL - NOBEL MTL CRWN	No prior authorization required		
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	No prior authorization required		
D6066	IMPLANT SPPRT PRCLN FUSED TO HIGH NOBLE ALLOYS	No prior authorization required		
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	No prior authorization required		
D6068	ABUTMENT SPPRT RETAINER FOR PRCLN/CERAMIC FPD	No prior authorization required		
D6069	ABTMNT SPPRT RTNR, PRCLN-HIGH NOBLEL MTL FPD	No prior authorization required		
D6070	ABTMNT SPPRT RTNR, PRCLN-PREDM BASE MTL FPD	No prior authorization required		
D6071	ABTMNT SPPRT RTNR, PRCLN-NOBLE MTL FPD	No prior authorization required		
D6072	ABTMNT SPPRT RTNR FOR HIGH NOBLE METAL FPD	No prior authorization required		

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D6073	ABTMNT SPPRT RTNR FOR PREDM BASE METAL FPD	No prior authorization required		
D6074	ABTMNT SPPRT RTNR FOR NOBLE METAL FPD	No prior authorization required		
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	No prior authorization required		
D6076	IMPLNT SPPRT RTNR, PRCLN TO HIGH NOBLE ALLOY FPD	No prior authorization required		
D6077	IMPLANT SPPRT RETAINER FOR METAL FPD NOBLE ALLOY	No prior authorization required		
D6080	IMPLANT MAINTENANCE PROCEDURES	No prior authorization required		
D6081	SCALING DEB INFLAMMATION MUCOS IMPLANT	No prior authorization required		
D6082	IMPLANT SUPP CROWN PORC FUSED TO PREDOM ALLOYS	No prior authorization required		
D6083	IMPLANT SUPP CROWN FUSED TO NOBLE ALLOYS	No prior authorization required		
D6084	IMPLANT SUPP CROWN FUSE TO TITANIUM/ALLOYS	No prior authorization required		
D6085	INTERIM IMPLANT CROWN	No prior authorization required		
D6086	IMPLANT SUPP CROWN PREDOM BASE ALLOYS	No prior authorization required		
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	No prior authorization required		
D6088	IMPLANT SUPP CROWN TITANIUM/TITANIUM ALLOYS	No prior authorization required		
D6089	ACC AND RETORQUING LOOSE IMP SCREW - PER SCREW	No prior authorization required		
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS BY REPORT	No prior authorization required		
D6091	REPLACEMENT OF SEMI/PRECISION ATTACHMENT	No prior authorization required		
D6092	RECEMENT SUPPORTED CROWN	No prior authorization required		
D6093	RECEMENT FIXED PARTIAL DENTURE	No prior authorization required		
D6094	ABUTMENT SUPPORTTED CROWN - TITANIUM	No prior authorization required		
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	No prior authorization required		
D6097	ABT SUPP CROWN POR FUSED TITANIUM/ALLOYS	No prior authorization required		
D6098	IMPLANT SUPP RET PORC FUSED PREDOM BASE ALLOYS	No prior authorization required		
D6099	IMPLANT SUPP RET FOR FPD PORC FUSED NOBLE ALLOYS	No prior authorization required		
D6100	SURGICAL REMOVAL OF IMPLANT BODY	No prior authorization required		
D6101	DEBRIDE/CLEAN PERIIMPLANT DEFECT ENTRY/CLOSE	No prior authorization required		
D6102	DEBRIDE/CONTOUR PERIIMPLNT DEFECT ENTRY/CLOSE	No prior authorization required		
D6103	GRAFT REPAIR PERIIMPLNT DEFCT W/O ENTRY/CLOSE	No prior authorization required		
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	No prior authorization required		
D6105	REM IMPLANT BODY NOT REQ BONE REM/FLAP ELEVATION	No prior authorization required		

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D6106	GUIDED TISSUE REGEN RESORBABLE BARR PER IMPLANT	No prior authorization required		
D6107	GUIDED TISSUE REGEN NON RES BARR PER IMPLANT	No prior authorization required		
D6110	IMP/ABU SUPP REM DENT MAXILLARY	No prior authorization required		
D6111	IMP/ABU SUPP REM DENT MANDIBULAR	No prior authorization required		
D6112	IMP/ABU SUPP REM DENT PAR MAXILLARY	No prior authorization required		
D6113	IMP/ABU SUPP REM DENT PAR MANDIBULAR	No prior authorization required		
D6114	IMP/ABU SUPP FIX DENT MAXILLARY	No prior authorization required		
D6115	IMP/ABU SUPP FIX DENT MANDIBULAR	No prior authorization required		
D6116	IMP/ABU SUPP FIX DENT PAR MAXILLARY	No prior authorization required		
D6117	IMP/ABU SUPP FIX DENT PAR MANDIBULAR	No prior authorization required		
D6118	IMP/ABUTMENT SUPP INTER FIX DENT MANDIBULAR	No prior authorization required		
D6119	IMP/ABUTMENT SUPP INTER FIX DENT MAXILLARY	No prior authorization required		
D6120	IMPLANT SUPP RET PORC FUSE TITANIUM/ALLOYS	No prior authorization required		
D6121	IMPLANT SUPP RET MET FPD PREDOM BASE ALLOYS	No prior authorization required		
D6122	IMPLANT SUPP RET FOR METAL FPD NOBLE ALLOYS	No prior authorization required		
D6123	IMPLANT SUPP RET METAL FPD TITANIUM/ALLOYS	No prior authorization required		
D6180	IMPLANT MAINTENANCE PROCEDURE	No prior authorization required		
D6180	IMPLANT MAINTENANCE PROCEDURE	No prior authorization required		
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	No prior authorization required		
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	No prior authorization required		
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	No prior authorization required		
D6193	REPLACEMENT OF AN IMPLANT SCREW	No prior authorization required		
D6193	REPLACEMENT OF AN IMPLANT SCREW	No prior authorization required		
D6194	ABUT SUPPORT RETAINER CROWN FOR PFD TITANIUM	No prior authorization required		
D6195	ABT SUPP RET PORC FUSED TITANIUM/ALLOYS	No prior authorization required		
D6196	Remv of ind rest on implt	No prior authorization required		
D6197	REPL REST MATERIAL CLOSE ACCESS PER IMPLANT	No prior authorization required		
D6198	REMOVE INTERIM IMPLANT COMPONENT	No prior authorization required		
D6199	IMPLANT PROCEDURE, UNSPECIFIED, BY REPORT	No prior authorization required		
D6205	PONTIC-INDIRECT RESIN BASED COMPOSITE	No prior authorization required		

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D6210	PONTIC - CAST HIGH NOBLE METAL	No prior authorization required		
D6211	PONTIC - CAST PREDOMINATELY BASE METAL	No prior authorization required		
D6212	PONTIC - CAST NOBLE METAL	No prior authorization required		
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	No prior authorization required		
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	No prior authorization required		
D6241	PONTIC - PORCELAIN FUSED TO PRDOM BASE METAL	No prior authorization required		
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	No prior authorization required		
D6243	PONTIC PORC FUSED TITANIUM/TITANIUM ALLOYS	No prior authorization required		
D6245	PONTIC - PORCELAIN/CERAMIC	No prior authorization required		
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	No prior authorization required		
D6251	PONTIC - RESIN WITH PREDOM BASE METAL	No prior authorization required		
D6252	PONTIC - RESIN WITH NOBLE METAL	No prior authorization required		
D6253	INTERIM PONTIC, PRIOR TO FINAL IMPRESSION	No prior authorization required		
D6280	Implt maint procd remv implt	No prior authorization required		
D6545	RETAINER CAST METAL FOR RESIN BOND FIX PROSTH	No prior authorization required		
D6548	RETAINER PRCLN/CER FOR RESIN BOND FIX PROSTH	No prior authorization required		
D6549	RESIN RETAINER FIXED PROSTHESIS	No prior authorization required		
D6600	PORCELAIN/CERAMIC INLAY 2 SURFACES	No prior authorization required		
D6601	PORCELAIN/CERAMIC INLAY 3 OR MORE SURFACES	No prior authorization required		
D6602	CAST HIGH NOBLE METAL INLAY 2 SURFACES	No prior authorization required		
D6603	CAST HIGH NOBLE METAL INLAY 3 OR MORE SURFACE	No prior authorization required		
D6604	CAST PRDM BASE METAL INLAY 2 SURFACES	No prior authorization required		
D6605	CAST PRDM BASE METAL INLAY 3 OR MORE SURFACES	No prior authorization required		
D6606	CAST NOBLE METAL INLAY 2 SURFACES	No prior authorization required		
D6607	CAST NOBLE METAL INLAY 3 OR MORE SURFACES	No prior authorization required		
D6608	PORCELAIN/CERAMIC ONLAY 2 SURFACES	No prior authorization required		
D6609	PORCELAIN/CERAMIC ONLAY 3 OR MORE SURFACES	No prior authorization required		
D6610	CAST HIGH NOBLE METAL ONLAY 2 SURFACES	No prior authorization required		
D6611	CAST HIGH NOBLE METAL ONLAY 3 OR MORE SURFACE	No prior authorization required		
D6612	CAST PRDM BASE METAL ONLAY 2 SURFACES	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
D6613	CAST PRDM BASE METAL ONLAY 3 OR MORE SURFACES	No prior authorization required		
D6614	CAST NOBLE METAL ONLAY 2 SURFACES	No prior authorization required		
D6615	CAST NOBLE METAL ONLAY 3 OR MORE SURFACES	No prior authorization required		
D6624	INLAY TITANIUM	No prior authorization required		
D6634	ONLAY TITANIUM	No prior authorization required		
D6710	CROWN-INDIRECT RESIN BASED COMPOSITE	No prior authorization required		
D6720	CROWN, RESIN WITH HIGH NOBLE METAL	No prior authorization required		
D6721	CROWN, RESIN WITH PREDOM BASE METAL	No prior authorization required		
D6722	CROWN, RESIN WITH NOBLE METAL	No prior authorization required		
D6740	CROWN, PORCELAIN/CERAMIC	No prior authorization required		
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	No prior authorization required		
D6751	CROWN, PORCELAIN FUSED TO PREDOM BASE METAL	No prior authorization required		
D6752	CROWN, PORCELAIN FUSED TO NOBLE METAL	No prior authorization required		
D6753	RET CROWN PORC FUSED TITANIUM/TITANIUM ALLOYS	No prior authorization required		
D6780	CROWN, 3/4 CAST HIGH NOBLE METAL	No prior authorization required		
D6781	CROWN, 3/4 CAST PREDOM BASE METAL	No prior authorization required		
D6782	CROWN, 3/4 CAST NOBLE METAL	No prior authorization required		
D6783	CROWN, 3/4 PORCELAIN/CERAMIC	No prior authorization required		
D6784	RET CROWN 3/4 TITANIUM/TITANIUM ALLOYS	No prior authorization required		
D6790	CROWN, FULL CAST HIGH NOBLE METAL	No prior authorization required		
D6791	CROWN, FULL PREDOM BASE METAL CAST	No prior authorization required		
D6792	CROWN, FULL NOBLE METAL CAST	No prior authorization required		
D6793	INTERIM RETAINER CROWN, PRIOR FINAL IMPRS	No prior authorization required		
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	No prior authorization required		
D6920	DENTAL CONNECTOR BAR	No prior authorization required		
D6930	RECEMENT/RE-BOND FIXED PARTIAL DENTURE	No prior authorization required		
D6940	STRESS BREAKER	No prior authorization required		
D6950	PRECISION ATTACHMENT	No prior authorization required		
D6980	BRIDGE REPAIR, DUE TO RESTOR MATERIAL FAILURE	No prior authorization required		
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	No prior authorization required		

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D6999	FIXED PROSTHODONTIC PROCEDURE, UNSPECIFIED	No prior authorization required		
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	No prior authorization required		
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	No prior authorization required		
D7210	EXTRACTION ERUPTED TOOTH W/MUCOPER FLAP	No prior authorization required		
D7220	REMOVE IMPACTED TOOTH, SOFT TISSUE	No prior authorization required		
D7230	REMOVE IMPACTED TOOTH - PARTIALLY BONY	No prior authorization required		
D7240	REMOVE IMPACTED TOOTH, COMPLETELY BONY	No prior authorization required		
D7241	RMV IMPACTED TOOTH, COMPLTLY BONY W/COMPLIC	No prior authorization required		
D7250	REMOVAL RESIDUAL TOOTH ROOTS	No prior authorization required		
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	No prior authorization required		
D7252	PARTIAL EXTRACTION IMM IMPLANT PLACEMENT	No prior authorization required		
D7252	PARTIAL EXTRACTION IMM IMPLANT PLACEMENT	No prior authorization required		
D7259	NERVE DISSECTION	No prior authorization required		
D7259	NERVE DISSECTION	No prior authorization required		
D7260	OROANTRAL FISTULA CLOSURE	No prior authorization required		
D7261	PRIMARY CLOSURE SINUS PERFORATION	No prior authorization required		
D7270	TOOTH REIMPLANTATION/STABILIZATION	No prior authorization required		
D7272	TOOTH TRANSPLANTATION, INCL REIMPLANTATION	No prior authorization required		
D7280	EXPOSURE UNERUPTED TOOTH	No prior authorization required		
D7282	MOBILIZATION, ERUPTED/MALPOSITION TOOTH	No prior authorization required		
D7283	PLACE DEVICE TO FACILITATE IMPACTED TOOTH	No prior authorization required		
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	No prior authorization required		
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD	No prior authorization required		
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	No prior authorization required		
D7287	CYTOLOGY SAMPLE COLLECTION	No prior authorization required		
D7288	BRUSH BIOPSY	No prior authorization required		
D7290	SURGICAL REPOSITIONING OF TEETH	No prior authorization required		
D7291	TRANSSEPTAL/SUPRA CRESTAL FIBEROTOMY BY REPRT	No prior authorization required		
D7292	SCREW RETAINED PLATE REQUIRING FLAP	No prior authorization required		
D7293	TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
D7294	TEMPORARY ANCHORAGE DEVICE W/O FLAP	No prior authorization required		
D7295	HARVEST BONE FOR USE IN AUTOGENOUS GRAFTING PX	No prior authorization required		
D7296	CORTICOTOMY 1 -3 TEETH/TOOTH SPACES, PER QUAD	No prior authorization required		
D7297	CORTICOTOMY 4 /+ TEETH/TOOTH SPACES, PER QUAD	No prior authorization required		
D7298	REMOVAL TEMP ANCHORAGE DEVICE SCRW RETAINED PLT	No prior authorization required		
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE	No prior authorization required		
D7300	REMOVAL TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	No prior authorization required		
D7310	ALVEOPLASTY WITH EXTRACTION, PER QUADRANT	No prior authorization required		
D7311	ALVEOLOPLASTY W/EXTRACTION OF 1-3 TEETH	No prior authorization required		
D7320	ALVEOPLASTY WITHOUT EXTRACTION, PER QUADRANT	No prior authorization required		
D7321	ALVEOLOPLASTY NOT W/EXTRACTION 1-3 TEETH	No prior authorization required		
D7340	VESTIBULOPLASTY RIDGE EXTENSION	No prior authorization required		
D7350	VESTIBULOPLASTY RIDGE EXTENSION W/GRAFT	No prior authorization required		
D7410	EXCISION, BENIGN LESION UP TO 1.25 CM	No prior authorization required		
D7411	EXCISION, BENIGN LESION GREATER THAN 1.25 CM	No prior authorization required		
D7412	EXCISION BENIGN LESION, COMPLICATED	No prior authorization required		
D7413	EXCISION MALIGNANT LESION UP TO 1.25 CM	No prior authorization required		
D7414	EXCISION MALIGNANT LESION GREATR THAN 1.25 CM	No prior authorization required		
D7415	EXCISION MALIGNANT LESION, COMPLICATED	No prior authorization required		
D7440	EXCISION MALIGNANT TUMOR UP TO 1.25 CM	No prior authorization required		
D7441	EXCISION MALIGNANT TUMOR GREATR THAN 1.25 CM	No prior authorization required		
D7450	RMV BENIGN ODONTOGENIC CYST/TUMOR TO 1.25 CM	No prior authorization required		
D7451	RMV BENIGN ODONTOGENIC CYST/TUMOR > 1.25 CM	No prior authorization required		
D7460	RMV BENIGN NONODONTOGENIC CYST/TMR TO 1.25 CM	No prior authorization required		
D7461	RMV BENIGN NONODONTOGENIC CYST/TMR > 1.25 CM	No prior authorization required		
D7465	DESTROY LESION BY PHYSICAL/CHEMICAL METHOD	No prior authorization required		
D7471	REMOVE LATERAL EXOSTOSIS, MAXILLA OR MANDIBLE	No prior authorization required		
D7472	REMOVAL OF TORUS PALATINUS	No prior authorization required		
D7473	REMOVE TORUS MANDIBULARIS	No prior authorization required		
D7485	RREDUCTION OF OSSEOUS TUBEROSITY	No prior authorization required		

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D7490	RADICAL RESECTON, MANDIBLE W/BONE GRAFT	No prior authorization required		
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	No prior authorization required		
D7510	INCISION/DRAIN ABSCESS, INTRAORAL SOFT TISSUE	No prior authorization required		
D7511	INCISION/DRAIN ABSCESS INTRAORAL SOFT TISSUE	No prior authorization required		
D7520	INCISION/DRAIN ABSCESS, EXTRAORAL SOFT TISSUE	No prior authorization required		
D7521	INCISION/DRAIN ABSCESS EXTRAORAL SOFT TISSUE	No prior authorization required		
D7530	REMOVE FB, MUCOSA/SKIN/SUBCU ALVEOLAR TISSUE	No prior authorization required		
D7540	REMOVE REACTION PRODUCING FB, MUSCULO SYSTEM	No prior authorization required		
D7550	PRTL OSTEC/SEQUESTRECTOMY, RMV NON-VITAL BONE	No prior authorization required		
D7560	MAXILLARY SINUSOTOMY, RMV TOOTH FRAGMENT/FB	No prior authorization required		
D7610	OPEN REDUCTION, MAXILLA, SIMPLE	No prior authorization required		
D7620	CLOSED REDUCTION, MAXILLA, SIMPLE	No prior authorization required		
D7630	OPEN REDUCTION, MANDIBLE, SIMPLE	No prior authorization required		
D7640	CLOSED REDUCTION, MANDIBLE, SIMPLE	No prior authorization required		
D7650	OPN REDCTN, MALAR AND/OR ZYGOMATIC ARCH, SMPL	No prior authorization required		
D7660	CLSD REDCTN, MALAR AND/OR ZYGOMATIC ARCH SMPL	No prior authorization required		
D7670	CLOSED REDUCTION, ALVEOLUS, SIMPLE	No prior authorization required		
D7671	OPEN REDUCTION, ALVEOLUS, SIMPLE	No prior authorization required		
D7680	COMPLICATED REDCTN FACIAL BONES W/FIX, SMPL	No prior authorization required		
D7710	OPEN REDUCTION, MAXILLA, COMPOUND	No prior authorization required		
D7720	CLOSED REDUCTION, MAXILLA, COMPOUND	No prior authorization required		
D7730	OPEN REDUCTION, MANDIBLE, COMPOUND	No prior authorization required		
D7740	CLOSED REDUCTION, MANDIBLE, COMPOUND	No prior authorization required		
D7750	OPN REDCTN, MALAR AND/OR ZYGOMATIC ARCH CMPND	No prior authorization required		
D7760	CLSD REDCTN MALAR AND/OR ZYGOMATIC ARCH CMPND	No prior authorization required		
D7770	OPEN REDUCTION, ALVEOLUS, COMPOUND	No prior authorization required		
D7771	CLOSED REDUCTION, ALVEOLUS, COMPOUND	No prior authorization required		
D7780	COMPLICATED REDCTN FACIAL BONES W/FIX, CMPND	No prior authorization required		
D7810	TMJ OPEN REDUCTION, DISLOCATION	No prior authorization required		
D7820	TMJ CLOSED REDUCTION, DISLOCATION	No prior authorization required		

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D7830	TMJ MANIPULATION UNDER ANESTHSIA	No prior authorization required		
D7840	REMOVAL OF TMJ CONDYLE	No prior authorization required		
D7850	TMJ SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	No prior authorization required		
D7852	TMJ DISC REPAIR	No prior authorization required		
D7854	TMJ SYNOVECTOMY, EXICSE JOINT MEMBRANE	No prior authorization required		
D7856	TMJ MYOTOMY, CUTTING OF A MUSCLE	No prior authorization required		
D7858	TMJ RECONSTRUCTION	No prior authorization required		
D7860	TMJ ARTHROTOMY, CUTTING INTO JOINT	No prior authorization required		
D7865	TMJ ARTHROPLASTY, REDUCE OSSEOUS COMPONENTS	No prior authorization required		
D7870	TMJ ASPIRATION JOINT FLUID	No prior authorization required		
D7871	TMJ NON-ARTHROSCOPIC LYSIS AND LAVAGE	No prior authorization required		
D7872	TMJ DIAGNOSTIC ARTHROSCOPY, WITH/WITHOUT BX	No prior authorization required		
D7873	ARTHROSCOPY LAVAGE/LYSIS ADHESIONS	No prior authorization required		
D7874	ARTHROSCOPY DISC REPOSITIONING AND STABILIZATION	No prior authorization required		
D7875	ARTHROSCOPY: SYNOVECTOMY	No prior authorization required		
D7876	ARTHROSCOPY: DISCECTOMY	No prior authorization required		
D7877	ARTHROSCOPY: DEBRIDEMENT	No prior authorization required		
D7880	OCCLUSAL ORTHOTIC APPLI	No prior authorization required		
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	No prior authorization required		
D7899	TMD UNSPECIFIED THERAPY	No prior authorization required		
D7910	DENTAL SUTURE RECENT WOUND TO 5CM	No prior authorization required		
D7911	DENTAL COMPLICATED SUTURE RECENT WOUND TO 5CM	No prior authorization required		
D7912	DENTAL COMPLICATED SUTURE RECENT WOUND > 5CM	No prior authorization required		
D7920	DENTAL SKIN GRAFT	No prior authorization required		
D7921	COLLECT/APPLY AUTOLOGOUS BLOOD CONCENTRATE	No prior authorization required		
D7922	PLCMNT INTRA-SOCKET BIO DRESSING PER SITE	No prior authorization required		
D7939	INDEXING OSTEOTOMY DYNAMIC ROBOTIC OR NAVIGATION	No prior authorization required		
D7940	OSTEOPLASTY, ORTHOGNATHIC DEFORMITIES	No prior authorization required		
D7941	OSTEOTOMY, MANDIBULAR RAMI	No prior authorization required		
D7943	OSTEOTOMY, MANDIBULAR RAMI W/BONE GRAFT	No prior authorization required		

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D7944	OSTEOTOMY, SEG/SUBAPICAL, PER SEXTANT/Q	No prior authorization required		
D7945	OSTEOTOMY, BODY OF MANDIBLE	No prior authorization required		
D7946	RECONSTRUCTION MAXILLA TOTAL	No prior authorization required		
D7947	RECONSTRUCT MAXILLA SEGMENT	No prior authorization required		
D7948	RECONSTRUCT MIDFACE NO GRAFT	No prior authorization required		
D7949	RECONSTRUCT MIDFACE W/GRAFT	No prior authorization required		
D7950	GRAFT, MANDIBLE/FACIAL BONES	No prior authorization required		
D7951	SINUS AUG WITH BONE/BONE SUP LATRL OPEN APPR	No prior authorization required		
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	No prior authorization required		
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION	No prior authorization required		
D7955	REPAIR MAXILLOFACIAL SOFT/HARD TIS DEFECTS	No prior authorization required		
D7956	GD TISSUE REGEN EDENT AREA RES BARR PER SITE	No prior authorization required		
D7957	GD TISSUE REGEN EDENT AREA NON RES BARR PER SITE	No prior authorization required		
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	No prior authorization required		
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	No prior authorization required		
D7963	FRENULOPLASTY	No prior authorization required		
D7970	EXCISION HYPERPLASTIC TISSUE, PER ARCH	No prior authorization required		
D7971	EXCISION PERICORONAL GINGIVA	No prior authorization required		
D7972	SURGICAL REDUCTION FIBROUS TUBEROSITITY	No prior authorization required		
D7979	NON - SURGICAL SIALOLITHOTOMY	No prior authorization required		
D7980	SURGICAL SIALOLITHOTOMY	No prior authorization required		
D7981	EXCISION, SALIVARY GLAND	No prior authorization required		
D7982	SIALODOCHOPLASTY	No prior authorization required		
D7983	CLOSURE OF SALIVARY FISTULA	No prior authorization required		
D7990	EMERGENCY TRACHEOTOMY	No prior authorization required		
D7991	DENTAL CORONOIDECTOMY	No prior authorization required		
D7993	SURG PLACEMENT CRANIOFACIAL IMP - EXTRA ORAL	No prior authorization required		
D7994	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT	No prior authorization required		
D7995	SYNTHETIC GRAFT MANDIBLE/FACIAL BONES	No prior authorization required		
D7996	IMPLANT MANDIBLE FOR AUGMENTATION BY REPORT	No prior authorization required		

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D7997	APPLIANCE REMOVAL	No prior authorization required		
D7998	INTRAORAL PLACEMENT OF FIXATION DEVICE	No prior authorization required		
D7999	ORAL SURGERY PROCEDURE NOS	No prior authorization required		
D8010	LIMITED ORTHODONTIC TX PRIMARY DENTITION	No prior authorization required		
D8020	LIMITED ORTHODONTIC TX TRANSITIONAL DENTITION	No prior authorization required		
D8030	LIMITED ORTHODONTIC TX ADOLESCENT DENTITION	No prior authorization required		
D8040	LIMITED ORTHODONTIC TX ADULT DENTITION	No prior authorization required		
D8070	CMPRHNSV ORTHODONTIC TX TRNSTNL DENTITION	No prior authorization required		
D8080	CMPRHNSV ORTHODONTIC TX ADOLESCENT DENTITION	No prior authorization required		
D8090	CMPRHNSV ORTHODONTIC TX ADULT DENTITION	No prior authorization required		
D8091	COMP ORTHO TX W ORTHOGNATHIC SURGERY	No prior authorization required		
D8091	COMP ORTHO TX W ORTHOGNATHIC SURGERY	No prior authorization required		
D8210	ORTHODONTIC REMOVABLE APPLIANCE THERAPY	No prior authorization required		
D8220	ORTHODONTIC FIXED APPLIANCE THERAPY	No prior authorization required		
D8660	PRE-ORTHODONTIC TX EXAM	No prior authorization required		
D8670	PERIODIC ORTHODONTC TREATMENT VISIT	No prior authorization required		
D8671	PERIODIC ORTHODONTIC TREATMENT VISIT ORTHOG SURG	No prior authorization required		
D8671	PERIODIC ORTHODONTIC TREATMENT VISIT ORTHOG SURG	No prior authorization required		
D8680	ORTHODONTIC RETENTION	No prior authorization required		
D8681	REMOVABLE ORHODONTIC RETIANER ADJUSTMENT	No prior authorization required		
D8695	REMOVAL FIXED ORTHODONTIC APP OTHR THAN COMP TX	No prior authorization required		
D8696	REPAIR OF ORTHODONTIC APPLIANCE - MAXILLARY	No prior authorization required		
D8697	REPAIR OF ORTHODONTIC APPLIANCE - MANDIBULAR	No prior authorization required		
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY	No prior authorization required		
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR	No prior authorization required		
D8701	REP FIXED RET INCLDS REATTCHMNT MAXILLARY	No prior authorization required		
D8702	REP FIXED RET INCLDS REATTCHMNT MANDIBULAR	No prior authorization required		
D8703	REP LOST/BROKEN RETAINER MAXILLARY	No prior authorization required		
D8704	REP LOST/BROKEN RETAINER MANDIBULAR	No prior authorization required		
D8999	ORTHODONTIC PROCEDURE NOS	No prior authorization required		

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D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	No prior authorization required		
D9120	FIX PARTIAL DENTURE SECTIONING	No prior authorization required		
D9128	Photobio therpy-first 15 min	No prior authorization required		
D9129	Photobio therpy-sub 15 mins	No prior authorization required		
D9130	TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVAS	No prior authorization required		
D9193	REPLACEMENT OF AN IMPLANT SCREW	No prior authorization required		
D9210	LOCAL DENTAL ANESTHESIA W/O SURGERY	No prior authorization required		
D9211	REGIONAL BLOCK ANESTHESIA	No prior authorization required		
D9212	TRIGEMINAL BLOCK ANESTHESIA	No prior authorization required		
D9215	LOCAL ANESTHESIA WITH OTHER OP/SURG PROCEDURES	No prior authorization required		
D9219	EVAL MOD, DEEP SED/GEN ANESTHESIA	No prior authorization required		
D9222	DEEP SEDATION/GENERAL ANESTHESIA 1ST 15 MINUTES	No prior authorization required		
D9223	DEEP SEDATION/GENERAL ANESTHESIA - SUB 15 MINUTE	No prior authorization required		
D9224	Gen anes adv air-15 min	No prior authorization required		
D9225	Gen anes adv air-sub 15 min	No prior authorization required		
D9230	INHALATION NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	No prior authorization required		
D9239	INTRAVENOUS MOD CON SED/ANALGESIA 1ST 15 MINUTES	No prior authorization required		
D9243	INTRAVENOUS MODERATE CON SEDATION - SUB 15 MIN	No prior authorization required		
D9244	Office min sed drug enteral	No prior authorization required		
D9245	Admin mod sedation-enteral	No prior authorization required		
D9246	Mod sedation noniv-15 min	No prior authorization required		
D9247	Mod sedation noniv-sub15min	No prior authorization required		
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	No prior authorization required		
D9310	CONSULTATION, DX BY OTHER THAN TX PROVIDER	No prior authorization required		
D9311	CONSULTATION W/MEDICAL HEALTH CARE PROFESSIONAL	No prior authorization required		
D9410	DENTAL HOUSE CALL	No prior authorization required		
D9420	DENTAL HOSPITAL OR AMB SURGICAL CENTER CALL	No prior authorization required		
D9430	OFFICE VISIT OBSRVTN DURING REGULAR HOURS	No prior authorization required		
D9440	OFFICE VISIT AFTER HOURS	No prior authorization required		
D9450	CASE PRESENTATION, DETAILED TX PLANNING	No prior authorization required		

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D9610	DENTAL THERAPEUTIC DRUG INJECTION	No prior authorization required		
D9612	THERAPEUTIC PARENTERAL DRUGS, 2 OR MORE ADMIN	No prior authorization required		
D9613	INFILTRATION SUSTAINED RELEASE DRUG PER QUADRANT	No prior authorization required		
D9630	DRUGS/MEDICAMENTS DISPENSED HOME USE	No prior authorization required		
D9910	DENTAL APPLY DESENSITIZING MEDICAMENT	No prior authorization required		
D9911	APPLY DESENSITIZING RESIN, PER TOOTH	No prior authorization required		
D9912	PRE-VISIT PATIENT SCREENING	No prior authorization required		
D9913	ADMINISTRATION OF NEUROMODULATORS	No prior authorization required		
D9913	ADMINISTRATION OF NEUROMODULATORS	No prior authorization required		
D9914	ADMINISTRATION OF DERMAL FILLERS	No prior authorization required		
D9914	ADMINISTRATION OF DERMAL FILLERS	No prior authorization required		
D9920	DENTAL BEHAVIOR MANAGEMENT	No prior authorization required		
D9930	TX POSTSURGICAL CMPL, UNUSUAL CIRCUMSTANCE	No prior authorization required		
D9932	CLEANING AND INSPECTION REMOVABLE COMP DENT, MAX	No prior authorization required		
D9933	CLEANING AND INSPECTION REMOVABLE COMP DENT, MAN	No prior authorization required		
D9934	CLEANING AND INSPECTION REMOVABLE PART DENT, MAX	No prior authorization required		
D9935	CLEANING AND INSPECTION REMOVABLE PART DENT, MAN	No prior authorization required		
D9936	Clean occ guard	No prior authorization required		
D9938	FAB OF CUSTOM REM CLEAR PLASTIC TEMP AESTH APP	No prior authorization required		
D9939	PLACEMENT CUSTOM REM CLEAR PLASTIC TEMP APP	No prior authorization required		
D9941	FABRICATION ATHLETIC MOUTHGUARD	No prior authorization required		
D9942	REPAIR/RELINE OF OCCLUSAL GUARD	No prior authorization required		
D9943	OCCLUSAL GUARD ADJUSTMENT	No prior authorization required		
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	No prior authorization required		
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	No prior authorization required		
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	No prior authorization required		
D9947	CUSTOM SLEEP APNEA APP FABRICATION/PLACEMENT	No prior authorization required		
D9948	ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE	No prior authorization required		
D9949	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	No prior authorization required		
D9950	OCCLUSION ANALYSIS, MOUNTED CASE	No prior authorization required		

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D9951	LIMITED OCCLUSAL ADJUSTMENT	No prior authorization required		
D9952	COMPLETE OCCLUSAL ADJUSTMENT	No prior authorization required		
D9953	RELINE CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	No prior authorization required		
D9954	FAB AND DELIVERY OF OAT MORNING REPOST DEVICE	No prior authorization required		
D9955	ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT	No prior authorization required		
D9956	ADMINISTRATION OF HOME SLEEP APNEA TEST	No prior authorization required		
D9957	SCREENING FOR SLEEP RELATED BREATHING DISORDERS	No prior authorization required		
D9959	UNSPECIFIED SLEEP APNEA SERV PROC, BY REPORT	No prior authorization required		
D9959	UNSPECIFIED SLEEP APNEA SERV PROC BY REPORT	No prior authorization required		
D9961	DUPLICATE/COPY PATIENT'S RECORDS	No prior authorization required		
D9970	ENAMEL MICROABRASION	No prior authorization required		
D9971	ODONTOPLASTY - PER TOOTH	No prior authorization required		
D9972	EXTERNAL BLEACHING, PER ARCH, IN OFFICE	No prior authorization required		
D9973	EXTERNAL BLEACHING, PER TOOTH	No prior authorization required		
D9974	INTERNAL BLEACHING, PER TOOTH	No prior authorization required		
D9975	EXTERNAL BLEACH, HOME APPLICATION, PER ARCH	No prior authorization required		
D9985	SALES TAX	No prior authorization required		
D9986	MISSED APPOINTMENT	No prior authorization required		
D9987	CANCELLED APPOINTMENT	No prior authorization required		
D9990	CERT TRANSLATION OR SIGN SERVICES, PER VISIT	No prior authorization required		
D9991	DENTAL CASE MANAGEMENT APPOINTMENT COMP BARRIERS	No prior authorization required		
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	No prior authorization required		
D9993	DENTAL CARE MANAGEMENT MOTIVATIONAL INTERVIEWING	No prior authorization required		
D9994	DENTAL CARE MGMT PT ED IMPROVE ORAL HEALTH LIT	No prior authorization required		
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	No prior authorization required		
D9996	TELEDENTISTRY - ASYNCHRONOUS FOR SUB REVIEW	No prior authorization required		
D9997	DENTAL CASE MNGMT PT W/SPECIAL HLTH CARE NEEDS	No prior authorization required		
D9999	ADJUNCTIVE PROCEDURE NOS	No prior authorization required		
E0100	CANE ALL MATERIALS ADJUSTABLE/FIXED WITH TIP	No prior authorization required		
E0105	CANE ALL MATER ADJUSTABLE/FIXED QUAD/3 PRONG	No prior authorization required		

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E0110	CRUTCH ADJUST/FIXED FOREARM PAIR W/TIPS GRIPS	No prior authorization required		
E0111	CRUTCH ADJUST/FIXED FOREARM EACH W/TIPS GRIPS	No prior authorization required		
E0112	CRUTCH ADJUSTABLE/FIXED UNDERARM PAIR WOOD	No prior authorization required		
E0113	CRUTCH ADJUSTABLE/FIXED UNDERARM EACH WOOD	No prior authorization required		
E0114	CRUTCH UNDERARM ADJUST/FIXED PAIR ALUMINUM	No prior authorization required		
E0116	CRUTCH UNDERARM ADJUST/FIXED EACH ALUMINUM	No prior authorization required		
E0117	UNDERARM SPRING ASSISTED ARTICUL CRUTCH EACH	No prior authorization required		
E0118	CRUTCH SUBSTITUTE LOWER LEG W/WO WHEELS EACH	No prior authorization required		
E0130	WALKER RIGID/PICKUP ADJUSTABLE/FIXED HEIGHT	No prior authorization required		
E0135	WALKER FOLDING/PICKUP ADJUSTABLE/FIXED HEIGHT	No prior authorization required		
E0140	WALKER W TRUNK SUPPORT ADJUST/FIXED HEIGHT	No prior authorization required		
E0141	WALKER RIGID WHEELED ADJUST/FIXED HEIGHT	No prior authorization required		
E0143	WALKER FOLDING WHEELED ADJUST/FIXED HEIGHT	No prior authorization required		
E0144	ENCLOSED WALKER RIGID/FOLD WHEEL W REAR SEAT	No prior authorization required		
E0147	WALKER HVY DUTY BRAKING VARIABLE WHEEL RESIST	No prior authorization required		
E0148	HEAVY DUTY WALKER NO WHEELS RIGID/FOLD EACH	No prior authorization required		
E0149	HEAVY DUTY WHEELED WALKER RIGID/FOLD ANY TYPE	No prior authorization required		
E0150	COMBO WALKER-TRANSPORT CHAIR	No prior authorization required		
E0152	WALKER, BATTERY POWER WHEELS, FOLDING	Non-covered		
E0153	FOREARM CRUTCH PLATFORM ATTACHMENT EACH	No prior authorization required		
E0154	WALKER PLATFORM ATTACHMENT EACH	No prior authorization required		
E0155	WALKER RIGID PICK-UP/WHEEL ATTACHMNT PER PAIR	No prior authorization required		
E0156	WALKER SEAT ATTACHMENT	No prior authorization required		
E0157	WALKER CRUTCH ATTACHMENT EACH	No prior authorization required		
E0158	WALKER LEG EXTENSIONS PER SET OF FOUR	No prior authorization required		
E0159	BRAKE ATTACHMNT REPLACE FOR WHEEL WALKER EACH	No prior authorization required		
E0160	SITZ TYPE BATH OR EQUIPMENT PORTABLE	No prior authorization required		
E0161	SITZ BATH/EQUIP PORTABLE W/FAUCET ATTACHMNTS	No prior authorization required		
E0162	SITZ BATH CHAIR	No prior authorization required		
E0163	COMMODE CHAIR MOBILE WITH FIXED ARM	Yes, prior authorization required		

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E0165	COMMODE CHAIR WITH DETACHABLE ARM	No prior authorization required		
E0167	COMMODE CHAIR PAIL OR PAN	Yes, prior authorization required		
E0168	HEAVYDUTY/EXTRA WIDE COMMODE CHAIR ANY TYPE	Yes, prior authorization required		
E0170	COMMODE CHAIR W/SEAT LIFT MECH, ELECTRIC	No prior authorization required		
E0171	COMMODE CHAIR W/SEAT LIFT NON-ELECTRIC	No prior authorization required		
E0172	SEAT LIFT MECHANISM PLACED ON TOP OF TOILET	No prior authorization required		
E0175	COMMODE CHAIR FOOT REST EACH	Non-covered		
E0181	PRESSURE PAD ALTERNATING W/PUMP HVY DUTY	No prior authorization required		
E0182	REPLACE PUMP, ALTERNATE PRESSURE PAD	No prior authorization required		
E0183	PRESS UNDERLAY ALTER W/PUMP INCL HEAVY DUTY	No prior authorization required		
E0184	DRY PRESSURE MATTRESS	Yes, prior authorization required		
E0185	GEL PRESSURE STANDARD LNGTH/WDTH MATTRESS PAD	Yes, prior authorization required		
E0186	AIR PRESSURE MATTRESS	No prior authorization required		
E0187	WATER PRESSURE MATTRESS	No prior authorization required		
E0188	SYNTHETIC SHEEPSKIN PAD	Yes, prior authorization required		
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	No prior authorization required		
E0190	POSITIONING CUSHION/WEDGE ANY SHAPE/SIZE	Non-covered		
E0191	PROTECTOR HEEL OR ELBOW EACH	No prior authorization required		
E0193	POWERED AIR FLOTATION BED FOR LOW AIR LOSS TH	Yes, prior authorization required		
E0194	AIR FLUIDIZED BED	Yes, prior authorization required		
E0196	GEL PRESSURE MATTRESS	No prior authorization required		
E0197	AIR PRESSURE PAD STNDRD LENGTH/WIDTH MATTRESS	No prior authorization required		
E0198	WATER PRESSURE PAD STND LENGTH/WIDTH MATTRESS	No prior authorization required		
E0199	DRY PRESSURE PAD STNDRD LENGTH/WIDTH MATTRESS	No prior authorization required		
E0200	HEAT LAMP WITHOUT STAND INC BULB/INFRD ELEMNT	No prior authorization required		
E0201	PENILE CONTRACTUR DEVIC MANU	Yes, prior authorization required		
E0202	PHOTOTHERAPY/BILIRUBIN LIGHT WITH PHOTOMETER	No prior authorization required		
E0203	THERAPEUTIC LIGHTBOX TABLETOP MIN 10000 LUX	Yes, prior authorization required		
E0205	HEAT LAMP WITH STAND INC BULB/INFRARD ELEMENT	No prior authorization required		
E0210	ELECTRIC HEAT PAD STANDARD	Yes, prior authorization required		

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E0215	ELECTRIC HEAT PAD MOIST	Yes, prior authorization required		
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	No prior authorization required		
E0218	FLUID CIRC COLD PAD W PUMP, ANY TYPE	Non-covered		
E0221	INFRARED HEATING PAD SYSTEM	No prior authorization required		
E0225	HYDROCOLLATOR UNIT INCLUDES PADS	Non-covered		
E0231	NONCONTACT WOUND WARMING DEVICE	Non-covered		
E0232	WARMING CARD FOR NONCONTACT WOUND WARM DEVICE	Non-covered		
E0235	PARAFFIN BATH UNIT PORTABLE	No prior authorization required		
E0236	PUMP FOR WATER CIRCULATING PAD	Non-covered		
E0239	HYDROCOLLATOR UNIT PORTABLE	Non-covered		
E0240	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE	No prior authorization required		
E0241	BATH TUB WALL RAIL EACH	No prior authorization required		
E0242	BATH TUB RAIL FLOOR BASE	No prior authorization required		
E0243	TOILET RAIL EACH	No prior authorization required		
E0244	TOILET SEAT RAISED	No prior authorization required		
E0245	TUB STOOL OR BENCH	No prior authorization required		
E0246	TRANSFER TUB RAIL ATTACHMENT	No prior authorization required		
E0247	TRANSFER BENCH TUB/TOILET W/WO COMMODE OPEN	No prior authorization required		
E0248	HVY DUTY TRANSFER BENCH W/WO COMMODE OPEN	No prior authorization required		
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	No prior authorization required		
E0250	HOSPITAL BED FIXED HEIGHT W/MATTRESS W/RAILS	No prior authorization required		
E0251	HOSPITAL BED FIXED HGT W/O MATTRESS W/RAILS	No prior authorization required		
E0255	HOSPITAL BED VARIABLE HGT W/MATTRESS W/RAILS	No prior authorization required		
E0256	HOSPITAL BED VARIABLE HGT W/O MATTRSS W/RAILS	No prior authorization required		
E0260	HOSPITAL BED SEMI-ELECTRIC W/MATTRESS W/RAILS	No prior authorization required		
E0261	HOSPITAL BED SEMI-ELECTRC W/O MATTRESS W/RAIL	No prior authorization required		
E0265	HOSPITAL BED TOTAL ELECTRIC W/MATRESS W/RAILS	Non-covered		
E0266	HOSPITAL BED TOTAL ELECTRC W/O MATRESS W/RAIL	Non-covered		
E0270	HOSPITAL BED INSTITUTIONAL TYPE WITH MATTRESS	Non-covered		
E0271	MATTRESS INNERSPRING	No prior authorization required		

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E0272	MATTRESS FOAM RUBBER	No prior authorization required		
E0273	BED BOARD	No prior authorization required		
E0274	OVER-BED TABLE	No prior authorization required		
E0275	BED PAN STANDARD METAL OR PLASTIC	No prior authorization required		
E0276	BED PAN FRACTURE METAL OR PLASTIC	No prior authorization required		
E0277	POWERED PRESSURE REDUCING AIR MATTRESS	Yes, prior authorization required		
E0280	BED CRADLE ANY TYPE	No prior authorization required		
E0290	HOSPITAL BED FIXED HGT W/O RAILS W/ MATTRESS	No prior authorization required		
E0291	HOSPITAL BED FIXED HGT W/O RAILS W/O MATTRESS	No prior authorization required		
E0292	HOSPITAL BED VARIABLE HGT W/O RAIL W/MATTRS	No prior authorization required		
E0293	HOSPITAL BED VARIABLE HGT W/O RAIL W/O MATTRESS	No prior authorization required		
E0294	HOSPITAL BED SEMI-ELECTRIC W/O RAIL W/MATTRES	No prior authorization required		
E0295	HOSPITAL BED SEMI-ELECTRC W/O RAIL W/O MATTRS	No prior authorization required		
E0296	HOSPITAL BED TOTAL ELECTR W/O RAIL W/MATTRESS	Non-covered		
E0297	HOSPITAL BED TOTAL ELECT W/O RAIL W/O MATRESS	Non-covered		
E0300	ENCLOSED PEDIATRIC CRIB HOSPITAL GRADE	Yes, prior authorization required		
E0301	HEAVY DUTY HOSPITAL BED, 350-600 LBS W/O MATR	Yes, prior authorization required		
E0302	EX HVYDTY HOSPITAL BED > 600 LBS W/O MATTRESS	Yes, prior authorization required		
E0303	HOSPITAL BED HEAVY DUTY EXTRA WIDE W/ MATRESS	Yes, prior authorization required		
E0304	HOSP BED EXTRA HEAVY DUTY XTR WIDE W/ MATRESS	Yes, prior authorization required		
E0305	RAILS BED SIDE HALF LENGTH	No prior authorization required		
E0310	RAILS BED SIDE FULL LENGTH	No prior authorization required		
E0315	BED ACCESSORIES BOARDS/TABLES/SUPPRT ANY TYPE	No prior authorization required		
E0316	BED SAFETY ENCLOSURE/FRAME/CANOPY ANY TYPE	Yes, prior authorization required		
E0325	URINAL MALE JUG-TYPE ANY MATERIAL	No prior authorization required		
E0326	URINAL FEMALE JUG-TYPE ANY MATERIAL	No prior authorization required		
E0328	PEDIATRIC HOSPITAL BED, MANUAL	No prior authorization required		
E0329	PEDIATRIC HOSPITAL BED SEMI/ELECTRIC	No prior authorization required		
E0350	CONTROL UNIT BOWEL IRRIGATE/EVACUATE SYSTEM	No prior authorization required		
E0352	DISPOSABLE PACK W/BOWEL IRRIGATE/EVAC SYSTEM	No prior authorization required		

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E0370	AIR PRESSURE PAD ELEVATOR FOR HEEL	No prior authorization required		
E0371	NONPOWERED STD LENGTH/WIDTH MATTRESS OVERLAY	Yes, prior authorization required		
E0372	POWERED STD LENGTH/WIDTH AIR MATTRESS OVERLAY	Yes, prior authorization required		
E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Yes, prior authorization required		
E0424	STATIONARY COMPRESSED GAS O2 SYSTEM RENTAL	No prior authorization required		
E0425	STATIONARY COMPRESSED GAS SYSTEM PURCHASE	No prior authorization required		
E0430	PORTABLE GASEOUS OXYGEN SYSTEM PURCHASE	No prior authorization required		
E0431	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL	No prior authorization required		
E0433	PORTABLE LIQUID OXYGEN SYS, RENTAL, W OR W/O SUP	No prior authorization required		
E0434	PORTABLE LIQUID OXYGEN SYSTEM RENTAL	No prior authorization required		
E0435	PORTABLE LIQUID OXYGEN SYSTEM PURCHASE	No prior authorization required		
E0439	STATIONARY LIQUID OXYGEN SYSTEM RENTAL	No prior authorization required		
E0440	STATIONARY LIQUID OXYGEN SYSTEM PURCHASE	No prior authorization required		
E0441	STATIONARY O2 GAS PER/UNIT, 1 MONTH SUPPLY	No prior authorization required		
E0442	STATIONARY O2 LIQUID PER/UNIT, 1 MONTH SUPPLY	No prior authorization required		
E0443	PORTABLE OXYGEN CONTENTS GAS/UNIT USE W/SYSTM	No prior authorization required		
E0444	PORTABLE OXYGEN CONTENTS LIQ/UNIT USE W/SYSTM	No prior authorization required		
E0445	OXIMETER DEVICE NON-INVASIVE MEASURE BLOOD O2	No prior authorization required		
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOS	Non-covered		
E0447	PORT O2 CONT, LIQ OVER 4 LPM	No prior authorization required		
E0450	VOLUME VENTILATOR W/O PRESSURE SUPPORT MODE	No prior authorization required		
E0455	OXYGEN TENT EXCLUDING CROUP/PEDIATRIC TENTS	No prior authorization required		
E0459	CHEST WRAP	No prior authorization required		
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Yes, prior authorization required		
E0465	HOME VENT INVASIVE INTERFACE	Yes, prior authorization required		
E0466	HOME VENT NON-INVASIVE INTER	Yes, prior authorization required		
E0467	HOME VENT MULTI-FUNCTION	Yes, prior authorization required		
E0468	HOME VENT DUAL FNCT INCL ALL ACCESS, COMP, SUPP	Yes, prior authorization required		
E0469	LUNG EXPANS HIGH OSCIL NEB	Yes, prior authorization required		
E0470	RESP ASSIST DEV W/O BACKUP NON-INV INTERFACE	No prior authorization required		

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E0471	RESP ASSIST DEV W/BACKUP NON-INV INTERFACE	Yes, prior authorization required		
E0472	RESP ASSIST DEV W/BACKUP INVASIVE INTERFACE	Yes, prior authorization required		
E0480	PERCUSSOR ELECTRIC/PNEUMATIC HOME MODEL	No prior authorization required		
E0481	INTRPULMNRY PERCUSS VENT	Yes, prior authorization required		
E0482	COUGH STIMULATING DEVICE ALT POS/NEG PRESSURE	Yes, prior authorization required		
E0483	CHEST COMPRESS GENER SYS	Yes, prior authorization required		
E0484	NON-ELEC OSCILLATORY POS EXPIRATORY DEVICE EA	No prior authorization required		
E0485	ORAL DEVICE/APPLIANCE PREFABRICATED	No prior authorization required		
E0486	ORAL DEVICE/APPLIANCE CUSTOM FABRICATED	No prior authorization required		
E0487	ELECTRONIC SPIROMETER	Non-covered		
E0490	CONTROL UNIT NM HARDWARE REMOTE	No prior authorization required		
E0491	ORAL DV NM MOUTHPC HW REMOTE, 90 DAY SUPPLY	No prior authorization required		
E0492	CONTROL UNIT NM STIM W PHONE APPLICATION	No prior authorization required		
E0493	ORAL DV/APP NEUROMUS MOUTHPI 90-DAY SUPPLY	No prior authorization required		
E0500	IPPB MACHINE ALL TYPES W BUILTIN NEBULIZATION	No prior authorization required		
E0530	ELECTRONIC POSA TREATMENT, ANY TYPE	No prior authorization required		
E0550	HUMIDIFER FOR EXTENSIVE SUPPLEMNT DURING IBBP	No prior authorization required		
E0555	HUMIDIFIER FOR USE W/REGULATOR OR FLOWMETER	No prior authorization required		
E0560	HUMIDIFIER FOR SUPPLEMENTAL HUMID DURING IBBP	No prior authorization required		
E0561	HUMIDIFIER NONHEATED USED W/POS AIRWAY PRESS	No prior authorization required		
E0562	HUMIDIFIER HEATED USED W/POSITIVE AIRWAY PRES	No prior authorization required		
E0565	COMPRESSOR AIR POWER SOURCE FOR EQUIP NONCONT	No prior authorization required		
E0570	NEBULIZER WITH COMPRESSOR	No prior authorization required		
E0572	AEROSOL COMPRESSOR ADJUST PRESSURE LIGHT DUTY	No prior authorization required		
E0574	ULTRASONC/ELEC AEROSOL GENERATOR W/SM VOL NEB	No prior authorization required		
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	No prior authorization required		
E0580	NEBULIZER W/COMPRSR USE W/REGULATOR/FLOWMETER	No prior authorization required		
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	No prior authorization required		
E0600	RESP SUCTION PUMP ELEC PORT/STATNRY HOME MODL	No prior authorization required		
E0601	CONTINUOUS AIRWAY PRESSURE DEVICE/CPAP	No prior authorization required		

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E0602	BREAST PUMP MANUAL ANY TYPE	No prior authorization required		
E0603	ELECTRIC BREAST PUMP ANY TYPE	No prior authorization required		
E0604	HOSPITAL GRADE HEAVY DUTY ELECTRC BREAST PUMP	No prior authorization required		
E0605	VAPORIZER ROOM TYPE	No prior authorization required		
E0606	DRAINAGE BOARD POSTURAL	No prior authorization required		
E0607	BLOOD GLUCOSE MONITOR HOME	No prior authorization required		
E0610	PACEMAKER MONITER SELFCONTAIN AUDIBLE/VISIBLE	No prior authorization required		
E0615	PACEMAKER MONITER SELFCONTAIN DIGITAL/VISIBLE	No prior authorization required		
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMRY	No prior authorization required		
E0617	AUTOMATIC EXTERNAL DEFIBRILLATOR W/ECG ANALYS	Yes, prior authorization required		
E0618	APNEA MONITOR W/O RECORDING FEATURE	Yes, prior authorization required		
E0619	APNEA MONITOR WITH RECORDING FEATURE	No prior authorization required		
E0620	CAPILLARY BLOOD SKIN PIERCING LASER DEVICE EA	No prior authorization required		
E0621	PATIENT LIFT SLING/SEAT CANVAS OR NYLON	Yes, prior authorization required		
E0625	PATIENT LIFT KARTOP BATHROOM OR TOILET	Yes, prior authorization required		
E0627	SEAT LFT INCORP LFT-CHA	Yes, prior authorization required		
E0629	SEAT LIFT MECH, NON-ELECTRIC, ANY TYPE	Yes, prior authorization required		
E0630	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	No prior authorization required		
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	No prior authorization required		
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM W/LIFT	Yes, prior authorization required		
E0637	COMBINATION SIT TO STAND	Yes, prior authorization required		
E0638	STANDING FRAME SYSTEM	Yes, prior authorization required		
E0639	MOVEABLE PATIENT LIFT SYSTEM	No prior authorization required		
E0640	FIXED PATIENT LIFT SYSTE	No prior authorization required		
E0641	MULTI-POSITION STND FRAM	No prior authorization required		
E0642	DYNAMIC STANDING FRAME	No prior authorization required		
E0650	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME	Yes, prior authorization required		
E0651	PNEUMATIC COMPRES SEGMENTAL HOME WO/CAL PRESS	Yes, prior authorization required		
E0652	PNEUMATIC COMPRES SEGMNTAL HOME W/CAL PRESSRE	Yes, prior authorization required		
E0655	NONSEGMENTAL PNEUMATIC APPLIANCE HALF ARM	Yes, prior authorization required		

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E0656	SEGMENTAL PNEUMATIC TRUN	No prior authorization required		
E0657	SEGMENTAL PNEUMATIC CHES	No prior authorization required		
E0658	SEG PNEUM COMP 2 ARM CHEST	No prior authorization required		
E0659	SEG PNEUM COMP HEAD NECK CHE	No prior authorization required		
E0660	NONSEGMENTAL PNEUMATIC APPLIANCE FULL LEG	Yes, prior authorization required		
E0665	NONSEGMENTAL PNEUMATIC APPLIANCE FULL ARM	Yes, prior authorization required		
E0666	NONSEGMENTAL PNEUMATIC APPLIANCE HALF LEG	Yes, prior authorization required		
E0667	SEGMENTAL PNEUMATIC APPLIANCE FULL LEG	No prior authorization required		
E0668	SEGMENTAL PNEUMATIC APPLIANCE FULL ARM	No prior authorization required		
E0669	SEGMENTAL PNEUMATIC APPLIANCE HALF LEG	No prior authorization required		
E0670	SEG PNEUM INT LEGS/TRUNK	Yes, prior authorization required		
E0671	SEGMNTAL GRADIENT PNEUMATC APPLIANCE FULL LEG	Yes, prior authorization required		
E0672	SEGMNTAL GRADIENT PNEUMATC APPLIANCE FULL ARM	Yes, prior authorization required		
E0673	SEGMNTAL GRADIENT PNEUMATC APPLIANCE HALF LEG	Yes, prior authorization required		
E0675	PNEUMATIC COMPRESSION DEVICE HIGH PRESSURE	Yes, prior authorization required		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE, NOS	Yes, prior authorization required		
E0677	Non pneum seq comp trunk	No prior authorization required		
E0678	NON PNEUM SEQ COMP GARMENT, FULL LEG	No prior authorization required		
E0679	NON PNEUM SEQ COMP GARMENT, HALF LEG	No prior authorization required		
E0680	NON PNEUM COMP CONTROL CAL GRADIENT PRESSURE	Yes, prior authorization required		
E0681	NON PNEU COMP CONTROL W/O CA GRADIENT PRESSURE	No prior authorization required		
E0682	NON PNEUM COMPRESS GARMENT, FULL ARM	No prior authorization required		
E0683	Non pneu peristalic comp pmp	No prior authorization required		
E0691	ULTRAVIOLET LIGHT TX TREAT AREA 2 SQ FT OR LESS	Yes, prior authorization required		
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM 4 FOOT PANEL	Yes, prior authorization required		
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM 6 FOOT PANEL	Yes, prior authorization required		
E0694	ULTRAVIOLET MULTIDIR CABINET SYSTEM 6 FT CABN	Yes, prior authorization required		
E0700	SAFETY EQUIPMENT	Non-covered		
E0705	TRANSFER DEVICE, EACH	No prior authorization required		
E0710	RESTRAINTS ANY TYPE	Non-covered		

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E0711	UPPER EXTREMITY ENCLOSURE RESTR ROM	No prior authorization required		
E0720	TENS TWO LEAD LOCALIZED STIMULATION	No prior authorization required		
E0721	Trans elec stim auricular	No prior authorization required		
E0730	TENS FOUR OR MORE LEADS MULTIPLE NERVE STIMUL	No prior authorization required		
E0731	FORM FITTING CONDUCTIVE GARMENT FOR TENS/NMES	No prior authorization required		
E0732	CES SYSTEM, ANY TYPE	No prior authorization required		
E0733	TRANS ELEC NERV STIM FOR ELEC STIM TRIGEMIN	No prior authorization required		
E0734	EXT UPPER LIMB TREMOR STIM PERI NERVES OF WRIST	Yes, prior authorization required		
E0735	NON-INVASIVE VAGUS NERVE STIMULATOR	No prior authorization required		
E0736	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	No prior authorization required		
E0738	UPPER EXTREMITY REHAB, ALL COMP AND ACCESSORIES	Yes, prior authorization required		
E0739	REHAB SYS ACTIVE ASSIST REHAB THERAPY, ALL COMP	Yes, prior authorization required		
E0740	NON-IMPLANT PELV FLR E-STIM, COMP SYSTEM	No prior authorization required		
E0743	EXT LOW EXT NERVE STIMU RLS	No prior authorization required		
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	No prior authorization required		
E0745	NEUROMUSCULAR STIMULATOR ELECTRONC SHOCK UNIT	No prior authorization required		
E0746	ELECTROMYOGRAPHY/EMG BIOFEEDBACK DEVICE	Non-covered		
E0747	OSTEOGENISIS STIMULATOR NONINVASIV NOT SPINAL	Yes, prior authorization required		
E0748	OSTEOGN STIM SPINAL,ELEC	Yes, prior authorization required		
E0749	OSTEOGENESIS STIMULATOR ELECT SURGICAL IMPLNT	Yes, prior authorization required		
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR	Yes, prior authorization required		
E0760	OSTEOGEN ULTRASOUND STIM	Yes, prior authorization required		
E0761	NONTHERM PULSE HIGH FREQ ELECTROMGNTC DEVICE	No prior authorization required		
E0762	TRANSCUTANEOUS ELECTRIC JOINT STIM DEVICE SYS	No prior authorization required		
E0764	FUNCTIONAL NEUROMUSCULAR STIM TRANSCUTANEOUS	Yes, prior authorization required		
E0765	FDA APPROVE NERVE STIMULATOR FOR TX NAUSEA/VT	No prior authorization required		
E0766	ELECT STIM DEVICE CANCER TX INCL ALL ACCESSORIES	Yes, prior authorization required		
E0767	Intrabuc am rf emf cancer tx	Yes, prior authorization required		
E0769	ELECTROMAGNETIC WOUND TREATMENT DEV	Yes, prior authorization required		
E0770	FUNCTIONAL ELECTRIC STIMULATOR NOS	Yes, prior authorization required		

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E0776	IV POLE	No prior authorization required		
E0779	MECH AMB INFUSION PUMP REUSE 8 HRS OR GREATR	No prior authorization required		
E0780	MECH AMB INFUSION PUMP REUSE LESS THAN 8HRS	No prior authorization required		
E0781	EXTERNAL AMB INFUSION PUMP SINGLE/MULT CHANNL	Yes, prior authorization required		
E0782	NON-PRGRAMBL INFUSN PUMP	Yes, prior authorization required		
E0783	PROGRM IMPL INFUSN SYSTM	Yes, prior authorization required		
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Yes, prior authorization required		
E0785	INTRASPINAL CATH REPLCMT	No prior authorization required		
E0786	PROG INFUS PUMP REPLACE	Yes, prior authorization required		
E0787	CGS DOSE ADJ INSULIN INF PMP	No prior authorization required		
E0791	PARENTERAL INFUSION PUMP STATIONRY SINGL/MULT	Yes, prior authorization required		
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH	No prior authorization required		
E0840	CERVICAL TRACTION FRAME ATTACH TO HEADBOARD	No prior authorization required		
E0849	CERVICAL PNEUMATIC TRACTION EQUIPMENT	No prior authorization required		
E0850	CERVICAL TRACTION STAND FREE STANDING	No prior authorization required		
E0855	CERVICAL TRACTION EQUIP NOT REQ ADD STAND/FRM	No prior authorization required		
E0856	CERVICAL COLLAR WITH AIR BLADDER	No prior authorization required		
E0860	OVERDOOR TRACTION EQUIPMENT CERVICAL TRACTION	No prior authorization required		
E0870	EXTREMITY TRACTION FRAME ATTACH TO FOOTBOARD	No prior authorization required		
E0880	TRAC STAND FREE STAND EXTREM	No prior authorization required		
E0890	PELVIC TRACTION FRAME ATTACHED TO FOOTBOARD	No prior authorization required		
E0900	PELVIC TRACTION STAND FREE STANDING	No prior authorization required		
E0910	TRAPEZE BAR ATTACHED TO BED WITH GRAB BAR	No prior authorization required		
E0911	HEAVY DUTY, TRAPEZE BAR ATTACH TO BED	No prior authorization required		
E0912	HEAVY DUTY, TRAPEZE BAR FREE STANDING	No prior authorization required		
E0920	FRACTURE FRAME ATTACHED TO BED INCL WEIGHTS	No prior authorization required		
E0930	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	No prior authorization required		
E0935	EXERCISE DEVICE PASSIVE MOTION	No prior authorization required		
E0936	CPM DEVICE, OTHER THAN KNEE	No prior authorization required		
E0940	TRAPEZE BAR FREE STANDING COMPLETE W GRAB BAR	No prior authorization required		

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E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	No prior authorization required		
E0942	CERVICAL HEAD HARNESS/HALTER	No prior authorization required		
E0944	PELVIC BELT/HARNESS/BOOT	No prior authorization required		
E0945	BELT/HARNESS EXTREMITY	No prior authorization required		
E0946	FRACTURE FRAME DUAL W CROSS BARS ATTACHED BED	No prior authorization required		
E0947	FRACTURE FRAME ATTACHMNTS COMPLEX PELVIC TRX	No prior authorization required		
E0948	FRACTURE FRAME ATTACHMNTS COMPLEX CERVICAL TR	No prior authorization required		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	No prior authorization required		
E0951	HEEL LOOP/HOLDER W OR WO ANKLE STRAP EACH	No prior authorization required		
E0952	TOE LOOP/HOLDER EACH	No prior authorization required		
E0953	W/C LATERAL THIGH/KNEE SUP EACH	No prior authorization required		
E0954	W/C ACC, FOOT BOX, ANY TYPE EACH FOOT	No prior authorization required		
E0955	WHEELCHAIR ACCESSORY CUSHIONED HEADREST EACH	No prior authorization required		
E0956	WHEELCHAIR LATERAL TRUNK/HIP SUPPORT EACH	No prior authorization required		
E0957	WHEELCHAIR ACCES MEDIAL THIGH SUPPORT EACH	No prior authorization required		
E0958	MANUAL WHEELCHAIR 1 ARM DRIVE ATTACHMENT EACH	No prior authorization required		
E0959	MANUAL WHEELCHAIR ACCSSORY AMPUTEE ADAPTER EA	No prior authorization required		
E0960	WHEELCHR SHOULDER HARNESS/STRAPS OR CHEST STR	No prior authorization required		
E0961	MANUAL WHEELCHAIR WHEEL LOCK BRAKE EXTENSION	No prior authorization required		
E0966	MANUAL WHEELCHAIR HEAD REST EXTENSION EACH	No prior authorization required		
E0967	MANUAL WHEELCHAIR HAND RIMS W/PROJ, REP, EACH	No prior authorization required		
E0968	WHEELCHAIR COMMODE SEAT	No prior authorization required		
E0969	WHEELCHAIR NARROWING DEVICE	No prior authorization required		
E0970	WHEELCHAIR NO.2 FOOTPLATES EXCPT FOR FOOT RST	No prior authorization required		
E0971	WHEELCHAIR ANTI-TIPPING DEVICE	No prior authorization required		
E0973	WHEELCHAIR ADJUSTABLE HEIGHT DETACH ARMREST	No prior authorization required		
E0974	MANUAL WHEELCHAIR ANTI-ROLLBACK DEVICE EACH	No prior authorization required		
E0978	WHEELCHAIR BELT SAFETY BELT/PELVIC STRAP EACH	No prior authorization required		
E0980	WHEELCHAIR SAFETY VEST	No prior authorization required		
E0981	WHEELCHAIR SEAT UPHOLSTERY, REPLACEMENT EACH	No prior authorization required		

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E0982	WHEELCHAIR BACK UPHOLSTERY, REPLACEMENT EACH	No prior authorization required		
E0983	MANUAL WHEELCHAIR ADD POWER JOYSTICK CONTROL	Yes, prior authorization required		
E0984	MANUAL WHEELCHAIR ADD POWER TILLER CONTROL	No prior authorization required		
E0985	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM	No prior authorization required		
E0986	MANUAL WHEELCHAIR PUSH-RIM POWER ASSIST EACH	Yes, prior authorization required		
E0988	LEVER-ACTIVATED WHEEL DRIVE, WHEELCHAIR ACCESSRY	Yes, prior authorization required		
E0990	WHEELCHAIR ELEVATING LEG REST EACH	No prior authorization required		
E0992	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT	No prior authorization required		
E0994	WHEELCHAIR ARM REST EACH	No prior authorization required		
E0995	WHEELCHAIR ACCESSORY CALF REST/PAD, REP, EACH	No prior authorization required		
E1002	WHEELCHAIR POWER SEAT SYSTEM TILT ONLY	Yes, prior authorization required		
E1003	WHEELCHAIR POWER SEAT RECLINE ONLY W/O SHEAR	Yes, prior authorization required		
E1004	WHEELCHR POWER SEAT RECLINE ONLY W/MECH SHEAR	Yes, prior authorization required		
E1005	PWR SEAT-RECLINE+PWR	Yes, prior authorization required		
E1006	PWR SEAT COMBO W/O SHEAR	Yes, prior authorization required		
E1007	WHLCHR POWER SEAT TILT/RECLINE W/MECH SHEAR	Yes, prior authorization required		
E1008	WHLCHR POWER SEAT TILT/RECLINE W/POWER SHEAR	Yes, prior authorization required		
E1009	ADD MECH LEG ELEVATION	Yes, prior authorization required		
E1010	WHEELCHAIR ADD POWER LEG ELEVATION W/REST EA	No prior authorization required		
E1011	PEDIATRIC WHEELCHAIR MODIFY WIDTH ADJUSTMENT	No prior authorization required		
E1012	CTR MOUNT PWR ELEV LEG REST, ANY TYPE, EACH	No prior authorization required		
E1014	RECLINING BACK ADDITION PEDIATRIC WHEELCHAIR	No prior authorization required		
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH	No prior authorization required		
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH	No prior authorization required		
E1017	HD SHOCK ABSORBR FOR HD MANUAL WHEELCHAIR EA	No prior authorization required		
E1018	HD SHOCK ABSORBER FOR HD POWER WHEELCHAIR EA	No prior authorization required		
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	No prior authorization required		
E1022	WHEELCHR TRANSPORT SECUR	Yes, prior authorization required		
E1023	WHEELCHR TRANSIT SECUREMENT	Yes, prior authorization required		
E1028	WHEELCHAIR MANUAL SWINGAWAY WITH MOUNT HRDWAR	No prior authorization required		

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E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	No prior authorization required		
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	No prior authorization required		
E1031	ROLLABOUT CHAIR WITH CASTERS 5 INCHES OR GRTR	No prior authorization required		
E1032	WHEELCHAIR JOYSTICK DRIVE	No prior authorization required		
E1033	WHEELCHAIR HARDWARE HEADREST	No prior authorization required		
E1034	WHEELCHAIR TRUNK HIP SUPPORT	No prior authorization required		
E1035	MULTIPOSTION PATIENT TRANSFR SYS W SEAT <=300LBS	Yes, prior authorization required		
E1036	MULTI-POS PATIENT TRANSFER SYSTEM, WGT >300 LBS	Yes, prior authorization required		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	No prior authorization required		
E1038	TRANSPORT CHAIR ADULT SIZE WT <250 LBS	No prior authorization required		
E1039	TRANSPORT CHAIR PATIENT WT >= 250LB	No prior authorization required		
E1050	WHEELCHAIR FULL RECLINE FIXED FULL LENGTH ARM	No prior authorization required		
E1060	WHEELCHAIR FULL RECLINE DETACHABLE ARMS	No prior authorization required		
E1070	WHEELCHAIR FULL RECLINE DETACH ARMS/FOOT REST	No prior authorization required		
E1083	HEMI-WHEELCHAIR FIXED ARMS/DETACH FOOT REST	No prior authorization required		
E1084	HEMI-WHEELCHAIR DETACHABLE ARMS/FOOT REST	No prior authorization required		
E1085	HEMI-WHEELCHAIR FIXED ARMS/DETACH FOOT REST	No prior authorization required		
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS/FOOT REST	No prior authorization required		
E1087	HIGH STRENGTH WHEELCHAIR LIGHTWT FIXED ARMS	No prior authorization required		
E1088	HIGH STRENGTH WHEELCHAIR LIGHTWEIGHT DET ARMS	No prior authorization required		
E1089	HIGH STRENGTH WHEELCHAIR LIGHTWT FIXED ARMS	No prior authorization required		
E1090	HIGH STRENGTH WHEELCHAIR LIGHTWEIGHT DET ARMS	No prior authorization required		
E1092	WHEELCHAIR WIDE HEAVY DUTY DET ARMS/LEG RESTS	No prior authorization required		
E1093	WHEELCHAIR WIDE HEAVY DUTY DET ARMS/FOOT REST	No prior authorization required		
E1100	WHEELCHAIR SEMI-RECL FIXED ARM DETACH LEG RES	No prior authorization required		
E1110	WHEELCHAIR SEMI-RECL DETACH ARMS ELEVATE LEG	No prior authorization required		
E1130	WHEELCHAIR STANDARD FIXED ARM DETACH FOOTREST	No prior authorization required		
E1140	WHEELCHAIR STANDARD DETACH ARMS/FOOTRESTS	No prior authorization required		
E1150	WHEELCHAIR STANDARD DETACH ARMS/FOOT/LEGRESTS	No prior authorization required		
E1160	WHEELCHAIR FIXED ARMS DETACH ELEVATE LEG REST	No prior authorization required		

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E1161	MANUAL ADULT WHEELCHAIR WITH TILT IN SPACE	Yes, prior authorization required		
E1170	WHEELCHAIR AMPUTEE FIXED ARMS DETACH LEG REST	No prior authorization required		
E1171	WHEELCHAIR AMPUTEE FIXED ARMS W/O LEG REST	No prior authorization required		
E1172	WHEELCHAIR AMPUTEE DETACH ARMS W/O LEG REST	No prior authorization required		
E1180	WHEELCHAIR AMPUTEE DETACH ARMS W/FOOT REST	No prior authorization required		
E1190	WHEELCHAIR AMPUTEE DETACH ARMS W/LEG REST	No prior authorization required		
E1195	WHEELCHAIR AMPUTEE HEAVY DUTY FIXED ARMS	No prior authorization required		
E1200	WHEELCHAIR AMPUTEE FIXED ARM DETACH FOOT REST	No prior authorization required		
E1220	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED	Yes, prior authorization required		
E1221	WHEELCHAIR SPECIAL SIZE FIXED ARMS FOOT RESTS	No prior authorization required		
E1222	WHEELCHAIR SPECIAL SIZE FIXED ARMS LEG RESTS	No prior authorization required		
E1223	WHEELCHAIR SPECIAL SIZE DETACH ARM FOOT RESTS	No prior authorization required		
E1224	WHEELCHAIR SPECIAL SIZE DETACH ARM LEG RESTS	No prior authorization required		
E1225	WHEELCHAIR SPECIAL SIZE ACCSRY SEMI-RECL BACK	No prior authorization required		
E1226	WHEELCHAIR SPECIAL SIZE ACCSRY FULL-RECL BACK	No prior authorization required		
E1227	WHEELCHAIR SPECIAL SIZE ACCSRY SPEC HGT ARM	No prior authorization required		
E1228	WHEELCHAIR SPECIAL SIZE ACCSRY SPEC HGT BACK	No prior authorization required		
E1229	PEDIATRIC WHEELCHAIR NOS	No prior authorization required		
E1230	POWR OPER VEH 3-4 WHEEL	Yes, prior authorization required		
E1231	RIGID ADJ PEDIATRIC WHEELCHAIR TILT-IN-SPACE	Yes, prior authorization required		
E1232	FOLDING PEDIATRIC WHEELCHAIR TILT-IN-SPACE	Yes, prior authorization required		
E1233	RIGID PEDIATRIC WHEELCHAIR TILTNSPAC W/O SEAT	Yes, prior authorization required		
E1234	FOLD PEDIATRIC WHEELCHAIR TILTNSPACE W/O SEAT	Yes, prior authorization required		
E1235	RIGID PEDIATRIC WHEELCHAIR ADJUSTABLE W SEAT	Yes, prior authorization required		
E1236	FOLDNG PEDIATRIC WHEELCHAIR ADJUSTABLE W SEAT	No prior authorization required		
E1237	RIGID PEDIATRIC WHEELCHAIR ADJUSTABL W/O SEAT	No prior authorization required		
E1238	FOLD PEDIATRIC WHEELCHAIR ADJUSTABLE W/O SEAT	No prior authorization required		
E1239	PEDIATRIC POWER WHEELCHAIR NOS	Yes, prior authorization required		
E1240	WHEELCHAIR LIGHTWEIGHT DETACH ARMS LEG RESTS	No prior authorization required		
E1250	WHEELCHAIR LIGHTWEIGHT FIXED ARMS DETACH FOOT	No prior authorization required		

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E1260	WHEELCHAIR LIGHTWEIGHT DETACH ARMS FOOT REST	No prior authorization required		
E1270	WHEELCHAIR LIGHTWGT FIXED ARMS DETACH LEGREST	No prior authorization required		
E1280	WHEELCHAIR HEAVY DUTY DETACH ARM LEG RESTS	No prior authorization required		
E1285	WHEELCHAIR HVY DUTY FIXED ARM DETACH FOOTRST	No prior authorization required		
E1290	WHEELCHAIR HEAVY DUTY DETACH ARMS FOOT RESTS	No prior authorization required		
E1295	WHEELCHAIR HEAVY DUTY FIXED ARMS LEG RESTS	No prior authorization required		
E1296	WHEELCHAIR SPECIAL SEAT HEIGHT FROM FLOOR	No prior authorization required		
E1297	WHEELCHAIR SPECIAL SEAT DEPTH BY UPHOLSTERY	No prior authorization required		
E1298	WHEELCHAIR SPEC SEAT DEPTH/WIDTH BY CONSTRUCT	No prior authorization required		
E1300	WHIRLPOOL PORTABLE	Non-covered		
E1301	WHIRLPOOL TUB, WALK-IN, PORTABLE	Non-covered		
E1310	WHIRLPOOL NON-PORTABLE	Non-covered		
E1352	O2 ACCS FLOW REG POS INSPIRATORY PRESSURE	No prior authorization required		
E1353	OXYGEN SUPPLIES REGULATOR	No prior authorization required		
E1354	WHEELED CART, PORTABLE CYLINDER/CONCENTRATOR	No prior authorization required		
E1355	OXYGEN SUPPLIES STAND/RACK	No prior authorization required		
E1356	BATTERY PACK/CARTRIDGE, PORTABLE CONCENTRATOR	No prior authorization required		
E1357	BATTERY CHARGER, PORTABLE CONCENTRATOR	No prior authorization required		
E1358	DC POWER ADAPTER, PORTABLE CONCENTRATOR	No prior authorization required		
E1372	OXYGEN SUPPL IMMERSION HEATER FOR NEBULIZER	No prior authorization required		
E1390	OXYGEN CONCENTRATOR 85 PERCENT PLUS SNG PORT	No prior authorization required		
E1391	OXYGEN CONCENTRATOR 85 PERCENT PLUS DUAL PORT	No prior authorization required		
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	No prior authorization required		
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Yes, prior authorization required		
E1405	OXYGEN/WATER VAPOR ENRICHING SYSTEM W/HEATER	No prior authorization required		
E1406	OXYGEN/WATER VAPOR ENRICHING SYSTM W/O HEATER	No prior authorization required		
E1500	CENTRIFUGE FOR DIALYSIS	No prior authorization required		
E1510	KIDNEY DIALYSATE DELIVERY SYSTEM	No prior authorization required		
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	No prior authorization required		
E1530	AIR BUBBLE DETECTOR HEMODIALYSIS REPLACEMENT	No prior authorization required		

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E1540	PRESSURE ALARM FOR HEMODIALYSIS REPLACEMENT	No prior authorization required		
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH	No prior authorization required		
E1560	BLOOD LEAK DETECTOR HEMODIALYSIS REPLACEMENT	No prior authorization required		
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	No prior authorization required		
E1575	TRANSDUCER PROTECTOR/FLUID BARRIER PER 10	No prior authorization required		
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	No prior authorization required		
E1590	HEMODIALYSIS MACHINE	No prior authorization required		
E1592	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	No prior authorization required		
E1594	CYCLER DIALYSIS MACHINE PERITONEAL DIALYSIS	No prior authorization required		
E1600	DELIVERY/INSTALLATION CHARGE DIALYSIS EQUIPMT	Non-covered		
E1610	REVERSE OSMOSIS WATER PURIFICATION DIALYSIS	No prior authorization required		
E1615	DEIONIZER WATER PURIFICATION FOR HEMODIALYSIS	No prior authorization required		
E1620	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT	No prior authorization required		
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS	No prior authorization required		
E1629	TABLO HEMO SYS FOR DIALYSIS SERVICE	No prior authorization required		
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	No prior authorization required		
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	No prior authorization required		
E1634	PERITONEAL DIALYSIS CLAMPS EACH	No prior authorization required		
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	No prior authorization required		
E1636	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10	No prior authorization required		
E1637	HEMOSTATS FOR DIALYSIS, EACH	No prior authorization required		
E1639	SCALE, EACH	No prior authorization required		
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	No prior authorization required		
E1700	JAW MOTION REHABILITATION SYSTEM	No prior authorization required		
E1701	REPLACE CUSHIONS FOR JAW MOTION REHAB PKG 6	No prior authorization required		
E1702	REPACEL MEASURING SCALES JAW MOTION PKG 200	No prior authorization required		
E1800	DYNAMIC ADJUST ELBOW EXTENSION/FLEXION DEVICE	No prior authorization required		
E1801	BIDIRC STATIC PROGRESSIVE STRECH ELBOW DEVICE	No prior authorization required		
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATE/SUP DEVICE	Yes, prior authorization required		
E1803	ADJUST ELBOW EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		

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E1804	ADJUST ELBOW FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1805	DYNAMIC ADJUSTABLE WRIST EXTEND/FLEXIO DEVICE	No prior authorization required		
E1806	BIDIRC STATIC PROGRESSIVE STRECH WRIST DEVICE	No prior authorization required		
E1807	ADJUST WRIST EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		
E1808	ADJUST WRIST FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1810	DYNAMIC ADJUSTABLE KNEE EXTEND/FLEXION DEVICE	No prior authorization required		
E1811	BIDIREC STATIC PROGRESSIVE STRECH KNEE DEVICE	No prior authorization required		
E1812	KNEE EXTENSION/FLEXION W ACTIVE RESIST CTRL	No prior authorization required		
E1813	ADJUST KNEE EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		
E1814	ADJUST KNEE FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1815	DYNAMIC ADJUSTABLE ANKLE EXTEND/FLEXIO DEVICE	No prior authorization required		
E1816	BIDIRC STATIC PROGRESSIVE STRECH ANKLE DEVICE	No prior authorization required		
E1818	BIDIR STATIC PROGRESIVE STRECH FOREARM DEVICE	No prior authorization required		
E1820	REPLACE SOFT INTERFACE MATERIAL EXT/FLEX DEV	No prior authorization required		
E1821	REPLACE SOFT INTERFACE MATERIAL BIDIR SPS DEV	No prior authorization required		
E1822	ADJUST ANKLE EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		
E1823	ADJUST ANKLE FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1825	DYNAMIC ADJUSTABLE FINGER EXTEND/FLEXION DEV	No prior authorization required		
E1826	ADJUST FINGER EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		
E1827	ADJUST FINGER FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1828	ADJUST TOE EXTENSION DEVICE INTERF MATERIAL	No prior authorization required		
E1829	ADJUST TOE FLEXION DEVICE INTERF MATERIAL	No prior authorization required		
E1830	DYNAMIC ADJUSTABLE TOE EXTEND/FLEXION DEVICE	No prior authorization required		
E1831	STATIC STRAIGHT TOE DEVICE EXTENSION/FLEXION	No prior authorization required		
E1832	SPS FINGER DEVICE	No prior authorization required		
E1840	DYNAMIC ADJUSTABLE SHOULDER EXTEND/FLEX DEVIC	Yes, prior authorization required		
E1841	STATIC STRETCH SHOULDER DEV ROM ADJUSTMENT	Yes, prior authorization required		
E1902	AUGMNT/ALTERNAT COMMUNICAT NON-ELECTRNC BOARD	Non-covered		
E1905	Vr cbt therapy	Yes, prior authorization required		
E2000	GASTRIC SUCTION PUMP HOME MODEL STATNRY/PORT	No prior authorization required		

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E2001	SUCT PUMP, HM MODEL, ANY TYPE EXT URINE MGMT SYS	No prior authorization required		
E2100	BLOOD GLUCOSE MONITOR W INT VOICE SYNTHESIZER	No prior authorization required		
E2101	BLOOD GLUCOSE MONITOR W LANCING/BLOOD SAMPLE	No prior authorization required		
E2102	ADJU CONT GLUCOSE RECEIVER/MONITOR	No prior authorization required		
E2103	THER CGM RECEIVER/MONITOR	No prior authorization required		
E2104	GLUCOSE MONITOR W INTEGRATED CARTRIDGE	No prior authorization required		
E2120	PULSE GEN SYS TREAT INNER EAR ENDOLYMP FLUID	Yes, prior authorization required		
E2201	MAN WHEELCHAIR ACC SEAT W>=20''<24''	No prior authorization required		
E2202	MANUAL WHEELCHAIR ACCSRY SEAT WIDTH 24-27 IN	No prior authorization required		
E2203	MAN WHEELCHAIR ACCSRY SEAT DPTH 20 TO LT 22IN	No prior authorization required		
E2204	MANUAL WHEELCHAIR ACCSRY SEAT DEPTH 22-25 IN	No prior authorization required		
E2205	MANUAL WC ACCESSORY, HANDRIM W/O PROJECTIONS	No prior authorization required		
E2206	COMPLETE WHEEL LOCK ASSEMBLY, REPL, EACH	No prior authorization required		
E2207	CRUTCH AND CANE HOLDER	No prior authorization required		
E2208	CYLINDER TANK CARRIER	No prior authorization required		
E2209	ARM TROUGH EACH	No prior authorization required		
E2210	WHEELCHAIR BEARINGS, REPLACEMENT ONLY	No prior authorization required		
E2211	PNEUMATIC PROPULSION TIRE	No prior authorization required		
E2212	PNEUMATIC PROPULSION TIRE TUBE	No prior authorization required		
E2213	PNEUMATIC PROPULSION TIRE INSERT	No prior authorization required		
E2214	PNEUMATIC CASTER TIRE EACH	No prior authorization required		
E2215	PNEUMATIC CASTER TIRE TUBE	No prior authorization required		
E2216	FOAM FILLED PROPULSION TIRE	No prior authorization required		
E2217	FOAM FILLED CASTER TIRE EACH	No prior authorization required		
E2218	FOAM PROPULSION TIRE EACH	No prior authorization required		
E2219	FOAM CASTER TIRE ANY SIZE EACH	No prior authorization required		
E2220	SOLID PROPULSION TIRE, REPL, EACH	No prior authorization required		
E2221	SOLID CASTER TIRE, REPL, EACH	No prior authorization required		
E2222	SOLID CASTER TIRE W/INTEGRATED WHL, REPL, EACH	No prior authorization required		
E2224	PROPULSION WHEEL EXCLUDES TIRE, REPL, EACH	No prior authorization required		

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E2225	CASTER WHEEL EXCLUDES TIRE	No prior authorization required		
E2226	CASTER FORK REPLACEMENT ONLY	No prior authorization required		
E2227	GEAR REDUCTION DRIVE WHEEL, EACH	Yes, prior authorization required		
E2228	MANUAL WHEELCHAIR ACC, WHEELCHAIR BRAKE	No prior authorization required		
E2230	MANUAL WHEELCHAIR ACC, STANDING SYSTEM	No prior authorization required		
E2231	MANUAL WHEELCHAIR, SOLID SEAT SUPPORT BASE	No prior authorization required		
E2291	PLANAR BACK FOR PEDIATRIC SIZE WHEELCHAIR	No prior authorization required		
E2292	PLANAR SEAT FOR PEDIATRIC SIZE WHEELCHAIR	No prior authorization required		
E2293	CONTOUR BACK FOR PEDIATRIC SIZE WHEELCHAIR	No prior authorization required		
E2294	CONTOUR SEAT FOR PEDIATRIC SIZE WHEELCHAIR	Yes, prior authorization required		
E2295	PEDIATRIC DYNAMIC SEATING FRAME	No prior authorization required		
E2298	COMPLEX REHAB PWR SEAT ELEV SYS ANY TYPE	No prior authorization required		
E2300	PWR SEAT ELEVATION SYSTM	Yes, prior authorization required		
E2301	POWER WHEELCHAIR ACCSRY POWER STANDING SYSTEM	Yes, prior authorization required		
E2310	ELECTRO CONNECTION BETWEEN CONTROL/SEAT SYSTE	No prior authorization required		
E2311	ELECTRO CONNECTION BETWEEN CONTROL/MULT SEAT	Yes, prior authorization required		
E2312	MINI-PROPORTIONAL REMOTE JOYSTICK	Yes, prior authorization required		
E2313	POWER WHEELCHAIR HARNESS, EXPAND CONTROL, EACH	No prior authorization required		
E2321	PWR WHEELCHAIR ACCSRY HAND INTERFACE JOYSTICK	No prior authorization required		
E2322	PWR WHEELCHAIR ACCSRY MULTIPLE MECH SWITCHES	No prior authorization required		
E2323	PWR WHEELCHAIR ACCSRY SPECIAL JOYSTICK HANDLE	No prior authorization required		
E2324	POWER WHEELCHAIR ACCESSORY CHIN CUP INTERFACE	No prior authorization required		
E2325	POWR WHEELCHAIR ACCSRY SIP AND PUFF INTERFACE	No prior authorization required		
E2326	PWR WHEELCHAIR ACCSRY BREATH TUBE KIT FOR SIP	No prior authorization required		
E2327	PWR WHEELCHAIR AC HEAD CONTROL INTERFACE MECH	Yes, prior authorization required		
E2328	PWR WHEELCHAIR HEAD/EXTREMITY CONTROL INTER	Yes, prior authorization required		
E2329	PWR WHEELCHAIR HEAD CONTROL NONPROPORTIONAL	No prior authorization required		
E2330	PWR WHEELCHAIR HEAD CONTROL PROXIMITY SWITCH	Yes, prior authorization required		
E2331	PWR WHEELCHAIR ACCESSORY ATTENDANT CONTROL	Yes, prior authorization required		
E2340	PWR WHEELCHAIR ACCSR WDTH 20-23 IN SEAT FRAME	No prior authorization required		

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E2341	PWR WHEELCHAIR ACCSR WDTH 24-27 IN SEAT FRAME	No prior authorization required		
E2342	PWR WHEELCHAIR ACCSR DPTH 20-21 IN SEAT FRAME	No prior authorization required		
E2343	PWR WHEELCHAIR ACCSR DPTH 22-25 IN SEAT FRAME	No prior authorization required		
E2351	PWR WHEELCHAIR ACCSR ELECTRONIC SGD INTERFACE	No prior authorization required		
E2358	PWR WHEELCHAIR ACCSR GRP 34 NONSEALED LEAD ACID	No prior authorization required		
E2359	PWR WHEELCHAIR ACCSR GRP 34 SEALED LEAD ACID	No prior authorization required		
E2360	PWR WHEELCHAIR ACCSR 22NF NONSEALED LEADACID	No prior authorization required		
E2361	PWR WHEELCHAIR ACCSR 22NF SEALED LEADACID BAT	No prior authorization required		
E2362	PWR WHEELCHAIR ACCSR GR24 NONSEALED LEADACID	No prior authorization required		
E2363	GR24 SEALED LEADACID BATTERY	No prior authorization required		
E2364	PWR WHEELCHAIR ACCSR U1NONSEALED LEADACID BAT	No prior authorization required		
E2365	PWR WHEELCHAIR ACCSR U1 SEALED LEADACID BATTR	No prior authorization required		
E2366	POWER WHEELCHAIR BATTERY CHARGER, SINGLE MODE	No prior authorization required		
E2367	POWER WHEELCHAIR BATTERY CHARGER, DUAL MODE	No prior authorization required		
E2368	POWER WHEELCHAIR MOTOR REPLACEMENT	No prior authorization required		
E2369	POWER WHEELCHAIR GEAR BOX REPLACEMENT	No prior authorization required		
E2370	POWER WHEELCHAIR MOTOR/GEAR BOX COMBO	No prior authorization required		
E2371	GROUP 27 SEALED LEAD ACID BATTERY	No prior authorization required		
E2372	GROUP 27 NON-SEALED LEAD ACID BATTERY	No prior authorization required		
E2373	HAND/CHIN CONTROL INTERFACE SPECIAL JOYSTICK	No prior authorization required		
E2374	HAND/CHIN CONTROL INTERFACE STANDARD JOYSTICK	No prior authorization required		
E2375	NON-EXPANDABLE CONTROLLER	No prior authorization required		
E2376	EXPANDABLE CONTROLLER, REPLACEMENT	No prior authorization required		
E2377	EXPANDABLE CONTROLLER, INITIAL	No prior authorization required		
E2378	POWER WHEELCHAIR ACTUATOR, REPLACEMENT	No prior authorization required		
E2381	PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE	No prior authorization required		
E2382	TUBE FOR PNEUMATIC WHEEL TIRE, REPLACEMENT	No prior authorization required		
E2383	INSERT FOR PNEUMATIC WHEEL TIRE, REPLACEMENT	No prior authorization required		
E2384	PNEUMATIC CASTER TIRE, REPLACEMENT	No prior authorization required		
E2385	TUBE FOR PNEUMATIC CASTER TIRE, REPLACEMENT	No prior authorization required		

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E2386	FOAM FILLED DRIVE WHEEL TIRE, REPLACEMENT	No prior authorization required		
E2387	FOAM FILLED CASTER TIRE, REPLACEMENT	No prior authorization required		
E2388	FOAM DRIVE WHEEL TIRE, REPLACEMENT	No prior authorization required		
E2389	FOAM CASTER TIRE, REPLACEMENT	No prior authorization required		
E2390	SOLID DRIVE WHEEL TIRE, REPLACEMENT	No prior authorization required		
E2391	SOLID CASTER TIRE, REPLACEMENT	No prior authorization required		
E2392	SOLID CASTER TIRE, INTEGRATED, REPLACEMENT	No prior authorization required		
E2394	DRIVE WHEEL EXCLUDES TIRE, REPLACEMENT	No prior authorization required		
E2395	CASTER WHEEL EXCLUDES TIRE, REPLACEMENT	No prior authorization required		
E2396	CASTER FORK, REPLACEMENT	No prior authorization required		
E2397	POWER WHEELCHAIR ACC, LITHIUM-BASED BATTERY	No prior authorization required		
E2398	WC DYNAMIC POS BACK HARDWARE	No prior authorization required		
E2402	NEG PRESSURE WOUND THERAPY PUMP STAT/PORTABLE	Yes, prior authorization required		
E2500	SPEECH GENERATE DEV DIGITIZED PRE-REC <=8MIN	Yes, prior authorization required		
E2502	SPEECH GENERATE DEV PREREC MSG >8MIN <=20MIN	Yes, prior authorization required		
E2504	SPEECH GENERATE DEV PREREC MSG>20MIN <=40MIN	Yes, prior authorization required		
E2506	SPEECH GENERATE DEV DGTZD PREREC MSG > 40 MIN	Yes, prior authorization required		
E2508	SGD SPELLING PHYS ACCESS	Yes, prior authorization required		
E2510	SGD MULT METH MSG/ACCS	Yes, prior authorization required		
E2511	SPEECH GENERATE DEV SOFTWARE PRGRM FOR PC/PDA	Yes, prior authorization required		
E2512	SPEECH GENERATE DEV ACCESSORY, MOUNTING SYSTM	Yes, prior authorization required		
E2513	SGD ACCESSORY, EMG SENSOR	Yes, prior authorization required		
E2599	SPEECH GENERATE DEV ACCSRY NOT OTHERWISE CLAS	Yes, prior authorization required		
E2601	GEN USE WHEELCHAIR SEAT CUSHION WDTH < 22 IN	No prior authorization required		
E2602	GEN USE WHEELCHAIR CUSHION WIDTH >=22 IN	No prior authorization required		
E2603	SKIN PROTECT WC CUSHION WIDTH <22IN	No prior authorization required		
E2604	SKIN PROTECT WC CUSHION WIDTH >=22IN	No prior authorization required		
E2605	POSITION WC CUSHION WIDTH <22 IN	No prior authorization required		
E2606	POSITION WC CUSHION WIDTH>=22 IN	No prior authorization required		
E2607	SKIN PROTECT & POSITION WC CUSHION WD <22IN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
E2608	SKIN PROTECT & POSITION WC CUSHION WD>=22IN	No prior authorization required		
E2609	CUSTOM FABRICATED WHEELCHAIR CUSHION	No prior authorization required		
E2610	POWERED WHEELCHAIR CUSHION	No prior authorization required		
E2611	GEN USE WHEELCHAIR BACK CUSHION WIDTH <22 IN	No prior authorization required		
E2612	GEN USE WHEELCHAIR BACK CUSHION WIDTH>=22IN	No prior authorization required		
E2613	POSITION WC BACK CUSHION WIDTH <22IN	No prior authorization required		
E2614	POSITION WC BACK CUSHION WIDTH >=22IN	No prior authorization required		
E2615	POSITION WC BACK POST/LAT WIDTH <22IN	No prior authorization required		
E2616	POSITION WC BACK POST/LAT WDTH>=22IN	No prior authorization required		
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION	No prior authorization required		
E2619	REPLACE COVER WHEELCHAIR SEAT CUSHION	No prior authorization required		
E2620	WHEELCHAIR PLANAR BACK CUSHION WIDTH <22IN	No prior authorization required		
E2621	WHEELCHAIR PLANAR BACK CUSHION WIDTH>=22IN	No prior authorization required		
E2622	ADJUSTABLE SKIN PROTECTN W/C CUSHION WIDTH <22IN	No prior authorization required		
E2623	ADJUSTABLE SKIN PROTECTN W/C CUSHION WIDTH>=22IN	No prior authorization required		
E2624	ADJUSTABLE SKIN PROTECTN/POSITION CUSHION <22IN	No prior authorization required		
E2625	ADJUSTABLE SKIN PROTECTN/POSITION CUSHION>=22IN	No prior authorization required		
E2626	SHOULDER ELBOW MOBILE ARM SUP ATT TO WHEELCHAIR	No prior authorization required		
E2627	SHOULDER ELBOW MOBILE ARM SUP RANCHO TYPE	No prior authorization required		
E2628	SHOULDER ELBOW MOBILE ARM SUPPORT RECLINING	No prior authorization required		
E2629	SHOULDER ELBOW MOBILE ARM SUPPORT FRICTION DAMP	No prior authorization required		
E2630	SHOULDER ELBOW MOBILE ARM SUPPORT MONOSUSPENSION	No prior authorization required		
E2631	ELEVATING PROXIMAL ARM SUPPORT ADDITION	No prior authorization required		
E2632	OFFSET/LATERAL ROCKER ARM W/ELASTIC BALANCE CTRL	No prior authorization required		
E2633	MOBILE ARM SUPPORT ADDITION, SUPINATOR	No prior authorization required		
E3000	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE	Yes, prior authorization required		
E3200	Gait mod systm rhym auditory	Yes, prior authorization required		
E8000	POSTERIOR GAIT TRAINER PEDIATRIC SIZE	No prior authorization required		
E8001	UPRIGHT GAIT TRAINER PEDIATRIC SIZE	No prior authorization required		
E8002	ANTERIOR GAIT TRAINER PEDIATRIC SIZE	No prior authorization required		

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G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	No prior authorization required		
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	No prior authorization required		
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	No prior authorization required		
G0011	HIV PREP COUNSEL, MD 15-30 MINUTES	No prior authorization required		
G0012	INJECTION OF HIV PREP DRUG, UNDER SKIN/INTO MUSC	No prior authorization required		
G0013	HIV PREP COUNSEL, BY CLINICAL STAFF	No prior authorization required		
G0017	CRISIS PSYCHOTHERAPY; FIRST 60 MINUTES	No prior authorization required		
G0018	CRISIS PSYCHOTHERAPY; EACH ADD 30 MINUTES	No prior authorization required		
G0019	COMM HLTH INTG SVS SDOH 60 MIN PER CAL MONTH	No prior authorization required		
G0022	COMM HLTH INTG SVS EACH ADD 30 MIN PER CAL MONTH	No prior authorization required		
G0023	PIN SERVICE 60 MINUTES PER CALENDAR MONTH	No prior authorization required		
G0024	PIN SRV ADD 30 MINUTES PER CALENDAR MONTH	No prior authorization required		
G0027	SEMEN ANALYSIS PRESENCE/MOTILITY SPERM	No prior authorization required		
G0029	NO TOBACCO SCR/CESS INT	No prior authorization required		
G0030	PT SCR TOBACCO & CESS INT	No prior authorization required		
G0031	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G0032	2+ ANTIPSY SCHIZ PRESC	No prior authorization required		
G0033	2+ BENZO SEIZ PRESC	No prior authorization required		
G0034	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G0035	PT ED PLACE OF SERVICE INDICATOR 23	No prior authorization required		
G0036	PATIENT OR CARE PARTNER DECLINE ASSESSMENT	No prior authorization required		
G0037	PT NOT ABLE TO PARTICIPATE	No prior authorization required		
G0038	CLIN PT NO REFERRAL	No prior authorization required		
G0039	PT NOT REFERRED, RN SPEC	No prior authorization required		
G0040	PT PHYS/OCC THERAPY	No prior authorization required		
G0041	PATIENT AND/OR CARE PARTNER DECLINE REFERRAL	No prior authorization required		
G0042	REFERRAL TO THERAPY	No prior authorization required		
G0043	PATIENTS WITH MECHANICAL PROSTHETIC HEART VALVE	No prior authorization required		
G0044	PATIENTS WITH MODERATE OR SEVERE MITRAL STENOSIS	No prior authorization required		
G0045	MRS 90 DAYS POST STK INTERVENTION	No prior authorization required		

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G0046	NO MRS 90 DAYS POST STK INTERVENTION	No prior authorization required		
G0047	PEDIATRIC BLUNT HD TRAUM	No prior authorization required		
G0048	PALLIATIVE SERV DURING MEAS	No prior authorization required		
G0049	MAINTENANCE HEMO IN-CNTR	No prior authorization required		
G0050	PT W/CATH LMTED LIFE EXPEC	No prior authorization required		
G0051	PT HOSPICE MONTH	No prior authorization required		
G0052	PT PERI DIALYSIS DUR MONTH	No prior authorization required		
G0053	ADVANCING RHEUM PT CARE MVP	No prior authorization required		
G0054	STRK CR PREV POS OUTCME MVP	No prior authorization required		
G0055	ADVANCING CARE HEART DX MVP	No prior authorization required		
G0057	BEST PCT PT SAFETY EM MVP	No prior authorization required		
G0058	IMPRV CARE LE JNT REPR MVP	No prior authorization required		
G0059	PT SFTY POS EXP W ANETH MVP	No prior authorization required		
G0060	ALLERGY/IMMUNOLOGY MIPS SPECIALTY SET	No prior authorization required		
G0061	ANESTHESIOLOGY MIPS SPECIALTY SET	No prior authorization required		
G0062	AUDIOLOGY MIPS SPECIALTY SET	No prior authorization required		
G0063	CARDIOLOGY MIPS SPECIALTY SET	No prior authorization required		
G0064	CERTIFIED NURSE MIDWIFE MIPS SPECIALTY SET	No prior authorization required		
G0065	CHIROPRACTIC MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G0066	CLINICAL SOCIAL WORK MIPS SPECIALTY SET	No prior authorization required		
G0067	DENTISTRY MIPS SPECIALTY SET	No prior authorization required		
G0068	ADM OF INFUSION DRUG IN HOME	No prior authorization required		
G0069	ADM OF IMMUNE DRUG IN HOME, EACH 15 MINUTES	No prior authorization required		
G0070	ADM OF CHEMO DRUG IN HOME, EACH 15 MINUTES	No prior authorization required		
G0071	COMM SVCS BY RHC/FQHC 5 MINUTES	No prior authorization required		termed 12/31/2025
G0076	CARE MANAG H VST NEW PT 20 MINUTES	No prior authorization required		
G0077	CARE MANAG H VST NEW PT 30 MINUTES	No prior authorization required		
G0078	CARE MANAG H VST NEW PT 45 MINUTES	No prior authorization required		
G0079	CARE MANAG H VST NEW PT 60 MINUTES	No prior authorization required		

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G0080	CARE MANAG H VST NEW PT 75 MINUTES	No prior authorization required		
G0081	CARE MAN H V EXT PT 20 MINUTES	No prior authorization required		
G0082	CARE MAN H V EXT PT 30 MINUTES	No prior authorization required		
G0083	CARE MAN H V EXT PT 45 MINUTES	No prior authorization required		
G0084	CARE MAN H V EXT PT 60 MINUTES	No prior authorization required		
G0085	CARE MAN H V EXT PT 75 MINUTES	No prior authorization required		
G0086	CARE MAN HOME CARE PLAN 30 MINUTES	No prior authorization required		
G0087	CARE MAN HOME CARE PLAN 60 MINUTES	No prior authorization required		
G0088	ADM IV DRUG 1ST HOME VISIT EACH 15 MINUTES	No prior authorization required		
G0089	ADM SUBQ DRUG 1ST HOME VISIT EACH 15 MINUTES	No prior authorization required		
G0090	ADM IV CHEMO 1ST HOME VISIT EACH 15 MINUTES	No prior authorization required		
G0101	CERVIX/VAGINAL CA SCREEN, PELVIC/BREAST EXAM	No prior authorization required		
G0102	PROSTATE CANCER SCREENING DIGITAL RECTAL EXAM	No prior authorization required		
G0103	PROSTATE CANCER SCREENING PSA TEST	No prior authorization required		
G0104	COLORECTAL CA SCREEN, FLEXIBLE SIGMOIDOSCOPY	No prior authorization required		
G0105	COLORECTAL CA SCREEN, COLONOSCOPY HIGH RISK	No prior authorization required		
G0108	DIABETES OUTPT SELF-MGT SVCS, INDIV PER 30 MN	No prior authorization required		
G0109	DIABETES OUTPT SELF-MGT SVCS, GROUP PER 30 MN	No prior authorization required		
G0117	GLAUCOMA SCREENING HGH RISK BY OPTOMTRST/OPTH	No prior authorization required		
G0118	GLAUCOMA SCRN HGH RISK DIRECT SUPR OPTO/OPTHA	No prior authorization required		
G0121	COLORECTAL CA SCRN, NOT HIGH RSK	No prior authorization required		
G0123	SCREEN CERV/VAG CYTOPATH BY TECH W/MD SUPERV	No prior authorization required		
G0124	SCREEN CERV/VAG CYTOPATH BY TECH W/MD INTERPR	No prior authorization required		
G0127	TRIMMING OF DYSTROPHIC NAIL(S), ANY NUMBER	No prior authorization required		
G0128	CORF DIRECT SKILLED NURSING EA 10 MIN AFT 5MI	No prior authorization required		
G0129	OCCUPATIONAL THRPY PARTIAL HOSP PROG SERVICE	No prior authorization required		
G0130	SINGLE ENERGY X-RAY BONE DENSITY STUDY APPEND	No prior authorization required		
G0136	ADM OF SOC DTR ASSESS 5-15 MINUTES	No prior authorization required		
G0137	INTEN OUTPT SVS, MIN 9 SERVICES OVER 7 CONT DAY	No prior authorization required		
G0138	INTRAVENOUS INFUSION CIPAGLUCOSIDASE ALFA-ATGA	No prior authorization required		

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G0140	NAV SRV PEER SUP 60 MIN PER CALENDAR MONTH	No prior authorization required		
G0141	SCREEN CERVICAL/VAGINAL CYTO, AUTOSYS AND MD	No prior authorization required		
G0143	SCREEN CERV/VAGINAL CYTO, THIN LAYER, RESCRN	No prior authorization required		
G0144	SCREEN CERV/VAGINAL CYTO, THIN LAYER, AUTOMAT	No prior authorization required		
G0145	SCREEN CERV/VAGINAL CYTO, THIN LAYER, PHYS SP	No prior authorization required		
G0146	NAV SRV PEER SUP ADD 30 MIN PER M LIST SEP	No prior authorization required		
G0147	SCREEN CERV/VAGINAL CYTO, AUTOMATED SYSTEM	No prior authorization required		
G0148	SCREEN CERV/VAGINAL CYTO, AUTOSYS, RESCREEN	No prior authorization required		
G0151	PT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	No prior authorization required		
G0152	OT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	No prior authorization required		
G0153	SPEECH\LANG, HOME HEALTH OR HOSPICE, EACH 15 MIN	No prior authorization required		
G0155	SERVICE CLIN SOCIAL WORK	No prior authorization required		
G0156	SERVICE HOME HEALTH AIDE	No prior authorization required		
G0157	HOME HEALTH CARE, PT ASSISTANT, EACH 15 MIN	No prior authorization required		
G0158	HOME HEALTH CARE, OT ASSISTANT, EACH 15 MIN	No prior authorization required		
G0159	HOME HEALTH CARE, PT MAINTENANCE, EACH 15 MINUTE	No prior authorization required		
G0160	HOME HEALTH CARE, OT MAINTENANCE, EACH 15 MINUTE	No prior authorization required		
G0161	HOME HEALTH CARE, SLP MAINTENANCE, EACH 15 MIN	No prior authorization required		
G0162	HOME HEALTH CARE, RN E&M PLAN SERVICES,15 MIN EA	No prior authorization required		
G0166	EXTERNAL COUNTERPULSATIO	No prior authorization required		
G0168	WOUND CLOSURE BY TISSUE ADHESIVE(S) ONLY	No prior authorization required		
G0175	OPPS SERVICE,SCHEDULED INTERDISCP TEAM CONF	No prior authorization required		
G0176	OPPS/PHP; ACTIVITY THERAPY PER SESSION	No prior authorization required		
G0177	OPPS/PHP; TRAINING & EDUCATN SERV PER SESSION	No prior authorization required		
G0179	MD RECERTIFICATION SERVICES HOME HEALTH PT	No prior authorization required		
G0180	MD CERTIFICATION HOME HEALTH AGENCY PATIENT	No prior authorization required		
G0181	MD SUPERVISION HOME HEALTH CARE 30 MIN PLUS	No prior authorization required		
G0182	MD SUPERVISION OF HOSPICE CARE 30 MIN OR MORE	Non-covered		
G0183	SOFTWARE MEAS OF CARDIAC VOL	No prior authorization required		
G0186	DESTROY CHOROID LESION, FEEDER VESSEL TECHNIQ	No prior authorization required		

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G0219	PET IMG WHOLBOD MELANO N	Non-covered		
G0235	PET NOT OTHERWISE SPECIF	Non-covered		
G0237	THERAPEUTIC PX INC RESP STRENGTH/ENDUR 15 MIN	No prior authorization required		
G0238	THERAPEUTIC PX INCREASE RESP FUNCTION 15 MIN	No prior authorization required		
G0239	THERAP PX INCR RESP FNCTN/STRNGTH/ENDUR GROUP	No prior authorization required		
G0245	INITIAL FOOT EXAM DIABETIC NEUROPATHY W/LOPS	No prior authorization required		
G0246	FOLLOWUP FOOT EVAL DIABETIC NEURO PT W/LOPS	No prior authorization required		
G0247	ROUTINE FOOT CARE DIABETIC NEURO PT W/LOPS	No prior authorization required		
G0248	DEMONSTRATE USE HOME INR MONITORING	No prior authorization required		
G0249	PROVIDE INR TEST MATERIAL/EQUIPMENT	No prior authorization required		
G0250	MD INR TEST REVIEW INTERPRETATION MGMT	No prior authorization required		
G0252	PET IMAG INIT DX BRST CA	Non-covered		
G0255	SENSORY NERVE CONDUCT TEST, PER LIMB, ANY NRV	No prior authorization required		
G0257	UNSCHEDULED DIALYSIS ESRD PT IN HOSP OUTPT	No prior authorization required		
G0259	INJECTION FOR SACROILIAC JOINT, ARTHROGRAPHY	No prior authorization required		
G0260	INJ FOR SACROILIAC JT AN	No prior authorization required		
G0268	REMOVE IMPACT WAX BY MD SAME DAY AS HEAR TEST	No prior authorization required		
G0269	PLACE OCCLUSIVE DEV IN VEIN/ART SITE POSTOP	No prior authorization required		
G0270	MEDICAL NUTRITION TX SUBS TX CHANGE DX 15 MIN	No prior authorization required		
G0271	GROUP MEDICAL NUTRITION TX 2 OR MORE 30 MINS	No prior authorization required		
G0276	PILD/PLACEBO CONTROL CLIN TR	No prior authorization required		
G0277	HBOT, FULL BODY CHAMBER, 30M	No prior authorization required		
G0278	ILIAC ANGIOGRAPHY, SAME TIME AS CARDIAC CATH	No prior authorization required		
G0279	TOMOSYNTHESIS, MAMMO SCREEN	No prior authorization required		
G0281	ELEC STIMULATION UNATTEND FOR PRESSURE ULCERS	No prior authorization required		
G0282	ELECT STIMULATE WOUND CARE NOT PRESSURE ULCER	No prior authorization required		
G0283	ELECTRICAL STIMULATION OTHER THAN WOUND CARE	No prior authorization required		
G0288	RECON, COMPUTED TOMOG ANG AORTA FOR SURG PLAN	No prior authorization required		
G0289	ARTHROSCOPY, LOOSE BODY/DEBRIDE/CHONDROPLASTY	No prior authorization required		
G0293	NON-COVERED SURG PROC, CLINICAL TRIAL PER DAY	No prior authorization required		

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G0294	NON-COVERED PROCEDURE, CLINICAL TRIAL PER DAY	No prior authorization required		
G0295	ELECTROMAGNETIC STIMULATION ONE OR MORE AREAS	No prior authorization required		
G0296	VISIT TO DETERM LDCT ELIG	No prior authorization required		
G0299	HHS/HOSPICE OF RN EA 15 MIN	No prior authorization required		
G0300	HHS/HOSPICE OF LPN EA 15 MIN	No prior authorization required		
G0302	PRE-OP SERVICE LVRS COMPLETE MIN 16 DAYS SERV	No prior authorization required		
G0303	PRE-OP SERVICE LVRS 10 TO 15 DAYS OF SERVICE	No prior authorization required		
G0304	PRE-OP SERVICE LVRS 1 TO 9 DAYS OF SERVICE	No prior authorization required		
G0305	POST OP SERVICE LVRS MINIM 6 DAYS OF SERVICE	No prior authorization required		
G0306	COMPLETE AUTOMATED CBC/WBC DIFF W/O PLATELET	No prior authorization required		
G0307	COMPLETE AUTOMATED CBC W/O PLATELET	No prior authorization required		
G0310	IMMUNIZE COUNSEL 5-15 MINS	No prior authorization required		
G0311	IMMUNIZE COUNSEL 16-30 MINS	No prior authorization required		
G0312	IMMUNIZE COUNS < 21 YEARS 5-15 MINS	No prior authorization required		
G0313	IMMUNIZE COUNS < 21 YEARS 6-30 MINS	No prior authorization required		
G0314	COUNSEL IMMUNE <21 YEARS 16-30 MINS	No prior authorization required		
G0315	COUNSEL IMMUNE <21 YEARS 5-15 MINS	No prior authorization required		
G0316	PROLONG INPT EVAL ADD 15 MINUTES	No prior authorization required		
G0317	PROLONG NURSIN FAC EVAL 15 MINUTES	No prior authorization required		
G0318	PROLONG HOME EVAL ADD 15 MINUTES	No prior authorization required		
G0320	TWO-WAY AUDIO AND VIDEO HHS	No prior authorization required		
G0321	AUDIO-ONLY HHS	No prior authorization required		
G0322	HOME H PHYSIO DATA COLLEC TR	No prior authorization required		
G0323	CARE MANAGE BEH SVS 20 MINUTES	No prior authorization required		
G0327	Colorectal cancer screening; blood-based biomarker	No prior authorization required		
G0328	COLORECTAL CA SCRN 1-3FECAL BLOOD IMMUNOASSAY	No prior authorization required		
G0329	ELECTROMAGNETIC THERAPY FOR NONHEALING ULCERS	No prior authorization required		
G0330	FACILITY SVS DENTAL REHAB	No prior authorization required		
G0333	DISPENSE FEE FOR INHALATION INITIAL 30 DAY	No prior authorization required		
G0337	HOSPICE EVALUATION PREELECTION	Non-covered		

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G0339	ROBOT RADIOSUR COMPL/1ST	Yes, prior authorization required		
G0340	ROBOT LINEAR STERORADIO	Yes, prior authorization required		
G0341	PERCUTANEOUS ISLET CELL	Yes, prior authorization required		
G0342	LAPAROSCOPY ISLET CELLS	Yes, prior authorization required		
G0343	LAPAROTOMY ISLET CELL TR	Yes, prior authorization required		
G0372	MD SERVICE REQUIRED FOR POWER MOBILITY DEVICE	No prior authorization required		
G0378	HOSPITAL OBSERVATION SERVICE PER HR	No prior authorization required		
G0379	DIRECT ADMIT OF PATIENT FOR HOSPITAL OBSERVAT	No prior authorization required		
G0380	LEVEL 1HOSPITAL EMERGENCY VISIT	No prior authorization required		
G0381	LEVEL 2 HOSPITAL EMERGENCY VISIT	No prior authorization required		
G0382	LEVEL 3 HOSPITAL EMERGENCY VISIT	No prior authorization required		
G0383	LEVEL 4 HOSPITAL EMERGENCY VISIT	No prior authorization required		
G0384	LEVEL 5 HOSPITAL EMERGENCY VISIT	No prior authorization required		
G0390	TRAUMA RESPONSE TEAM W/HOSPITAL CRITICAL CARE	No prior authorization required		
G0396	ALCOHOL/SUBSTANCE INTERVENTION 15-30MN	No prior authorization required		
G0397	ALCOHOL/SUBSTANCE INTERVENTION >30 MIN	No prior authorization required		
G0398	HOME SLEEP TEST/TYPE 2 PORTABLE MONITOR	No prior authorization required		
G0399	HOME SLEEP TEST/TYPE 3 PORTABLE MONITOR	No prior authorization required		
G0400	HOME SLEEP TEST/TYPE 4 PORTABLE MONITOR	No prior authorization required		
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION	No prior authorization required		
G0403	EKG FOR INITIAL PREVENTIVE EXAMINATION	No prior authorization required		
G0404	EKG TRACING FOR INITIAL PREVENTIVE EXAMINATION	No prior authorization required		
G0405	EKG INTERPRETATION & REPORT PREVENTIVE EXAM	No prior authorization required		
G0406	TELEHEALTH INPATIENT CONSULTATION 15MIN	No prior authorization required		
G0407	TELEHEATH INPATIENT CONSULTATION 25MIN	No prior authorization required		
G0408	TELEHEALTH INPATIENT CONSULTATION 35MIN	No prior authorization required		
G0409	CORF RELATED SERVICES 15 MINS EACH	No prior authorization required		
G0410	GROUP PSYCHOTHERAPY PARTIAL HOSPITAL 45-50 MINS	No prior authorization required		
G0411	INTER ACTIVE GROUP PSYCHOTHERAPY PARTIAL	No prior authorization required		
G0412	OPEN TREATMENT ILIAC SPINE UNILATERAL/BILATERAL	No prior authorization required		

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G0413	PELVIC RING FRACTURE UNILATERAL/BILATERAL	No prior authorization required		
G0414	PELVIC RING FRACTURE TREATMENT INTERNAL FIXATION	No prior authorization required		
G0415	OPEN TREATMENT POST PELVIC FRACTURE	No prior authorization required		
G0416	SATURATION BIOPSY PROSTATE 1-20 SPECIMENS	No prior authorization required		
G0420	EDUC SVC RELATED TO CKD, IND, PER SESS, PER 1 HR	No prior authorization required		
G0421	EDUC SVC RELATED TO CKD GRP, PER SESS, PER 1 HR	No prior authorization required		
G0422	INTENS CARDIAC REHAB W/E	No prior authorization required		
G0423	INTENS CARDIAC REHAB NO	No prior authorization required		
G0425	INITIAL INPT/ED TELEHEALTH CONSULT, TYPCL 30 MIN	No prior authorization required		
G0426	INITIAL INPT/ED TELEHEALTH CONSULT, TYPCL 50 MIN	No prior authorization required		
G0427	INITIAL INPT/ED TELEHEALTH CONSULT, TYPCL 70 MIN	No prior authorization required		
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE	No prior authorization required		
G0429	DERMAL FILLER INJECTIONS(S) FOR TREATMENT OF LDS	No prior authorization required		
G0432	INFECTIOUS ANTIB DETECT BY EIA, HIV1/HIV2 SCREEN	No prior authorization required		
G0433	INFECT ANTIBODY DETECT ELISA, HIV1/HIV2 SCREEN	No prior authorization required		
G0435	INFECT AGENT RAPID ANTIBODY, HIV1/HIV2 SCREEN	No prior authorization required		
G0438	ANNUAL WELLNESS VISIT INCL PPPS, INITIAL VISIT	No prior authorization required		
G0439	ANNUAL WELLNESS VISIT INCL PPPS, SUBSEQUENT	No prior authorization required		
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MIN	No prior authorization required		
G0443	BRIEF ALCOHOL MISUSE COUNSELING, 15 MIN	No prior authorization required		
G0444	DEPRESSION SCREENING ANNUAL, 15 MIN	No prior authorization required		
G0445	HIGH INTENSITY BEHAVIORAL COUNSEL STD, 30 MIN	No prior authorization required		
G0446	INTENSIVE BEHAVIORAL THERAPY, CARDIO DX, 15 MIN	No prior authorization required		
G0447	BEHAVIORAL COUNSELING OBESITY, 15 MIN	No prior authorization required		
G0448	PLACE PERMANENT PACING CARDIOVERTR/DEFIBRILLATR	No prior authorization required		
G0451	DEVELOPMENT TESTING, INTERPRETATION & REPORT	No prior authorization required		
G0452	Molecular pathology procedure; physician interpretation and report	Yes, prior authorization required		
G0453	CONTINUOUS INTRAOPER NEUROPHYS MONITOR, 15 MIN	No prior authorization required		
G0454	MD DOCUMENT VISIT FOR DME DETERMIN BY NPP	No prior authorization required		
G0455	FECAL MICROBIOTA PREPARATION AND INSTILLATION	No prior authorization required		

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G0458	LDR PROSTATE BRACHYTHERAPY, COMPOSITE RATE	No prior authorization required		
G0459	TELEHEALTH INPATIENT PHARMACOLOGIC MANAGEMENT	No prior authorization required		
G0460	AUTOLOGOUS PLATELET RICH PLASMA CHRONIC WOUNDS	No prior authorization required		
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSMNT MNGT	No prior authorization required		
G0465	AUTOLOG PLATELET RICH PLASMA DIAB WOUND ULCER	No prior authorization required		
G0466	FQHC VISIT, NEW PATIENT	No prior authorization required		
G0467	FQHC VISIT, ESTAB PT	No prior authorization required		
G0468	FQHC VISIT, IPPE OR AWV	No prior authorization required		
G0469	FQHC VISIT, MH NEW PT	No prior authorization required		
G0470	FQHC VISIT, MH ESTAB PT	No prior authorization required		
G0471	VEN BLOOD COLL SNF/HHA	No prior authorization required		
G0472	HEP C SCREEN HIGH RISK/OTHER	No prior authorization required		
G0473	GROUP BEHAVE COUNS 2-10, 30 MINUTES	No prior authorization required		
G0475	HIV COMBINATION ASSAY, SCREENING	No prior authorization required		
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	No prior authorization required		
G0480	DRUG TEST(S) DEF 1-7 CLASSES	No prior authorization required		
G0481	DRUG TEST(S) DEF 8-14 CLASSES	No prior authorization required		
G0482	DRUG TEST(S) DEF 15-21 CLASSES	No prior authorization required		
G0483	DRUG TEST DEF 22 OR MORE CLASSES	No prior authorization required		
G0490	HOME VISIT RN, LPN BY RHC/FQ	No prior authorization required		
G0491	DIALYSIS ACUTE KIDNEY INJURY NO ESRD	No prior authorization required		
G0492	MD/OTH EVAL ACUTE KIDNEY INJURY NO ESRD	No prior authorization required		
G0493	RN CARE EA 15 MIN HH OR HOSPICE	No prior authorization required		
G0494	LPN CARE EA 15MIN HH OR HOSPICE	No prior authorization required		
G0495	RN CARE EA 15 TRAIN/EDU IN HH/HOSPICE	No prior authorization required		
G0496	LPN CARE 15 EA TRAIN/EDU IN HH/HOSPICE	No prior authorization required		
G0498	CHEMO EXTEND IV INFUS W/PUMP	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G0499	HEP B SCREEN HIGH RISK INDIVIDUAL	No prior authorization required		
G0500	MOD SEDATION ENDO SERVICE >5YRS	No prior authorization required		
G0501	RESOURCE-INTEN SVC DURING OV/OUT PATIENT	No prior authorization required		
G0506	COMP ASSES CARE PLAN CHRONIC CARE MNGMT SERVICES	No prior authorization required		
G0508	CRIT CARE TELEHEALTH CONSULT 60 MINUTES	No prior authorization required		
G0509	CRIT CARE TELEHEALTH CONSULT 50 MINUTES	No prior authorization required		
G0511	CCM/BHI BY RHC/FQHC 20 MIN PER MONTH	No prior authorization required		termed 12/31/2025
G0512	COCM BY RHC/FQHC 60 MIN PER MONTH	No prior authorization required		termed 12/31/2025
G0513	PROLONG PREV SVCS, FIRST 30 MINUTES LIST SEP	No prior authorization required		
G0514	PROLONG PREV SVCS, ADDL 30 MINUTES LIST SEP	No prior authorization required		
G0516	INSERTION DRUG IMPLANTS,>=4	No prior authorization required		
G0517	REMOVE DRUG DELIVERY IMPLANT, 4 OR MORE	No prior authorization required		
G0518	REMOVE W INSERT DRUG IMPLANT, 4 OR MORE	No prior authorization required		
G0532	TAKE HOME SUPPLY NASAL SPRAY, 2.7 MG PER 0.1 ML	No prior authorization required		
G0533	BUPRENORPHONE INJ WEEKLY BASIS	No prior authorization required		
G0534	COORDINATED CARE/OR REFERRAL SERVICES	No prior authorization required		
G0535	PT NAVIGAT SERVICES DIRECT/REF	No prior authorization required		
G0536	PEER RECOVER SUPPORT SERVICES	No prior authorization required		
G0537	RISK ASCVD TST, 5-15 MINUTES, ONCE PR 12 MONTHS	No prior authorization required		
G0538	ASCVD RSK MNG CLIN STF PER CALENDAR MONTH	No prior authorization required		
G0539	INITIAL CARE TRAINING 30 MINUTES	No prior authorization required		
G0540	TRAIN FOR CAREGIVER ADD 15 MINUTES	No prior authorization required		
G0541	NO PT PRSNT TRAIN INITIAL 30 MINUTES	No prior authorization required		
G0542	NO PT PRSNT TRAIN ADD 15 MINUTES	No prior authorization required		
G0543	GROUP TRAIN W/O PATIENT PRESENT	No prior authorization required		
G0544	POST D/C PHONE FOLLOW UP, 4 CALLS PER CAL MONTH	No prior authorization required		
G0545	INHERENT VISIT TO INPATIENT	No prior authorization required		
G0546	PHONE/INTERNET EHR ASSESSMENT AND MGMNT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G0547	PHONE/INTERNET SVS 11-20 MINUTES	No prior authorization required		
G0548	PHONE/INTER SVS 21-30 MINUTES	No prior authorization required		
G0549	PHONE/INTER FOR TREAT > 31 MINUTES	No prior authorization required		
G0550	PHONE/INTER FOR DX/TREAT > 5 MINUTES	No prior authorization required		
G0551	PHN/INTR SVS FR DX TREAT 30 MINUTES	No prior authorization required		
G0552	SUPPLY OF DIGITAL MENTAL HEALTH TX DEVICE	No prior authorization required		
G0553	MONTHLY TX FOR DMHT 20 MINUTES	No prior authorization required		
G0554	ADDITIONAL 20 MINUTES OF MONTHLY TX	No prior authorization required		
G0555	REPLACMENT PT ELECTRONIC SYS HOME PUL MONITORING	No prior authorization required		
G0556	ADV PRIMARY CARE MGMT LVL 1 PER	No prior authorization required		
G0557	ADV PRIMARY CARE MGMT LVL 2	No prior authorization required		
G0558	ADV PRIMARY CARE MGMT LVL 3	No prior authorization required		
G0559	UNRELATED PRAC FOLLOW UP VISIT	No prior authorization required		
G0560	SAFETY PLAN INTERVENTIONS	No prior authorization required		
G0561	TEMP TUBE DELIVERY, UNILATERAL	No prior authorization required		
G0562	COMPLEX SIMULATION W/PET-CT IMAGING DATA	No prior authorization required		
G0563	SBRT W/POSITRON EMISSION TX DELIVERY	No prior authorization required		
G0564	365 DAY IMPLANT GLUCOSE SENSOR, INCL SYS ACTV	No prior authorization required		termed 03/31/2025
G0565	REMOVAL/INS GLU SNSR 365 DAY DIF SIT	No prior authorization required		termed 03/31/2025
G0566	3D BN IMG ALGOR DRVD FR MRI	No prior authorization required		
G0567	SCREENING HEP C DETECT	Yes, prior authorization required		
G0568	INT PSYCH CARE MNG, 1 CAL MO	No prior authorization required		
G0569	SUBS PSYCH CARE MNG, SUBS MO	No prior authorization required		
G0570	CARE MANAGE SERV, PR CAL MO	No prior authorization required		
G0571	INTRAOP NERVE CRYOABLATION	No prior authorization required		
G0574	MGT NEW PT DEM RES CARE CMMI	Non-covered		
G0575	MGT EST PT DEM RES CARE CMMI	Non-covered		
G0659	DRUG TEST DEF SIMPLE ALL CLASSES, PER DAY	No prior authorization required		

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G0660	TEAM REMOTE E/M NEW PT 10 MN	No prior authorization required		
G0661	TEAM REMOTE E/M NEW PT 20 MN	No prior authorization required		
G0662	TEAM REMOTE E/M NEW PT 30 MN	No prior authorization required		
G0663	TEAM REMOTE E/M NEW PT 45 MN	No prior authorization required		
G0664	TEAM REMOTE E/M NEW PT 60 MN	No prior authorization required		
G0665	TEAM REMOTE E/M EST PT 10 MN	No prior authorization required		
G0666	TEAM REMOTE E/M EST PT 15 MN	No prior authorization required		
G0667	TEAM REMOTE E/M EST PT 25 MN	No prior authorization required		
G0668	TEAM REMOTE E/M EST PT 40 MN	No prior authorization required		
G0669	ECKM OAP-INITIAL PERIOD	Non-covered		
G0670	ECKM OAP-FOLLOW-ON PERIOD(S)	Non-covered		
G0671	CKM OAP-INITIAL PERIOD	Non-covered		
G0672	CKM OAP-FOLLOW-ON PERIOD(S)	Non-covered		
G0673	MSK OAP-INITIAL PERIOD	Non-covered		
G0674	BH OAP-INITIAL PERIOD	Non-covered		
G0675	BH OAP-FOLLOW-ON PERIOD(S)	Non-covered		
G0676	STD CO-MGMT-ECKM, CKM	Non-covered		
G0677	STD CO-MGMT-MSK	Non-covered		
G0678	STD CO-MGMT-BH	Non-covered		
G0681	APP OF NON-SHEET SKIN SUB	Yes, prior authorization required		
G0682	APP OF NON-SHEET SKIN SUB ADD	Yes, prior authorization required		
G0683	APP OF NON-SHEET SKIN SUB G	Yes, prior authorization required		
G0684	APP NON-SHEET SKIN SB G ADDL	Yes, prior authorization required		
G0913	IMPROVE VISUAL FUNCTION 90 DAYS OF CATARACT SURG	No prior authorization required		
G0914	PATIENT CARE SURVEY NOT COMPLETED BY PATIENT	No prior authorization required		
G0915	NO IMPROVE VISUAL FUNCTION 90 DAYS CATARACT SURG	No prior authorization required		
G0916	SATISFY WITH CARE WITHIN 90 DAYS CATARACT SURG	No prior authorization required		
G0917	PATIENT SATISFY SURVEY NOT COMPLETE BY PATIENT	No prior authorization required		
G0918	NO SATISFY WITH CARE 90 DAYS CATARACT SURG	No prior authorization required		
G1025	PT MNTH 1 MCP PROVIDER	No prior authorization required		

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G1026	PT HEMO > 3 MONTHS	No prior authorization required		
G1027	PT HEMO < 3 MONTHS	No prior authorization required		
G1028	TAKE HOME SUPPLY 8MG PER 0.1 ML NASAL NALOXONE	No prior authorization required		
G2000	BLINDED CONV. TX MDD CLIN TR, PER TX SESSION	No prior authorization required		
G2001	POST D/C H VST NEW PT 20 MINUTES	No prior authorization required		
G2002	POST-D/C H VST NEW PT 30 MINUTES	No prior authorization required		
G2003	POST-D/C HOME VST NEW PT 45 MINUTES	No prior authorization required		
G2004	POST-D/C H VST NEW PT 60 MINUTES	No prior authorization required		
G2005	POST-D/C H VST NEW PT 75 MINUTES	No prior authorization required		
G2006	POST-D/C HOME VST EXT PT 20 MINUTES	No prior authorization required		
G2007	POST-D/C HOME VST EXT PT 30 MINUTES	No prior authorization required		
G2008	POST-D/C HOME VST EXT PT 45 MINUTES	No prior authorization required		
G2009	POST-D/C H VST EXT PT 60 MINUTES	No prior authorization required		
G2010	REMOT IMAGE SUBMIT BY PT	No prior authorization required		
G2011	ALCOHOL/SUB ABUSE ASSESS, 5-14 MINUTES	No prior authorization required		
G2013	POST-D/C H VST EXT PT 75 MINUTES	No prior authorization required		
G2014	POST-D/C H VST CARE PLAN OVER 30 MINUTES	No prior authorization required		
G2015	POST-D/C CARE PLAN OVER 60 MINUTES	No prior authorization required		
G2020	HIGH INTENSITY SERV FOR SIP MODEL	No prior authorization required		
G2021	HEA CARE PRACT TX IN PLACE	No prior authorization required		
G2022	BENEF REFUSES SERVICE, MOD	No prior authorization required		
G2025	DISTANT SITE TELE SVCS RHC/FQHC	No prior authorization required		
G2067	MED ASSIST TX METH WK	No prior authorization required		
G2068	MED ASSIST TX BUPRE ORAL	No prior authorization required		
G2069	MED ASSIST TX INJECT	No prior authorization required		
G2073	MED TX NALTREXONE	No prior authorization required		
G2074	MED ASSIST TX NO DRUG	No prior authorization required		
G2075	MED TX MEDS NOS	No prior authorization required		
G2076	INTAKE ACT W/MED EXAM	No prior authorization required		
G2077	PERIODIC ASSESSMENT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G2078	TAKE-HOME METHADONE	No prior authorization required		
G2079	TAKE-HOME BUPRENORPHINE	No prior authorization required		
G2080	ADD 30 MINUTES COUNSELING	No prior authorization required		
G2081	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G2082	VISIT ESKETAMINE 56MG OR LESS	No prior authorization required		
G2083	VISIT ESKETAMINE, > 56MG	No prior authorization required		
G2086	OFF BASE OPIOID TX 70 MINUTES	No prior authorization required		
G2087	OFF BASE OPIOID TX, 60 MINUTES	No prior authorization required		
G2088	OFF BASE OPIOID TX, ADD 30 MINUTES	No prior authorization required		
G2090	PT 66+ FRAILTY AND MED DEM	No prior authorization required		
G2091	PT 66+ FRAILTY AND ADV ILL	No prior authorization required		
G2092	ACE ARB ARNI	No prior authorization required		
G2093	MED DOC RSN NO ACE ARN ARNI	No prior authorization required		
G2094	PT RSN NO ACE ARN ARNI	No prior authorization required		
G2096	NO RSN ACE ARB ARNI	No prior authorization required		
G2097	DX URI 3 DAYS AFTER OTHER DX	No prior authorization required		
G2098	PT 66+ FRAILTY AND MED DEM	No prior authorization required		
G2099	PT 66+ FRAILTY AND ADV ILL	No prior authorization required		
G2100	PT 66+ FRAILTY AND MED DEM	No prior authorization required		
G2101	PT 66+ FRAILTY AND ADV ILL	No prior authorization required		
G2105	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G2106	PT 66+ W ONE CLAIM/ENCOUNTER	No prior authorization required		
G2107	PT 66+ FRAILTY AND ADV ILL	No prior authorization required		
G2112	PRED<=5 MG RA GLU <6 MONTHS	No prior authorization required		
G2113	PRED>5 MG >6 MONTHS, NO CHG DA	No prior authorization required		
G2115	PT 66-80 FRAILTY AND MED DEM	No prior authorization required		
G2116	PT 66-80 FRAILTY AND ADV ILL	No prior authorization required		
G2118	PT 81+ FRAILTY	No prior authorization required		
G2121	PSY DEP ANX AP AND ICD ASSE	No prior authorization required		
G2122	PSY/DEP/ANX/APANDICD NOASSE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G2125	PT 81+ FRAILTY	No prior authorization required		
G2126	PT 66-80 FRAILTY AND ADV ILL	No prior authorization required		
G2127	PT 66-80 FRAILTY AND MED DEM	No prior authorization required		
G2128	NO ASPIRIN MED RSN	No prior authorization required		
G2129	NO BP OUTPATIENT VISIT	No prior authorization required		
G2136	BK PAIN VAS 6-20WK <= 3.0	No prior authorization required		
G2137	BK PAIN VAS 6-20WK > 3.0	No prior authorization required		
G2138	BK PAIN VAS 9-15MO = 3.0	No prior authorization required		
G2139	BK PAIN VAS 9-15MO > 3.0	No prior authorization required		
G2140	LEG PAIN VAS 6-20WK <= 3.0	No prior authorization required		
G2141	LEG PAIN VAS 6-20WK > 3.0	No prior authorization required		
G2142	FS ODI 9-15MO POSTOP<= 22	No prior authorization required		
G2143	FS ODI 9-15MO > 22	No prior authorization required		
G2144	FS ODI 6-20WK POSTOP <= 22	No prior authorization required		
G2145	FSODI 6-20WK >22 OR CHG 30 POINTS	No prior authorization required		
G2146	LEG PAIN VAS 9-15MO <= 3.0	No prior authorization required		
G2147	LEG PAIN VAS 9-15MO > 3.0	No prior authorization required		
G2148	MPM USED PERFORMANCE MET	No prior authorization required		
G2149	NO MPM MED RSN	No prior authorization required		
G2150	NO MPM PERFORMANCE MET	No prior authorization required		
G2151	DX DEGEN NEURO	No prior authorization required		
G2152	RES CHANGE SC >=0	No prior authorization required		
G2167	RES CHANGE SCORE < 0	No prior authorization required		
G2168	SVS BY PT IN HOME HEALTH, EACH 15 MINUTES	No prior authorization required		
G2169	SVS BY OT IN HOME HEALTH, EACH 15 MINUTES	No prior authorization required		
G2172	TX FOR OPIOID USE DEMONSTRATION PROJECT	No prior authorization required		
G2173	URI W COMORB 12 MONTHS OTH DX	No prior authorization required		
G2174	URI NEW RX ANTIBIOTIC 30 DAYS	No prior authorization required		
G2175	PT COMORB DX 12 MONTHS OF EPI	No prior authorization required		
G2176	OUTPT ED OBS W INPT ADMISSION	No prior authorization required		

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G2177	BRONCH W RX ANTIBX 30 DAYS	No prior authorization required		
G2178	PT NOT ELIG LOW NEURO EXAM	No prior authorization required		
G2179	MED DOC RSN NO LOW EXAM	No prior authorization required		
G2180	INELIG FOOTWEAR EVALUATION	No prior authorization required		
G2181	BMI NOT DOC MED RSN OR PT REFUSAL	No prior authorization required		
G2182	PT 1ST BIOLOG ANTIRHEUM DRUG THERAPY	No prior authorization required		
G2183	DOC PT UNABLE COMMUNICATE	No prior authorization required		
G2184	PATIENT DOES NOT HAVE A CAREGIVER	No prior authorization required		
G2185	CAREGIVER DEMENTIA CARE TRAINED	No prior authorization required		
G2186	PT DYAD REF APP RSRCS	No prior authorization required		
G2187	CLIN IND IMG HEAD TRAUMA	No prior authorization required		
G2188	PT 50 YEARS W/CLIN IND HD	No prior authorization required		
G2189	IMG HEAD ABNML NEURO EXAM	No prior authorization required		
G2190	IND IMG HEAD RAD NECK	No prior authorization required		
G2191	IND IMG HEAD POS HEAD ACHE	No prior authorization required		
G2192	PTS >55 YEARS TEMP HEAD ACHE	No prior authorization required		
G2193	PTS <6YR NEW ONSET HD ACHE	No prior authorization required		
G2194	NEW HEADACHE PED PT DIS	No prior authorization required		
G2195	OCCIP HEADACHE IN CHILD	No prior authorization required		
G2196	SCREEN UNHLTHY ALCOHOL USE	No prior authorization required		
G2197	SCREEN HLTHY ALCOHOL USE	No prior authorization required		
G2199	NOT SCRN ALCOHOL NO RSN	No prior authorization required		
G2200	UNHLTHY ALCOHOL RCVD COUNS	No prior authorization required		
G2202	NO RSN NO BRIEF COUNSELING	No prior authorization required		
G2204	PTS 50-85 YEARS W/SCOPE	No prior authorization required		
G2205	PREGNANCY DRNG ADJV TRTMT	No prior authorization required		
G2206	ADJV TRTMT CHEMO HER2 TARG THERAPY	No prior authorization required		
G2207	RSN NO TRTMT CHEM HER2 TARG THERAPY	No prior authorization required		
G2208	NO TRTMT CHEMO AND HER2 TARG THERAPY	No prior authorization required		
G2209	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		

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G2210	NO NECK FS PROM NO REASON	No prior authorization required		
G2211	COMPLEX E/M VISIT ADD ON	No prior authorization required		
G2212	PROLONG OUTPT/OFFICE VIS EACH 15 MINUTES ADD ON	No prior authorization required		
G2213	INITIAT MED ASSIST TX IN ER ADD ON	No prior authorization required		
G2214	INIT/SUB PSYCH CARE M 1ST 30 MINUTES	No prior authorization required		
G2215	HOME SUPPLY NASAL NALOXONE LIST SEPARATELY	No prior authorization required		
G2216	HOME SUPPLY INJECT NALOXON LIST SEPARATELY	No prior authorization required		
G2250	REMOT IMG SUB BY PT, NON E/M	No prior authorization required		
G2251	BRIEF CHKIN, 5-10 MINUTES, NON-E/M	No prior authorization required		
G2252	BRIEF CHKIN BY MD/QHP, 11-20 MINUTES	No prior authorization required		
G3002	CHRONIC PAIN MGMT 30 MINUTES	No prior authorization required		
G3003	CHRONIC PAIN MGMT ADDL 15 MINUTES	No prior authorization required		
G4000	DERMATOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4001	DIAGNOSTIC RADIOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4002	EP CARDIO SS MIPS SPECIALTY SET	No prior authorization required		
G4003	EMERGENCY MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G4004	ENDOCRINOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4005	FAMILY MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G4006	GASTRO-ENTEROLOGY MIPS SPECIALTY SET	No prior authorization required		
G4007	GENERAL SURGERY MIPS SPECIALTY SET	No prior authorization required		
G4008	GERIATRICS MIPS SPECIALTY SET	No prior authorization required		
G4009	HOSPITALISTS MIPS SPECIALTY SET	No prior authorization required		
G4010	INFECTIOUS DISEASE MIPS SPECIALTY SET	No prior authorization required		
G4011	INTERNAL MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G4012	INTERVENTIONAL RADIOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4013	MENTAL/BEHAVIORAL HEALTH MIPS SPECIALTY SET	No prior authorization required		
G4014	NEPHROLOGY MIPS SPECIALTY SET	No prior authorization required		
G4015	NEUROLOGY MIPS SPECIALTY SET	No prior authorization required		
G4016	NEUROSURGICAL MIPS SPECIALTY SET	No prior authorization required		
G4017	NUTRITION/DIETICIAN MIPS SPECIALTY SET	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G4018	OBSTETRICS/GYNECOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4019	ONCOLOGY/HEMATOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4020	OPHTHALMOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4021	ORTHOPEDIC SURGERY MIPS SPECIALTY SET	No prior authorization required		
G4022	OTOLARYNGOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4023	PATHOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4024	PEDIATRICS MIPS SPECIALTY SET	No prior authorization required		
G4025	PHYSICAL MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G4026	PHYS/OCC THERAPY MIPS SPECIALTY SET	No prior authorization required		
G4027	PLASTIC SURGERY MIPS SPECIALTY SET	No prior authorization required		
G4028	PODIATRY MIPS SPECIALTY SET	No prior authorization required		
G4029	PREVENTIVE MEDICINE MIPS SPECIALTY SET	No prior authorization required		
G4030	PULMONOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4031	RADIATION ONCOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4032	RHEUMATOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4033	SKILLED NURSING FACILITY MIPS SPECIALTY SET	No prior authorization required		
G4034	SPEECH LANGUAGE PATHOLOGY MIPS SPECIALTY SET	No prior authorization required		
G4035	THORACIC SURGERY MIPS SPECIALTY SET	No prior authorization required		
G4036	URGENT CARE MIPS SPECIALTY SET	No prior authorization required		
G4037	UROLOGY MIPS SPECIALTY SET	No prior authorization required		
G4038	VASCULAR SURGERY MIPS SPECIALTY SET	No prior authorization required		
G6001	ECHO GUIDANCE RADIOTHERAPY	No prior authorization required		termed 12/31/2025
G6002	STEREOSCOPIC X-RAY GUIDANCE	No prior authorization required		termed 12/31/2025
G6003	RADIATION TREATMENT DELIVERY: UP TO 5MEV	No prior authorization required		termed 12/31/2025
G6004	RADIATION TREATMENT DELIVERY: 6-10MEV	No prior authorization required		termed 12/31/2025
G6005	RADIATION TREATMENT DELIVERY: 11-19MEV	No prior authorization required		termed 12/31/2025

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G6006	RADIATION TREATMENT DELIVERY:20MEV OR GREATER	No prior authorization required		termed 12/31/2025
G6007	RADIATION TREATMENT DELIVERY, SEP:UP TO 5MEV	No prior authorization required		termed 12/31/2025
G6008	RADIATION TREATMENT DELIVERY, SEP: 6-10MEV	No prior authorization required		termed 12/31/2025
G6009	RADIATION TREATMENT DELIVERY, SEP: 11-19MEV	No prior authorization required		termed 12/31/2025
G6010	RADIATION TREATMENT DELIVERY, SEP: 20MEV OR MORE	No prior authorization required		termed 12/31/2025
G6011	RADIATION TREATMENT DELIVERY, 3 <: UP TO 5MEV	No prior authorization required		termed 12/31/2025
G6012	RADIATION TREATMENT DELIVERY, 3 <: 6-10MEV	No prior authorization required		termed 12/31/2025
G6013	RADIATION TREATMENT DELIVERY, 3 <: 11-19MEV	No prior authorization required		termed 12/31/2025
G6014	RADIATION TREATMENT DELIVERY, 3 <: 20MEV OR MORE	No prior authorization required		termed 12/31/2025
G6015	RADIATION TX DELIVERY IMRT, PER TX SESSION	No prior authorization required		termed 12/31/2025
G6016	DELIVERY COMP IMRT, PER TX SESSION	No prior authorization required		termed 12/31/2025
G6017	INTRAFRACTION TRACK MOTION, EACH FRACTION OF TX	No prior authorization required		termed 12/31/2025
G8395	LVEF>=40% DOC NORMAL OR MILDLY DEPRESSED	No prior authorization required		
G8396	LVEF NOT PERFORMED/DOCUMENTED	No prior authorization required		
G8397	DILATED MACULA/FUNDUS EXAM/W DOCUMENT	No prior authorization required		
G8399	PATIENT W/DXA DOCUMENTED OR ORDERED	No prior authorization required		
G8400	PATIENT W/DXA NOT DOCUMENTED OR ORDERED	No prior authorization required		
G8404	LOW EXTREMITY NEUROLOGICAL EXAM DOCUMENTED	No prior authorization required		
G8405	LOW EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	No prior authorization required		
G8410	EVALUATION ON FOOT DOCUMENTED	No prior authorization required		

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G8415	EVALUATION ON FOOT NOT PERFORMED	No prior authorization required		
G8416	PATIENT INELIGIBLE FOOTWEAR EVALUATION	No prior authorization required		
G8417	CALC BMI ABOVE UPPER PARAM AND F/U DOCUM IN MR	No prior authorization required		
G8418	CALC BMI BELOW LOWER PARAM AND F/U DOCUM IN MR	No prior authorization required		
G8419	CALC BMI OUTSIDE NORMAL PARAM AND NO F/U IN MR	No prior authorization required		
G8420	CALC BMI WITHIN NORMAL PARAMETERS AND DOCUMENTED	No prior authorization required		
G8421	BMI NOT CALCULATED	No prior authorization required		
G8427	DOCUMENT MEDS BY ELIG CLINICIAN	No prior authorization required		
G8428	MEDS DOCUMENT W/O PATIENT VERIFICATION	No prior authorization required		
G8430	DOC MED RSN NO MEDREC	No prior authorization required		
G8431	POSITIVE CLINICAL DEPRES SCREEN AND F/U DOCUMENT	No prior authorization required		
G8432	DEPRESSION SCREEN NOT DOCUMENTED, RNG	No prior authorization required		
G8433	SCR DEPRESSION NOT COMP, DOC RSN	No prior authorization required		
G8450	BETA-BLOCKER RX PATIENT W/ABN LVEF	No prior authorization required		
G8451	PATIENT W/ABN LVEF INELIGIBLE BETA-BLOCKER	No prior authorization required		
G8452	PATIENT W/ABN LVEF BETA-BLOCKER NO RX	No prior authorization required		
G8465	HIGH RISK RECURRENCE PROSTATE CANCER	No prior authorization required		
G8473	ACE/ARB THXPY RX'D	No prior authorization required		
G8474	ACE/ARB NOT RX'D; DOCUMENTED REASONS	No prior authorization required		
G8475	ACE/ARB THXPY NOT RX'D REASON NOT SPECIFIED	No prior authorization required		
G8476	BP SYSTOLIC <130 AND DIASTOLIC <80	No prior authorization required		
G8477	BP SYSTOLIC >=130 AND/OR DIASTOLIC >=80	No prior authorization required		
G8478	BP NOT PERFORMED/DOCUMENTED	No prior authorization required		
G8510	SCR DEPRESSION NEG, NO F/U PLAN REQUIRED	No prior authorization required		
G8511	SCR DEPRESSION POS, F/U PLAN NO DOC, RNG	No prior authorization required		
G8535	ELD MALTREATMENT SCREEN NOT DOC	No prior authorization required		
G8536	NO DOCUMENTATION ELDER MALTREATMENT SCREEN	No prior authorization required		
G8539	CURRENT FUNCTIONAL ASSESSMENT & DOC CARE PLAN	No prior authorization required		
G8540	PATIENT INELIGIBLE FUNCTIONAL ASSESSMENT	No prior authorization required		
G8541	NO DOCUMENTATION CURRENT FUNCTIONAL ASSESSMENT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G8542	PATIENT INELIGIBLE FUNCTIONAL ASSESSMENT NO PLAN	No prior authorization required		
G8543	CURRENT FUNCTIONAL ASSESSMENT; NO CARE PLAN DOC	No prior authorization required		
G8559	PT REFERRED TO PHYSICIAN FOR OTOLOGIC EVALUATION	No prior authorization required		
G8560	PT HISTORY OF ACTIVE EAR DRAINAGE PREV 90 DAYS	No prior authorization required		
G8561	PT INELIG FOR REF OTOLOGC EVAL W HX ACT DRAINAGE	No prior authorization required		
G8562	PT WITH NO HX ACTIVE EAR DRAINAGE PREV 90 DAYS	No prior authorization required		
G8563	PT NOT REFER OTOLOGIC EVAL, REASON NOT SPEC	No prior authorization required		
G8564	PT REFER TO DOC OTOLOGIC EVAL, REASON NOT SPEC	No prior authorization required		
G8565	VERIFIC AND DOCUMENT SUDDEN\RAPID PROG HEAR LOSS	No prior authorization required		
G8566	PT NOT ELIG REF OTOLOGIC EVAL FOR S/R HEAR LOSS	No prior authorization required		
G8567	PT NO VERIF AND DOC SUDDEN/RAPID PROG HEAR LOSS	No prior authorization required		
G8568	PT NOT REFERRED OTOLOGIC EVAL, REASON NOT SPEC	No prior authorization required		
G8569	PROLONGED INTUBATION (>24 HRS) REQUIRED	No prior authorization required		
G8570	NO PROLONGED INTUBATION (>24 HRS) REQUIRED	No prior authorization required		
G8575	DEVELOP POSTOP RENAL FAIL OR REQUIRED DIALYSIS	No prior authorization required		
G8576	NO POSTOP RENAL FAILURE/DIALYSIS NOT REQUIRED	No prior authorization required		
G8577	REOP REQUIR D/T BLD W/WO TMP GRFT OR OT CRD REAS	No prior authorization required		
G8578	REOP NOT REQ D/T BLD W/WO TMP GRFT OTH CRD REAS	No prior authorization required		
G8598	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	No prior authorization required		
G8599	NO ASPIRIN/ANTIPLAT THERAPY USED, RNG	No prior authorization required		
G8600	IV TPA INIT <= 4.5 HRS OF TIME LAST KNOWN WELL	No prior authorization required		
G8601	NO ELIG TPA INIT W/IN 4.5 HOURS	No prior authorization required		
G8602	IV TPA INIT <= 4.5 HRS LAST KNWN, REAS NOT SPEC	No prior authorization required		
G8633	PHARMACOLOGIC THERAPY OSTEOPOROSIS PRESCRIBED	No prior authorization required		
G8635	NO PHARMACOLOGIC THERAPY OSTEOPOROSIS RX	No prior authorization required		
G8647	RAFSCRS KNEE IMP SCOR >= 0	No prior authorization required		
G8648	RAFSCRS KNEE IMP SCOR < 0	No prior authorization required		
G8650	RAFS CRS KI NO SCOR NO RSN	No prior authorization required		
G8651	RAFSCRS HIP IMP SCOR >=0	No prior authorization required		
G8652	RAFSCRS HIP IMP SCOR < 0	No prior authorization required		

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G8654	RAFSCRS HI NO SCOR NO SURV	No prior authorization required		
G8655	RAFSCRS FOOT OR ANKLE SCORE >=0	No prior authorization required		
G8656	RAFSCRS FOOT OR ANKLE SCORE < 0	No prior authorization required		
G8658	RAFSCRS LLFAI NO SCOR + SURV	No prior authorization required		
G8659	RAFSCRS LOW BACK IMP SCOR >= 0	No prior authorization required		
G8660	RAFSCRS LOW BACK IMP SCOR < 0	No prior authorization required		
G8661	RAFSCRS LOW BACK IMP NO SCOR	No prior authorization required		
G8662	RAFSCRS LOW BACK IMP, NO MSR/NO SURV, RNG	No prior authorization required		
G8663	RAFSCRS SHOULDER IMP SCOR >= 0	No prior authorization required		
G8664	RAFSCRS SHOULDER IMP SCOR < 0	No prior authorization required		
G8666	RAFSCRS SHOULDER IMP NO SCOR NO SURV	No prior authorization required		
G8667	RAFSCRS ELBOW WRIST HAND IMP SCOR >= 0	No prior authorization required		
G8668	RAFSCRS ELBOW WRIST HAND IMP SCOR < 0	No prior authorization required		
G8670	RAFSCRS ELBOW WRIST HAND IMP NO SCOR NO SURV	No prior authorization required		
G8694	LEFT VENTRICULAR EJECTION FRACTION (LVEF) < 40%	No prior authorization required		
G8708	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	No prior authorization required		
G8709	URI EP COMPETE DIAGNOSES	No prior authorization required		
G8710	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC	No prior authorization required		
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC	No prior authorization required		
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	No prior authorization required		
G8721	PATIENT CAT, PN CAT, HISTOLOGIC GRADE DOCUMENTED	No prior authorization required		
G8722	MEDICAL REASON PT CAT, PN CAT, NOT DOCUMENTED	No prior authorization required		
G8723	SPECIMEN SITE NOT ANATOMIC LOC PRIMARY TUMOR	No prior authorization required		
G8724	PT CAT, PN CAT, HIST GRADE NOT DOC REASON NOS	No prior authorization required		
G8733	DOC POSITIVE ELDER MALTREAT SCREEN PLAN FOLLOWUP	No prior authorization required		
G8734	DOC NEGATIVE ELDER MALTREAT NO FOLLOWUP PLAN	No prior authorization required		
G8735	ELDER MALTREAT SCREEN POS NO PLAN REASON NOS	No prior authorization required		
G8749	NO SIGNS OF MELANOMA	No prior authorization required		
G8752	MOST RECENT SYSTOLIC BP LESS THAN 140MMHG	No prior authorization required		
G8753	MOST RECENT SYSTOLIC BP > OR = 140MMHG	No prior authorization required		

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G8754	MOST RECENT DIASTOLIC BP LESS THAN 90MMHG	No prior authorization required		
G8755	MOST RECENT DIASTOLIC BP > OR = 90MMHG	No prior authorization required		
G8756	NO BP MEASUREMENT DOCUMENTED REASON NOS	No prior authorization required		
G8783	BP SCREENING PERFORMED AS REC BY DEFINEDINTERVAL	No prior authorization required		
G8785	BP SCREEN NOT PERFERM AT REC INTERVAL REASON NOS	No prior authorization required		
G8797	SPECIMEN SITE NOT ANATOMIC LOCATION ESOPHAGUS	No prior authorization required		
G8798	SPECIMEN SITE NOT ANATOMIC LOCATION PROSTATE	No prior authorization required		
G8806	PERF ULTRSND TO LOCATION PREG DOC	No prior authorization required		
G8807	NO TA TV ULTRASND REASON DOC	No prior authorization required		
G8808	NO TRANSABDOM OR TRANSVAG US REASON NOT SPEC	No prior authorization required		
G8815	DOCUMENTED REASON NO STATIN THERAPY PRESCRIBED	No prior authorization required		
G8816	STATIN MEDICATION PRESCRIBED AT DISCHARGE	No prior authorization required		
G8817	DOCUMENT REASON NO STATIN MED AT DISCHARGE	No prior authorization required		
G8826	PT DISCHARGE HOME POSTOP DAY #2 FOLLOWING EVAR	No prior authorization required		
G8833	PT NOT DISCHARGE HOME POSTOP DAY #2 FOLLOW EVAR	No prior authorization required		
G8834	PT DISCHARGE HOME POSTOP DAY #2 FOLLOWING CEA	No prior authorization required		
G8838	NOT DISCHARGED HOME BY POSTOPERATIVE DAY #2	No prior authorization required		
G8839	SLEEP APNEA SYMPTOMS ASSESSED	No prior authorization required		
G8840	DOCUMENT REASON NO SLEEP APNEA ASSESSED	No prior authorization required		
G8841	NO SLEEP APNEA ASSESSED REASON NOS	No prior authorization required		
G8842	AHI OR RDI MEASURED AT TIME OF INITIAL DX	No prior authorization required		
G8843	DOC REASON NO AHI OR RDI AT TIME OF INITIAL DX	No prior authorization required		
G8844	NO AHI OR RDI INITIAL DX REASON NOT SPECIFIED	No prior authorization required		
G8845	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	No prior authorization required		
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA	No prior authorization required		
G8849	DOC REASON POSITIVE AIRWAY PRESSURE NOT PRES	No prior authorization required		
G8850	NO POSITIVE AIRWAY PRESSURE REASON NOS	No prior authorization required		
G8851	ADHERE TX ASSESS AT LST ANNUALLY	No prior authorization required		
G8854	REASON FOR NOT ADHERE THERAPY	No prior authorization required		
G8855	ADH THER NOT ASSESSED ANNUALLY	No prior authorization required		

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G8856	REFERRAL TO PHYSICIAN FOR OTOLOGIC EVALUATION	No prior authorization required		
G8857	NOT ELIGIBLE REFERRAL FOR OTOLOGIC EVALUATION	No prior authorization required		
G8858	NOT REFERRED FOR OTOLOGIC EVAL REASON NOT SPEC	No prior authorization required		
G8863	NOT ASSESSED BONE LOSS RISK REASON NOS	No prior authorization required		
G8864	PNEUMOCOCCAL VACCINE ADMIN OR PREV RECEIVED	No prior authorization required		
G8865	DOC MEDICAL REASON NO PNEUMOCOCCAL VACCINE	No prior authorization required		
G8866	DOC PATIENT REASON NO PNEUMOCOCCAL VACCINE	No prior authorization required		
G8867	NO PNEUMOCOCCAL ADMIN OR PREV RECEIVE REASON NOS	No prior authorization required		
G8869	DOCUMENT IMMUNITY TO HEP B 1ST COURSE ANTITNF	No prior authorization required		
G8875	BREAST CANCER DX PREOP BY MIN INVASIVE BIOPSY	No prior authorization required		
G8876	DOC REASON NO MIN INVASIVE BX FOR BREAST CNCR DX	No prior authorization required		
G8877	NO BREAST CNCR DX NOT ATTEMPT MIN INVASIVE BX	No prior authorization required		
G8878	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED	No prior authorization required		
G8880	DOC REASON NO SENTINEL LYMPH NODE BIOPSY PERFORM	No prior authorization required		
G8881	BREAST CANCER STAGE > T1N0M0 OR T2N0M0	No prior authorization required		
G8882	NO SENTINEL LYMPH NODE BIOPSY PERFORMED	No prior authorization required		
G8907	PATIENT DOCUMENTED NO EVENTS ON DISCHARGE	No prior authorization required		
G8908	PATIENT DOCUMENTED WITH BURN PRIOR TO DISCHARGE	No prior authorization required		
G8909	PATIENT DOCUMENTED NO BURN PRIOR TO DISCHARGE	No prior authorization required		
G8910	PATIENT DOCUMENTED TO HAVE FALL IN ASC	No prior authorization required		
G8911	PATIENT DOCUMENTED NOT TO HAVE FALL IN ASC	No prior authorization required		
G8912	PATIENT DOCUMENTED WITH WRONG EVENT	No prior authorization required		
G8913	PATIENT DOCUMENTED NOT WITH WRONG EVENT	No prior authorization required		
G8914	PATIENT TRANSFERRED TO HOSPITAL POST DISCHARGE	No prior authorization required		
G8915	PATIENT NOT TRANSFERRED TO HOSPITAL AT DISCHARGE	No prior authorization required		
G8916	PATIENT WITH IV ANTIBIOTIC GIVEN ON TIME	No prior authorization required		
G8917	PATIENT WITH IV ANTIBIOTIC NOT GIVEN ON TIME	No prior authorization required		
G8918	PATIENT WITHOUT PREOPERATIVE ORDER IV ANTIBIOTIC	No prior authorization required		
G8923	LVEF < 40% OR DOC MOD/SEV DEPRESS LV SYSTOL FUNC	No prior authorization required		
G8924	SPIROMETRY RES DOC FEV1/FVC<70%	No prior authorization required		

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G8934	LVEF < 40% OR DOC MOD/SEV DEPRESS LV SYSTOL FUNC	No prior authorization required		
G8935	CLINICIAN PRESCRIBED ACE OR ARB THERAPY	No prior authorization required		
G8936	CLINICIAN DOC PT NOT ELIGIBLE ACE OR ARB THERAPY	No prior authorization required		
G8937	CLINICIAN NOT RX ACE OR ARB THERAPY, NO REASON	No prior authorization required		
G8942	DOC FUNCTIONAL ASSES/CARE PLAN W/ PREV 30 DAYS	No prior authorization required		
G8944	AJCC MELENOMA CANCER STAGE 0 - IIC	No prior authorization required		
G8946	MIN INVASIVE BX ATTEMPT BUT NO DX OF BREAST CA	No prior authorization required		
G8950	PRE-HTN OR HTN BP DOC, INDICATED F/U DOC	No prior authorization required		
G8952	PRE-HTN/HTN DOC, INDIC PT F/U NOT DOC, NO REASON	No prior authorization required		
G8955	MOST RECENT ASSESS OF ADEQUACY VOLUME MGMT	No prior authorization required		
G8956	PT RECEIV MAINTENANCE HEMODIALYS OUTPT DYLS FAC	No prior authorization required		
G8958	ASSESSMENT ADEQUACY VOLUME MGMT NOT DOC	No prior authorization required		
G8961	CSIT LOWRISK SURG PTS PREOP EVAL W/I 30 DAYS	No prior authorization required		
G8962	CSIT ANY REASON SURG PTS PREOP EVAL W/I 30 DAYS	No prior authorization required		
G8967	WARFARIN OR ORAL ANTICOAGULANT RX, FDA APPROVED	No prior authorization required		
G8968	DOC MED REASON NOT PRESB ANTICOAG	No prior authorization required		
G8969	DOC PT RSN NO PRESC WARF/FDA	No prior authorization required		
G8970	NO RISK FAC OR 1 MODERATE RISK FOR THROMBEMBOLSM	No prior authorization required		
G9001	COORDINATED CARE FEE, INITIAL RATE	No prior authorization required		
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	No prior authorization required		
G9003	COORDINATED CARE FEE, RISK ADJ HIGH, INITIAL	No prior authorization required		
G9004	COORDINATED CARE FEE, RISK ADJUS LOW, INITIAL	No prior authorization required		
G9005	COORDINATED CARE FEE, RISK ADJ, MAINTENANCE	No prior authorization required		
G9006	COORDINATED CARE FEE, HOME MONITORING	No prior authorization required		
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONF	No prior authorization required		
G9008	COORDINATED CARE FEE, PHYS COOR-CARE OVERSGHT	No prior authorization required		
G9009	COORDINATED CARE FEE, RISK ADJ MAINT, LEVEL 3	No prior authorization required		
G9010	COORDINATED CARE FEE, RISK ADJ MAINT, LEVEL 4	No prior authorization required		
G9011	COORDINATED CARE FEE, RISK ADJ MAINT, LEVEL 5	No prior authorization required		
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	No prior authorization required		

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G9013	ESRD DEMO BASIC BUNDLE LEVEL I	No prior authorization required		
G9014	ESRD DEMO EXPANDED BUNDLE-LEVEL II	No prior authorization required		
G9016	DEMO-SMOKING CESSATION COUNSELING PER SESSION	No prior authorization required		
G9050	ONCOLOGY WORK-UP EVALUATION	No prior authorization required		
G9051	ONCOLOGY TREATMENT DECISION AFTER DISEASE STAGED	No prior authorization required		
G9052	ONCOLOGY SURVEILLANCE FOR DISEASE RECURRENCE	No prior authorization required		
G9053	ONC EXPECTANT MANAGEMENT PT W/EVIDENCE CANCER	No prior authorization required		
G9054	ONC SUPERVISION PALLIATIVE PT W/TERMINAL CANCER	No prior authorization required		
G9055	ONCOLOGY VISIT UNSPECIFIED NOS	No prior authorization required		
G9056	ONCOLOGY PRAC MGMT ADHERES TO GUIDELINES	No prior authorization required		
G9057	ONCOLOGY PRACTICE MANAGEMENT DIFFERS TRIAL	No prior authorization required		
G9058	ONCOLOGY PRAC MGMT DISAGREE FROM GUIDELINES	No prior authorization required		
G9059	ONCOLOGY PRAC MGMT PT OPTED ALTERNATIVE TREATMNT	No prior authorization required		
G9060	ONCOLOGY PRAC MGMT DIFFERS PT COMORBID ILLNESS	No prior authorization required		
G9061	ONCOLOGY PRAC CONDITION NOT ADDRESS BY GUIDELINS	No prior authorization required		
G9062	ONCOLOGY PRAC MGMT GUIDELINES DIFFERS NOS	No prior authorization required		
G9063	ONCOLOGY DX NSCLC STAGE I NO PROGRESS	No prior authorization required		
G9064	ONCOLOGY DX NSCLC STAGE 2 NO PROGRESS	No prior authorization required		
G9065	ONCOLOGY DX NSCLC STAGE 3A NO PROGRESS	No prior authorization required		
G9066	ONCOLOGY DX NSCLC STAGE 3B-4 METASTATIC	No prior authorization required		
G9067	ONCOLOGY DX NSCLC EXTENT OF DISEASE UNKNOWN NOS	No prior authorization required		
G9068	ONCOLOGY DX SCLC/NSCLC LIMITED NO EVIDENC PROGRE	No prior authorization required		
G9069	ONCOLOGY DX SCLC/NSCLC EXTENSIVE STAGE AT DX	No prior authorization required		
G9070	ONCOLOGY DX SCLC/NSCLC EXTENT OF DISEASE UNKNWN	No prior authorization required		
G9071	ONCOLOGY DX BREAST STAGE 1/2A-2B HR, NO PROGRESS	No prior authorization required		
G9072	ONCOLOGY DX BREAST STAGE 1/2A-2B NO PROGRESS	No prior authorization required		
G9073	ONCOLOGY DX BREAST STG-3 HR, ER/PR +VE NO PROGRE	No prior authorization required		
G9074	ONCOLOGY DX BREAST STG 3 ER & PR -VE NO PROGRESS	No prior authorization required		
G9075	ONCOLOGY DX BREAST METASTATIC & RECURRENT	No prior authorization required		
G9077	ONCOLOGY DX PROSTATE T1-T2C NO PROGRESS	No prior authorization required		

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G9078	ONCOLOGY DX PROSTATE T2 NO PROGRESS	No prior authorization required		
G9079	ONCOLOGY DX PROSTATE T3B-T4 NO PROGRESS	No prior authorization required		
G9080	ONCOLOGY DX PROSTATE W/RISE PSA	No prior authorization required		
G9083	ONCOLOGY DX PROSTATE UNKNOWN NOS	No prior authorization required		
G9084	ONCOLOGY DX COLON T1-3,N1-2, NO EVIDENCE PROGRES	No prior authorization required		
G9085	ONCOLOGY DX COLON T4, N0 W/NO EVIDENCE PROGRESS	No prior authorization required		
G9086	ONCOLOGY DX COLON T1-4 NO EVIDENCE PROGRESS	No prior authorization required		
G9087	ONCOLOGY DX COLON METASTATIC EVIDENCE DX	No prior authorization required		
G9088	ONCOLOGY DX COLON METASTATIC NO EVIDENCE DX	No prior authorization required		
G9089	ONCOLOGY DX COLON EXTENT OF DISEASE UNKNOWN	No prior authorization required		
G9090	ONCOLOGY DX RECTAL T1-2 NO EVIDENCE PROGRESS	No prior authorization required		
G9091	ONCOLOGY DX RECTAL T3 N0 NO EVIDENCE PROGRESS	No prior authorization required		
G9092	ONCOLOGY DX RECTAL T1-3,N1-2 NO EVIDENCE PROGRES	No prior authorization required		
G9093	ONCOLOGY DX RECTAL T4,N,M0 NO EVIDENCE PROGRESS	No prior authorization required		
G9094	ONCOLOGY DX RECTAL M1 W/METASTATIC PROGRESSIVE	No prior authorization required		
G9095	ONCOLOGY DX RECTAL EXTENT UNKNOWN	No prior authorization required		
G9096	ONCOLOGY DX ESOPHAGEAL T1-T3 NO PROGRESS	No prior authorization required		
G9097	ONCOLOGY DX ESOPHAGEAL T4 NO PROGRESS	No prior authorization required		
G9098	ONCOLOGY DX ESOPHAGEAL METASTATIC RECURRENT	No prior authorization required		
G9099	ONCOLOGY DX ESOPHAGEAL UNKNOWN	No prior authorization required		
G9100	ONCOLOGY DX GASTRIC NO EVIDENCE RECURRENCE	No prior authorization required		
G9101	ONCOLOGY DX GASTRIC P R1-R2 NO EVIDENCE PROGRESS	No prior authorization required		
G9102	ONCOLOGY DX GASTRIC UNRESECTABLE NO EVID PROGRES	No prior authorization required		
G9103	ONCOLOGY DX GASTRIC RECURRENT	No prior authorization required		
G9104	ONCOLOGY DX GASTRIC UNKNOWN NOS	No prior authorization required		
G9105	ONCOLOGY DX PANCREATIC POST R0 RESECTION NO PROG	No prior authorization required		
G9106	ONCOLOGY DX PANCREATIC POST R1/R2 NO PROGRESS	No prior authorization required		
G9107	ONCOLOGY DX PANCREATIC UNRESECTABLE METASTATIC	No prior authorization required		
G9108	ONCOLOGY DX PANCREATIC UNKNOWN NOS	No prior authorization required		
G9109	ONCOLOGY DX HEAD/NECK T1-T2 NO PROGRESS	No prior authorization required		

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G9110	ONCOLOGY DX HEAD/NECK T3-4 NO PROGRESS	No prior authorization required		
G9111	ONCOLOGY DX HEAD/NECK M1 METASTATIC RECURRENT	No prior authorization required		
G9112	ONCOLOGY DX HEAD/NECK EXTENT UNKNOWN	No prior authorization required		
G9113	ONCOLOGY DX OVARIAN STAGE 1A-B NO PROGRESS	No prior authorization required		
G9114	ONCOLOGY DX OVARIAN STAGE 1A-B OR 2 W/O EVID PRO	No prior authorization required		
G9115	ONCOLOGY DX OVARIAN STAGE 3/4 NO PROGRESS	No prior authorization required		
G9116	ONCOLOGY DX OVARIAN RECURRENCE	No prior authorization required		
G9117	ONCOLOGY DX OVARIAN UNKNOWN NOS	No prior authorization required		
G9123	ONCOLOGY DX CML CHRONIC PHASE	No prior authorization required		
G9124	ONCOLOGY DX CML ACCELERATED PHASE	No prior authorization required		
G9125	ONCOLOGY DX CML BLAST PHASE	No prior authorization required		
G9126	ONCOLOGY DX CML REMISSION	No prior authorization required		
G9128	ONCOLOGY DX MULTIPLE MYELOMA STAGE I	No prior authorization required		
G9129	ONCOLOGY DX MULTIPLE MYELOMA STAGE 2 HIGHER	No prior authorization required		
G9130	ONCOLOGY DX MULTIPLE MYELOMA UNKNOWN	No prior authorization required		
G9131	ONCOLOGY DISEASE BREAST UNKNOWN NOS	No prior authorization required		
G9132	ONCOLOGY DISEASE PROSTATE METASTASES NO CAST	No prior authorization required		
G9133	ONCOLOGY DISEASE PROSTATE CLINICAL METASTASES	No prior authorization required		
G9134	ONCOLOGY NHLSTAGE 1-2 NO RELAPSE NO	No prior authorization required		
G9135	ONCOLOGY DISEASE NHL STAGE 3-4 NOT RELAPSE	No prior authorization required		
G9136	ONCOLOGY DISEASE NHL TRANSFORMED TO LG BCELL	No prior authorization required		
G9137	ONCOLOGY DISEASE NHL RELAPSE/REFRACTOR	No prior authorization required		
G9138	ONCOLOGY DISEASE NHL STAGE UNKNOWN	No prior authorization required		
G9139	ONCOLOGY DISEASE CML DISEASE STATUS UNKNOWN	No prior authorization required		
G9140	FRONTIER EXTENDED STAY DEMONSTRATION	No prior authorization required		
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Yes, prior authorization required		
G9147	OUTPT INTRAVENOUS INSULIN TREATMENT (OIVIT)	No prior authorization required		
G9148	MEDICAL HOME LEVEL I NCQA	No prior authorization required		
G9149	MEDICAL HOME LEVEL II NCQA	No prior authorization required		

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G9150	MEDICAL HOME LEVEL III NCQA	No prior authorization required		
G9151	MAPCP DEMO STATE PROVIDED SERVICES	No prior authorization required		
G9152	MAPCP DEMO COMMUNITY HEALTH TEAM	No prior authorization required		
G9153	MAPCP DEMO PHYSICIAN INCENTIVE POOL	No prior authorization required		
G9156	EVALUATION FOR WHEELCHAIR PHYSICIAN FACE TO FACE	No prior authorization required		
G9157	TRANSESOPHAGEAL DOPPLER CARDIAC MONITOR	No prior authorization required		
G9187	BPCI HOME VISIT	No prior authorization required		
G9188	BETA-BLOCKER THERAPY NOT GIVEN NO REASON	No prior authorization required		
G9189	BETA-BLOCKER THERAPY PRESC OR BEING TAKEN	No prior authorization required		
G9190	MEDICAL REASON FOR NO BETA-BLOCKER THERAPY	No prior authorization required		
G9191	PT REASON FOR NO BETA-BLOCKER THERAPY	No prior authorization required		
G9212	DOC OF DSM-IV INIT EVAL	No prior authorization required		
G9213	NO DOC OF DSM-IV MDD REASON NOT SPECIFIED	No prior authorization required		
G9223	PJP PROPH ORDERED CD4 LOW 500/15	No prior authorization required		
G9225	FOOT EXAM NOT PERFORMED, NORSN	No prior authorization required		
G9226	3 COMPONENTS FOOT EXAM COMPLETED	No prior authorization required		
G9227	DOCRSN NO CARE PLAN, PT NOT ELIG	No prior authorization required		
G9228	GC CHL SYP SCREENING DOCUMENTED	No prior authorization required		
G9230	GC CHL SYP NOT SCREENED, REASON NOT GIVEN	No prior authorization required		
G9231	DOC ESRD DIALYSIS RENAL TRANS OR PREG	No prior authorization required		
G9242	DOC VIRAL LOAD >=200 COPIES/ML	No prior authorization required		
G9243	DOC VIRAL LOAD <200 COPIES/ML	No prior authorization required		
G9246	PT NO MED VISIT IN 24 MONTHS	No prior authorization required		
G9247	PT HAD AT LEAST 1 MED VISIT IN 24 MONTHS	No prior authorization required		
G9254	DOC PT DISCHARGE TO HOME > 2 DAY	No prior authorization required		
G9255	DOC PT DISCHARGE TO HOME NO LATER 2 DAY	No prior authorization required		
G9273	SYS<140 AND DIA<90	No prior authorization required		
G9274	BP OUT OF NORMAL LIMITS	No prior authorization required		
G9275	DOC PT CURRENT NON-TOBACCO USER	No prior authorization required		
G9276	DOC PT IS CURRENT TOBACCO USER	No prior authorization required		

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G9277	DOC PT DAILY ASPIRIN OR CONTRA	No prior authorization required		
G9278	DOC PT NOT ON DAILY ASPIRIN REGIME	No prior authorization required		
G9279	PNE SCREEN PERF DOC VAC RCVD PRIOR DISCHARGE	No prior authorization required		
G9280	PNE VACC NOT ADMIN PRIOR TO DISC REASON NOT SPEC	No prior authorization required		
G9281	SCRN PERFM DOC NO VACC INDICATED/PT REFUSED	No prior authorization required		
G9282	DOC MEDRSN NO HISTO TYPE	No prior authorization required		
G9283	HIST TYPE DOC ON REPORT	No prior authorization required		
G9284	NO HIST TYPE DOC ON REPORT	No prior authorization required		
G9285	SITE NON SMALL CELL LUNG CA	No prior authorization required		
G9286	DOC ANTIBIO ORDER W IN 7D DIAG OR W/IN 10D ONSET	No prior authorization required		
G9287	NO DOC ANTIBIO ORDER W IN 7D OR W/IN 10D ONSET	No prior authorization required		
G9288	DOC MEDRSN NO HIST TYPE REPORTING	No prior authorization required		
G9289	DOC TYPE NON SMALL CELL LUNG CA BIOPSY	No prior authorization required		
G9290	NO DOC TYPE NON SMALL CELL LUNG CA BIOPSY	No prior authorization required		
G9291	NOT NON SMALL CELL LUNG CA SPEC SITE OTHER	No prior authorization required		
G9292	MEDRSN NO PT CATEGORY ULCERATION PT1	No prior authorization required		
G9293	NO PT CATEGORY ON PATHO REPORT	No prior authorization required		
G9294	PATHO REPORT INCLDS PT CAT AND THCK	No prior authorization required		
G9295	SPEC SIT OTHER THEN ANATOMIC CUTANEOUS LOCATION	No prior authorization required		
G9296	PT W/DOC SHARE DEC PRIOR PROCEDURE	No prior authorization required		
G9297	NO DOC SHARE DEC PRIOR PROC REASON NOT GIVEN	No prior authorization required		
G9298	EVAL RISK VTE CARD 30 DAYS PRIOR PROC	No prior authorization required		
G9299	NO EVAL RISK VTE CARD W/IN 30 DAYS PRIOR PROC	No prior authorization required		
G9305	NOT REQ INTERV FOR LEAK OF ENDOLUMINAL CONTENTS	No prior authorization required		
G9306	INTERV REQ FOR LEAK OF ENDOLUMINAL CONTENTS	No prior authorization required		
G9307	NO RET FOR SURGERY W/IN 30 DAYS PRINC OP PROC	No prior authorization required		
G9308	UNPLND RET TO SURGERY W/IN 30 DAYS PRINC OP PROC	No prior authorization required		
G9309	NO UNPLND HOSP READM W/IN 30 DAY PRINC PROC	No prior authorization required		
G9310	UNPLND HOSP READMISSION W/IN 30 DAYS PRINC PROC	No prior authorization required		
G9311	NO SURGICAL SITE INFECTION	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9312	SURGICAL SITE INFECTION	No prior authorization required		
G9313	DOC RSN NOT FIRST LINE AMOXICILLIN	No prior authorization required		
G9314	NO RSN NOT PRES FIRST LINE AMOXICILLIN	No prior authorization required		
G9315	DOC PRES FIRST LINE AMOXICILLIN	No prior authorization required		
G9316	DOC COMM RISK CALC W PT	No prior authorization required		
G9317	NO DOC COMM RISK CALC W PT	No prior authorization required		
G9318	IMAGING STUDY NAMED STD NOMENCLATURE	No prior authorization required		
G9319	IMAGING STUDY NOT NAMED STD NOMENCLATURE	No prior authorization required		
G9321	DOC COUNT OF CT IN 12 MONTHS PRIOR TO STUDY	No prior authorization required		
G9322	NO DOC COUNT OF CT IN 12 MONTHS PRIOR TO STUDY	No prior authorization required		
G9341	SRCH FOR CT WITHIN PAST 12 MOS AVAILABLE	No prior authorization required		
G9342	SRCH FOR CT WITHIN PAST 12 MOS NO REASON	No prior authorization required		
G9344	SYS RSN NO DICOM FORMAT SEARCH	No prior authorization required		
G9345	FOLLOW UP REC PULMONARY NODULES	No prior authorization required		
G9347	NO DOC FOLLOW UP PULM NODULES NO REASON GIVEN	No prior authorization required		
G9351	MORE THAN 1 SINUS CT 90 DAYS DX	No prior authorization required		
G9352	MORE THAN 1 SINUS CT 90D DX NO REASON GIVEN	No prior authorization required		
G9353	MORE THAN 1 SINUS CT 90D DX DOC REASON	No prior authorization required		
G9354	MORE THAN 1 SINUS CT NOT ORD 90D DX	No prior authorization required		
G9355	NO EARLY IND/DELIVERY	No prior authorization required		
G9356	EARLY IND/DELIVERY	No prior authorization required		
G9357	POST PARTUM SCRN EVAL AND ED PERFORMED	No prior authorization required		
G9358	POST PARTUM SCRN EVAL AND ED NOT PERFORMED	No prior authorization required		
G9361	MED IND FOR INDUCTION	No prior authorization required		
G9364	SINUS CAUS BAC INFECTION	No prior authorization required		
G9367	>= 2 SAME HI-RSK MED ORDERED	No prior authorization required		
G9368	>= 2 SAME HI-RSK MED NOT ORDERED	No prior authorization required		
G9380	PT OFF ASSIS EOL ISSUES	No prior authorization required		
G9382	PT NO OFF ASSIS EOL ISSUES	No prior authorization required		
G9383	PT RECD SCRN HCV INFEC	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9384	DOC MED REAS NO OFFER EOL	No prior authorization required		
G9385	DOC PT REAS NOT REC HCV SRN	No prior authorization required		
G9386	SCRN HCV INFEC NOT RECD	No prior authorization required		
G9393	INI PHQ9 >9 REMISS <5	No prior authorization required		
G9394	DX BIPOL, DEATH, NHRES, HOSP	No prior authorization required		
G9395	INI PHQ9 >9 NO REMISS >=5	No prior authorization required		
G9396	INI PHQ9 >9 NOT ASSESS	No prior authorization required		
G9408	CARD TAMP W/IN 30 DAYS	No prior authorization required		
G9409	NO CARD TAMP E/IN 30 DAYS	No prior authorization required		
G9410	ADMIT W/IN 180 DAYS REQ REMOV	No prior authorization required		
G9411	NO ADMIT W/IN 180 DAYS REQ REMOV	No prior authorization required		
G9412	ADMIT W/IN 180 DAYS REQ SURG REV	No prior authorization required		
G9413	NO ADMIT REQ SURG REV	No prior authorization required		
G9414	1 DOSE MENIG VAC BTWN 11 & 13 BD	No prior authorization required		
G9415	NO 1 DOSE MENI VAC BTWN 11&13 BD	No prior authorization required		
G9416	TDAP OR TD OR 1 TET/DIPTH BTWN 10&13 BD	No prior authorization required		
G9417	NO TDAP OR TD OR 1 TET/DIPTH BTWN 10&13 BD	No prior authorization required		
G9418	LUNGCX BX RPT DOCS CLASS	No prior authorization required		
G9419	MED REAS NO RPT HISTO TYPE	No prior authorization required		
G9420	SPEC SITE NO LUNG	No prior authorization required		
G9421	LUNG CX BX RPT NO DOC CLASS	No prior authorization required		
G9422	RPT DOC CLASS HISTO TYPE	No prior authorization required		
G9423	MED REAS RPT NO HISTO TYPE	No prior authorization required		
G9424	SITE NO LUNG OR LUNG CX	No prior authorization required		
G9425	SPEC RPT NO DOC CLASS HISTO	No prior authorization required		
G9426	IMPR MED TIME EDARR PAIN MED	No prior authorization required		
G9427	NO IMPRO MED TIME PAIN MED	No prior authorization required		
G9428	PATHO REPORT INCL PT CTG	No prior authorization required		
G9429	DOC MED REAS NO PT CAT, MITOTIC RATE	No prior authorization required		
G9430	SPEC SITE NO CUTANEOUS	No prior authorization required		

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G9431	PATHO REPORT NO PT CTG	No prior authorization required		
G9432	ASTH CONTROLLED	No prior authorization required		
G9434	ASTH NOT CONTROLLED	No prior authorization required		
G9452	DOC MED REAS NO HCV TEST DUE TO LIFE EXP	No prior authorization required		
G9455	ABD IMAG W/US, CT OR MRI FOR HCC	No prior authorization required		
G9456	DOC MED PT REAS NO HCC SCRN	No prior authorization required		
G9457	PT NO ABD IMG NO DOC RSN	No prior authorization required		
G9468	NO RECD CORTICO>=10MG/D >60D	No prior authorization required		
G9470	NO REC CORTICO>60D 1RX 600MG	No prior authorization required		
G9471	W/IN 2YR DXA NOT ORDER	No prior authorization required		
G9473	CHAP SERVICES AT HOSPICE, EACH 15 MINUTES	Non-covered		
G9474	DIET COUNSEL AT HOSPICE EACH 15 MINUTES	Non-covered		
G9475	OTHER COUNSELOR AT HOSPICE EACH 15 MINUTES	Non-covered		
G9476	VOLUN SERVICE AT HOSPICE EACH 15 MINUTES	Non-covered		
G9477	CARE COORD AT HOSPICE EACH 15 MINUTES	Non-covered		
G9478	OTHER THERAPIST AT HOSPICE EACH 15 MINUTES	Non-covered		
G9479	PHARMACIST AT HOSPICE EACH 15 MINUTES	Non-covered		
G9480	ADMISSION TO MCCM PROGRAM	No prior authorization required		
G9481	REMOTE E/M NEW PATIENT 10 MINUTES	No prior authorization required		
G9482	REMOTE E/M NEW PATIENT 20 MINUTES	No prior authorization required		
G9483	REMOTE E/M NEW PATIENT 30 MINUTES	No prior authorization required		
G9484	REMOTE E/M NEW PATIENT 45 MINUTES	No prior authorization required		
G9485	REMOTE E/M NEW PATIENT 60 MINUTES	No prior authorization required		
G9486	REMOTE E/M EST. PATIENT 10 MINUTES	No prior authorization required		
G9487	REMOTE E/M EST. PATIENT 15 MINUTES	No prior authorization required		
G9488	REMOTE E/M EST. PATIENT 25 MINUTES	No prior authorization required		
G9489	REMOTE E/M EST. PATIENT 40 MINUTES	No prior authorization required		
G9490	CMMI MOD HOME VISIT	No prior authorization required		
G9497	REC INST NO SMOKE DAY SURG	No prior authorization required		
G9498	ANTIBIOTIC REGIMEN PRESCRIBED	No prior authorization required		

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G9500	RAD EXPOS IND/EXP TM DOCUMENTED	No prior authorization required		
G9501	RAD EXPOS IND/EXP TM NO DOC, RNG	No prior authorization required		
G9502	MED REAS NO PERF FOOT EXAM	No prior authorization required		
G9504	DOCUMENTED REASON FOR NOT ASSESSING HBV STATUS	No prior authorization required		
G9505	ABX PRES W/IN 10 DYS OF SYMP DOC MED REASON	No prior authorization required		
G9507	DOCUMENTATION REAS ON STATIN OR CONTRA	No prior authorization required		
G9508	DOCUMENTATION PT NOT ON STATIN	No prior authorization required		
G9509	ADULT PT MDD DYS REM 12 MNTHS	No prior authorization required		
G9510	REMIS 12 MONTHS NOT PHQ-9 SCORE <5	No prior authorization required		
G9511	IDX EVT DTE PHQ>9 DOC 12 MO DENOM	No prior authorization required		
G9512	INDIVIDUAL PDC > 0.8	No prior authorization required		
G9513	INDIVIDUAL PDC NOT > 0.8	No prior authorization required		
G9514	PT REQ RET OR W/IN 90 DAYS OF SURG	No prior authorization required		
G9515	PT NO REAS, NO RET OR W/IN 90 DAYS	No prior authorization required		
G9516	PT IMPR VIS ACUIT W/IN 90 DAYS	No prior authorization required		
G9517	PT NO IMPR VIS ACUIT W/IN 90 DAYS	No prior authorization required		
G9518	DOC ACTIVE INJECTION DRUG USE	No prior authorization required		
G9519	PT FINAL REFRACT +/- 1.0 IN 90 DAYS	No prior authorization required		
G9520	PT REFRACT NOT +/- 1.0 W/IN 90 DAYS	No prior authorization required		
G9521	ER AND IP HOSP <2 IN 12 MONTHS	No prior authorization required		
G9522	ER/IP HOSP =/>2 IN 12 MONTHS	No prior authorization required		
G9529	PT MINOR BLUNT TRAUMA W/HEAD CT	No prior authorization required		
G9530	PT MINOR BLUNT HEAD TRAUMA AND HD CT ORD EC PROV	No prior authorization required		
G9531	PT DOC SHNT/BR TUM/ON ANTIPL RX	No prior authorization required		
G9533	INDIC FOR HEAD CT NOT VALID	No prior authorization required		
G9537	IMG HD CLINICAL TRIAL	No prior authorization required		
G9539	INTENT POTENTIAL REMV AT TIME PLACEMT	No prior authorization required		
G9540	PT ALIVE 3 MONTHS POST PROCEDURE	No prior authorization required		
G9541	FILTER REMOVED AFTER 3 MONTHS PLACMT	No prior authorization required		
G9542	DOC REASSESSMENT APPR REMO FILTER 3 MONTHS	No prior authorization required		

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G9543	DOC 2X TO REACH PT RE-ASSESS FILT REMOV	No prior authorization required		
G9544	NO FILTER REMOV W/IN 3 MONTHS PLCM	No prior authorization required		
G9547	CYS REN LES OR ADREN	No prior authorization required		
G9548	NO FOLLOW-UP REC IMAGE STUDY	No prior authorization required		
G9549	DOC MED REAS FOLLOW UP IMAG INDICATED	No prior authorization required		
G9550	IMAG WITH FOLLOW-UP RECOMMENDED	No prior authorization required		
G9551	ABD IMAG W/O LIVER/KID/ADR LESION	No prior authorization required		
G9552	INCIDENTAL THYROID NODE <1.0 CM IN RPT	No prior authorization required		
G9553	PRIOR THYROID DISEASE DIAGNOSIS	No prior authorization required		
G9554	CT/MRI CHEST/NECK FOLLOW UP RECOMMENDED	No prior authorization required		
G9555	DOC MED REAS NO FOLLOW UP IMAG	No prior authorization required		
G9556	CT/MRI CHEST FOLLOW UP NOT RECOMMENDED	No prior authorization required		
G9557	CT/MRI CHEST/NECK NO THY NOD <1.0 CM	No prior authorization required		
G9580	DOOR TO PUNCTURE TIME <2 HOURS	No prior authorization required		
G9582	DOOR TO PUNCTURE TIME >2HR, NO REASON GIVEN	No prior authorization required		
G9593	PED PT LOW RISK PECARN PREDICTION HEAD TRAUMA	No prior authorization required		
G9594	PT MINOR BLUNT HEAD TRAUMA HEAD CT ORD EC PROV	No prior authorization required		
G9595	DOC SHNT/TUM/COAG	No prior authorization required		
G9597	PED PT NO LOW PECARN PED HEAD TRAUM	No prior authorization required		
G9598	AORTIC ANE 5.5-5.9 CM MAX DIAMETER	No prior authorization required		
G9599	AORTIC ANE >=6.0 CM MAX DIAMETER	No prior authorization required		
G9603	PT SURVEY IMPROV BSLINE TREATMENT	No prior authorization required		
G9604	PT SURVEY RESULTS NOT AVAILABLE	No prior authorization required		termed 12/31/2025
G9605	SURVEY SCORE NO IMPROV W/BASELINE TX	No prior authorization required		
G9606	INTRAOP CYSTOSCOPY EVAL TRAC INJURY	No prior authorization required		
G9607	PATIENT NOT ELIGIBLE	No prior authorization required		
G9608	INTRAOP CYSTOSCOPY EVAL NOT DONE FOR LOW INJURY	No prior authorization required		
G9609	DOC ORDER ANTI-PLAT OR P2Y12 ANTAGONISTS	No prior authorization required		
G9610	DOC MD RSN NO ANTI-PLAT/P2Y12	No prior authorization required		

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G9611	NO ANTI-PLA/P2Y12 ORD, REASON NOT OTHERWISE SPEC	No prior authorization required		
G9621	SCR UNHEALTHY ETOH W/COUNSEL	No prior authorization required		
G9622	PT NOT UNHEALTHY ETOH USER WHEN SCREENED	No prior authorization required		
G9624	NO UNHEALTHY ETOH SCR/NO COUNC REASON NOT GIVEN	No prior authorization required		
G9625	PT BL SRG 30 DAY POST SURGERY	No prior authorization required		
G9626	PATIENT NOT ELIGIBLE	No prior authorization required		
G9627	PT NO BLADDER INJURY AT SURG 30 DAY POST SURGERY	No prior authorization required		
G9628	PT BWLI SRG 30 DAY POST SURGERY	No prior authorization required		
G9629	PATIENT NOT ELIGIBLE	No prior authorization required		
G9630	PT NO BWLI SRG 30 DAY POST SURGERY	No prior authorization required		
G9637	DOC >1 DOSE REDUCTION TECHNIQUES	No prior authorization required		
G9638	NO DOC >1 DOSE REDUCTION TECHNIQUES	No prior authorization required		
G9642	CURRENT SMOKER	No prior authorization required		
G9643	ELECTIVE SURGERY	No prior authorization required		
G9644	PT NOT SMOKING B/4 ANES DAY OF SURG	No prior authorization required		
G9645	PT SMOKING B/4 ANES DAY SURG	No prior authorization required		
G9646	PT W/90 DAY MRS 0-2	No prior authorization required		
G9648	PT W/90 DAY MRS SCORE >2	No prior authorization required		
G9649	PSORIASIS ASSESSMENT TOOL DOC SPC BENCHMK	No prior authorization required		
G9651	PSORIASIS ASSESSMENT TOOL DOC/NO SPC BNCHMK MET	No prior authorization required		
G9654	MONITORED ANESTHESIA CARE (MAC)	No prior authorization required		
G9655	TRANSFER OF CARE PROTOCOL/TOOL INCL KEY ELEM	No prior authorization required		
G9656	PT DIRECT TRANSFERRED FROM ANESTH LOC TO PACU	No prior authorization required		
G9658	TRANSFER OF CARE TOOL INCL ELEM NOT USED	No prior authorization required		
G9659	>=86Y NO HX COLO CA/RSN SCOP	No prior authorization required		
G9660	DOC MED RSN SCOPE PT >= 86Y	No prior authorization required		
G9661	PT >= 86 W/ HI RISK	No prior authorization required		
G9662	PRIOR DX/ACTIVE DX CLINICAL ASCVD	No prior authorization required		
G9663	FASTING/DIRECT LDL-C >= 190 MG/DL	No prior authorization required		
G9664	TAKING STATIN THERAPY OR REC'D ORDER	No prior authorization required		

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G9665	NO STATIN/NO ORDER STATIN THERAPY	No prior authorization required		
G9674	PT W/CLINICAL ASCVD DIAGNOSIS	No prior authorization required		
G9675	PT W/FASINGT/DIR LAB LDL-C >190 MG/DL	No prior authorization required		
G9676	40-75Y W/TYPE 1/2 DIABETES W/LDL-C RESULTS	No prior authorization required		
G9679	ACUTE CARE NURSING HOME FAC RESIDENT PNEUMONIA	No prior authorization required		
G9680	ACUTE CARE CONGESTIVE HEART FAILURE (CHF)	No prior authorization required		
G9681	ACUTE CARE COPD/ASTHMA	No prior authorization required		
G9682	ACUTE CARE SKIN INFECTION	No prior authorization required		
G9683	ACUTE CARE FLUID, ELECTROLYTE DISORDER	No prior authorization required		
G9684	ACUTE CARE URINARY TRACT INFECTION (UTI)	No prior authorization required		
G9685	ACUTE NURSING FACILITY CARE	No prior authorization required		
G9687	HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9688	PT W/HOSP ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9689	INPT PT ELECT CAROTID INTERVENTION	No prior authorization required		
G9690	PT REC HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9691	PT HAD HOSP DURING MSMT PERIOD	No prior authorization required		
G9692	HOSP RECD BY PT DURING MSMT PERIOD	No prior authorization required		
G9693	PT USE OF HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9694	HOSPICE SERVICES USED BY PT IN MSMT PERIOD	No prior authorization required		
G9695	LONG ACTING INHAL BRONCHODILATOR PRESCRIBED	No prior authorization required		
G9696	MED RSN NOT PRESC LONG ACTING INH BRONCHDIL	No prior authorization required		
G9698	SYSTEM REASON NO PRESC BRONCHDIL	No prior authorization required		
G9699	LONG INHAL BRONCHDIL NO PRES, NOT SPEC	No prior authorization required		
G9700	PT IS W/HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9702	PT USE HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9703	ANBX 30 DAYS PRIOR TO EPISODE	No prior authorization required		
G9704	AJCC BREAST CA STG I: T1 MIC/T1A DOCUMENTED	No prior authorization required		
G9705	AJCC BR CA STG T1B TUMOR >0.5 CM BUT <=1CM, DOC	No prior authorization required		
G9706	LOW RECURRENCE, PROSTATE CANCER	No prior authorization required		
G9708	BILAT MAST/HX BI /UNILAT MASTECTOMY	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9709	HOSPICE SERVICES USED PT IN MSMT PERIOD	No prior authorization required		
G9710	PT PROVIDED HOSPICE SRV MSMT PERIOD	No prior authorization required		
G9711	PT HX TOT COLECTOMY OR COLON CANCER	No prior authorization required		
G9712	DOCUMENTATION MED REASON PRESC ANBX	No prior authorization required		
G9713	PATIENTS WHO USE HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9714	PATIENT IS USING HOSPICE DURING MSMT PERIOD	No prior authorization required		
G9716	BMI DOC ONL FUP NOT CMPLTD	No prior authorization required		
G9717	DOC PT DX DEP/BIPOLAR	No prior authorization required		
G9719	PATIENT NOT AMBUL/IMMOB/WC BOUND	No prior authorization required		
G9720	HOSPICE SERVICES OCCURRED ANYTIME MSMT PERIOD	No prior authorization required		
G9721	PATIENT NOT AMBUL/IMMOB/WC BOUND	No prior authorization required		
G9722	DOC HX RENAL FAIL OR CR+ >=4	No prior authorization required		
G9723	HOSPICE RECD BY PT DURING MSMT PERIOD	No prior authorization required		
G9724	PT W/DOC USE ANTICOAG OVERLAPPING MST YEAR	No prior authorization required		
G9726	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9727	PT UNABLE CMPLT LEPF PROM	No prior authorization required		
G9728	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9729	PT UNABLE CMPLT LEPF PROM	No prior authorization required		
G9730	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9731	PT UNABLE CMPLT LEPF PROM	No prior authorization required		
G9732	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9733	PT UNABLE CMPLT LB FS PROM	No prior authorization required		
G9734	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9735	PT UNABLE CMPLT SHLD FS PROM	No prior authorization required		
G9736	PATIENT REFUSED TO PARTICIPATE	No prior authorization required		
G9737	PT UNABLE CMPLT EWH FS PROM	No prior authorization required		
G9740	HOSPICE SRV GIVEN TO PT ANY TIME DUR MSMT PERIOD	No prior authorization required		
G9741	PT W/HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9744	PT NOT ELIG DUE TO DX HYPERTENSION	No prior authorization required		
G9745	DOC RSN NO SCR/FOLLOW UP FOR HIGH BP	No prior authorization required		

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G9746	PT MIT STEN, VALVE OR TRANS OR REV AF	No prior authorization required		
G9752	EMERGENCY SURGERY	No prior authorization required		
G9753	DOC NO DICOM, CT OTHER FAC W/IN 12 MONTHS	No prior authorization required		
G9754	A FINDING OF AN INCIDENTAL PULLMONARY NODULE	No prior authorization required		
G9755	DOC MED RSN NO FOLLOW UP	No prior authorization required		
G9756	SURGICAL PROCEDURES INCLD USE OF SILICONE OIL	No prior authorization required		
G9757	SURGICAL PROCEDURES INCLD USE OF SILICONE OIL	No prior authorization required		
G9758	PT IN HOSPICE AND IN TERMINAL PHASE	No prior authorization required		
G9761	PT W/HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9762	PT HAD HPV VACCINES B/T 9-13 BIRTHDAYS	No prior authorization required		
G9763	PT NO HPV VACCINES B/T 9-13 BIRTHDAYS	No prior authorization required		
G9764	PT TX WITH ORAL SYST/BIO MED PSORIASIS	No prior authorization required		
G9765	PT DECLINED CHAN/CONIND OR <6 CONSECUTIVE MONTHS	No prior authorization required		
G9766	CVA ENDO STROKE DX TX TRANSF FAC	No prior authorization required		
G9767	HOSP NEW DX CVA CONSID ENDOVASC STROKE TX	No prior authorization required		
G9768	PT W/HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9769	N DEN 2YR/GOT OST MED/THER PAST 12 MONTHS	No prior authorization required		
G9770	PERIPHERAL NERVE BLOCK (PNB)	No prior authorization required		
G9771	ANES END, 1 TEMP >35.5(95.9)	No prior authorization required		
G9772	DOC MED RSN NO TEMP >= 35.5 ANES END	No prior authorization required		
G9773	1 BOD TEMP >=35.5 ANES END TIME	No prior authorization required		
G9775	RECVD 2 ANTI-EMET AGENTS PRE/INTRAOP	No prior authorization required		
G9776	DOC MED RSN NO PROPH ANTI-EMET PRE/INTRAOP	No prior authorization required		
G9777	PT NOT RCV ANTI-EMET AGENTS PRE/INTRAOP	No prior authorization required		
G9779	PATIENTS WHO ARE BREASTFEEDING	No prior authorization required		
G9780	PTS WHO HAVE A DX W/RHABDOMYOLYSIS	No prior authorization required		
G9781	DOC RSN NO STATIN THERAPY	No prior authorization required		
G9782	HX OF OR DX FAMILIAL/PURE HYPERCHOLESTEROLEMIA	No prior authorization required		
G9784	PATH/DERM 2ND OPINION ON A BIOPSY	No prior authorization required		
G9785	PATH RPT DX BA/SQM CELL SNT PATH/DERM IN 7 DAYS	No prior authorization required		

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G9786	NO PATH RPT DX BA/SQM CELL SENT IN 7 DAYS	No prior authorization required		
G9787	PT ALIVE AS OF THE LAST DAY OF THE MSMT YEAR	No prior authorization required		
G9788	MOST RECENT BP </= 140/90 MM HG	No prior authorization required		
G9789	RECORD BP INPATIENT, ER, URG/SELF	No prior authorization required		
G9790	MOST RECENT BP >/= 140/90 MM HG	No prior authorization required		
G9791	MOST RECENT TOBACCO STATUS IS TOBACCO FREE	No prior authorization required		
G9792	MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE	No prior authorization required		
G9793	PT IS CURRENTLY ON A DAILY ASPIRIN OR OTH ANTIPL	No prior authorization required		
G9794	DOC MED RSN NO ASPIRIN/ANTIPLAT DURING MSMNT PER	No prior authorization required		
G9795	PT NOT CURRENTLY ON DAILY ASPIRIN OR OTH ANTIPL	No prior authorization required		
G9796	PATIENT IS CURRENTLY ON A STATIN THERAPY	No prior authorization required		
G9797	PT NOT CURRENTLY ON A STATIN THERAPY	No prior authorization required		
G9805	PT WHO USE HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9806	PT RECEIVED CERV CYTOLOGY/HPV TEST	No prior authorization required		
G9807	PT NOT RECEIVED CERV CYTOLOGY/HPV TEST	No prior authorization required		
G9812	PT DIED DURING INPT/30 DAYS AFTER PROCEDURE	No prior authorization required		
G9813	PT NOT DIED W/IN 30 DAYS OF PROCEDURE	No prior authorization required		
G9818	DOCUMENTATION OF SEXUAL ACTIVITY	No prior authorization required		
G9819	PT WHO USE HOSPICE ANYTIME DURING MSMT PERIOD	No prior authorization required		
G9820	DOC CHLAMYDIA SCREENING TEST W/FOLLOW UP	No prior authorization required		
G9821	NO DOC CHLAMYDIA SCREENING TEST W/FOLLOW UP	No prior authorization required		
G9822	ENDO ABLATION PROC YEAR PREV INDEX DATE	No prior authorization required		
G9823	ENDO SMAMPLING/HYSTEROSCOPY BIOPSY RES DOC	No prior authorization required		
G9824	ENDO SMPL/HYST BIOPSY RESULTS NOT DOC	No prior authorization required		
G9830	HER-2/NEU POSITIVE	No prior authorization required		
G9831	AJCC STAGE AT BREAST CANCER DX II OR III	No prior authorization required		
G9832	BREAST CANCER DX I, NOT EQUAL T1/T1A/T1B	No prior authorization required		
G9838	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	No prior authorization required		
G9839	ANTI-EGFR MONOCLONAL ANTIBODY THERAPY	No prior authorization required		
G9840	KRAS GENE TST BFR INITIATION ANTI-EGFR MOAB	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9841	NO KRAS GENE TST BFR INITIATION ANTI-EGFR MOAB	No prior authorization required		
G9842	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS	No prior authorization required		
G9843	KRAS GENE MUTATION	No prior authorization required		
G9844	PT NO RECD ANTI-EGFR MONOCLONAL ANTIBODY THERAPY	No prior authorization required		
G9845	PT RECD ANTI-EGFR MONOCLONAL ANTIBODY THERAPY	No prior authorization required		
G9846	PATIENTS WHO DIED FROM CANCER	No prior authorization required		
G9847	PT RECD CHEMOTHERAPYIN THE LAST 14 DAYS OF LIFE	No prior authorization required		
G9848	PT NO CHEMOTHERAPY IN THE LAST 14 DAYS OF LIFE	No prior authorization required		
G9858	PATIENT ENROLLED IN HOSPICE	No prior authorization required		
G9859	PATIENTS WHO DIED FROM CANCER	No prior authorization required		
G9860	PATIENT SPENT LESS THAN 3 DAYS IN HOSPICE CARE	No prior authorization required		
G9861	PT SPENT MORE THAN/EQUAL TO 3 DAYS IN HOSPICE	No prior authorization required		
G9862	DOC REASON NO 10 YEAR FOLLOW-UP	No prior authorization required		
G9868	NEXT GEN ACO MODEL < 10 MINUTES	No prior authorization required		
G9869	NEXT GEN ACO MODEL 10-20 MINUTES	No prior authorization required		
G9870	NEXT GEN ACO MODEL > 20 MINUTES	No prior authorization required		
G9871	BHV COUNS DM PREV, ONLN 60 M	No prior authorization required		
G9873	1 EM CORE SESSION	No prior authorization required		
G9874	4 EM CORE SESSIONS	No prior authorization required		
G9875	9 EM CORE SESSIONS	No prior authorization required		
G9876	2 EM CORE MS MO 7-9 NO WL	No prior authorization required		
G9877	2 EM CORE MS MO 10-12 NO WL	No prior authorization required		
G9878	2 EM CORE MS MO 7-9 WL	No prior authorization required		
G9879	2 EM CORE MS MO 10-12 WL	No prior authorization required		
G9880	EM 5 PERCENT WL	No prior authorization required		
G9881	EM 9 PERCENT WL	No prior authorization required		
G9882	2 EM ONGOING MS MO 13-15 WL	No prior authorization required		
G9883	2 EM ONGOING MS MO 16-18 WL	No prior authorization required		
G9884	2 EM ONGOING MS MO 19-21 WL	No prior authorization required		
G9885	2 EM ONGOING MS MO 22-24 WL	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9886	IN-PERSON ATTENDANCE, GROUP, 60 MINUTES	No prior authorization required		
G9887	DISTANCE LEARNING ATTENDANCE, 60 MINUTES	No prior authorization required		
G9888	5% WL MAINTND FROM BSLINE WT MONTHS 7-12	No prior authorization required		
G9890	EM BRIDGE PAYMENT	No prior authorization required		
G9891	EM SESSION REPORTING	No prior authorization required		
G9894	ANDROGEN DEPRIVATION THRPY PRESCRIBED	No prior authorization required		
G9895	DOC MED RSN NO ANDROGEN DEPRIVATION THRPY	No prior authorization required		
G9896	DOC PT RSN NO ANDROGEN DEPRIVATION THRPY	No prior authorization required		
G9897	PT NT PRSC ADR DEP THRPY REASON NOT GIVEN	No prior authorization required		
G9898	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G9899	SCRN MAM PERF RESULTS DOC REVIEWED	No prior authorization required		
G9900	SCRN MAM PERF RESULTS NOT DOC REVIEWED	No prior authorization required		
G9901	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G9902	PT SCRN TOBACCO AND ID AS TBCO USER	No prior authorization required		
G9903	PT SCRN TOBACCO ID AS NON TBCO USER	No prior authorization required		
G9905	NO PT TOBACCO SCRN REASON NOT GIVEN	No prior authorization required		
G9906	PT RECV TOBACCO CESS INTERVENTION	No prior authorization required		
G9908	NO PT TOBACCO CESS INTERV REASON NOT GIVEN	No prior authorization required		
G9910	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G9911	NODE NEG PRE/POST SYSTEMIC THERAPY	No prior authorization required		
G9912	HBV STATUS ASSESED AND RESULTS INTERPRETED	No prior authorization required		
G9913	NO HBV STATUS ASSESD AND RESULTS INTERPRETED	No prior authorization required		
G9914	PATIENT RECEIVING AN ANTI-TNF AGENT	No prior authorization required		
G9915	NO RECORD OF HBV RESULTS DOCUMENTED	No prior authorization required		
G9916	FUNCT STATUS PERFORMED ONCE IN LAST 12 MONTHS	No prior authorization required		
G9917	ADV DEM CRGVR LIMITED	No prior authorization required		
G9918	NO FUNCTIONAL STAT PERF, REASON NOS	No prior authorization required		
G9922	SAFETY CNCRNS SCRN ND MIT RECOMMENDATIONS	No prior authorization required		
G9923	SAFETY CONCERS SCREEN PROVIDED AND NEGATIVE	No prior authorization required		
G9925	NO SAFETY SCRN PROV REASON NOT OTHERWISE SPEC	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9926	SAFETY CNCRNS SCRN POS BUT NO MITIGATION RECS	No prior authorization required		
G9928	NO WARFARIN/FDA APP PRESC REASON NOT GIVEN	No prior authorization required		
G9929	PT W/TRANSIENT OR REVERSIBLE CAUSE OF AF	No prior authorization required		
G9930	PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY	No prior authorization required		
G9931	DOC OF CHA2DS2-VASC RISK SCORE OF 0 OR 1	No prior authorization required		
G9938	PT 66+ SNP OR LTC POS > 90 DAYS	No prior authorization required		
G9939	SAME PATH/DERM WHO PERFORMED THE BIOPSY	No prior authorization required		
G9940	DOCUMENTATION OF MEDICAL REASON NOT ON STATIN	No prior authorization required		
G9943	BK PAIN NOT MSR VAS SCL 3 MOS PRE/POSTOP	No prior authorization required		
G9945	PT W/CANCER FRAC/INF LUMBAR SPINE OR SCOLIOSIS	No prior authorization required		
G9946	BK PN NT MSR VAS PRE 3 MOS PST 1 YR	No prior authorization required		
G9949	LEG PAIN NT MSR VAS SCALE PRE/PST 3 MONTHS	No prior authorization required		
G9954	PT >2 RSK FACTORS POST-OP VOMITING	No prior authorization required		
G9955	INHALATIONAL ANESTHETIC USED ONLY FOR INDUCTION	No prior authorization required		
G9956	COMBO THRPY OF >= 2 PROPHLY PRE/INTRAOP	No prior authorization required		
G9957	DOCUMENTATION MED REASON NO COMBO THRPY	No prior authorization required		
G9958	PATIENT DID NOT RECEIVE COMBO PROHPYL THERAPY	No prior authorization required		
G9959	SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED	No prior authorization required		
G9960	DOC MED RSN SYS ANTIMICROBIALS NOT PRESC	No prior authorization required		
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED	No prior authorization required		
G9962	EMBOLIZATION DOCUMENTED SEPARATELY	No prior authorization required		
G9963	EMBOLIZATION NOT DOCUMENTED SEPARATELY	No prior authorization required		
G9964	PT RECEIVED >=1 WELL-CHILD VISIT W/PCP	No prior authorization required		
G9965	NO WELL-CHILD VIST W/PCP RECEIVED BY PT	No prior authorization required		
G9968	PT REFERRED 2 PVDR/SPCLST IN PERFORMANCE PERIOD	No prior authorization required		
G9969	PROVIDER RFRD PT TO ANOTHER PROVIDER REPORT RCVD	No prior authorization required		
G9970	PROVIDER RFRD PT TO ANOTHER PRVDR NO REPORT RCVD	No prior authorization required		
G9978	REMOTE E/M NEW PT 10 MINUTES	No prior authorization required		
G9979	REMOTE E/M NEW PT 20 MINUTES	No prior authorization required		
G9980	REMOTE E/M NEW PT 30 MINUTES	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
G9981	REMOTE E/M NEW PT 45 MINUTES	No prior authorization required		
G9982	REMOTE E/M NEW PT 60 MINUTES	No prior authorization required		
G9983	REMOTE E/M EST. PT 10 MINUTES	No prior authorization required		
G9984	REMOTE E/M EST. PT 15 MINUTES	No prior authorization required		
G9985	REMOTE E/M EST. PT 25 MINUTES	No prior authorization required		
G9986	REMOTE E/M EST. PT 40 MINUTES	No prior authorization required		
G9987	BPCI ADVANCED IN HOME VISIT	No prior authorization required		
G9988	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G9992	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G9993	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G9994	PALLIATIVE CARE SERV DURING MEAS	No prior authorization required		
G9996	DOC PT PAL OR HOSPICE	No prior authorization required		
G9997	DOC PT PREG DUR MSRMT PD	No prior authorization required		
G9998	DOC MED RSN <3 COLONOSCOPY	No prior authorization required		
G9999	DOC SYS RSN <3 COLONOSCOPY	No prior authorization required		
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	No prior authorization required		
H0002	BEHAVIORAL HEALTH SCREEN FOR ELIGIBLE ADMIT	No prior authorization required		
H0003	ALCOHOL AND/OR DRUG SCREEN LAB ANLYS DRUG/ALC	No prior authorization required		
H0004	BEHAVIORAL HEALTH COUNSEL/THERAPY PER 15 MINS	No prior authorization required		
H0005	ALCOHOL AND/OR DRUG SERVICES GROUP COUNSELING	No prior authorization required		
H0006	ALCOHOL AND/OR DRUG SERVICES CASE MANAGEMENT	No prior authorization required		
H0007	ALCOHOL AND/OR DRUG SERVICES CRISIS INTERVENT	No prior authorization required		
H0008	ALCOHOL/DRUG SERV SUBACUTE DETOX HOSP INPT	No prior authorization required		
H0009	ALCOHOL/DRUG SERVICES ACUTE DETOX HOSP INPT	No prior authorization required		
H0010	ALCOHOL/DRUG SERV SUBACUTE DETOX RESIDNT INPT	No prior authorization required		
H0011	ALCOHOL/DRUG SERVICES ACUTE DETOX RESIDT INPT	No prior authorization required		
H0012	ALCOHOL/DRUG SERV SUBACUTE DETOX RESIDT OUTPT	No prior authorization required		
H0013	ALCOHOL/DRUG SERVICES ACUTE DETOX RESDT OUTPT	No prior authorization required		
H0014	ALCOHOL AND/OR DRUG SERVICES AMBULATORY DETOX	No prior authorization required		
H0015	ALCOHOL AND/OR DRUG SERVICES INTENSIVE OUTPAT	No prior authorization required		

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H0016	ALCOHOL AND/OR DRUG SERVICES MEDICAL/SOMATIC	No prior authorization required		
H0017	BEHAVIORAL HEALTH RESIDENT WO RM/BRD PER DIEM	No prior authorization required		
H0018	BEHAVIORAL HEALTH SHT TERM WO RM/BRD PER DIEM	No prior authorization required		
H0019	BEHAVIORAL HEALTH LNG TERM WO RM/BRD PER DIEM	No prior authorization required		
H0020	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMIN	No prior authorization required		
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE	No prior authorization required		
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	No prior authorization required		
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE	No prior authorization required		
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION SERV	No prior authorization required		
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERV	No prior authorization required		
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERV	No prior authorization required		
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONM SERV	No prior authorization required		
H0028	ALCOHOL AND/OR DRUG PREVENTION PROB ID/REFERL	No prior authorization required		
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATE SERV	No prior authorization required		
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	No prior authorization required		
H0031	MENTAL HEALTH ASSESS BY NON-PHYSICIAN	No prior authorization required		
H0032	MENTAL HEALTH SERVICE PLAN DEVELOP BY NON-MD	No prior authorization required		
H0033	ORAL MEDICATION ADMINISTRA DIRECT OBSERVATION	No prior authorization required		
H0034	MEDICATION TRAINING & SUPPORT PER 15 MINUTES	No prior authorization required		
H0035	MENTAL HEALTH PARTIAL HOSP TREATMNT UNDER 24H	No prior authorization required		
H0036	COMMUNITY PSYCH SUPPORT FACE-FACE PER 15 MIN	No prior authorization required		
H0037	COMMUNITY PSYCH SUPPORT TX PROGRAM PER DIEM	No prior authorization required		
H0038	SELF-HELP/PEER SVC PER 15 MINUTES	No prior authorization required		
H0039	ASSERTIVE COMMUNITY TX FACE-FACE PER 15 MINS	No prior authorization required		
H0040	ASSERTIVE COMMUNITY TREATMNT PROGRAM PER DIEM	No prior authorization required		
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	No prior authorization required		
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	No prior authorization required		
H0043	SUPPORTED HOUSING, PER DIEM	No prior authorization required		
H0044	SUPPORTED HOUSING, PER MONTH	No prior authorization required		
H0045	RESPITE CARE SERVICES NOT-IN-HOME PER DIEM	No prior authorization required		

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H0046	MENTAL HEALTH SERVICE,NOT OTHERWISE SPECIFIED	No prior authorization required		
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICE NOS	No prior authorization required		
H0048	SPECIMEN COLLECTION NON-BLOOD: ALC/DRUG TEST	No prior authorization required		
H0049	ALCOHOL/DRUG SCREENING	No prior authorization required		
H0050	ALCOHOL/DRUG SERVICE, PER 15 MINUTES	No prior authorization required		
H0051	TRADITIONAL HEALING SERVICE	No prior authorization required		
H0052	MMIP MENTAL HEALTH AND CLINICAL CARE	No prior authorization required		
H0053	HISTORICAL TRAUMA (HT) MENTAL HEALTH AND CARE IP	No prior authorization required		
H1000	PRENATAL CARE AT RISK ASSESSMENT	No prior authorization required		
H1001	PRENATAL CARE AT RISK ENHANCE SVC ANTEPARTUM	No prior authorization required		
H1002	PRENATAL CARE AT RISK ENHANCE SVC CARE COORDN	No prior authorization required		
H1003	PRENATAL CARE AT RISK ENHANCE SVC EDUCATION	No prior authorization required		
H1004	PRENATAL CARE AT RISK ENHANCE SVC FOL/UP HOME	No prior authorization required		
H1005	PRENATAL CARE AT RISK ENHANCED SERV PACKAGE	No prior authorization required		
H1010	NONMEDICAL FAMILY PLANNG EDUCATN PER SESSION	No prior authorization required		
H1011	FAMILY ASSESSMENT BY LICENS BEHAV HEALTH PROF	No prior authorization required		
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	No prior authorization required		
H2001	REHABILITATION PROGRAM PER 1/2 DAY	No prior authorization required		
H2010	COMPREHENSIVE MEDICATION SERVICES PER 15 MINS	No prior authorization required		
H2011	CRISIS INTERVENTION SERVICES PER 15 MINUTES	No prior authorization required		
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	No prior authorization required		
H2013	PSYCHIATRIC HEALTH FACILTY SERVICE, PER DIEM	No prior authorization required		
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINS	No prior authorization required		
H2015	COMPREHENSIVE COMMUNITY SUPPORT SVCS, 15 MINS	No prior authorization required		
H2016	COMPREHENSIVE COMMUNITY SUPPORT SVC, PER DIEM	No prior authorization required		
H2017	PSYCHOSOCIAL REHABILITATION SERVS PER 15 MIN	No prior authorization required		
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	No prior authorization required		
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINS	No prior authorization required		
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	No prior authorization required		
H2021	COMMUNITY BASED WRAP-AROUND SERVS, PER 15 MIN	No prior authorization required		

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H2022	COMMUNITY BASED WRAP-AROUND SERVS, PER DIEM	No prior authorization required		
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	No prior authorization required		
H2024	SUPPORTED EMPLOYMENT, PER DIEM	No prior authorization required		
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMNT, 15 MIN	No prior authorization required		
H2026	ONGOING SUPPORT MAINTAIN EMPLOYMENT, PER DIEM	No prior authorization required		
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	No prior authorization required		
H2028	SEX OFFENDER TREATMENT SERVICE, PER 15 MINUTE	No prior authorization required		
H2029	SEX OFFENDER TREATMENT SERVICE, PER DIEM	No prior authorization required		
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINS	No prior authorization required		
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	No prior authorization required		
H2032	ACTIVITY THERAPY, PER 15 MINUTES	No prior authorization required		
H2033	MULTISYSTEMIC THERAPY FOR JUVENILE PER 15 MIN	No prior authorization required		
H2034	ALCOHOL/DRUG ABUSE HALFWAY HOUSE SVC PER DIEM	No prior authorization required		
H2035	ALCOHOL/DRUG ABUSE TREATMNT PROGRAM, PER HOUR	No prior authorization required		
H2036	ALCOHOL/DRUG ABUSE TREATMNT PROGRAM, PER DIEM	No prior authorization required		
H2037	DEVELOPMENTAL DELAY PREVENT DEP CHILD, 15 MIN	No prior authorization required		
H2038	SKILLS TRAINING AND DEVELOPMENT, PER DIEM	No prior authorization required		
H2040	COORD SPECIALTY CARE, PER MONTH	No prior authorization required		
H2041	COORD SPECIAL CARE PER ENCOUNTER	No prior authorization required		
J0013	ESKETAMINE, NASAL SPRAY	Refer to Pharmacy Benefit Management		
J0120	TETRACYCLIN, UP TO 250 MG, INJECTION	Refer to Pharmacy Benefit Management		
J0121	Inj., omadacycline, 1 mg	Refer to Pharmacy Benefit Management		
J0122	Inj., eravacycline, 1 mg	Refer to Pharmacy Benefit Management		
J0129	ABATACEPT INJECTION	Refer to Pharmacy Benefit Management		
J0131	Inj, acetaminophen (nos)	Refer to Pharmacy Benefit Management		

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J0132	Acetylcysteine injection	Refer to Pharmacy Benefit Management		
J0133	Acyclovir injection	Refer to Pharmacy Benefit Management		
J0134	Inj acetaminophen -fresenius	Refer to Pharmacy Benefit Management		
J0136	Inj, acetaminophen (b braun)	Refer to Pharmacy Benefit Management		
J0137	Inj, acetaminophen (hikma)	Refer to Pharmacy Benefit Management		
J0138	Inj acetaminoph 10mg/ibu 3mg	Refer to Pharmacy Benefit Management		
J0153	Adenosine inj 1mg	Refer to Pharmacy Benefit Management		
J0162	INJ EPINEPHRINE (FRESENIUS)	Refer to Pharmacy Benefit Management		
J0163	EPINEPHRINE IN NACL (ENDO)	Refer to Pharmacy Benefit Management		
J0164	EPINEPHRINE IN NACL (BAXTER)	Refer to Pharmacy Benefit Management		
J0165	Inj epinephrine nos 0.1 mg	Refer to Pharmacy Benefit Management		
J0166	Inj epinephrine (bpi)	Refer to Pharmacy Benefit Management		
J0167	Inj epinephrine (hospira)	Refer to Pharmacy Benefit Management		
J0168	Epinephrine (intl med sys)	Refer to Pharmacy Benefit Management		
J0169	Inj epinephrine (adrenalin)	Refer to Pharmacy Benefit Management		
J0172	Inj, aducanumab-avwa, 2 mg	Refer to Pharmacy Benefit Management		termed 12/31/2025

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J0174	Inj, lecanemab-irmb, 1 mg	Refer to Pharmacy Benefit Management		
J0175	Inj, donanemab-azbt, 2 mg	Refer to Pharmacy Benefit Management		
J0177	Inj, aflibercept hd, 1 mg	Refer to Pharmacy Benefit Management		
J0178	AFLIBERCEPT INJECTION	Refer to Pharmacy Benefit Management		
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	Refer to Pharmacy Benefit Management		
J0180	AGALSIDASE BETA INJECTIO	Refer to Pharmacy Benefit Management		
J0185	Inj., aprepitant, 1 mg	Refer to Pharmacy Benefit Management		
J0202	INJECTION, ALEMTUZUMAB, 1 MG	Refer to Pharmacy Benefit Management		
J0205	ALGLUCERASE INJECTION	Refer to Pharmacy Benefit Management		termed 12/31/2025
J0206	Inj allopurinol sodium 1 mg	Refer to Pharmacy Benefit Management		
J0215	ALEFACEPT 0.5 MG INJ	Refer to Pharmacy Benefit Management		termed 12/31/2025
J0217	Inj velmanase alfa-tycv 1 mg	Refer to Pharmacy Benefit Management		
J0218	Injection, olipudase alfa-rpcp, 1 mg	Refer to Pharmacy Benefit Management		
J0219	Inj aval alfa-nqpt 4mg	Refer to Pharmacy Benefit Management		
J0220	ALGLUCOSIDASE ALFA INJEC	Refer to Pharmacy Benefit Management		
J0221	LUMIZYME INJECTION	Refer to Pharmacy Benefit Management		

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J0222	INJ., PATISIRAN, 0.1 MG	Refer to Pharmacy Benefit Management		
J0223	Injection, givosiran, 0.5 mg.	Refer to Pharmacy Benefit Management		
J0224	Injection, lumasiran, 0.5 mg	Refer to Pharmacy Benefit Management		
J0225	Inj, vutrisiran, 1 mg	Refer to Pharmacy Benefit Management		
J0248	Inj, remdesivir, 1 mg	Refer to Pharmacy Benefit Management		
J0256	ALPHA 1-PROTEINASE 10 MG	Refer to Pharmacy Benefit Management		
J0257	GLASSIA INJECTION	Refer to Pharmacy Benefit Management		
J0278	Amikacin sulfate injection	Refer to Pharmacy Benefit Management		
J0280	Aminophyllin 250 mg inj	Refer to Pharmacy Benefit Management		
J0281	Inj aminocaproic acid 1 gram	Refer to Pharmacy Benefit Management		
J0282	Amiodarone hcl	Refer to Pharmacy Benefit Management		
J0283	Inj, amiodarone (nexterone)	Refer to Pharmacy Benefit Management		
J0285	Amphotericin b	Refer to Pharmacy Benefit Management		
J0287	Amphotericin b lipid complex	Refer to Pharmacy Benefit Management		
J0289	Amphotericin b liposome inj	Refer to Pharmacy Benefit Management		
J0290	Ampicillin 500 mg inj	Refer to Pharmacy Benefit Management		

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J0291	Inj., plazomicin, 5 mg	Refer to Pharmacy Benefit Management		
J0295	Ampicillin sulbactam 1.5 gm	Refer to Pharmacy Benefit Management		
J0348	Anidulafungin injection	Refer to Pharmacy Benefit Management		
J0349	Inj, rezafungin, 1 mg	Refer to Pharmacy Benefit Management		
J0360	Hydralazine hcl injection	Refer to Pharmacy Benefit Management		
J0364	APOMORPHINE HYDROCHLORID	Refer to Pharmacy Benefit Management		
J0401	Inj, abilify maintena, 1 mg	Refer to Pharmacy Benefit Management		
J0402	Inj, abilify asimtufii, 1 mg	Refer to Pharmacy Benefit Management		
J0456	Azithromycin	Refer to Pharmacy Benefit Management		
J0457	Injection, aztreonam, 100 mg	Refer to Pharmacy Benefit Management		
J0458	AZTREONAM/AVIBACTAM 10 MG	Refer to Pharmacy Benefit Management		
J0461	Atropine sulfate injection	Refer to Pharmacy Benefit Management		
J0462	ATROPINE SULF, NTE, 0.01 MG	Refer to Pharmacy Benefit Management		
J0463	INJ ATROPINE (FRESENIUS TE)	Refer to Pharmacy Benefit Management		
J0470	DIMECAPROL INJECTION	Refer to Pharmacy Benefit Management		
J0475	Baclofen 10 mg injection	Refer to Pharmacy Benefit Management		

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J0476	Baclofen intrathecal trial	Refer to Pharmacy Benefit Management		
J0480	Basiliximab	Refer to Pharmacy Benefit Management		
J0485	BELATACEPT INJECTION	Refer to Pharmacy Benefit Management		
J0490	BELIMUMAB INJECTION	Refer to Pharmacy Benefit Management		
J0491	Inj anifrolumab-fnia 1mg	Refer to Pharmacy Benefit Management		
J0500	Dicyclomine injection	Refer to Pharmacy Benefit Management		
J0515	Inj benztropine mesylate	Refer to Pharmacy Benefit Management		
J0517	INJ., BENRALIZUMAB, 1 MG	Refer to Pharmacy Benefit Management		
J0525	INJ CEFOTETAN DISODIUM 10 MG	Refer to Pharmacy Benefit Management		
J0528	INJ FOSFOMYCIN DISODIUM 20MG	Refer to Pharmacy Benefit Management		
J0558	Peng benzathine/procaine inj	Refer to Pharmacy Benefit Management		
J0561	Penicillin g benzathine inj	Refer to Pharmacy Benefit Management		
J0565	Inj, bezlotoxumab, 10 mg	Refer to Pharmacy Benefit Management		
J0567	INJ., CERLIPONASE ALFA 1 MG	Refer to Pharmacy Benefit Management		
J0577	Inj, brixadi, 7 days or less	Refer to Pharmacy Benefit Management		
J0578	Inj brixadi, more than 7 day	Refer to Pharmacy Benefit Management		

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J0582	BIVALIRUDIN (ENDO) 1 MG	Refer to Pharmacy Benefit Management		
J0583	Bivalirudin	Refer to Pharmacy Benefit Management		
J0584	INJECTION, BUROSUMAB-TWZA 1M	Refer to Pharmacy Benefit Management		
J0585	BOTULINUM TOXIN A/100 U	Refer to Pharmacy Benefit Management		
J0586	ABOBOTULINUMTOXINA	Refer to Pharmacy Benefit Management		
J0587	BOTULINUM TOXIN TYPE B	Refer to Pharmacy Benefit Management		
J0588	INCOBOTULINUMTOXIN A	Refer to Pharmacy Benefit Management		
J0589	Inj daxibotulinumtoxina-lanm	Refer to Pharmacy Benefit Management		
J0591	Injection, deoxycholic acid, 1 mg.	Refer to Pharmacy Benefit Management		
J0592	Buprenorphine hydrochloride	Refer to Pharmacy Benefit Management		
J0593	INJ., LANADELUMAB-FLYO, 1 MG	Refer to Pharmacy Benefit Management		
J0594	Busulfan injection	Refer to Pharmacy Benefit Management		
J0595	Butorphanol tartrate 1 mg	Refer to Pharmacy Benefit Management		
J0596	INJECTION, RUCONEST	Refer to Pharmacy Benefit Management		
J0597	C-1 ESTERASE, BERINERT	Refer to Pharmacy Benefit Management		
J0598	C-1 ESTERASE, CINRYZE	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0599	INJ., HAEGARDA 10 UNITS	Refer to Pharmacy Benefit Management		
J0600	EDETATE CAL DISODIUM INJ	Refer to Pharmacy Benefit Management		
J0606	INJ., ETELCALCETIDE 0.1 MG	Refer to Pharmacy Benefit Management		
J0612	Inj, calcium gluconate, nos	Refer to Pharmacy Benefit Management		
J0613	Calcium glucon (wg critical)	Refer to Pharmacy Benefit Management		
J0614	INJ, TREOSULFAN, 50 MG	Refer to Pharmacy Benefit Management		
J0616	Inj metoprolol tartrate 1 mg	Refer to Pharmacy Benefit Management		
J0637	Caspofungin acetate	Refer to Pharmacy Benefit Management		
J0638	CANAKINUMAB INJECTION	Refer to Pharmacy Benefit Management		
J0640	Leucovorin calcium injection	Refer to Pharmacy Benefit Management		
J0641	Inj levoleucovorin nos 0.5mg	Refer to Pharmacy Benefit Management		
J0642	Injection, khapzory, 0.5 mg	Refer to Pharmacy Benefit Management		
J0650	Inj, levothyroxine nos 10mcg	Refer to Pharmacy Benefit Management		
J0651	Inj, levothyroxine, freskabi	Refer to Pharmacy Benefit Management		
J0652	Inj, levothyroxine, hikma	Refer to Pharmacy Benefit Management		
J0654	INJ, LIOTHYRONINE, 1 MCG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0665	Inj, bupivacaine, nos, 0.5mg	Refer to Pharmacy Benefit Management		
J0666	Inj, bupivacaine liposome	Refer to Pharmacy Benefit Management		
J0668	INSTILL, BUPIVAC AND MELOXIC	Refer to Pharmacy Benefit Management		
J0670	Inj mepivacaine hcl/10 ml	Refer to Pharmacy Benefit Management		
J0675	INJ, CARBOPROST, 0.1 MG	Refer to Pharmacy Benefit Management		
J0681	INJ CEFTOBIPOLE MEDOCARL 3MG	Refer to Pharmacy Benefit Management		
J0687	Inj cefazolin (wg crit care)	Refer to Pharmacy Benefit Management		
J0688	Inj cefazolin sodium, hikma	Refer to Pharmacy Benefit Management		
J0689	Inj cefazolin sodium, baxter	Refer to Pharmacy Benefit Management		
J0690	Cefazolin sodium injection	Refer to Pharmacy Benefit Management		
J0692	Cefepime hcl for injection	Refer to Pharmacy Benefit Management		
J0694	Cefoxitin sodium injection	Refer to Pharmacy Benefit Management		
J0695	Inj ceftolozane tazobactam	Refer to Pharmacy Benefit Management		
J0696	Ceftriaxone sodium injection	Refer to Pharmacy Benefit Management		
J0697	Sterile cefuroxime injection	Refer to Pharmacy Benefit Management		
J0699	Inj, cefiderocol, 10 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0701	Inj. cefepime hcl (baxter)	Refer to Pharmacy Benefit Management		
J0702	Betamethasone acet&sod phosp	Refer to Pharmacy Benefit Management		
J0703	Inj, cefepime hcl (b braun)	Refer to Pharmacy Benefit Management		
J0712	Ceftaroline fosamil inj	Refer to Pharmacy Benefit Management		
J0713	Inj ceftazidime per 500 mg	Refer to Pharmacy Benefit Management		
J0714	Ceftazidime and avibactam	Refer to Pharmacy Benefit Management		
J0717	CERTOLIZUMAB PEGOL INJ 1MG	Refer to Pharmacy Benefit Management		
J0725	CHORI GONADOTROPIN/1000U	Refer to Pharmacy Benefit Management		
J0735	Clonidine hydrochloride	Refer to Pharmacy Benefit Management		
J0736	Inj, clindamycin phosp 300mg	Refer to Pharmacy Benefit Management		
J0737	Inj, clindamycin (baxter)	Refer to Pharmacy Benefit Management		
J0738	HIV PREP, INJ, LENACAPAVIR	Refer to Pharmacy Benefit Management		
J0739	Injection, cabotegravir, 1 mg	Refer to Pharmacy Benefit Management		
J0740	Cidofovir injection	Refer to Pharmacy Benefit Management		
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Refer to Pharmacy Benefit Management		
J0742	Inj imip 4 cilas 4 releb 2mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0743	Cilastatin sodium injection	Refer to Pharmacy Benefit Management		
J0744	Ciprofloxacin iv	Refer to Pharmacy Benefit Management		
J0750	Hiv prep, ftc/tdf 200/300mg	Refer to Pharmacy Benefit Management		
J0751	Hiv prep, ftc/taf 200/25mg	Refer to Pharmacy Benefit Management		
J0752	HIV PREP, ORAL LENACAPAVIR	Refer to Pharmacy Benefit Management		
J0759	INJ, CLEVIDEPINE, 1 MG	Refer to Pharmacy Benefit Management		
J0770	Colistimethate sodium inj	Refer to Pharmacy Benefit Management		
J0775	COLLAGENASE, CLOST HIST	Refer to Pharmacy Benefit Management		
J0780	Prochlorperazine injection	Refer to Pharmacy Benefit Management		
J0791	Injection, crizanlizumab-tmca, 5 mg.	Refer to Pharmacy Benefit Management		
J0800	CORTICOTROPIN INJECTION	Refer to Pharmacy Benefit Management		termed 09/30/2023
J0801	Inj. acthar gel to 40 units	Refer to Pharmacy Benefit Management		
J0802	Inj. (ani), up to 40 units	Refer to Pharmacy Benefit Management		
J0834	Inj., cosyntropin, 0.25 mg	Refer to Pharmacy Benefit Management		
J0840	Crotalidae poly immune fab	Refer to Pharmacy Benefit Management		
J0841	Inj crotalidae im f(ab')2 eq	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0850	Cytomegalovirus imm iv /vial	Refer to Pharmacy Benefit Management		
J0870	Injection, imetelstat, 1 mg	Refer to Pharmacy Benefit Management		
J0872	Daptomycin (xellia) unrefrig	Refer to Pharmacy Benefit Management		
J0873	Inj daptomycin (xellia)	Refer to Pharmacy Benefit Management		
J0874	Inj, daptomycin (baxter)	Refer to Pharmacy Benefit Management		
J0875	Injection, dalbavancin	Refer to Pharmacy Benefit Management		
J0877	Inj, daptomycin (hospira)	Refer to Pharmacy Benefit Management		
J0878	Daptomycin injection	Refer to Pharmacy Benefit Management		
J0879	Difelikefalin, esrd on dialy	Refer to Pharmacy Benefit Management		
J0881	Darbepoetin alfa, non-esrd	Refer to Pharmacy Benefit Management		
J0882	DARBEPOETIN ALFA, ESRD U	Refer to Pharmacy Benefit Management		
J0883	Argatroban nonesrd use 1mg	Refer to Pharmacy Benefit Management		
J0884	Argatroban esrd dialysis 1mg	Refer to Pharmacy Benefit Management		
J0885	Epoetin alfa, non-esrd	Refer to Pharmacy Benefit Management		
J0887	EPOETIN BETA ESRD USE	Refer to Pharmacy Benefit Management		
J0888	EPOETIN BETA NON ESRD	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J0890	PEGINESATIDE INJECTION	Refer to Pharmacy Benefit Management		
J0893	Inj, decitabine (sun pharma)	Refer to Pharmacy Benefit Management		
J0894	Decitabine injection	Refer to Pharmacy Benefit Management		
J0895	Deferoxamine mesylate inj	Refer to Pharmacy Benefit Management		
J0896	Injection, Luspatercept-aamt, 0.25 mg.	Refer to Pharmacy Benefit Management		
J0897	Denosumab injection	Refer to Pharmacy Benefit Management		
J0898	Argatroban nonesrd (auromed)	Refer to Pharmacy Benefit Management		
J0899	Argatroban dialysis, auromed	Refer to Pharmacy Benefit Management		
J0901	Vadadustat oral 1mg for esrd	Refer to Pharmacy Benefit Management		
J1000	Depo-estradiol cypionate inj	Refer to Pharmacy Benefit Management		
J1010	Inj, methylpred acetate 1 mg	Refer to Pharmacy Benefit Management		
J1071	Inj testosterone cypionate	Refer to Pharmacy Benefit Management		
J1072	Inj, testosterone, azmiro	Refer to Pharmacy Benefit Management		
J1073	TESTOSTERONE PELLET 75 MG	Refer to Pharmacy Benefit Management		
J1096	Dexametha opth insert 0.1 mg	Refer to Pharmacy Benefit Management		
J1100	Dexamethasone sodium phos	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J1110	Inj dihydroergotamine mesylt	Refer to Pharmacy Benefit Management		
J1120	Acetazolamid sodium injectio	Refer to Pharmacy Benefit Management		
J1160	Digoxin injection	Refer to Pharmacy Benefit Management		
J1162	Digoxin immune fab (ovine)	Refer to Pharmacy Benefit Management		
J1163	Inj, diltiazem hcl, 0.5 mg	Refer to Pharmacy Benefit Management		
J1164	INJ DILTIAZEM IN 0.72% NACL	Refer to Pharmacy Benefit Management		
J1165	Phenytoin sodium injection	Refer to Pharmacy Benefit Management		
J1171	Inj, hydromorphone, 0.1 mg	Refer to Pharmacy Benefit Management		
J1190	Dexrazoxane hcl injection	Refer to Pharmacy Benefit Management		
J1200	Diphenhydramine hcl injectio	Refer to Pharmacy Benefit Management		
J1201	Inj. cetirizine hcl 0.5mg	Refer to Pharmacy Benefit Management		
J1203	Inj, cipaglucosidase, 5 mg	Refer to Pharmacy Benefit Management		
J1205	Chlorothiazide sodium inj	Refer to Pharmacy Benefit Management		
J1212	Dimethyl sulfoxide 50% 50 ml	Refer to Pharmacy Benefit Management		
J1230	Methadone injection	Refer to Pharmacy Benefit Management		
J1240	Dimenhydrinate injection	Refer to Pharmacy Benefit Management		

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J1245	Dipyridamole injection	Refer to Pharmacy Benefit Management		
J1250	Inj dobutamine hcl/250 mg	Refer to Pharmacy Benefit Management		
J1265	Dopamine injection	Refer to Pharmacy Benefit Management		
J1270	Injection, doxercalciferol	Refer to Pharmacy Benefit Management		
J1271	Inj doxycycline hyclate 1 mg	Refer to Pharmacy Benefit Management		
J1289	NARSOPLIMAB-WUUG, 1 MG	Refer to Pharmacy Benefit Management		
J1290	ECALLANTIDE INJECTION	Refer to Pharmacy Benefit Management		
J1299	Inj, eculizumab, 2 mg	Refer to Pharmacy Benefit Management		
J1300	ECULIZUMAB INJECTION	Refer to Pharmacy Benefit Management		termed 03/31/2025
J1301	INJECTION, EDARAVONE, 1 MG	Refer to Pharmacy Benefit Management		
J1302	Inj, sutimlimab-jome, 10 mg	Refer to Pharmacy Benefit Management		
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	Refer to Pharmacy Benefit Management		
J1304	Inj tofersen intrathec 1 mg	Refer to Pharmacy Benefit Management		
J1305	Injection, evinacumab-dgnb, 5mg	Refer to Pharmacy Benefit Management		
J1306	Injection, inclisiran, 1 mg	Refer to Pharmacy Benefit Management		
J1308	Inj, famotidine, 0.25 mg	Refer to Pharmacy Benefit Management		

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J1322	ELOSULFASE ALFA, INJECTION	Refer to Pharmacy Benefit Management		
J1323	Inj, elranatamab-bcmm, 1 mg	Refer to Pharmacy Benefit Management		
J1325	EPOPROSTENOL 0.5 MG	Refer to Pharmacy Benefit Management		
J1326	Inj, zolbetuximab-clzb, 2 mg	Refer to Pharmacy Benefit Management		
J1335	Ertapenem injection	Refer to Pharmacy Benefit Management		
J1364	Erythro lactobionate /500 mg	Refer to Pharmacy Benefit Management		
J1370	INJ, ESOMEPRAZOLE SOD, 1 MG	Refer to Pharmacy Benefit Management		
J1380	Estradiol valerate 10 mg inj	Refer to Pharmacy Benefit Management		
J1410	Inj estrogen conjugate 25 mg	Refer to Pharmacy Benefit Management		
J1411	Inj, hemgenix, per tx dose	Refer to Pharmacy Benefit Management		
J1426	Injection, casimersen, 10 mg.	Refer to Pharmacy Benefit Management		
J1427	Inj. viltolarsen	Refer to Pharmacy Benefit Management		
J1428	INJ, ETEPLIRSEN, 10 MG	Refer to Pharmacy Benefit Management		
J1429	Injection, golodirsen, 10 mg.	Refer to Pharmacy Benefit Management		
J1430	Ethanolamine oleate 100 mg	Refer to Pharmacy Benefit Management		
J1434	Inj, focinvez, 1mg	Refer to Pharmacy Benefit Management		

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J1437	Inj. fe derisomaltose 10 mg	Refer to Pharmacy Benefit Management		
J1438	INJECTION, ETANERCEPT	Refer to Pharmacy Benefit Management		
J1439	Inj ferric carboxymaltos 1mg	Refer to Pharmacy Benefit Management		
J1440	Fecal microbiota jslm 1 ml	Refer to Pharmacy Benefit Management		
J1442	Inj filgrastim excl biosimil	Refer to Pharmacy Benefit Management		
J1447	INJ TBO FILGRASTIM 1 MICROG	Refer to Pharmacy Benefit Management		
J1448	Injection, trilaciclib, 1mg	Refer to Pharmacy Benefit Management		
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Refer to Pharmacy Benefit Management		
J1450	Fluconazole	Refer to Pharmacy Benefit Management		
J1453	Fosaprepitant injection	Refer to Pharmacy Benefit Management		
J1454	Inj fosnetupitant, palonoset	Refer to Pharmacy Benefit Management		
J1455	Foscarnet sodium injection	Refer to Pharmacy Benefit Management		
J1456	Inj, fosaprepitant (teva)	Refer to Pharmacy Benefit Management		
J1458	GALSULFASE INJECTION	Refer to Pharmacy Benefit Management		
J1459	INJ IVIG PRIVIGEN 500 MG	Refer to Pharmacy Benefit Management		
J1460	Gamma globulin 1 cc inj	Refer to Pharmacy Benefit Management		

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J1551	Injection, immune globulin (cutaquig), 100 mg	Refer to Pharmacy Benefit Management		
J1552	Inj, alyglo, 500 mg	Refer to Pharmacy Benefit Management		
J1553	INJ YIMMUGO 100 MG	Refer to Pharmacy Benefit Management		
J1554	Inj. asceniv	Refer to Pharmacy Benefit Management		
J1555	INJ CUVITRU, 100 MG	Refer to Pharmacy Benefit Management		
J1556	INJ, IMM GLOB BIVIGAM, 500MG	Refer to Pharmacy Benefit Management		
J1557	GAMMAPLEX INJECTION	Refer to Pharmacy Benefit Management		
J1558	Injection, immune globulin (Xembify), 100 mg.	Refer to Pharmacy Benefit Management		
J1559	HIZENTRA INJECTION	Refer to Pharmacy Benefit Management		
J1560	Gamma globulin > 10 cc inj	Refer to Pharmacy Benefit Management		
J1561	GAMUNEX INJECTION	Refer to Pharmacy Benefit Management		
J1562	IMMUNE GLOBULIN 5 GMS	Refer to Pharmacy Benefit Management		termed 12/31/2025
J1566	IMMUNE GLOBULIN, POWDER	Refer to Pharmacy Benefit Management		
J1568	OCTAGAM INJECTION	Refer to Pharmacy Benefit Management		
J1569	GAMMAGARD LIQUID INJECTI	Refer to Pharmacy Benefit Management		
J1570	Ganciclovir sodium injection	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J1571	Hepagam b im injection	Refer to Pharmacy Benefit Management		
J1572	FLEBOGAMMA INJECTION	Refer to Pharmacy Benefit Management		termed 12/31/2025
J1573	Hepagam b intravenous, inj	Refer to Pharmacy Benefit Management		
J1575	HYQVIA 100MG IMMUNEGLOBULIN	Refer to Pharmacy Benefit Management		
J1576	Inj, panzyga, 500 mg	Refer to Pharmacy Benefit Management		
J1577	INJ, QIVIGY, 100MG	Refer to Pharmacy Benefit Management		
J1580	Garamycin gentamicin inj	Refer to Pharmacy Benefit Management		
J1595	GLATIRAMER ACETATE 20 MG	Refer to Pharmacy Benefit Management		
J1596	Inj, glycopyrrolate, 0.1 mg	Refer to Pharmacy Benefit Management		
J1598	Inj glycopyrrolate fres kabi	Refer to Pharmacy Benefit Management		
J1599	IVIG NON-LYOPHILIZED, NO	Refer to Pharmacy Benefit Management		
J1602	GOLIMUMAB FOR IV USE 1MG	Refer to Pharmacy Benefit Management		
J1610	Glucagon hydrochloride/1 mg	Refer to Pharmacy Benefit Management		
J1611	Inj glucagon hcl, fresenius	Refer to Pharmacy Benefit Management		
J1612	INJ GLUCAGON (GVOKE) 0.01 MG	Refer to Pharmacy Benefit Management		
J1620	GONADORELIN HYD/100 MCG	Refer to Pharmacy Benefit Management		termed 12/31/2025

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J1626	Granisetron hcl injection	Refer to Pharmacy Benefit Management		
J1627	Inj, granisetron, xr, 0.1 mg	Refer to Pharmacy Benefit Management		
J1628	INJ., GUSELKUMAB, 1 MG	Refer to Pharmacy Benefit Management		
J1630	Haloperidol injection	Refer to Pharmacy Benefit Management		
J1631	Haloperidol decanoate inj	Refer to Pharmacy Benefit Management		
J1632	Injection, brexanolone, 1 mg	Refer to Pharmacy Benefit Management		
J1640	Hemin, 1 mg	Refer to Pharmacy Benefit Management		
J1642	Inj heparin sodium per 10 u	Refer to Pharmacy Benefit Management		
J1643	Inj heparin, pfizer, 1000u	Refer to Pharmacy Benefit Management		
J1644	Inj heparin sodium per 1000u	Refer to Pharmacy Benefit Management		
J1645	Dalteparin sodium	Refer to Pharmacy Benefit Management		
J1650	Inj enoxaparin sodium	Refer to Pharmacy Benefit Management		
J1652	Fondaparinux sodium	Refer to Pharmacy Benefit Management		
J1670	Tetanus immune globulin inj	Refer to Pharmacy Benefit Management		
J1675	HISTRELIN ACETATE	Refer to Pharmacy Benefit Management		
J1720	Hydrocortisone sodium succ i	Refer to Pharmacy Benefit Management		

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J1726	MAKENA, 10 MG	Refer to Pharmacy Benefit Management		
J1736	INJ MELOXICAM (DELOVA) 1MG	Refer to Pharmacy Benefit Management		
J1737	INJ MELOXICAM (AZURITY) 1MG	Refer to Pharmacy Benefit Management		
J1740	Ibandronate sodium injection	Refer to Pharmacy Benefit Management		
J1741	Ibuprofen injection	Refer to Pharmacy Benefit Management		
J1743	IDURSULFASE INJECTION	Refer to Pharmacy Benefit Management		
J1744	ICATIBANT INJECTION	Refer to Pharmacy Benefit Management		
J1745	INJECTION, INFLIXIMAB	Refer to Pharmacy Benefit Management		
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	Refer to Pharmacy Benefit Management		
J1747	Injection, spesolimab-sbzo, 1 mg	Refer to Pharmacy Benefit Management		
J1749	Inj, iloprost, 0.1 mcg	Refer to Pharmacy Benefit Management		
J1750	Inj iron dextran	Refer to Pharmacy Benefit Management		
J1756	Iron sucrose injection	Refer to Pharmacy Benefit Management		
J1786	IMUGLUCERASE INJECTION	Refer to Pharmacy Benefit Management		
J1790	Droperidol injection	Refer to Pharmacy Benefit Management		
J1805	Inj, esmolol hcl, 10mg	Refer to Pharmacy Benefit Management		

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J1806	Inj esmolol hcl wg crit care	Refer to Pharmacy Benefit Management		
J1807	INJ, ETHACRYNATE SOD, 1 MG	Refer to Pharmacy Benefit Management		
J1808	Inj, folic acid, 0.1 mg	Refer to Pharmacy Benefit Management		
J1809	INJ, FOSDENOPTERIN, 0.1MG	Refer to Pharmacy Benefit Management		
J1811	Fiasp for insulin pump use	Refer to Pharmacy Benefit Management		
J1813	Lyumjev for insulin pump use	Refer to Pharmacy Benefit Management		
J1817	Insulin for insulin pump use	Refer to Pharmacy Benefit Management		
J1823	Inj. inebilizumab-cdon, 1 mg	Refer to Pharmacy Benefit Management		
J1826	INTERFERON BETA- 1A INJ	Refer to Pharmacy Benefit Management		
J1830	INTERFER BETA-1B 0.25 MG	Refer to Pharmacy Benefit Management		
J1834	INJ, ISONIAZID, 1 MG	Refer to Pharmacy Benefit Management		
J1836	Inj, metronidazole, 10 mg	Refer to Pharmacy Benefit Management		
J1837	INJ, POSACONAZOLE, 1 MG	Refer to Pharmacy Benefit Management		
J1885	Ketorolac tromethamine inj	Refer to Pharmacy Benefit Management		
J1920	Inj, labetalol hcl, 5mg	Refer to Pharmacy Benefit Management		
J1921	Inj labetalol hcl hikma, 5mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J1930	Lanreotide injection	Refer to Pharmacy Benefit Management		
J1931	LARONIDASE INJECTION	Refer to Pharmacy Benefit Management		
J1932	Inj, lanreotide, (cipla) 1mg	Refer to Pharmacy Benefit Management		
J1938	Inj, furosemide, 1 mg	Refer to Pharmacy Benefit Management		
J1939	Inj, bumetanide, 0.5 mg	Refer to Pharmacy Benefit Management		
J1943	Inj., aristada initio, 1 mg	Refer to Pharmacy Benefit Management		
J1944	Aripiprazole lauroxil 1 mg	Refer to Pharmacy Benefit Management		
J1950	Leuprolide acetate /3.75 mg	Refer to Pharmacy Benefit Management		
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Refer to Pharmacy Benefit Management		
J1952	Leuprolide inj, camcevi, 1mg	Refer to Pharmacy Benefit Management		
J1953	Levetiracetam injection	Refer to Pharmacy Benefit Management		
J1954	Inj leu acet lutr dpt 7.5 mg	Refer to Pharmacy Benefit Management		
J1955	Inj levocarnitine per 1 gm	Refer to Pharmacy Benefit Management		
J1956	Levofloxacin injection	Refer to Pharmacy Benefit Management		
J1961	Inj, lenacapavir, 1 mg	Refer to Pharmacy Benefit Management		
J2002	Inj, lidocaine in d5w, 1 mg	Refer to Pharmacy Benefit Management		

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J2010	Lincomycin injection	Refer to Pharmacy Benefit Management		
J2020	Linezolid injection	Refer to Pharmacy Benefit Management		
J2021	Inj, linezolid (hospira)	Refer to Pharmacy Benefit Management		
J2060	Lorazepam injection	Refer to Pharmacy Benefit Management		
J2151	INJ, MANNITOL, 250 MG	Refer to Pharmacy Benefit Management		
J2170	MECASERMIN INJECTION	Refer to Pharmacy Benefit Management		
J2175	Meperidine hydrochl /100 mg	Refer to Pharmacy Benefit Management		
J2182	INJECTION, MEPOLIZUMAB, 1MG	Refer to Pharmacy Benefit Management		
J2183	Inj meropenem (wg crit care)	Refer to Pharmacy Benefit Management		
J2184	Inj, meropenem (b. braun)	Refer to Pharmacy Benefit Management		
J2185	Meropenem	Refer to Pharmacy Benefit Management		
J2210	Methylergonovin maleate inj	Refer to Pharmacy Benefit Management		
J2246	Inj, micafungin (baxter)	Refer to Pharmacy Benefit Management		
J2247	Inj, micafungin (par pharm)	Refer to Pharmacy Benefit Management		
J2248	Micafungin sodium injection	Refer to Pharmacy Benefit Management		
J2250	Inj midazolam hydrochloride	Refer to Pharmacy Benefit Management		

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J2251	Inj midazolam in 0.9% nacl	Refer to Pharmacy Benefit Management		
J2260	Inj milrinone lactate / 5 mg	Refer to Pharmacy Benefit Management		
J2267	Inj, mirikizumab-mrkz, 1 mg	Refer to Pharmacy Benefit Management		
J2270	Morphine sulfate injection	Refer to Pharmacy Benefit Management		
J2272	Inj, morphine (fresenius)	Refer to Pharmacy Benefit Management		
J2274	Inj morphine pf epid ithc	Refer to Pharmacy Benefit Management		
J2277	Inj, motixafortide, 0.25 mg	Refer to Pharmacy Benefit Management		
J2278	Ziconotide injection	Refer to Pharmacy Benefit Management		
J2280	Inj, moxifloxacin 100 mg	Refer to Pharmacy Benefit Management		
J2281	Inj moxifloxacin (fres kabi)	Refer to Pharmacy Benefit Management		
J2290	Inj, nafcillin sodium, 20 mg	Refer to Pharmacy Benefit Management		
J2291	INJ, NAFCILLIN (BAXTER) 20MG	Refer to Pharmacy Benefit Management		
J2300	Inj nalbuphine hydrochloride	Refer to Pharmacy Benefit Management		
J2305	Inj, nitroglycerin, 5 mg	Refer to Pharmacy Benefit Management		
J2312	Inj naloxone hcl nos, 0.01mg	Refer to Pharmacy Benefit Management		
J2313	Inj, naloxone (zimhi) 0.01mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2315	Naltrexone, depot form	Refer to Pharmacy Benefit Management		
J2323	NATALIZUMAB INJECTION	Refer to Pharmacy Benefit Management		
J2326	INJ, NUSINERSEN, 0.1MG	Refer to Pharmacy Benefit Management		
J2327	Inj risankizumab-rzaa 1 mg	Refer to Pharmacy Benefit Management		
J2329	Inj ublituximab-xiiy, 1 mg	Refer to Pharmacy Benefit Management		
J2350	INJECTION, OCRELIZUMAB, 1 MG	Refer to Pharmacy Benefit Management		
J2351	Inj ocrelizumab 1mg hya-ocsq	Refer to Pharmacy Benefit Management		
J2353	Octreotide injection, depot	Refer to Pharmacy Benefit Management		
J2354	Octreotide inj, non-depot	Refer to Pharmacy Benefit Management		
J2356	Injection, tezepelumab-ekko, 1 mg	Refer to Pharmacy Benefit Management		
J2357	OMALIZUMAB INJECTION	Refer to Pharmacy Benefit Management		
J2358	Olanzapine long-acting inj	Refer to Pharmacy Benefit Management		
J2359	Inj. olanzapine, 0.5mg	Refer to Pharmacy Benefit Management		
J2360	Orphenadrine injection	Refer to Pharmacy Benefit Management		
J2361	INJ DEPEMOKIMAB-ULAA 1 MG	Refer to Pharmacy Benefit Management		
J2371	Inj phenylephrine hcl 20 mcg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2372	Inj, biorphen, 20 micrograms	Refer to Pharmacy Benefit Management		
J2373	Inj, immphentiv, 20 mcg	Refer to Pharmacy Benefit Management		
J2374	APRACLONIDINE HCL OPHT 0.1ML	Refer to Pharmacy Benefit Management		
J2401	Chloroprocaine hcl injection	Refer to Pharmacy Benefit Management		
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	Refer to Pharmacy Benefit Management		
J2404	Inj, nicardipine 0.1 mg	Refer to Pharmacy Benefit Management		
J2405	Ondansetron hcl injection	Refer to Pharmacy Benefit Management		
J2406	Injection, oritavancin 10 mg	Refer to Pharmacy Benefit Management		
J2407	Injection, oritavancin	Refer to Pharmacy Benefit Management		
J2425	Palifermin injection	Refer to Pharmacy Benefit Management		
J2426	Inj, invega sustenna, 1 mg	Refer to Pharmacy Benefit Management		
J2427	Inj, invega hafyera/trinza	Refer to Pharmacy Benefit Management		
J2428	Inj, erzofri, 1 mg	Refer to Pharmacy Benefit Management		
J2430	Pamidronate disodium /30 mg	Refer to Pharmacy Benefit Management		
J2468	Inj, palonosetron (posfrea)	Refer to Pharmacy Benefit Management		
J2469	Palonosetron hcl	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2501	Paricalcitol	Refer to Pharmacy Benefit Management		
J2502	INJ, PASIREOTIDE LONG ACTING	Refer to Pharmacy Benefit Management		
J2504	PEGADEMASE BOVINE, 25 IU	Refer to Pharmacy Benefit Management		termed 12/31/2025
J2506	Inj pegfilgrast ex bio 0.5mg	Refer to Pharmacy Benefit Management		
J2507	PEGLOTICASE INJECTION	Refer to Pharmacy Benefit Management		
J2508	Pegunigalsidase alfa-iwxj	Refer to Pharmacy Benefit Management		
J2516	INJ, PENTAMIDINE ISETHIONATE	Refer to Pharmacy Benefit Management		
J2540	Penicillin g potassium inj	Refer to Pharmacy Benefit Management		
J2543	Piperacillin/tazobactam	Refer to Pharmacy Benefit Management		
J2545	Pentamidine non-comp unit	Refer to Pharmacy Benefit Management		
J2550	Promethazine hcl injection	Refer to Pharmacy Benefit Management		
J2560	Phenobarbital sodium inj	Refer to Pharmacy Benefit Management		
J2562	PLERIXAFOR INJECTION	Refer to Pharmacy Benefit Management		
J2596	VASOPRESSIN (LONG GROVE) 1 U	Refer to Pharmacy Benefit Management		
J2597	Inj desmopressin acetate	Refer to Pharmacy Benefit Management		
J2598	Inj, vasopressin, 1 unit	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2599	Inj vasopressin (am reg) 1 u	Refer to Pharmacy Benefit Management		
J2601	Inj, vasopressin (baxter)	Refer to Pharmacy Benefit Management		
J2675	Inj progesterone per 50 mg	Refer to Pharmacy Benefit Management		
J2679	Inj fluphenazine hcl 1.25 mg	Refer to Pharmacy Benefit Management		
J2680	Fluphenazine decanoate 25 mg	Refer to Pharmacy Benefit Management		
J2690	Procainamide hcl injection	Refer to Pharmacy Benefit Management		
J2700	Oxacillin sodium injeciton	Refer to Pharmacy Benefit Management		
J2704	Inj, propofol, 10 mg	Refer to Pharmacy Benefit Management		
J2711	INJ NEOSTIGMIN/GLYCOPYRROLAT	Refer to Pharmacy Benefit Management		
J2720	Inj protamine sulfate/10 mg	Refer to Pharmacy Benefit Management		
J2724	PROTEIN C CONCENTRATE	Refer to Pharmacy Benefit Management		
J2760	Phentolaine mesylate inj	Refer to Pharmacy Benefit Management		
J2765	Metoclopramide hcl injection	Refer to Pharmacy Benefit Management		
J2777	Inj, faricimab-svoa, 0.1mg	Refer to Pharmacy Benefit Management		
J2778	RANIBIZUMAB INJECTION	Refer to Pharmacy Benefit Management		
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2781	Inj, pegcetacoplan, 1mg	Refer to Pharmacy Benefit Management		
J2782	Inj avacincaptad pegol 0.1mg	Refer to Pharmacy Benefit Management		
J2783	Rasburicase	Refer to Pharmacy Benefit Management		
J2785	Regadenoson injection	Refer to Pharmacy Benefit Management		
J2786	INJECTION, RESLIZUMAB, 1MG	Refer to Pharmacy Benefit Management		
J2787	RIBOFLAVIN 5'PHOS OPTH<=3ML	Refer to Pharmacy Benefit Management		
J2788	Rho d immune globulin 50 mcg	Refer to Pharmacy Benefit Management		
J2789	RIBOFLAVIN EPIOXA/HD<=2ML	Refer to Pharmacy Benefit Management		
J2790	Rho d immune globulin inj	Refer to Pharmacy Benefit Management		
J2791	Rhophylac injection	Refer to Pharmacy Benefit Management		
J2792	Rho(d) immune globulin h, sd	Refer to Pharmacy Benefit Management		
J2793	RILONACEPT INJECTION	Refer to Pharmacy Benefit Management		
J2794	Inj risperdal consta, 0.5 mg	Refer to Pharmacy Benefit Management		
J2795	Ropivacaine hcl injection	Refer to Pharmacy Benefit Management		
J2798	Inj., perseris, 0.5 mg	Refer to Pharmacy Benefit Management		
J2799	Inj, uzedy, 1 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J2800	Methocarbamol injection	Refer to Pharmacy Benefit Management		
J2802	Inj, romiplostim 1 microgram	Refer to Pharmacy Benefit Management		
J2804	Inj, rifampin, 1 mg	Refer to Pharmacy Benefit Management		
J2805	Sincalide injection	Refer to Pharmacy Benefit Management		
J2820	Sargramostim injection	Refer to Pharmacy Benefit Management		
J2840	INJ SEBELIPASE ALFA 1 MG	Refer to Pharmacy Benefit Management		
J2860	Injection, siltuximab	Refer to Pharmacy Benefit Management		
J2865	Inj sulfameth/trim 5 mg/1 mg	Refer to Pharmacy Benefit Management		
J2916	Na ferric gluconate complex	Refer to Pharmacy Benefit Management		
J2919	Inj, methylpred sod succ 5mg	Refer to Pharmacy Benefit Management		
J2940	SOMATREM INJECTION	Refer to Pharmacy Benefit Management		termed 12/31/2025
J2941	SOMATROPIN INJECTION	Refer to Pharmacy Benefit Management		
J2997	Alteplase recombinant	Refer to Pharmacy Benefit Management		
J2998	Injection, plasminogen, human-tvmh, 1 mg	Refer to Pharmacy Benefit Management		
J3000	Streptomycin injection	Refer to Pharmacy Benefit Management		
J3010	Fentanyl citrate injection	Refer to Pharmacy Benefit Management		

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J3031	INJ., FREMANEZUMAB-VFRM 1 MG	Refer to Pharmacy Benefit Management		
J3032	Injection, eptinezumab-jjmr, 1 mg	Refer to Pharmacy Benefit Management		
J3055	Inj talquetamab-tgvs 0.25 mg	Refer to Pharmacy Benefit Management		
J3060	INJ, TALIGLUCERACE ALFA 10 U	Refer to Pharmacy Benefit Management		
J3090	Inj tedizolid phosphate	Refer to Pharmacy Benefit Management		
J3095	Telavancin injection	Refer to Pharmacy Benefit Management		
J3101	Tenecteplase injection	Refer to Pharmacy Benefit Management		
J3105	Terbutaline sulfate inj	Refer to Pharmacy Benefit Management		
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG	Refer to Pharmacy Benefit Management		
J3121	Inj testostero enanthate 1mg	Refer to Pharmacy Benefit Management		
J3145	TESTOSTERONE UNDECANOATE 1MG	Refer to Pharmacy Benefit Management		
J3230	Chlorpromazine hcl injection	Refer to Pharmacy Benefit Management		
J3240	Thyrotropin injection	Refer to Pharmacy Benefit Management		
J3241	Injection, teprotumumab-trbw, 10 mg	Refer to Pharmacy Benefit Management		
J3243	Tigecycline injection	Refer to Pharmacy Benefit Management		
J3245	INJ., TILDRAKIZUMAB, 1 MG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J3246	Tirofiban hcl	Refer to Pharmacy Benefit Management		
J3247	Inj secukinumab intrav 1mg	Refer to Pharmacy Benefit Management		
J3250	Trimethobenzamide hcl inj	Refer to Pharmacy Benefit Management		
J3260	Tobramycin sulfate injection	Refer to Pharmacy Benefit Management		
J3262	Tocilizumab injection	Refer to Pharmacy Benefit Management		
J3263	Inj, toripalimab-tpzi, 1 mg	Refer to Pharmacy Benefit Management		
J3285	TREPROSTINIL INJECTION	Refer to Pharmacy Benefit Management		
J3290	INJ, TRANEXAMIC ACID 5 MG	Refer to Pharmacy Benefit Management		
J3291	TRANEXAMIC ACID IN SOD CHLOR	Refer to Pharmacy Benefit Management		
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	Refer to Pharmacy Benefit Management		
J3300	Triamcinolone a inj prs-free	Refer to Pharmacy Benefit Management		
J3301	Triamcinolone acet inj nos	Refer to Pharmacy Benefit Management		
J3304	INJ TRIAMCINOLONE ACE XR 1MG	Refer to Pharmacy Benefit Management		
J3315	Triptorelin pamoate	Refer to Pharmacy Benefit Management		
J3316	INJ., TRIPTORELIN XR 3.75 MG	Refer to Pharmacy Benefit Management		
J3355	UROFOLLITROPIN, 75 IU	Refer to Pharmacy Benefit Management		termed 12/31/2025

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J3357	USTEKINUMAB INJECTION	Refer to Pharmacy Benefit Management		
J3358	USTEKINUMAB, IV INJECT, 1 MG	Refer to Pharmacy Benefit Management		
J3360	Diazepam injection	Refer to Pharmacy Benefit Management		
J3373	Inj, vancomycin hcl, 10 mg	Refer to Pharmacy Benefit Management		
J3374	Inj, vancomycin (mylan) 10mg	Refer to Pharmacy Benefit Management		
J3375	Inj vancomycin (xellia) 10mg	Refer to Pharmacy Benefit Management		
J3376	INJ VANCOMYCIN (HIKMA) 10MG	Refer to Pharmacy Benefit Management		
J3379	INJ, VALPROATE SOD, 5 MG	Refer to Pharmacy Benefit Management		
J3380	INJECTION, VEDOLIZUMAB, 1 MG	Refer to Pharmacy Benefit Management		
J3385	VELAGLUCERASE ALFA	Refer to Pharmacy Benefit Management		
J3386	ETUVETIDIGENE AUTOTEMECEL	Refer to Pharmacy Benefit Management		
J3387	INJ ELIVALDOGENE AUTOTEMECEL	Refer to Pharmacy Benefit Management		
J3389	TOPI ADM PRAD ZAMI PER TREAT	Refer to Pharmacy Benefit Management		
J3396	Verteporfin injection	Refer to Pharmacy Benefit Management		
J3397	INJ., VESTRONIDASE ALFA-VJBK	Refer to Pharmacy Benefit Management		
J3398	INJ LUXTURNA 1 BILLION VEC G	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	Refer to Pharmacy Benefit Management		
J3401	Vyjuvek 5x10^9pfu/ml, 0.1 ml	Refer to Pharmacy Benefit Management		
J3402	INJ. REMESTEMCEL-L-RKND/ TD	Refer to Pharmacy Benefit Management		
J3403	REVAKINAGENE, PER IMPLANT	Refer to Pharmacy Benefit Management		
J3404	INJ ZOPAPOGENE PER THER DOSE	Refer to Pharmacy Benefit Management		
J3405	INJ ONASE ABEPAR-BRVE TREAT	Refer to Pharmacy Benefit Management		
J3410	Hydroxyzine hcl injection	Refer to Pharmacy Benefit Management		
J3411	Thiamine hcl 100 mg	Refer to Pharmacy Benefit Management		
J3415	Pyridoxine hcl 100 mg	Refer to Pharmacy Benefit Management		
J3420	Vitamin b12 injection	Refer to Pharmacy Benefit Management		
J3425	Hydroxocobalamin im 10mcg	Refer to Pharmacy Benefit Management		
J3430	Vitamin k phytonadione inj	Refer to Pharmacy Benefit Management		
J3465	Injection, voriconazole	Refer to Pharmacy Benefit Management		
J3470	Hyaluronidase injection	Refer to Pharmacy Benefit Management		
J3471	Ovine, up to 999 usp units	Refer to Pharmacy Benefit Management		
J3473	Hyaluronidase recombinant	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J3475	Inj magnesium sulfate	Refer to Pharmacy Benefit Management		
J3480	Inj potassium chloride	Refer to Pharmacy Benefit Management		
J3485	Zidovudine	Refer to Pharmacy Benefit Management		
J3486	Ziprasidone mesylate	Refer to Pharmacy Benefit Management		
J3489	Zoledronic acid 1mg	Refer to Pharmacy Benefit Management		
J3520	EDETATE DISODM PER 150MG	Refer to Pharmacy Benefit Management		
J3591	ESRD ON DIALYSI DRUG/BIO NOC	Refer to Pharmacy Benefit Management		
J7030	Normal saline solution infus	Refer to Pharmacy Benefit Management		
J7040	Normal saline solution infus	Refer to Pharmacy Benefit Management		
J7042	5% dextrose/normal saline	Refer to Pharmacy Benefit Management		
J7050	Normal saline solution infus	Refer to Pharmacy Benefit Management		
J7060	5% dextrose/water	Refer to Pharmacy Benefit Management		
J7070	D5w infusion	Refer to Pharmacy Benefit Management		
J7120	Ringers lactate infusion	Refer to Pharmacy Benefit Management		
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	Refer to Pharmacy Benefit Management		
J7171	Inj, adzynma, 10 iu	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7172	Inj marstacim-hncq, 0.5 mg	Refer to Pharmacy Benefit Management		
J7173	INJ. CONCIZUMAB-MTCI, 0.5 MG	Refer to Pharmacy Benefit Management		
J7174	INJECTION FITUSIRAN 0.04 MG	Refer to Pharmacy Benefit Management		
J7175	INJ, FACTOR X, (HUMAN), 1IU	Refer to Pharmacy Benefit Management		
J7176	INJ. FESILTY, 1 MG	Refer to Pharmacy Benefit Management		
J7177	INJ., FIBRYGA, 1 MG	Refer to Pharmacy Benefit Management		
J7178	HUMAN FIBRINOGEN CONC IN	Refer to Pharmacy Benefit Management		
J7179	VONVENDI INJ 1 IU VWF:RCO	Refer to Pharmacy Benefit Management		
J7180	FACTOR XIII ANTI-HEM FAC	Refer to Pharmacy Benefit Management		
J7181	FACTOR XIII RECOMB A-SUBUNIT	Refer to Pharmacy Benefit Management		
J7182	FACTOR VIII RECOMB NOVOEIGHT	Refer to Pharmacy Benefit Management		
J7183	WILATE INJECTION	Refer to Pharmacy Benefit Management		
J7185	XYNTHA INJ	Refer to Pharmacy Benefit Management		
J7186	ANTIHEMOPHILIC VIII/VWF]	Refer to Pharmacy Benefit Management		
J7187	INJ VONWILLEBRAND FACTOR	Refer to Pharmacy Benefit Management		
J7188	FACTOR VIII RECOMB OBIZUR	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7189	FACTOR VIIA	Refer to Pharmacy Benefit Management		
J7190	FACTOR VIII PER I.U.	Refer to Pharmacy Benefit Management		
J7191	FACTOR VIII (PORCINE)	Refer to Pharmacy Benefit Management		
J7192	FACTOR VIII RECOMB / I.U	Refer to Pharmacy Benefit Management		
J7193	FACTOR IX NON-RECOMBINAN	Refer to Pharmacy Benefit Management		
J7194	FACTOR IX COMPLEX / I.U.	Refer to Pharmacy Benefit Management		
J7195	FACTOR IX RECOMBINANT	Refer to Pharmacy Benefit Management		
J7196	OTHR HEMOPHILIA CLOT FAC	Refer to Pharmacy Benefit Management		
J7197	ANTITHROMBIN III INJ /IU	Refer to Pharmacy Benefit Management		
J7198	ANTI-INHIBITOR, PER I.U.	Refer to Pharmacy Benefit Management		
J7199	HEMOPHILIA CLOTTING FACT	Refer to Pharmacy Benefit Management		
J7200	FACTOR IX RECOMBINAN RIXUBIS	Refer to Pharmacy Benefit Management		
J7201	FACTOR IX FC FUSION RECOMB	Refer to Pharmacy Benefit Management		
J7202	FACTOR IX IDELVION INJ	Refer to Pharmacy Benefit Management		
J7203	FACTOR IX RECOMB GLY REBINYN	Refer to Pharmacy Benefit Management		
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu.	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7205	FACTOR VIII FC FUSION RECOMB	Refer to Pharmacy Benefit Management		
J7207	FACTOR VIII PEGYLATED RECOMB	Refer to Pharmacy Benefit Management		
J7208	INJ. JIVI 1 IU	Refer to Pharmacy Benefit Management		
J7209	FACTOR VIII NUWIQ RECOMB 1IU	Refer to Pharmacy Benefit Management		
J7210	INJ, AFSTYLA, 1 I.U.	Refer to Pharmacy Benefit Management		
J7211	INJ, KOVALTRY, 1 I.U.	Refer to Pharmacy Benefit Management		
J7212	Factor viia recomb sevenfact	Refer to Pharmacy Benefit Management		
J7213	Inj, ixinity, 1 i.u.	Refer to Pharmacy Benefit Management		
J7214	Altuviiio per factor viii iu	Refer to Pharmacy Benefit Management		
J7299	INTRAUT COPP CONT (MIUDELLA)	Refer to Pharmacy Benefit Management		
J7308	Aminolevulinic acid hcl top	Refer to Pharmacy Benefit Management		
J7311	Inj., retisert, 0.01 mg	Refer to Pharmacy Benefit Management		
J7312	Dexamethasone intra implant	Refer to Pharmacy Benefit Management		
J7313	Inj., iluvien, 0.01 mg	Refer to Pharmacy Benefit Management		
J7314	Inj., yutiq, 0.01 mg	Refer to Pharmacy Benefit Management		
J7316	INJ, OCRIPLASMIN, 0.125 MG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7318	INJ, DUROLANE 1 MG	Refer to Pharmacy Benefit Management		
J7320	GENVISC 850, INJ, 1MG	Refer to Pharmacy Benefit Management		
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose.	Refer to Pharmacy Benefit Management		
J7322	HYMOVIS INJECTION 1 MG	Refer to Pharmacy Benefit Management		
J7323	EUFLEXXA INJ PER DOSE	Refer to Pharmacy Benefit Management		
J7324	ORTHOVISC INJ PER DOSE	Refer to Pharmacy Benefit Management		
J7325	SYNVISC OR SYNVISC-ONE	Refer to Pharmacy Benefit Management		
J7326	GEL-ONE	Refer to Pharmacy Benefit Management		
J7327	MONOVISC INJ PER DOSE	Refer to Pharmacy Benefit Management		
J7328	GELSYN-3 INJECTION 0.1 MG	Refer to Pharmacy Benefit Management		
J7329	INJ, TRIVISC 1 MG	Refer to Pharmacy Benefit Management		
J7330	AUTOL CULT CHONDRO IMPLN	Refer to Pharmacy Benefit Management		
J7331	SYNOJOYNT, INJ., 1 MG	Refer to Pharmacy Benefit Management		
J7332	INJ., TRILURON, 1 MG	Refer to Pharmacy Benefit Management		
J7336	Capsaicin 8% patch	Refer to Pharmacy Benefit Management		
J7340	CARBIDOPA LEVODOPA ENT 100ML	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7345	Aminolevulinic acid, 10% gel	Refer to Pharmacy Benefit Management		
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Refer to Pharmacy Benefit Management		
J7352	Afamelanotide implant, 1 mg	Refer to Pharmacy Benefit Management		
J7354	Cantharidin top, applicator	Refer to Pharmacy Benefit Management		
J7355	Inj travoprost intra impl	Refer to Pharmacy Benefit Management		
J7356	Inj foscarb/foslevodopa 5 mg	Refer to Pharmacy Benefit Management		
J7402	Mometasone sinus sinuva	Refer to Pharmacy Benefit Management		
J7500	Azathioprine oral 50mg	Refer to Pharmacy Benefit Management		
J7502	Cyclosporine oral 100 mg	Refer to Pharmacy Benefit Management		
J7503	Tacrol envarsus ex rel oral	Refer to Pharmacy Benefit Management		
J7504	Lymphocyte immune globulin	Refer to Pharmacy Benefit Management		
J7507	Tacrolimus imme rel oral 1mg	Refer to Pharmacy Benefit Management		
J7508	Tacrol astagraf ex rel oral	Refer to Pharmacy Benefit Management		
J7509	Methylprednisolone oral	Refer to Pharmacy Benefit Management		
J7510	Prednisolone oral per 5 mg	Refer to Pharmacy Benefit Management		
J7511	Antithymocyte globuln rabbit	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7512	Prednisone ir or dr oral 1mg	Refer to Pharmacy Benefit Management		
J7515	Cyclosporine oral 25 mg	Refer to Pharmacy Benefit Management		
J7516	Inj, cyclosporine 250mg	Refer to Pharmacy Benefit Management		
J7517	Mycophenolate mofetil oral	Refer to Pharmacy Benefit Management		
J7518	Mycophenolic acid	Refer to Pharmacy Benefit Management		
J7519	Inj. mycophenolate mofetil	Refer to Pharmacy Benefit Management		
J7520	Sirolimus, oral	Refer to Pharmacy Benefit Management		
J7521	Tacrolim granules oral susp	Refer to Pharmacy Benefit Management		
J7525	Tacrolimus injection	Refer to Pharmacy Benefit Management		
J7527	Oral everolimus	Refer to Pharmacy Benefit Management		
J7528	MYCOPHEN MOFETIL FOR SUSP	Refer to Pharmacy Benefit Management		
J7601	Ensifentrine inh 3 mg	Refer to Pharmacy Benefit Management		
J7605	Arformoterol non-comp unit	Refer to Pharmacy Benefit Management		
J7606	Formoterol fumarate, inh	Refer to Pharmacy Benefit Management		
J7608	Acetylcysteine non-comp unit	Refer to Pharmacy Benefit Management		
J7611	Albuterol non-comp con	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J7612	Levalbuterol non-comp con	Refer to Pharmacy Benefit Management		
J7613	Albuterol non-comp unit	Refer to Pharmacy Benefit Management		
J7614	Levalbuterol non-comp unit	Refer to Pharmacy Benefit Management		
J7620	Albuterol ipratrop non-comp	Refer to Pharmacy Benefit Management		
J7626	Budesonide non-comp unit	Refer to Pharmacy Benefit Management		
J7631	Cromolyn sodium noncomp unit	Refer to Pharmacy Benefit Management		
J7639	Dornase alfa non-comp unit	Refer to Pharmacy Benefit Management		
J7644	Ipratropium bromide non-comp	Refer to Pharmacy Benefit Management		
J7674	Methacholine chloride, neb	Refer to Pharmacy Benefit Management		
J7677	REVEFENACIN INH NON-COM 1MCG	Refer to Pharmacy Benefit Management		
J7682	Tobramycin non-comp unit	Refer to Pharmacy Benefit Management		
J7686	TREPROSTINIL, NON-COMP U	Refer to Pharmacy Benefit Management		
J7799	NOC NON-INHAL DRUG / DME	Refer to Pharmacy Benefit Management		
J8501	Oral aprepitant	Refer to Pharmacy Benefit Management		
J8502	INJ, APONVIE, 1 MG	Refer to Pharmacy Benefit Management		
J8522	Capecitabine, oral, 50 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J8530	Cyclophosphamide oral 25 mg	Refer to Pharmacy Benefit Management		
J8540	Oral dexamethasone	Refer to Pharmacy Benefit Management		
J8560	Etoposide oral 50 mg	Refer to Pharmacy Benefit Management		
J8610	Methotrexate oral 2.5 mg	Refer to Pharmacy Benefit Management		
J8611	Oral methotrexate (jylamvo)	Refer to Pharmacy Benefit Management		
J8612	Oral methotrexate (xatmep)	Refer to Pharmacy Benefit Management		
J8655	Oral netupitant, palonosetro	Refer to Pharmacy Benefit Management		
J8670	Rolapitant, oral, 1mg	Refer to Pharmacy Benefit Management		
J8700	Temozolomide	Refer to Pharmacy Benefit Management		
J8705	Topotecan oral	Refer to Pharmacy Benefit Management		
J9000	Doxorubicin hcl injection	Refer to Pharmacy Benefit Management		
J9003	LEUPRO INJ, CAMCEVI ETM, 1MG	Refer to Pharmacy Benefit Management		
J9011	DATOPOTAMAB DERUXTECAN, 1 MG	Refer to Pharmacy Benefit Management		
J9017	Arsenic trioxide injection	Refer to Pharmacy Benefit Management		
J9021	Inj, aspara, rylaze, 0.1 mg	Refer to Pharmacy Benefit Management		
J9022	Inj, atezolizumab,10 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9023	Injection, avelumab, 10 mg	Refer to Pharmacy Benefit Management		
J9024	Inj atezolizumb 5mg hya-tqjs	Refer to Pharmacy Benefit Management		
J9025	Azacitidine injection	Refer to Pharmacy Benefit Management		
J9026	Inj, tarlatamab-dlle, 1 mg	Refer to Pharmacy Benefit Management		
J9027	Clofarabine injection	Refer to Pharmacy Benefit Management		
J9028	Inj, nogapendekin pmln, 1mcg	Refer to Pharmacy Benefit Management		
J9029	Inj, adstiladrin, per tx dos	Refer to Pharmacy Benefit Management		
J9030	Bcg live intravesical 1mg	Refer to Pharmacy Benefit Management		
J9032	Injection, belinostat, 10mg	Refer to Pharmacy Benefit Management		
J9033	Inj, bendamustine hcl, 1mg	Refer to Pharmacy Benefit Management		
J9034	Inj., bendeka 1 mg	Refer to Pharmacy Benefit Management		
J9035	Bevacizumab injection	Refer to Pharmacy Benefit Management		
J9036	Inj. belrapzo/bendamustine	Refer to Pharmacy Benefit Management		
J9038	Inj axatilimab-csfr 0.1 mg	Refer to Pharmacy Benefit Management		
J9039	Injection, blinatumomab	Refer to Pharmacy Benefit Management		
J9040	Bleomycin sulfate injection	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9041	Injection, bortezomib, 0.1mg	Refer to Pharmacy Benefit Management		
J9042	Brentuximab vedotin inj	Refer to Pharmacy Benefit Management		
J9043	Cabazitaxel injection	Refer to Pharmacy Benefit Management		
J9045	Carboplatin injection	Refer to Pharmacy Benefit Management		
J9047	Injection, carfilzomib, 1 mg	Refer to Pharmacy Benefit Management		
J9049	Inj, bortezomib, hospira	Refer to Pharmacy Benefit Management		
J9050	Carmustine injection	Refer to Pharmacy Benefit Management		
J9053	INJ BELANTAMAB MAFODOT BLMF	Refer to Pharmacy Benefit Management		
J9054	Inj bortezomib boruzu 0.1 mg	Refer to Pharmacy Benefit Management		
J9055	Cetuximab injection	Refer to Pharmacy Benefit Management		
J9056	Inj, vivimusta, 1 mg	Refer to Pharmacy Benefit Management		
J9060	Cisplatin 10 mg injection	Refer to Pharmacy Benefit Management		
J9061	Inj, amivantamab-vmjw	Refer to Pharmacy Benefit Management		
J9062	INJ AMIVANTAMAB 5MG HYALURON	Refer to Pharmacy Benefit Management		
J9063	Inj, elahere, 1 mg	Refer to Pharmacy Benefit Management		
J9065	Inj cladribine per 1 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9071	Inj cyclophosphamd auromedic	Refer to Pharmacy Benefit Management		
J9072	Inj cyclophos frindovyx 5 mg	Refer to Pharmacy Benefit Management		
J9073	Inj cyclophos dr reddys 5 mg	Refer to Pharmacy Benefit Management		
J9074	Inj, cyclophosphamd, sandoz	Refer to Pharmacy Benefit Management		
J9075	Inj, cyclophosphamide, nos	Refer to Pharmacy Benefit Management		
J9076	Inj, cyclophos (baxter) 5mg	Refer to Pharmacy Benefit Management		
J9100	Cytarabine hcl 100 mg inj	Refer to Pharmacy Benefit Management		
J9118	Inj. calaspargase pegol-mknl	Refer to Pharmacy Benefit Management		
J9119	Inj., cemiplimab-rwlc, 1 mg	Refer to Pharmacy Benefit Management		
J9120	Dactinomycin injection	Refer to Pharmacy Benefit Management		
J9130	Dacarbazine 100 mg inj	Refer to Pharmacy Benefit Management		
J9144	Daratumumab, hyaluronidase	Refer to Pharmacy Benefit Management		
J9145	Injection, daratumumab 10 mg	Refer to Pharmacy Benefit Management		
J9150	Daunorubicin injection	Refer to Pharmacy Benefit Management		
J9153	Inj daunorubicin, cytarabine	Refer to Pharmacy Benefit Management		
J9155	Degarelix injection	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9171	Docetaxel injection	Refer to Pharmacy Benefit Management		
J9172	Docetaxel (docivyx), 1 mg	Refer to Pharmacy Benefit Management		
J9173	Inj., durvalumab, 10 mg	Refer to Pharmacy Benefit Management		
J9176	Injection, elotuzumab, 1mg	Refer to Pharmacy Benefit Management		
J9177	Inj enfort vedo-ejfv 0.25mg	Refer to Pharmacy Benefit Management		
J9178	Inj, epirubicin hcl, 2 mg	Refer to Pharmacy Benefit Management		
J9179	Eribulin mesylate injection	Refer to Pharmacy Benefit Management		
J9181	Etoposide injection	Refer to Pharmacy Benefit Management		
J9183	GEMCITABINE INTRAVESICAL SYS	Refer to Pharmacy Benefit Management		
J9184	INJ GEMCITABIN (AVYXA) 200MG	Refer to Pharmacy Benefit Management		
J9185	Fludarabine phosphate inj	Refer to Pharmacy Benefit Management		
J9190	Fluorouracil injection	Refer to Pharmacy Benefit Management		
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	Refer to Pharmacy Benefit Management		
J9200	Floxuridine injection	Refer to Pharmacy Benefit Management		
J9201	In gemcitabine hcl nos 200mg	Refer to Pharmacy Benefit Management		
J9202	Goserelin acetate implant	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9203	Gemtuzumab ozogamicin 0.1 mg	Refer to Pharmacy Benefit Management		
J9204	Inj mogamulizumab-kpkc, 1 mg	Refer to Pharmacy Benefit Management		
J9205	Inj irinotecan liposome 1 mg	Refer to Pharmacy Benefit Management		
J9206	Irinotecan injection	Refer to Pharmacy Benefit Management		
J9207	Ixabepilone injection	Refer to Pharmacy Benefit Management		
J9208	Ifosfamide injection	Refer to Pharmacy Benefit Management		
J9209	Mesna injection	Refer to Pharmacy Benefit Management		
J9210	Inj., emapalumab-lzsg, 1 mg	Refer to Pharmacy Benefit Management		
J9211	Idarubicin hcl injection	Refer to Pharmacy Benefit Management		
J9212	INTERFERON ALFACON-1 INJ	Refer to Pharmacy Benefit Management		termed 12/31/2025
J9213	INTERFERON ALFA-2A INJ	Refer to Pharmacy Benefit Management		
J9215	INTERFERON ALFA-N3 INJ	Refer to Pharmacy Benefit Management		
J9216	INTERFERON GAMMA 1-B INJ	Refer to Pharmacy Benefit Management		
J9217	Leuprolide acetate suspnsion	Refer to Pharmacy Benefit Management		
J9223	Inj. lurbinectedin, 0.1 mg	Refer to Pharmacy Benefit Management		
J9226	SUPPRALIN LA IMPLANT	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9227	Inj. isatuximab-irfc 10 mg	Refer to Pharmacy Benefit Management		
J9228	Ipilimumab injection	Refer to Pharmacy Benefit Management		
J9229	Inj inotuzumab ozogam 0.1 mg	Refer to Pharmacy Benefit Management		
J9232	INJ DOCETAXEL (HOSPIRA) 1 MG	Refer to Pharmacy Benefit Management		
J9245	Inj melpha hydroch nos 50 mg	Refer to Pharmacy Benefit Management		
J9246	Inj., evomela, 1 mg	Refer to Pharmacy Benefit Management		
J9248	Inj melphalan (hepzato) 1 mg	Refer to Pharmacy Benefit Management		
J9256	INJ, NIPOCALIMAB-AAHU, 3 MG	Refer to Pharmacy Benefit Management		
J9260	Inj methotrexate sodium 50mg	Refer to Pharmacy Benefit Management		
J9261	Nelarabine injection	Refer to Pharmacy Benefit Management		
J9263	Oxaliplatin	Refer to Pharmacy Benefit Management		
J9264	Paclitaxel protein bound	Refer to Pharmacy Benefit Management		
J9266	Pegaspargase injection	Refer to Pharmacy Benefit Management		
J9267	Paclitaxel injection	Refer to Pharmacy Benefit Management		
J9268	Pentostatin injection	Refer to Pharmacy Benefit Management		
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9271	Inj pembrolizumab	Refer to Pharmacy Benefit Management		
J9272	Inj, dostarlimab-gxly, 10 mg	Refer to Pharmacy Benefit Management		
J9273	Inj tisotu vedotin-tftv, 1mg	Refer to Pharmacy Benefit Management		
J9274	Inj, tebentafusp-tebn, 1 mcg	Refer to Pharmacy Benefit Management		
J9276	Inj zanidatamab-hrii, 2 mg	Refer to Pharmacy Benefit Management		
J9277	PEMBROLIZUMAB 1MG BERAHYALUR	Refer to Pharmacy Benefit Management		
J9278	INJ, CARBOPLATIN (AVYXA)	Refer to Pharmacy Benefit Management		
J9280	Mitomycin injection	Refer to Pharmacy Benefit Management		
J9281	Mitomycin instillation	Refer to Pharmacy Benefit Management		
J9282	MITOMYCIN INTRAVESICAL INST	Refer to Pharmacy Benefit Management		
J9286	Inj glofitamab gxbm, 2.5 mg	Refer to Pharmacy Benefit Management		
J9289	Inj nivolumab 2 mg hyaluron	Refer to Pharmacy Benefit Management		
J9292	Inj, pemetrexed dipotassium	Refer to Pharmacy Benefit Management		
J9293	Mitoxantrone hydrochl / 5 mg	Refer to Pharmacy Benefit Management		
J9294	Inj pemetrexed, hospira 10mg	Refer to Pharmacy Benefit Management		
J9295	Injection, necitumumab, 1 mg	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9296	Inj pemetrexed (accord) 10mg	Refer to Pharmacy Benefit Management		
J9297	Inj pemetrexed (sandoz) 10mg	Refer to Pharmacy Benefit Management		
J9298	Inj nivol relatlimab 3mg/1mg	Refer to Pharmacy Benefit Management		
J9299	Injection, nivolumab	Refer to Pharmacy Benefit Management		
J9301	Obinutuzumab inj	Refer to Pharmacy Benefit Management		
J9303	Panitumumab injection	Refer to Pharmacy Benefit Management		
J9304	Inj. pemetrexed, 10 mg	Refer to Pharmacy Benefit Management		
J9305	Inj. pemetrexed nos 10mg	Refer to Pharmacy Benefit Management		
J9306	Injection, pertuzumab, 1 mg	Refer to Pharmacy Benefit Management		
J9307	Pralatrexate injection	Refer to Pharmacy Benefit Management		
J9308	Injection, ramucirumab	Refer to Pharmacy Benefit Management		
J9309	Inj, polatuzumab vedotin 1mg	Refer to Pharmacy Benefit Management		
J9311	Inj rituximab, hyaluronidase	Refer to Pharmacy Benefit Management		
J9312	Inj., rituximab, 10 mg	Refer to Pharmacy Benefit Management		
J9314	Inj pemetrexed (teva) 10mg	Refer to Pharmacy Benefit Management		
J9316	Pertuzu, trastuzu, 10 mg	Refer to Pharmacy Benefit Management		

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J9317	Sacituzumab govitecan-hziy	Refer to Pharmacy Benefit Management		
J9318	Inj romidepsin non-lyo 0.1mg	Refer to Pharmacy Benefit Management		
J9319	Inj romidepsin lyophil 0.1mg	Refer to Pharmacy Benefit Management		
J9321	Inj epcoritamab-bysp 0.16 mg	Refer to Pharmacy Benefit Management		
J9323	Inj pemetrexed ditromethamin	Refer to Pharmacy Benefit Management		
J9324	Inj, pemrydi rtu, 10 mg	Refer to Pharmacy Benefit Management		
J9325	Inj talimogene laherparepvec	Refer to Pharmacy Benefit Management		
J9326	TELISOTUZUMAB VEDOTIN-TLLV	Refer to Pharmacy Benefit Management		
J9328	Temozolomide injection	Refer to Pharmacy Benefit Management		
J9329	Inj, tislelizumab-jsgr	Refer to Pharmacy Benefit Management		
J9330	Temsirolimus injection	Refer to Pharmacy Benefit Management		
J9331	Inj sirolimus prot part 1 mg	Refer to Pharmacy Benefit Management		
J9332	Injection, efgartigimod alfa-fcab, 2 mg	Refer to Pharmacy Benefit Management		
J9333	Inj rozanolixizum-noli 1 mg	Refer to Pharmacy Benefit Management		
J9334	Inj efgart-alfa 2mg hya-qvfc	Refer to Pharmacy Benefit Management		
J9342	Inj thiotepa nos 1 mg	Refer to Pharmacy Benefit Management		

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J9345	Inj, retifanlimab-dlwr, 1 mg	Refer to Pharmacy Benefit Management		
J9347	Inj, tremelimumab-actl, 1 mg	Refer to Pharmacy Benefit Management		
J9348	Inj. naxitamab-gqgk, 1 mg	Refer to Pharmacy Benefit Management		
J9349	Inj., tafasitamab-cxix	Refer to Pharmacy Benefit Management		
J9350	Inj mosunetuzumab-axgb, 1 mg	Refer to Pharmacy Benefit Management		
J9351	Topotecan injection	Refer to Pharmacy Benefit Management		
J9352	Injection trabectedin 0.1mg	Refer to Pharmacy Benefit Management		
J9353	Inj. margetuximab-cmkb, 5 mg	Refer to Pharmacy Benefit Management		
J9354	Inj, ado-trastuzumab emt 1mg	Refer to Pharmacy Benefit Management		
J9355	Inj trastuzumab excl biosimi	Refer to Pharmacy Benefit Management		
J9356	Inj. herceptin hylecta, 10mg	Refer to Pharmacy Benefit Management		
J9357	Valrubicin injection	Refer to Pharmacy Benefit Management		
J9358	Inj fam-trastu deru-nxki 1mg	Refer to Pharmacy Benefit Management		
J9359	Inj lon tesirin-lpyl 0.075mg	Refer to Pharmacy Benefit Management		
J9360	Vinblastine sulfate inj	Refer to Pharmacy Benefit Management		
J9370	Vincristine sulfate 1 mg inj	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
J9380	Inj teclistamab cqyv 0.5 mg	Refer to Pharmacy Benefit Management		
J9381	Inj teplizumab mzwv 5 mcg	Refer to Pharmacy Benefit Management		
J9382	Inj zenocutuzumab-zbco 1 mg	Refer to Pharmacy Benefit Management		
J9390	VINORELBINE TARTRATE, PER 10 MG, INJECTION	Refer to Pharmacy Benefit Management		
J9393	INJ, FULVESTRANT (TEVA)	Refer to Pharmacy Benefit Management		
J9394	INJ, FULVESTRANT (FRESENIUS)	Refer to Pharmacy Benefit Management		
J9395	FULVESTRANT, 25 MG, INJECTION	Refer to Pharmacy Benefit Management		
J9400	Injection ziv-aflibercept, 1 MG	Refer to Pharmacy Benefit Management		
J9600	PORFIMER SODIUM, 75 MG, INJECTION	Refer to Pharmacy Benefit Management		
J9601	INJ LINVOSELTAMAB-GCPT 1 MG	Refer to Pharmacy Benefit Management		
J9999	ANTINEOPLASTIC DRUGS, NOT OTHERWISE CLASSIFIE	Refer to Pharmacy Benefit Management		
K0001	STANDARD WHEELCHAIR	No prior authorization required		
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	No prior authorization required		
K0003	LIGHTWEIGHT WHEELCHAIR	No prior authorization required		
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	No prior authorization required		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes, prior authorization required		
K0006	HEAVY DUTY WHEELCHAIR	No prior authorization required		
K0007	EXTRA HEAVY DUTY WHEELCHAIR	No prior authorization required		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Yes, prior authorization required		
K0009	OTHER MANUAL WHEELCHAIR/BASE	No prior authorization required		
K0010	STANDARD WEIGHT FRAME POWER WHEELCHAIR	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
K0011	STANDARD WEIGHT POWER WHEELCHAIR WITH CONTROL	Yes, prior authorization required		
K0012	LIGHTWEIGHT PORTABLE POWER WHEELCHAIR	Yes, prior authorization required		
K0013	CUSTOM POWER WHEELCHAIR BASE	Yes, prior authorization required		
K0014	OTHER POWER WHEELCHAIR BASE	Yes, prior authorization required		
K0015	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST	No prior authorization required		
K0017	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE	No prior authorization required		
K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER	No prior authorization required		
K0019	ARM PAD EACH	No prior authorization required		
K0020	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	No prior authorization required		
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	No prior authorization required		
K0038	LEG STRAP EACH	No prior authorization required		
K0039	LEG STRAP H STYLE EACH	No prior authorization required		
K0040	ADJUSTABLE ANGLE FOOTPLATE	No prior authorization required		
K0041	LARGE SIZE FOOTPLATE EACH	No prior authorization required		
K0042	STANDARD SIZE FOOTPLATE EACH	No prior authorization required		
K0043	FOOT REST LOWER EXTENSION TUBE	No prior authorization required		
K0044	FOOT REST UPPER HANGER BRACKET	No prior authorization required		
K0045	FOOT REST COMPLETE ASSEMBLY	No prior authorization required		
K0046	ELEVATING LEG REST LOWER EXTENSION TUBE	No prior authorization required		
K0047	ELEVATING LEG REST UPPER HANGER BRACKET	No prior authorization required		
K0050	RATCHET ASSEMBLY	No prior authorization required		
K0051	CAM RELESE ASSEMBLY FOOT REST/LEG REST	No prior authorization required		
K0052	SWINGAWAY DETACHABLE FOOT RESTS	No prior authorization required		
K0053	ELEVATING FOOT RESTS ARTICULATING	No prior authorization required		
K0056	SEAT HEIGHT <17 OR >= 21 LIGHTWEIGHT WHEELCHAIR	No prior authorization required		
K0065	SPOKE PROTECTORS EACH	No prior authorization required		
K0069	REAR WHEEL ASSEMBLY COMPLETE SOLID TIRE	No prior authorization required		
K0070	REAR WHEEL ASSEMBLY COMPLETE PNEUMATIC TIRE	No prior authorization required		
K0071	FRONT CASTER ASSEMBLY COMPLETE PNEUMATIC TIRE	No prior authorization required		
K0072	FRONT CASTER COMPLETE SEMIPNEUMATIC TIRE	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
K0073	CASTER PIN LOCK EACH	No prior authorization required		
K0077	FRONT CASTER ASSEMBLY COMPLETE W SOLID TIRE	No prior authorization required		
K0098	DRIVE BELT FOR POWER WHEELCHAIR	No prior authorization required		
K0105	IV HANGER, EACH	No prior authorization required		
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOS	No prior authorization required		
K0195	ELEVATING LEG RESTS PAIR RENTAL WHEELCHAIR	No prior authorization required		
K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN	No prior authorization required		
K0462	TEMPORARY REPLACEMENT EQUIPMENT	No prior authorization required		
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP	No prior authorization required		
K0601	REPLACEMENT BATTERY SILVER OXIDE 1.5 VOLT EA	No prior authorization required		
K0602	REPLACEMENT BATTERY SILVER OXIDE 3 VOLT EACH	No prior authorization required		
K0603	REPLACEMENT BATTERY ALKALINE 1.5 VOLT EACH	No prior authorization required		
K0604	REPLACEMENT BATTERY LITHIUM 3.6 VOLT EACH	No prior authorization required		
K0605	REPLACEMENT BATTERY LITHIUM 4.5 VOLT EACH	No prior authorization required		
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR W/ECG ANALYS	Yes, prior authorization required		
K0607	REPLACEMENT BATTERY AUTOMATED EXT DEFIBRILLAT	No prior authorization required		
K0608	REPLACEMENT GARMENT AUTOMATED EXT DEFIBRILLAT	Yes, prior authorization required		
K0609	REPLACEMENT ELECTRODE AUTOMATED EXT DEFIBRILL	Yes, prior authorization required		
K0669	WHEELCHAIR SEAT/BACK NO WRITTEN VER DME PDAC	No prior authorization required		
K0672	REMOVE SOFT INTERFACE, REPLACEMENT ONLY, EACH	No prior authorization required		
K0730	CTRL DOSE INH DRUG DELIVERY SYSTEM	Yes, prior authorization required		
K0733	12-24 HOUR SEALED LEAD ACID BATTERY	No prior authorization required		
K0738	PORTABLE GAS OXYGEN SYSTEM, RENTAL	No prior authorization required		
K0739	REPAIR/NONROUTINE SERV DME NON-OXYGEN EQUIPMENT	No prior authorization required		
K0740	REPAIR OR NONROUTINE SERVICE OXYGEN EQUIPMENT	Non-covered		
K0743	PORTABLE HOME SUCTION PUMP, WOUND USE	No prior authorization required		
K0744	ABSORPTIVE WOUND DRESSING <= 16 SQ IN W/SUC PUMP	No prior authorization required		
K0745	ABSORPTIVE WOUND DRESSING >16<=48 SQ W/SUC PUMP	No prior authorization required		
K0746	ABSORPTIVE WOUND DRESSING >48 SQ IN W/SUC PUMP	No prior authorization required		
K0800	POV GROUP 1 STANDARD UP TO AND INCLUDING 300 LBS	Yes, prior authorization required		

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K0801	POV GROUP 1 HEAVY DUTY 301-450 LBS	Yes, prior authorization required		
K0802	POV GROUP 1 VERY HEAVY DUTY 451-600 LBS	Yes, prior authorization required		
K0806	POV GROUP 2 STANDARD UP TO AND INCLUDING 300LBS	Yes, prior authorization required		
K0807	POV GROUP 2 HEAVY DUTY 301-450 LBS	Yes, prior authorization required		
K0808	POV GRP 2 VHD 451-600 LB	Yes, prior authorization required		
K0812	POWER OPERATED VEHICLE, NOC	Yes, prior authorization required		
K0813	PWC GRP 1 STANDARD PORTABLE SEAT/BACK	Yes, prior authorization required		
K0814	PWC GR1 STD PRT CAP CHAI	Yes, prior authorization required		
K0815	PWC GRP 1 STANDARD SEAT/BACK	Yes, prior authorization required		
K0816	PWC GRP 1 STANDARD CAPTAINS CHAIR	Yes, prior authorization required		
K0820	PWC GRP 2 STANDARD PORTABLE SEAT/BACK	Yes, prior authorization required		
K0821	PWC GRP 2 STANDARD PORTABLE CAPTAINS CHAIR	Yes, prior authorization required		
K0822	PWC GRP 2 STANDARD SEAT/BACK	Yes, prior authorization required		
K0823	PWC GR 2 STD CAP CHAIR	Yes, prior authorization required		
K0824	PWC GRP 2 HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0825	PWC GRP 2 HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0826	PWC GRP 2 VERY HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0827	PWC GRP VERY HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0828	PWC GRP 2 EXTRA HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0829	PWC GRP 2 EXTRA HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0830	PWC GRP 2 STANDARD SEAT ELEVATOR SEAT/BACK	Yes, prior authorization required		
K0831	PWC GRP 2 STANDARD SEAT ELEVATOR CAPTAINS	Yes, prior authorization required		
K0835	PWC GRP 2 STANDARD SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0836	PWC GRP2 STANDARD SINGLE POWER OPT CAPTAINS	Yes, prior authorization required		
K0837	PWC GRP 2 HEAVY DUTY SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0838	PWC GRP 2 HEAVY DUTY SINGLE POWER OPT CAPTAINS	Yes, prior authorization required		
K0839	PWC GRP2 VERY HEAVY DUTY SING POW OPT SEAT/BACK	Yes, prior authorization required		
K0840	PWC GRP2 EXTRA HVY DUTY SINGLE POW OPT SEAT/BACK	Yes, prior authorization required		
K0841	PWC GP2 STANDARD MULTIPLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0842	PWC G2 STD MULT PWR CAP	Yes, prior authorization required		

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K0843	PWC GP2 HEAVY DUTY MULTIPLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0848	PWC GR 3 STD SEAT/BACK	Yes, prior authorization required		
K0849	PWC GP 3 STANDARD CAPTAINS CHAIR	Yes, prior authorization required		
K0850	PWC GP 3 HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0851	PWC GP 3 HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0852	PWC GR 3 VHD SEAT/BACK	Yes, prior authorization required		
K0853	PWC GP 3 VERY HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0854	PWC GP 3 EXTRA HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0855	PWC GP 3 EXTRA HEAVY DUTY CAPTAINS CHAIR	Yes, prior authorization required		
K0856	PWC GP3 STANDARD SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0857	PWC GR 3 STD SNG PWR CAP	Yes, prior authorization required		
K0858	PWC GP3 HEAVY DUTY SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0859	PWC GP3 HEAVY DUTY SINGLE POWER OPT CAPTAINS	Yes, prior authorization required		
K0860	PWC GP3 VERY HEAVY DUTY SINGLE POW OPT SEAT/BACK	Yes, prior authorization required		
K0861	PWC GP3 STANDARD MULTIPLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0862	PWC GR3 HD MULT PWR S/B	Yes, prior authorization required		
K0863	PWC GP3 VERY HEAVY DUTY MULT POW OPT SEAT/BACK	Yes, prior authorization required		
K0864	PWC GP3 EXTRA HEAVY DUTY MULT POW OPT SEAT/BACK	Yes, prior authorization required		
K0868	PWC GP 4 STANDARD SEAT/BACK	Yes, prior authorization required		
K0869	PWC GP 4 STANDARD CAPTAINS CHAIR	Yes, prior authorization required		
K0870	PWC GP 4 HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0871	PWC GP 4 VERY HEAVY DUTY SEAT/BACK	Yes, prior authorization required		
K0877	PWC GP4 STANDARD SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0878	PWC GP4 STANDARD SINGLE POWER OPT CAPTAINS	Yes, prior authorization required		
K0879	PWC GP4 HEAVY DUTY SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0880	PWC GP4 VERY HEAVY DUTY SINGLE POW OPT SEAT/BACK	Yes, prior authorization required		
K0884	PWC GP4 STANDARD MULTIPLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0885	PWC GP4 STANDARD MULTIPLE POWER OPT CAPTAINS	Yes, prior authorization required		
K0886	PWC GR4 HD MULT PWR S/B	Yes, prior authorization required		
K0890	PWC GP5 PEDIATRIC SINGLE POWER OPT SEAT/BACK	Yes, prior authorization required		

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K0891	PWC GP5 PEDIATRIC MULTIPLE POWER OPT SEAT/BACK	Yes, prior authorization required		
K0898	POWER WHEELCHAIR NOC	Yes, prior authorization required		
K0899	POW MOBILITY DEV NO SADM	Yes, prior authorization required		
K0900	CUSTOME DME OTHER THAN WHEELCHAIR	Yes, prior authorization required		
K1001	ELECTRONIC POSA TREATMENT	No prior authorization required		
K1004	LOW FREQ US DIATHERMY DEVICE HOME USE	No prior authorization required		
K1007	BIL HKAF PC S/D MICRO SENSORS	No prior authorization required		
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	No prior authorization required		
K1025	Non-pneumatic sequential compression garment, full arm	No prior authorization required		
K1027	ORAL DEV WITHOUT FIXED MECH HINGE CUSTOM FAB	No prior authorization required		
K1028	Control unit neuromuscul osa	No prior authorization required		
K1030	EXT RECHARGE BATTERY REPLACEMENT ONLY	No prior authorization required		
K1032	Non pneum seq comp full leg	No prior authorization required		
K1033	Non pneum seq comp half leg	No prior authorization required		
K1034	COVID TEST SELF-ADMN/COLLECT, ONE TEST COUNT	No prior authorization required		
K1035	Mol diag reader self-admn	No prior authorization required		
K1036	SUPPLIES FOR ULTRA DIATHERM, PER MONTH	No prior authorization required		
K1037	DOCKING STATION FOR ORAL DEVICE/APPLIANCE	No prior authorization required		
L0112	CRANIAL CERVICAL ORTHOSIS CONGENITAL TYPE	Yes, prior authorization required		
L0113	CRANIAL CERVICAL ORTHOSIS TORTICOLLIS	Yes, prior authorization required		
L0120	CERVICAL FLEXIBLE NON-ADJUSTABLE	No prior authorization required		
L0130	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED	No prior authorization required		
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	No prior authorization required		
L0150	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHINCUP	No prior authorization required		
L0160	CERVICAL SEMI-RIGID WIRE OCCIPITAL SUPPORT	No prior authorization required		
L0170	CERVICAL COLLAR MOLDED TO PATIENT	No prior authorization required		
L0172	CERVICAL COLLAR THERMOPLASTIC FOAM 2 PIECE	No prior authorization required		
L0174	CERVICAL COLLAR FOAM 2 PIECE WITH THORACIC	No prior authorization required		
L0180	CERVICAL POST COLLAR OCCIPITAL SUPPORTS	No prior authorization required		

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L0190	CERVICAL COLLAR SUPPORTS ADJUSTABLE BARS	No prior authorization required		
L0200	CERVICAL COLLAR ADJUSTABLE BARS & THORACIC	No prior authorization required		
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Yes, prior authorization required		
L0450	TLSO FLEXIBLE PREFABRICATED THORACIC	No prior authorization required		
L0452	TLSO FLEXIBLE CUSTOM FABRICATED THORACIC	Yes, prior authorization required		
L0454	TLSO FLEXIBLE PREFABRICATED SACROCOCCYGEL-T9	No prior authorization required		
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	No prior authorization required		
L0456	TLSO FLEXIBLE PREFABRICATED SACROCOCCYGEL	No prior authorization required		
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	No prior authorization required		
L0458	TLSO 2MODULAR SYMPHYIS-XIPHOID PREFABRICATED	No prior authorization required		
L0460	TLSO 2MODULAR SYMPHYSIS-STERNAL PREFABRICATED	No prior authorization required		
L0462	TLSO 3MODULAR SACROCCYGEAL-SCAPULAR PREFABRIC	No prior authorization required		
L0464	TLSO 4MODULAR SACROCCYGEAL-SCAPULAR PREFABRIC	No prior authorization required		
L0466	TLSO RIGID FRAME PREFABRICATED SOFT APRON	No prior authorization required		
L0467	TLSO R FRAM SOFT PRE OTS	No prior authorization required		
L0468	TLSO RIGID FRAME PREFABRICATED SOFT PELVIC	No prior authorization required		
L0469	TLSO RIG FRAM PELVIC PRE OTS	No prior authorization required		
L0470	TLSO RIGID FRAME PREFABRICATED SUBCLAVICULAR	No prior authorization required		
L0472	TLSO RIGID FRAME HYPEREXTENSION PREFABRICATED	No prior authorization required		
L0480	TLSO 1 RIGID PLASTIC CUSTOM FABRICATED	Yes, prior authorization required		
L0482	TLSO 1 RIGID LINED CUSTOM FABRICATED	Yes, prior authorization required		
L0484	TLSO 1 RIGID PLASTIC CUSTOM FABRICATED	Yes, prior authorization required		
L0486	TLSO 2 RIGID LINED CUSTOM FABRICATED	Yes, prior authorization required		
L0488	TLSO RIGID LINED PREFABRICATED ONE PIECE	No prior authorization required		
L0490	TLSO RIGID PLASTIC PREFABRICATED ONE PIECE	No prior authorization required		
L0491	TLSO 2 PIECE RIGID SHELL	No prior authorization required		
L0492	TLSO 3 PIECE RIGID SHELL	No prior authorization required		
L0621	SIO FLEX PELVIC-SACRAL PREFABRICATED	No prior authorization required		
L0622	SIO FLEX PELVIC- SACRAL CUSTOM FABRICATED	Yes, prior authorization required		
L0623	SIO PANEL PREFABRICATED	No prior authorization required		

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L0624	SIO PANEL CUSTOM FABRICATED	Yes, prior authorization required		
L0625	LO FLEXIBLE L1-BELOW L5 PREFABRICATED	No prior authorization required		
L0626	LO SAGITTAL STAYS/PANELS PRE-FABRICATED	No prior authorization required		
L0627	LO SAGITTAL RIGID PANEL PREFABRICATED	No prior authorization required		
L0628	LO FLEXIBLE W/O RIGID STAYS PREFABRICATED	No prior authorization required		
L0629	LSO FLEXIBLE W/RIGID STAYS CUSTOM FABRICATED	Yes, prior authorization required		
L0630	LSO POST RIGID PANEL PREFABRICATED	No prior authorization required		
L0631	LSO SAGITTAL RIGID FRAME PREFABRICATED	No prior authorization required		
L0632	LSO SAGITTAL RIGID FRAME CUST FABRICATED	Yes, prior authorization required		
L0633	LSO FLEXION CORONAL CONTROL PREFABRICATED	No prior authorization required		
L0634	LSO FLEXION CORONAL CONTROL CUSTOM FABRICATED	Yes, prior authorization required		
L0635	LSO SAGITTAL CORONAL RIGID PANEL PREFABRICATE	No prior authorization required		
L0636	LSO SAGITTAL CORONAL RIGID PANEL CUS FABRICA	Yes, prior authorization required		
L0637	LSO SAGITTAL CORONAL PANEL PREFABRICATED	No prior authorization required		
L0638	LSO SAGITTAL CORONAL PANEL CUSTOM FABRICATED	Yes, prior authorization required		
L0639	LSO SAGITTAL CORONAL SHELL/PANEL PREFABRICATE	No prior authorization required		
L0640	LSO SAGITTAL CORONAL SHELL/PANEL CUSTOM FABR	Yes, prior authorization required		
L0641	LO RIG POS PNL L1-L5 PRE OTS	No prior authorization required		
L0642	LO SAG RI AN/POS PNL PRE OTS	No prior authorization required		
L0643	LSO SAG CTR RIGI POS PRE OTS	No prior authorization required		
L0648	LSO SAG R AN/POS PNL PRE OTS	No prior authorization required		
L0649	LSO SC R POS/LAT PNL PRE OTS	No prior authorization required		
L0650	LSO SC R ANT/POS PNL PRE OTS	No prior authorization required		
L0651	LSO SAG-CO SHELL/POS PANEL PREFAB OTS	No prior authorization required		
L0700	CTLSO ANT-POSTERIOR-LATERAL CONTROL MOLDED	Yes, prior authorization required		
L0710	CTLSO ANT-POS-LATERAL CONTROL WITH INTERFACE	Yes, prior authorization required		
L0720	CTLSO A-P-L CONTROL CUSTOM	No prior authorization required		
L0810	HALO PX, CERVICAL HALO INTO JACKET VEST	Yes, prior authorization required		
L0820	HALO CERVICAL INTO PLASTER BODY JACKET	No prior authorization required		
L0830	HALO CERVICAL INTO MILWAUKEE TYPE ORTHOSIS	No prior authorization required		

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L0859	MRI COMPATIBLE SYSTEM	No prior authorization required		
L0861	HALO REPLACEMENT LINER/INTERFACE MATERIAL	No prior authorization required		
L0970	TLSO CORSET FRONT	No prior authorization required		
L0972	LSO CORSET FRONT	No prior authorization required		
L0974	TLSO FULL CORSET	No prior authorization required		
L0976	LSO FULL CORSET	No prior authorization required		
L0978	AXILLARY CRUTCH EXTENSION	No prior authorization required		
L0980	PERONEAL STRAPS PAIR	No prior authorization required		
L0982	STOCKING SUPPORTER GRIPS SET OF FOUR	No prior authorization required		
L0984	PROTECTIVE BODY SOCK EACH	No prior authorization required		
L0999	ADDITION TO SPINAL ORTHOSIS NOS	No prior authorization required		
L1000	CTLSO MILWAUKEE INITIAL ORTHOSIS INCLUD MODEL	No prior authorization required		
L1001	CTLSO IMMOBILIZER, INFANT SIZE	No prior authorization required		
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND PADS	No prior authorization required		
L1006	SCOLIOSIS ORTH SAG/ COR	No prior authorization required		
L1007	SCOLIOSIS ORTH S-C CUSTOM	Yes, prior authorization required		
L1010	ADDITION TO CTLSO OR SO, AXILLA SLING	No prior authorization required		
L1020	ADDITION TO CTLSO OR SO, KYPHOSIS PAD	No prior authorization required		
L1025	ADDITION TO CTLSO/SO, KYPHOSIS PAD FLOATING	No prior authorization required		
L1030	ADDITION TO CTLSO/SO, LUMBAR BOLSTER PAD	No prior authorization required		
L1040	ADDITION TO CTLSO/SO, LUMBAR/ LUMBAR RIB PAD	No prior authorization required		
L1050	ADDITION TO CTLSO/SO, STERNAL PAD	No prior authorization required		
L1060	ADDITION TO CTLSO/SO, THORACIC PAD	No prior authorization required		
L1070	ADDITION TO CTLSO/SO, TRAPEZIUS SLING	No prior authorization required		
L1080	ADDITION TO CTLSO/SO, OUTRIGGER	No prior authorization required		
L1085	ADD TO CTLSO/SO, OUTRIGGER BILAT W/ VERT EXT	No prior authorization required		
L1090	ADDITION TO CTLSO/SO, LUMBAR SLING	No prior authorization required		
L1100	ADD TO CTLSO/SO, RING FLANGE PLASTIC/LEATHER	No prior authorization required		
L1110	ADD TO CTLSO/SO, RING FLNG PLAST/LEATHER MOLD	No prior authorization required		
L1120	ADDITION TO CTLSO/SO, OVERS FOR UPRIGHT EACH	No prior authorization required		

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L1200	TSLO FURNISHING INITIAL ORTHOSIS ONLY	Yes, prior authorization required		
L1210	ADDITION TO TSLO, LATERAL THORACIC EXTENSION	No prior authorization required		
L1220	ADDITION TO TSLO, ANTERIOR THORACIC EXTENSION	No prior authorization required		
L1230	ADD TO TSLO, MILWAUKEE TYPE SUPERSTRUCTURE	No prior authorization required		
L1240	ADDITION TO TSLO, LUMBAR DEROTATION PAD	No prior authorization required		
L1250	ADDITION TO TSLO, ANTERIOR ASIS PAD	No prior authorization required		
L1260	ADD TO TSLO, ANTERIOR THORACIC DEROTATION PAD	No prior authorization required		
L1270	ADDITION TO TSLO, ABDOMINAL PAD	No prior authorization required		
L1280	ADDITION TO TSLO, RIB GUSSET (ELASTIC) EACH	No prior authorization required		
L1290	ADDITION TO TSLO, LATERAL TROCHANTERIC PAD	No prior authorization required		
L1300	OTHER SCOLIOSIS BODY JACKET MOLDED TO PATIENT	Yes, prior authorization required		
L1310	OTHER SCOLIOSIS POST-OPERATIVE BODY JACKET	Yes, prior authorization required		
L1320	PECTUS CARINATUM ORTHO CUSTOM FABRICATED	No prior authorization required		
L1499	UNLISTED PROCEDURE FOR SPINAL ORTHOSIS	No prior authorization required		
L1600	ABDUCTION HIP FLEXIBLE FREJKA TYPE WITH COVER	No prior authorization required		
L1610	ABDUCTION HIP FLEXIBLE FREJKA COVER ONLY	No prior authorization required		
L1620	ABDUCTION HIP FLEXIBLE PAVLIK HARNESS	No prior authorization required		
L1630	ABDUCTION CONTROL HIP SEMI-FLEXIBLE CUST FABR	Yes, prior authorization required		
L1640	PELVIC BAND/SPREADER BAR THIGH CUFFS CUST FAB	Yes, prior authorization required		
L1650	ABDUCTION HIP STATIC ADJUSTABLE PREFABRICATED	No prior authorization required		
L1652	HO BILATERAL THIGH CUFFS W/SPREADER BAR PREFA	No prior authorization required		
L1653	HO ABDUCTION STATIC OTS	No prior authorization required		
L1660	HO ABDUCTION HIP STATIC PLASTIC PREFABRICATE	No prior authorization required		
L1680	HO PELVIC & HIP CONTROL THIGH CUFFS CUST FAB	Yes, prior authorization required		
L1681	HIP ORTHOSIS BILATERAL HIP ABDUCTION	No prior authorization required		
L1685	POSTOPERATIVE HIP ABDUCTION CUSTOM FABRICATED	Yes, prior authorization required		
L1686	POSTOPERATIVE HIP ABDUCTION PREFABRICATED	No prior authorization required		
L1690	COMBINATION BILATERAL LUMBOSACRAL/HIP/FEMUR	No prior authorization required		
L1700	LEGG PERTHES ORTHOSIS TORONTO TYPE CUSTOM FAB	Yes, prior authorization required		
L1710	LEGG PERTHES ORTHOSIS NEWINGTON TYPE CUSTOM	Yes, prior authorization required		

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L1720	LEGG PERTHES ORTHOSIS TRILATERAL CUSTOM FABRI	Yes, prior authorization required		
L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE CUSTOM	Yes, prior authorization required		
L1755	LEGG PERTHES PATTEN BOTTOM TYPE CUSTOM FABR	Yes, prior authorization required		
L1810	KNEE ORTHOSIS ELASTIC W/JOINTS PREFABRICATED	No prior authorization required		
L1812	KNEE ORTHO ELASTIC W/JOINTS PRE OTS	No prior authorization required		
L1820	KO ELASTIC WITH CONDYLAR PADS & JOINTS	No prior authorization required		
L1821	KO ELAS W/ CONDYLE PADS OTF	No prior authorization required		
L1830	KO IMMOBILIZER CANVAS LONGITUDINAL PREFABRIC	No prior authorization required		
L1831	KNEE ORTHOSIS POSITIONAL LOCKING JOINT	No prior authorization required		
L1832	KO ADJUSTABLE POSITIONAL RIGID SUPPORT PREFAB	No prior authorization required		
L1833	KNEE ORTHO ADJ JNT POS R SUP PRE OTS	No prior authorization required		
L1834	KO WITH OUT KNEE JOINT RIGID CUSTOM FABRICATE	Yes, prior authorization required		
L1836	KO RIGID WITHOUT JOINTS SOFT INTERFACE PREFAB	No prior authorization required		
L1840	KO DEROTATION MEDIAL-LATERAL CRUCIATE CUSTOM	Yes, prior authorization required		
L1843	KO SINGLE UPRIGHT THIGH AND CALF CUSTOM FIT	No prior authorization required		
L1844	KO WADJ JT ROT CNTRL MOL	Yes, prior authorization required		
L1845	KO WITH ADJUSTABLE FLEXION EXTENSION ROTATION	No prior authorization required		
L1846	KO W ADJ FLEX/EXT ROTAT	Yes, prior authorization required		
L1847	KO ADJUSTABLE WITH AIR CHAMBERS PREFABRICATED	No prior authorization required		
L1848	KNEE ORTHO DBL UPRIGHT W/AIR PRE OTS	No prior authorization required		
L1850	KNEE ORTHOSIS SWEDISH TYPE PREFABRICATED	No prior authorization required		
L1851	KNEE ORTHO SINGLE UPRIGHT PREFAB OFF THE SHELF	No prior authorization required		
L1852	KNEE ORTHO DOUBLE UPRIGHT PREFAB OFF THE SHELF	No prior authorization required		
L1860	KO SUPRACONDYLAR PROSTHETIC SOCKET MOLD	Yes, prior authorization required		
L1900	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND	Yes, prior authorization required		
L1902	AFO ANKLE GAUNTLET PREFABRICATED	No prior authorization required		
L1904	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED	Yes, prior authorization required		
L1906	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFABRICAT	No prior authorization required		
L1907	AFO SUPRAMALLEOLAR WITH STRAPS CUSTOM FABRIC	Yes, prior authorization required		
L1910	AFO SINGLE BAR CLASP ATTACHMENT TO SHOE	Yes, prior authorization required		

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L1920	AFP SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE	Yes, prior authorization required		
L1930	AFO PLASTIC OTHER MATERIAL PREFABRICATED	No prior authorization required		
L1932	AFO RIG ANT TIB PREFAB TCF/ EQUAL MATERIAL	No prior authorization required		
L1933	AFO RIG ANT TIB TCF/= OTS	No prior authorization required		
L1940	AFO PLASTIC OTHER MATERIAL CUSTOM FABRICATED	Yes, prior authorization required		
L1945	AFO PLASTIC RIGID ANTERIOR TIBIAL SECTION	Yes, prior authorization required		
L1950	AFO SPIRAL MOLDED TO PATIENT PLASTIC	Yes, prior authorization required		
L1951	AFO SPIRAL PLASTIC PREFABRICATED	No prior authorization required		
L1952	AFO SPIRAL PREFAB OTS	No prior authorization required		
L1960	AFO POSTERIOR SOLID ANKLE PLASTIC MOLDED	Yes, prior authorization required		
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATE	Yes, prior authorization required		
L1971	AFO PLASTIC WITH ANKLE JOINT, PREFABRICATED	No prior authorization required		
L1980	AFO SINGLE UPRIGHT PLANTAR SOLID STIRRUP CALF	Yes, prior authorization required		
L1990	AFO DOUBLE UPRIGHT PLANTAR SOLID STIRRUP CALF	Yes, prior authorization required		
L2000	KAFO SINGLE FREE KNEE STIRRUP THIGH CALF	Yes, prior authorization required		
L2005	KAFO SNG/DBL ANY TYPE ACTIVATION	Yes, prior authorization required		
L2006	KAF SNG/DBL SWG/STN MCPR CUS	Yes, prior authorization required		
L2010	KAFO SINGLE SOLID STIRRUP WITHOUT JOINT	Yes, prior authorization required		
L2020	KAFO DOUBLE SOLID STIRRUP THIGH BAND/CUFFS	Yes, prior authorization required		
L2030	KAFO DOUBLE SOLID STIRRUP WITHOUT KNEE JOINT	Yes, prior authorization required		
L2034	KAFO PLASTIC SINGLE UPRIGHT W/WO KNEE/ANK CUS	Yes, prior authorization required		
L2035	KAFO PLASTIC PEDIATRIC SIZE PREFABRICATED	No prior authorization required		
L2036	KAFO PLASTIC DOUBLE UPRIGHT FREE KNEE	Yes, prior authorization required		
L2037	KAFO PLASTIC SINGLE UPRIGHT FREE KNEE MOLDED	Yes, prior authorization required		
L2038	KAFO PLASTIC KNEE JOINT MULTI-AXIS ANKLE	Yes, prior authorization required		
L2040	HKAFO TORSION BILATERAL ROTATION STRAPS PELVI	Yes, prior authorization required		
L2050	HKAFO TORSION CABLE HIP JOINT PELVIC BAND	Yes, prior authorization required		
L2060	HKAFO TORSION BALL BEARING HIP JOINT PELVIC	Yes, prior authorization required		
L2070	HKAFO TORSION UNILATERAL ROTATION STRAP	Yes, prior authorization required		
L2080	HKAFO UNILATERAL TORSION CABLE HIP JOINT	Yes, prior authorization required		

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L2090	HKAFO UNILATERAL TORSION BALL BEARING HIP	Yes, prior authorization required		
L2106	AFO TIBIAL FRACTURE CAST ORTHOSIS THERMOPLAST	Yes, prior authorization required		
L2108	AFO TIBIAL FRACTURE CAST CUSTOM FABRICATED	Yes, prior authorization required		
L2112	AFO TIBIAL FRACTURE SOFT PREFABRICATED	No prior authorization required		
L2114	AFO TIBIAL FRACTURE SEMI-RIGID PREFABRICATED	No prior authorization required		
L2116	AFO TIBIAL FRACTURE RIGID PREFABRICATED	No prior authorization required		
L2126	KAFO FEMORAL FRACTURE CAST THERMOPLASTIC	Yes, prior authorization required		
L2128	KAFO FEMORAL FRACTURE CUSTOM FABRICATED	Yes, prior authorization required		
L2132	KAFO FEMORAL FRACTURE CAST SOFT PREFABRICATED	No prior authorization required		
L2134	KAFO FEMORAL FRACTURE CAST SEMI-RIGID PREFAB	No prior authorization required		
L2136	KAFO FEMORAL FRACTURE CAST RIGID PREFABRICATE	No prior authorization required		
L2180	ADDITION TO,LASTIC SHOE INSRT W/ANKLE JOINTS	Yes, prior authorization required		
L2182	ADDITION TO LWR EXT FX, DROP LOCK KNEE JOINT	Yes, prior authorization required		
L2184	ADD TO LWR EXT FX, LIMITED MOTION KNEE JOINT	Yes, prior authorization required		
L2186	ADJUSTMENT MOTION KNEE JT LERMAN TYPE	Yes, prior authorization required		
L2188	LOWER EXTREMITY QUADRILATERAL BRIM	Yes, prior authorization required		
L2190	ADDITION TO LWR EXT FX, WAIST BELT	Yes, prior authorization required		
L2192	ADD TO LWR EXT, PELVIC BAND&BELT THIGH FLANGE	Yes, prior authorization required		
L2200	ADD TO LWR EXT, LIMITED ANKLE MOTION EA JNT	No prior authorization required		
L2210	ADD TO LWR EXT, DORSIFLEXION ASSIST EA JOINT	No prior authorization required		
L2220	DORSIFLEXION & PLANTAR FLEXION ASSIST/RESIST	No prior authorization required		
L2221	ANK MCROP PLANT & DORSI FLEX	No prior authorization required		
L2230	SPLIT FLAT CALIPER STIRRUP & PLATE ATTACHMENT	Yes, prior authorization required		
L2232	ROCKER BOTTOM, CONTACT AFO	Yes, prior authorization required		
L2240	ROUND CALIPER AND PLATE ATTACHMENT	Yes, prior authorization required		
L2250	FOOT PLATE MOLDED STIRRUP ATTACHMENT	Yes, prior authorization required		
L2260	ADD TO LOWER EXT, REINFORCED SOLID STIRRUP	Yes, prior authorization required		
L2265	ADD TO LOWER EXT, LONG TONGUE STIRRUP	Yes, prior authorization required		
L2270	VARUS/VALGUS CORRECTION T STRAP PADDED/LINED	No prior authorization required		
L2275	ADD TO LOWER EXT, PLASTIC MODIFICATION PADDED	No prior authorization required		

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L2280	ADD TO LOWER EXT, MOLDED INNER BOOT	Yes, prior authorization required		
L2300	ADD TO LOWER EXT,ABDUCTION BAR JOINTED ADJUST	No prior authorization required		
L2310	ADD TO LOWER EXT, ABDUCTION BAR-STRAIGHT	No prior authorization required		
L2320	ADD TO LOWER EXT, NON-MOLDED LACER	Yes, prior authorization required		
L2330	ADD TO LWR EXT, LACER MOLDED TO PATIENT MODEL	No prior authorization required		
L2335	ADD TO LOWER EXT, ANTERIOR SWING BAND	Yes, prior authorization required		
L2340	ADD TO LOWER EXT, PRE-TIBIAL SHELL MOLDED	No prior authorization required		
L2350	ADD TO LWR EXT, PROSTHETIC TYPE SOCKET MOLDED	Yes, prior authorization required		
L2360	ADD TO LOWER EXT, EXTENDED STEEL SHANK	Yes, prior authorization required		
L2370	ADD TO LOWER EXT, PATTEN BOTTOM	Yes, prior authorization required		
L2375	ADD TO LWR EXT, TORSION ANKLE & SOLID STIRRUP	Yes, prior authorization required		
L2380	ADD TO LOWER EXT, TORSION STRAIGHT KNEE JOINT	Yes, prior authorization required		
L2385	ADD TO LOWER EXT, STRAIGHT KNEE JOINT HEAVY	Yes, prior authorization required		
L2387	ADD LE POLYCENTRIC KNEE JOINT CUSTOM KAFO	No prior authorization required		
L2390	ADD TO LOWER EXT, OFFSET KNEE JOINT EACH	Yes, prior authorization required		
L2395	ADD TO LWR EXT, OFFSET KNEE JOINT HEAVY DUTY	Yes, prior authorization required		
L2397	ADD TO LOWER EXT, SUSPENSION SLEEVE	No prior authorization required		
L2405	ADD TO KNEE JOINT DROP LOCK STANCE EA JOINT	No prior authorization required		
L2415	ADD TO KNEE LOCK W/INTEGRTD RELEASE MECHANISM	Yes, prior authorization required		
L2425	ADD KNEE JOINT DISC/DIAL LOCK FOR ADJUST KNEE	No prior authorization required		
L2430	ADD KNEE JOINT RATCHET LOCK FOR ACTIVE EA JNT	No prior authorization required		
L2492	ADDITION TO KNEE JT, LIFT LOOP DROP LOCK RING	Yes, prior authorization required		
L2500	ADD TO LOWR EXT, THIGH/GLUTEAL WEIGHT BEARING	Yes, prior authorization required		
L2510	ADD TO THIGH/WEIGHT BEARG QUADRILAT BRIM MOLD	Yes, prior authorization required		
L2520	ADD TO THIGH/WEIGHT BEAR QUADRILAT BRIM CUSTM	Yes, prior authorization required		
L2525	ADD TO THIGH/WEIGHT BEAR NARROW M-L BRIM MOLD	Yes, prior authorization required		
L2526	ADD TO THIGH/WGT BEAR NARRW M-L BRIM CUST FIT	Yes, prior authorization required		
L2530	ADD TO THIGH/WEIGHT BEAR LACER NON-MOLDED	Yes, prior authorization required		
L2540	ADD TO THIGH/WEIGHT BEARING LACER MOLDED	Yes, prior authorization required		
L2550	ADDITION TO THIGH/WEIGHT BEAR HIGH ROLL CUFF	Yes, prior authorization required		

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L2570	ADD TO PELVIC HIP JOINT CLEVIS TYPE 2 POS JNT	No prior authorization required		
L2580	ADD TO LWR EXT, PELVIC CONTROL PELVIC SLING	No prior authorization required		
L2600	ADD TO PELVIC CTRL HIP CLEVIS/THRST BEAR FREE	No prior authorization required		
L2610	ADD TO PELVIC CTRL HIP CLEVIS/THRST BEAR LOCK	No prior authorization required		
L2620	ADD TO LWR EXT, PELVIC CONTROL HIP HEAVY DUTY	No prior authorization required		
L2622	ADD TO PELVIC CTRL HIP JOINT ADJUST FLEXION	No prior authorization required		
L2624	ADD TO PELVIC ADJUST FLEXION ABDUCTION CTRL	No prior authorization required		
L2627	ADD TO PELVIC PLASTIC MOLD RECIPROCAT HIP JNT	No prior authorization required		
L2628	ADD TO METAL FRAME RECIPROCRATING HIP&CABLES	No prior authorization required		
L2630	ADD TO PELVIC CONTROL BAND & BELT UNILATERAL	No prior authorization required		
L2640	ADD TO PELVIC CONTROL BAND & BELT BILATERAL	No prior authorization required		
L2650	ADD TO L EXT, PELVIC&THORACIC CONTROL GLUTEAL	No prior authorization required		
L2660	ADD TO L EXT, THORACIC CONTROL THORACIC BAND	No prior authorization required		
L2670	ADD LWR EXT,THORACIC CTRL PARASPINAL UPRIGHTS	No prior authorization required		
L2680	ADD LW EXT, THORACIC CTRL LAT SUPPRT UPRIGHTS	No prior authorization required		
L2750	ADD L EXT ORTHOSIS PLTNG CHRME/NICKEL PER BAR	Yes, prior authorization required		
L2755	ADD L EXT ORTHOSIS HGH STNGTH ALL HYBRID LAM	No prior authorization required		
L2760	ADD L EXT ORTHOSIS EXTENS PER EXTENS PER BAR	No prior authorization required		
L2768	ADD L EXT ORTHOTIC SIDE BAR DISCONNECT DEVICE	No prior authorization required		
L2780	ADD TO LOW EXT ORTHOSIS NON-CORROSIVE FINISH	No prior authorization required		
L2785	ADD TO LOWER EXT ORTHOSIS DROP LOCK RETAINER	No prior authorization required		
L2795	ADD L EXT ORTHOSIS KNEE CONTROL FULL KNEECAP	No prior authorization required		
L2800	ADD TO ORTHOSOIS KNEE CAP MEDIAL/LATERAL PULL	No prior authorization required		
L2810	ADD TO ORTHOSIS KNEE CONTROL CONDYLAR PAD	Yes, prior authorization required		
L2820	ADD TO ORTHOSIS SOFT INTRFC BELOW KNEE SECTN	No prior authorization required		
L2830	ADD TO ORTHOSIS SOFT INTRFC ABOVE KNEE SECTN	No prior authorization required		
L2840	ADD TO ORTHOSIS TIBIAL LNGTH SOCK FX OR EQUAL	No prior authorization required		
L2850	ADD TO ORTHOSIS FEMORAL LENGTH SOCK FX/EQUAL	No prior authorization required		
L2861	TORSION MECHANISM KNEE/ANKLE, ADD TO ORTH, EACH	Yes, prior authorization required		
L2999	LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPEC	Yes, prior authorization required		

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L3000	FOOT INSERT REMOVABLE MOLD UCB BERKELEY SHELL	Yes, prior authorization required		
L3001	FOOT INSERT REMOVABLE MOLDED SPENCO	Yes, prior authorization required		
L3002	FOOT INSERT REMOVABLE PLASTAZOTE OR EQUAL	Yes, prior authorization required		
L3003	FOOT INSERT REMOVABLE SILICONE GEL EACH	Yes, prior authorization required		
L3010	FOOT INSERT REMVBL LONGITUDINAL ARCH SUPPORT	Yes, prior authorization required		
L3020	FOOT INSERT LONGITUDINAL/METATARSAL SUPPORT	Yes, prior authorization required		
L3030	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT	Yes, prior authorization required		
L3031	FOOT INSERT LAMINATION/PREPREG COMPOSITE	Yes, prior authorization required		
L3040	FOOT ARCH SUPPORT PREMOLDED LONGITUDINAL	No prior authorization required		
L3050	FOOT ARCH SUPPORT PREMOLDED METATARSAL	No prior authorization required		
L3060	FOOT ARCH SUPPORT LONGITUDINAL/METATARSAL	No prior authorization required		
L3070	FOOT ARCH SUPPORT ATTACH TO SHOE LONGITUDINAL	No prior authorization required		
L3080	FOOT ARCH SUPPORT ATTACH TO SHOE METATARSAL	No prior authorization required		
L3090	FOOT ARCH SUPPORT ATTACHED TO SHOE LONG/META	No prior authorization required		
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	No prior authorization required		
L3140	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	No prior authorization required		
L3150	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	No prior authorization required		
L3160	FOOT ADUSTABLE SHOE-STYLED POSITIONING DEVICE	No prior authorization required		
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	No prior authorization required		
L3170	FOOT PLASTIC HEEL STABILIZER	No prior authorization required		
L3201	ORTHO SHOE OXFORD W/SUPINATOR/PRONATOR INFANT	No prior authorization required		
L3202	ORTHO SHOE OXFORD W/SUPINATOR/PRONATOR CHILD	No prior authorization required		
L3203	ORTHO SHOE OXFORD W/SUPINATOR/PRONATOR JUNIOR	No prior authorization required		
L3204	ORTHO SHOE HGHTOP W/SUPINATOR/PRONATOR INFANT	No prior authorization required		
L3206	ORTHO SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD	No prior authorization required		
L3207	ORTHO SHOE HGHTOP W/SUPINATOR/PRONATOR JUNIOR	No prior authorization required		
L3208	SURGICAL BOOT EACH INFANT	No prior authorization required		
L3209	SURGICAL BOOT EACH CHILD	No prior authorization required		
L3211	SURGICAL BOOT EACH JUNIOR	No prior authorization required		
L3212	BENESCH BOOT PAIR INFANT	No prior authorization required		

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L3213	BENESCH BOOT PAIR CHILD	No prior authorization required		
L3214	BENESCH BOOT PAIR JUNIOR	No prior authorization required		
L3215	ORTHOPEDIC FOOTWEAR LADIES SHOES OXFORD	Yes, prior authorization required		
L3216	ORTHOPEDIC FOOTWEAR LADIES SHOES DEPTH INLAY	Yes, prior authorization required		
L3217	ORTHOPEDIC LADIES SHOES HIGHTOP DEPTH INLAY	Yes, prior authorization required		
L3219	ORTHOPEDIC FOOTWEAR MENS SHOES OXFORD	Yes, prior authorization required		
L3221	ORTHOPEDIC FOOTWEAR MENS SHOES DEPTH INLAY	Yes, prior authorization required		
L3222	ORTHOPEDIC MENS SHOES HIGHTOP DEPTH INLAY	Yes, prior authorization required		
L3224	ORTHOPEDIC FOOTWEAR WOMANS SHOE OXFORD BRACE	No prior authorization required		
L3225	ORTHOPEDIC FOOTWEAR MANS SHOE OXFORD BRACE	No prior authorization required		
L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOES DEPTH INLAY	No prior authorization required		
L3250	CUSTOM MOLDED SHOE REMOVABLE PROSTHETIC SHOE	No prior authorization required		
L3251	FOOT SHOE MOLDED TO PATIENT SILICONE SHOE	No prior authorization required		
L3252	FOOT SHOE MOLDED PLASTAZOTE CUSTOM FABRICATED	No prior authorization required		
L3253	FOOT SHOE MOLDED PLASTAZOTE CUSTOM FITTED	No prior authorization required		
L3254	ORTHOPEDIC FOOT NON-STANDARD SIZE/WIDTH	No prior authorization required		
L3255	ORTHOPEDIC FOOT NON-STANDARD SIZE/LENGTH	No prior authorization required		
L3257	ORTHOPEDIC FOOT ADDITIONAL CHARGE SPLIT SIZE	No prior authorization required		
L3260	SURGICAL BOOT/SHOE EACH	No prior authorization required		
L3265	PLASTAZOTE SANDAL EACH	No prior authorization required		
L3300	SHOE LIFT ELEVAT TAPERED TO METATARSAL PER IN	No prior authorization required		
L3310	SHOE LIFT ELEVAT HEEL & SOLE NEOPRENE PER IN	No prior authorization required		
L3320	SHOE LIFT ELEVATION HEEL & SOLE CORK PER IN	No prior authorization required		
L3330	SHOE LIFT ELEVATION METAL EXTENSION	No prior authorization required		
L3332	SHOE LIFT ELEVATION TAPERED UP TO ONE-HALF IN	No prior authorization required		
L3334	SHOE LIFT ELEVATION HEEL PER INCH	No prior authorization required		
L3340	SHOE HEEL WEDGE SACH	No prior authorization required		
L3350	SHOE HEEL WEDGE	No prior authorization required		
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	No prior authorization required		
L3370	SHOE SOLE WEDGE BETWEEN SOLE	No prior authorization required		

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L3380	SHOE CLUBFOOT WEDGE	No prior authorization required		
L3390	SHOE OUTFLARE WEDGE	No prior authorization required		
L3400	SHOE METATARSAL BAR WEDGE ROCKER	No prior authorization required		
L3410	SHOE METATARSAL BAR BETWEEN SOLE	No prior authorization required		
L3420	FULL SOLE/HEEL WEDGE BETWEEN SOLE	No prior authorization required		
L3430	SHOE HEEL COUNTER PLASTIC REINFORCED	No prior authorization required		
L3440	SHOE HEEL COUNTER LEATHER REINFORCED	No prior authorization required		
L3450	SHOE HEEL SACH CUSHION TYPE	No prior authorization required		
L3455	SHOE HEEL NEW LEATHER STANDARD	No prior authorization required		
L3460	SHOE HEEL NEW RUBBER STANDARD	No prior authorization required		
L3465	SHOE HEEL THOMAS WITH WEDGE	No prior authorization required		
L3470	SHOE HEEL THOMAS EXTENDED TO BALL	No prior authorization required		
L3480	SHOE HEEL PAD & DEPRESSION FOR SPUR	No prior authorization required		
L3485	SHOE HEEL PAD REMOVABLE FOR SPUR	No prior authorization required		
L3500	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	No prior authorization required		
L3510	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	No prior authorization required		
L3520	ORTHO SHOE ADDN INSOLE FELT COVERED W/LEATHER	No prior authorization required		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	No prior authorization required		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	No prior authorization required		
L3550	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	No prior authorization required		
L3560	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	No prior authorization required		
L3570	ORTHOPEDIC SHOE ADDITION EXTENSION TO INSTEP	No prior authorization required		
L3580	ORTHO SHOE ADDN CONVERT INSTEP VELCRO CLOSURE	No prior authorization required		
L3590	ORTHO SHOE ADDTN CONVERT FIRM TO SOFT COUNTER	No prior authorization required		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	No prior authorization required		
L3600	TRANSFER FROM SHOE CALIPER PLATE EXISTING	No prior authorization required		
L3610	TRANSFER FROM SHOE CALIPER PLATE NEW	No prior authorization required		
L3620	TRANSFER FROM SHOE SOLID STIRRUP EXISTING	No prior authorization required		
L3630	TRANSFER FROM SHOE SOLID STIRRUP NEW	No prior authorization required		
L3640	TRANSFER SHOE DENNIS BROWNE SPLINT BOTH SHOES	No prior authorization required		

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L3649	ORTHOPEDIC SHOE MODIFICATION ADD/TRANSFER NOS	No prior authorization required		
L3650	SHOULDER ORTHOSIS FIGR 8 ABDUCTION RESTRAINER	No prior authorization required		
L3660	SHOULDER ORTHO FIG8 ABDUCTN RESTRAINER CANVAS	No prior authorization required		
L3670	SHOULDER ACROMIO/CLAVICULAR CANVAS & WEBBING	No prior authorization required		
L3671	SO CAP DESIGN W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3674	SO AIRPLANE W/WO JOINT CUSTOM FABRICATED	Yes, prior authorization required		
L3675	SO VEST TYPE ABDUCTION CANVAS & WEBBING/EQUAL	No prior authorization required		
L3677	SO HARD PLASTIC STABILIZER PREFABRICATED	No prior authorization required		
L3678	SHOULDER ORTHO HARD PLAS STABILI PRE OTS	No prior authorization required		
L3702	EO W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3710	ELBOW ELASTIC WITH METAL JOINTS PREFABRICATED	No prior authorization required		
L3720	EO DOUBLE UPRIGHT WITH FOREARM FREE MOTION	Yes, prior authorization required		
L3730	EO FOREARM/ARM CUFFS EXTENSION/FLEXION ASSIST	Yes, prior authorization required		
L3740	EO ARM CUFFS ADJUSTABLE LOCK ACTIVE CONTROL	Yes, prior authorization required		
L3760	EO WITH ADJUSTABLE LOCKING JOINT, PREFABRICAT	No prior authorization required		
L3761	ELBOW ORTHO, ADJ LOCK JOINT PREFAB OFF-THE-SHELF	No prior authorization required		
L3762	EO RIGID WITHOUT JOINTS SOFT MATERIAL	No prior authorization required		
L3763	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3764	EWHO W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3766	EWHFO W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3806	WHFO W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3807	WHFO WITHOUT JOINTS PREFABRICATED	No prior authorization required		
L3808	WHFO RIGID W/O JOINT(S) PREFABRICATED	Yes, prior authorization required		
L3809	WHF ORTHO W/O JOINTS PRE OTS	No prior authorization required		
L3891	TORSION MECHANISM WRIST/ELBOW, ADD TO ORTH, EACH	Yes, prior authorization required		
L3900	WHFO HINGE EXTENSION/FLEXION WRIST/FLEXION	Yes, prior authorization required		
L3901	WHFO HINGE EXTENSN/FLEXION CABLE DRIVEN CUSTM	Yes, prior authorization required		
L3904	WHFO EXTERNAL POWERED, ELECTRIC CUSTOM FARIC	Yes, prior authorization required		
L3905	WHO W/NONTORSION JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		

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L3906	WHO WRIST GAUNTLET CUSTOM FABRICATED	Yes, prior authorization required		
L3908	WHO WRIST EXTENSION COCK-UP PREFABRICATED	No prior authorization required		
L3912	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL	Yes, prior authorization required		
L3913	HFO W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3915	WHO W NONTOR JNT(S) PREFABRICATED	No prior authorization required		
L3916	WHO INCL 1 OR MORE NONTORSION JNTS PRE OTS	No prior authorization required		
L3917	HAND ORTHOSIS METACARPL FX ORTHOSIS PREFABRC	No prior authorization required		
L3918	METACARP FRACTURE ORTHOSIS PRE OTS	No prior authorization required		
L3919	HO W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3921	HFO W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3923	HFO, NO JOINT, PREFABRICATED, ANY TYPE	No prior authorization required		
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PRE OTS	No prior authorization required		
L3925	FINGER ORTHOSIS PIP/DIP WITH JOINT/SPRING	No prior authorization required		
L3927	FINGER ORTHOSIS PIP/DIP W/O JOINT/SPRING	No prior authorization required		
L3929	HAND FINGER ORTHOSIS NONTORSION JOINT, PREFAB	No prior authorization required		
L3930	HAND FINGER ORTHOSIS NONTORSION JNTS PRE OTS	No prior authorization required		
L3931	WRIST HAND FINGER ORTHOS NONTORSION JOINT PREFAB	No prior authorization required		
L3933	FO W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3935	FO NONTORSION JOINT CUSTOM FABRICATED	No prior authorization required		
L3956	HFO ADDITION JOINT UPPER EXTREMITY ORTHOSIS	Yes, prior authorization required		
L3960	SEWHO AIRPLANE DESIGN ABDUCTION POSITIONING	No prior authorization required		
L3961	SEWHO CAP DESIGN W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3962	SEWHO ERBS PALSEY DESIGN ABDUCTION PREFABRIC	No prior authorization required		
L3967	SEWHO AIRPLANE W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3971	SEWHO CAP DESIGN W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3973	SEWHO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3975	SEWHFO CAP DESIGN W/O JOINT CUSTOM FABRICATED	Yes, prior authorization required		
L3976	SEWHFO AIRPLANE W/O JOINTS CUSTOM FABRICATED	Yes, prior authorization required		
L3977	SEWHFO CAP DESGN W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		
L3978	SEWHFO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	Yes, prior authorization required		

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L3980	UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL	No prior authorization required		
L3981	UE FX ORTH SHOUL CAP FOREARM	No prior authorization required		
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS RADIUSULNAR	No prior authorization required		
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS WRIST	No prior authorization required		
L3995	SOCK FRACTURE OR EQUAL EACH	No prior authorization required		
L3999	UNLISTED PROCEDURE UPPER LIMB ORTHOSIS	No prior authorization required		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	No prior authorization required		
L4002	REPLACE STRAP, ANY ORTHOSIS	Yes, prior authorization required		
L4010	REPLACE TRILATERAL SOCKET BRIM	No prior authorization required		
L4020	REPLACE QUADRILATERAL SOCKET BRIM MOLDED	No prior authorization required		
L4030	REPLACE QUADRILATER SOCKET BRIM CUSTOM FITTED	No prior authorization required		
L4040	REPLACE MOLDED THIGH LACER	No prior authorization required		
L4045	REPLACE NON-MOLDED THIGH LACER	No prior authorization required		
L4050	REPLACE MOLDED CALF LACER	No prior authorization required		
L4055	REPLACE NON-MOLDED CALF LACER	No prior authorization required		
L4060	REPLACE HIGH ROLL CUFF	No prior authorization required		
L4070	REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	No prior authorization required		
L4080	REPLACE METAL BANDS KAFO PROXIMAL THIGH	No prior authorization required		
L4090	REPLACE METAL BAND KAFO-AFO CALF/DISTAL THIGH	No prior authorization required		
L4100	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	No prior authorization required		
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF/THIGH	No prior authorization required		
L4130	REPLACE PRETIBIAL SHELL	No prior authorization required		
L4205	ORTHOTIC DEVICE REPAIR, LABOR COMP PER 15 MIN	No prior authorization required		
L4210	ORTHOTIC DEVICE REPAIR/REPLACE MINOR PARTS	No prior authorization required		
L4350	ANKLE CONTROL ORTHOSIS STIRRUP STYLE RIGID	No prior authorization required		
L4360	WALKING BOOT PNEUMATIC W/WO JOINTS PREFABRICA	No prior authorization required		
L4361	PNEUMA/VAC WALK BOOT PRE OTS	No prior authorization required		
L4370	PNEUMATIC FULL LEG SPLINT PREFABRICATED	No prior authorization required		
L4386	WALKING BOOT NON-PNEUMATIC W/WO JOINT PREFABR	No prior authorization required		
L4387	NON-PNEUM WALK BOOT PRE OTS	No prior authorization required		

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L4392	REPLACEMENT SOFT INTERFACE MATERIAL AFO	Yes, prior authorization required		
L4394	REPLACEMENT SOFT INTRFC MAT FOOT DROP SPLINT	No prior authorization required		
L4396	STATIC ANKLE FOOT ORTHOSIS SOFT INTERFACE	No prior authorization required		
L4397	STATIC OR DYNAMI AFO PRE OTS	No prior authorization required		
L4398	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE	No prior authorization required		
L4631	ANKLE/FOOT ORTH, WALK BOOT TYPE, CUST FABRICATED	Yes, prior authorization required		
L5000	PARTIAL FOOT SHOE INSERT WITH ARCH TOE FILLER	Yes, prior authorization required		
L5010	PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT	Yes, prior authorization required		
L5020	PARTIAL FOOT TIBIAL TUBERCLE HGT TOE FILLER	Yes, prior authorization required		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Yes, prior authorization required		
L5060	SYMES METAL FRAME LEATHER SOCKET ARTICULATED	Yes, prior authorization required		
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Yes, prior authorization required		
L5105	BELOW KNEE PLASTIC SOCKET JOINTS/THIGH LACER	Yes, prior authorization required		
L5150	MOLDED SOCKET EXTERNAL KNEE JOINTS SHIN SACH	Yes, prior authorization required		
L5160	MOLDED SOCKET BENT KNEE JOINTS SHIN SACH FOOT	Yes, prior authorization required		
L5200	ABOVE KNEE MOLDED SINGLE AXIS FRICTION KNEE	Yes, prior authorization required		
L5210	ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT EA	Yes, prior authorization required		
L5220	NO KNEE JOINT WITH ARTICULATED ANKLE FOOT EA	Yes, prior authorization required		
L5230	FEMORAL FOCAL DEFICIENCY CONST FRICTION EA FT	Yes, prior authorization required		
L5250	HIP CANADIAN SINGLE AXIS CONSTANT FRICTION	Yes, prior authorization required		
L5270	TILT TABLE LOCKING HIP JOINT SINGLE AXIS SACH	Yes, prior authorization required		
L5280	HEMIPELVECTOMY CANADIAN SINGLE AXIS SACH	Yes, prior authorization required		
L5301	BK MOLDED SOCKET EACH FOOT ENDOSKELETAL SYSTM	Yes, prior authorization required		
L5312	KNEE DISARTICULATION, SACH FT, ENDOSKELTAL SYS	Yes, prior authorization required		
L5321	AK MOLDED SOCKET OPEN END SACH FOOT ENDOSK SY	Yes, prior authorization required		
L5331	HIP DISARTICULATON CANADIAN TYPE SACH FOOT	Yes, prior authorization required		
L5341	HEMIPELVECTOMY CANADIAN MOLDED SOCKET SACH	Yes, prior authorization required		
L5400	POST SURGICAL DRESSING & 1 CAST CHANGE BK	No prior authorization required		
L5410	POST SURGICAL RIGID BK EA ADDL CAST CHANGE	No prior authorization required		
L5420	POST SURGICAL DRESSING & 1 CAST CHANGE AK	No prior authorization required		

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L5430	POST SURGICAL DRESSING AK EACH CAST CHANGE	No prior authorization required		
L5450	POST SURGICAL APPLICATION NON-WEIGHT DRSSNGBK	No prior authorization required		
L5460	POST SURGICAL APPLICATION NON-WEIGHT DRSSNGAK	No prior authorization required		
L5500	INITIAL BK PTB TYPE PLASTER DIRECT FORMED	No prior authorization required		
L5505	INITIAL AK ISCHIAL LEVEL PLASTER SOCKET	No prior authorization required		
L5510	PREPARATORY BK PTB PLASTER MOLDED	No prior authorization required		
L5520	PERPARATORY BK PTB THERMOPLASTIC DIRECT	No prior authorization required		
L5530	PREPARATORY BK PTB THERMOPLASTIC MOLDED	No prior authorization required		
L5535	PREPARATORY BK PTB OPEN END SOCKET	No prior authorization required		
L5540	PREPARATORY BK PTB LAMINATED SOCKET	No prior authorization required		
L5560	PREPARATORY AK ISCHIAL PLASTER SOCKET MOLDED	No prior authorization required		
L5570	PREPARATORY AK ISCHIAL DIRECT FORMED	No prior authorization required		
L5580	PREPARATORY AK ISCHIAL THERMOPLASTIC MOLD	No prior authorization required		
L5585	PREPARATORY AK ISCHIAL OPEN END PREFABRICATED	No prior authorization required		
L5590	PREPARATORY AK ISCHIAL LAMINATED SOCKET MOLD	No prior authorization required		
L5595	PREP HIP DISARTICULAT SACH FOOT THERMOPLASTIC	No prior authorization required		
L5600	PREP HIP DISARTICULAT SACH LAMINATED MOLDED	No prior authorization required		
L5610	ADD TO LWR ENDOSKELETAL AK HYDRACADENCE SYSTM	No prior authorization required		
L5611	ADD TOAK 4 BAR LINKAGE W/FRICTION SWING PHASE	No prior authorization required		
L5613	ADD TOAK 4BAR LINKAGE W/HYDRAULIC SWING PHASE	No prior authorization required		
L5614	ADD TOAK 4BAR LINKAGE W/PNEUMATIC SWING CNTRL	No prior authorization required		
L5615	ADDITION, ENDO KNEE-SH 4 BAR LINK HYDL SWG/STANC	No prior authorization required		
L5616	AK UNIVERSAL MULTIPLEX SYSTEM FRICTION SWING	No prior authorization required		
L5617	AK/BK QUIK CHANGE SELF-ALIGNING UNIT EACH	No prior authorization required		
L5618	ADDITION TO LOWER EXTREMITY,TEST SOCKET SYMES	No prior authorization required		
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET BK	No prior authorization required		
L5622	ADD TO LOWER EXTRMTY,TEST SOCKET KNEE DISARTC	No prior authorization required		
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET AK	No prior authorization required		
L5626	ADD TO LOWER EXTRMTY,TEST SOCKET HIP DISARTIC	No prior authorization required		
L5628	ADD TO LWR EXT, TEST SOCKET HEMIPELVECTOMY	No prior authorization required		

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L5629	ADD TO LWR EXT, BELOW KNEE ACRYLIC SOCKET	No prior authorization required		
L5630	ADD TO LWR EXT, SYME TYPE EXP WALL SOCKET	No prior authorization required		
L5631	ADD TO LWR EXT, AK/KNEE DISART ACRYLIC SOCKET	No prior authorization required		
L5632	ADD TO L EXT,SYMES TYPEPTB BRIM DESIGN SOCKET	No prior authorization required		
L5634	ADD TO LWR EXT,SYMES POSTERIOR OPENING SOCKET	No prior authorization required		
L5636	ADD TO LWR EXT, SYMES MEDIAL OPENING SOCKET	No prior authorization required		
L5637	ADD TO LWR EXT, BELOW KNEE TOTAL CONTACT	No prior authorization required		
L5638	ADD TO LWR EXT, BELOW KNEE LEATHER SOCKET	No prior authorization required		
L5639	ADD TO LWR EXT, BELOW KNEE WOOD SOCKET	No prior authorization required		
L5640	ADD TO LWR EXT, KNEE DISARTIC LEATHER SOCKET	No prior authorization required		
L5642	ADD TO LWR EXT, ABOVE KNEE LEATHER SOCKET	No prior authorization required		
L5643	ADD TO L EXT,HIP DISART FLEXIBLE INNER SOCKET	No prior authorization required		
L5644	ADD TO LWR EXT, ABOVE KNEE WOOD SOCKET	No prior authorization required		
L5645	ADD TO L EXT,BK FLEXIBLE INNER SOCKET EXTERNL	No prior authorization required		
L5646	ADD TO L EXT, BK AIR FLUID/GEL CUSHION SOCKET	No prior authorization required		
L5647	ADD TO LOWER EXT, BELOW KNEE SUCTION SOCKET	No prior authorization required		
L5648	ADD TO LOWER EXT, AK AIR FLUID CUSHION SOCKET	No prior authorization required		
L5649	ADD TO L EXT,ISCHIAL CNTAINMNT/NRRW M-L SOCKT	No prior authorization required		
L5650	ADD TO L EXT,TOTAL CONTCT AK/KNEE DISART SCKT	No prior authorization required		
L5651	ADD TO L EXT,AK FLXIBL INNER SOCKET EXT FRAME	No prior authorization required		
L5652	ADD TO LWR EXT, SUCTION SUSP AK/KNEE DISART	No prior authorization required		
L5653	ADD TO LWR EXT,KNEE DISART EXPAND WALL SOCKET	No prior authorization required		
L5654	ADD TO LWR EXT, SOCKET INSERT SYMES	No prior authorization required		
L5655	ADD TO LWR EXT, SOCKET INSERT BELOW KNEE	No prior authorization required		
L5656	ADD TO LWR EXT, SOCKET INSERT KNEE DISARTICUL	No prior authorization required		
L5657	ADD LOW EXT MAN AUT VOL ANY	No prior authorization required		
L5658	ADD TO LWR EXT, SOCKET INSERT ABOVE KNEE	No prior authorization required		
L5661	ADD TO L EXT,SOCKT INSRT MULTIDUROMETER SYMES	No prior authorization required		
L5665	ADD TO L EXT,SOCKET INSERT MULTI-DUROMETER BK	No prior authorization required		
L5666	BELOW KNEE CUFF SUSPENSION	No prior authorization required		

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L5668	ADD TO L EXT,BELOW KNEE MOLDED DISTAL CUSHION	No prior authorization required		
L5670	ADD TO LWR EXT, BK MOLDED SUPRACONDYLAR SUSP	No prior authorization required		
L5671	ADD TO LWR EXT, BK/AK SUSP LOCKING MECHANISM	No prior authorization required		
L5672	ADD TO L EXT, BK REMOV MEDIAL BRIM SUSPENSION	No prior authorization required		
L5673	ADD TO L EXT, BK/BK SOCKET INSERT W/LOCK MECH	No prior authorization required		
L5676	ADD TO L EXT, BK KNEE JOINTS SINGLE AXIS PAIR	No prior authorization required		
L5677	ADD TO L EXT, BK KNEE JOINTS POLYCENTRIC PAIR	No prior authorization required		
L5678	ADD TO LOWER EXTREMITY, BK JOINT COVERS PAIR	No prior authorization required		
L5679	ADD TO L EXT,AK/BK SOCKET INSRT W/LOCKNG MECH	No prior authorization required		
L5680	ADD TO LWR EXTREM, BK THIGH LACER NON-MOLDED	No prior authorization required		
L5681	ADD TO L EXT,AK/BK CUSTOM FAB CONGEN/ATYPICAL	No prior authorization required		
L5682	ADD TO L EXT,BK THIGH LACER GLUT/ISCHIAL MOLD	No prior authorization required		
L5683	ADD TO L EXT,BK/AK SOCKT INSERT OTR THAN CONG	No prior authorization required		
L5684	ADD TO LOWER EXTREMITY, BK FORK STRAP	No prior authorization required		
L5685	BELOW KNEE SUSPENSION/SEALING SLEEVE	No prior authorization required		
L5686	ADD TO LOWER EXTREMITY, BK BACK CHECK	No prior authorization required		
L5688	ADD TO LOWER EXTREMITY, BK WAIST BELT WEBBING	No prior authorization required		
L5690	ADD TO LWR EXTREM, BK WAIST BELT PADDED/LINED	No prior authorization required		
L5692	ADD TO LOWR EXT, AK PELVIC CONTROL BELT LIGHT	No prior authorization required		
L5694	ADD TO L EXT,AK PELVIC CTRL BELT PADDED/LINED	No prior authorization required		
L5695	ADD TO AK PELVIC CTRL SUSP SLV NEOPRENE/EQUAL	No prior authorization required		
L5696	ADD TO L EXT,AK/KNEE/KNEE DISART PELVIC JOINT	No prior authorization required		
L5697	ADD TO LWR EXT, AK/KNEE DISARTIC PELVIC BAND	No prior authorization required		
L5698	ADD TO L EXT, AK/KNEE DISARTIC SILESIAN BNDG	No prior authorization required		
L5699	ALL LWR EXTREMITY PROSTHESES,SHOULDER HARNESS	No prior authorization required		
L5700	REPLACEMENT SOCKET BK MOLDED TO PATIENT MODEL	No prior authorization required		
L5701	REPLACEMENT SOCKET AK MOLDED TO PATIENT MODEL	No prior authorization required		
L5702	REPLACEMENT SOCKET, HIP DISARTICUL HIP JOINT	No prior authorization required		
L5703	SYMES ANKLE W/O (SACH) FOOT REPLACEMENT ONLY	No prior authorization required		
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	No prior authorization required		

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L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	No prior authorization required		
L5706	CUSTOM SHAPE COVER ,KNEE DISARTICULATION	No prior authorization required		
L5707	CUSTOM SHAPED COVER, HIP DISARTICULATION	No prior authorization required		
L5710	KNEE-SHIN EXOSKELETAL SINGLE AXIS MANUAL LOCK	No prior authorization required		
L5711	KNEE-SHIN EXOSKELETAL MANUAL LOCK ULTRA LIGHT	No prior authorization required		
L5712	KNEE-SHIN EXOSKELETAL FRICTION SWING & STANCE	No prior authorization required		
L5714	KNEE-SHIN EXOSKELETAL VARIABLE FRICTION SWING	No prior authorization required		
L5716	KNEE-SHIN EXOSKELETAL MECHANICAL STANCE PHASE	No prior authorization required		
L5718	KNEE-SHIN EXOSKELETAL FRICTION SWING & STANCE	No prior authorization required		
L5722	KNEE-SHIN EXOSKELETAL PNEUMATIC SWING FRICTIO	No prior authorization required		
L5724	KNEE-SHIN EXOSKELETAL FLUID SWING PHASE	No prior authorization required		
L5726	KNEE-SHIN EXOSKELETAL EXTERNAL JOINTS FLUID	No prior authorization required		
L5728	KNEE-SHIN EXOSKELETAL FLUID SWING & STANCE	No prior authorization required		
L5780	KNEE-SHIN PNEUMATIC/HYDRAPNEUMATIC SWING	No prior authorization required		
L5781	LWR LMB PROS VACUUM PUMP	No prior authorization required		
L5782	HEAVY DUTY LOWER LIMB PROSTHESIS VACUUM PUMP	No prior authorization required		
L5783	ADDITION LOW EXT MEC LIMB VOL SYS	No prior authorization required		
L5785	ADDITION, EXOSKELETAL BK ULTRA LIGHT MATERIAL	No prior authorization required		
L5790	ADDITION, EXOSKELETAL AK ULTRA-LIGHT MATERIAL	No prior authorization required		
L5795	ADDITION,EXOSKELETAL HIP DISARTIC ULTRA-LIGHT	No prior authorization required		
L5810	ENDOSKELETAL KNEE-SHIN 1 AXIS MANUAL LOCK	No prior authorization required		
L5811	ENDOSKELETAL KNEE-SHIN MANUAL LOCK ULTRALIGHT	No prior authorization required		
L5812	ENDOSKELETAL KNEE-SHIN FRICTION SWING &STANCE	No prior authorization required		
L5814	ENDOSKELETAL KNEE-SHIN HYDRAULIC SWING PHASE	No prior authorization required		
L5816	ENDOSKELETAL KNEE-SHIN MECHANICAL STANCE LOCK	No prior authorization required		
L5818	ENDOSKELETAL KNEE-SHIN FRICTION SWING &STANCE	No prior authorization required		
L5822	ENDOSKELETAL KNEE-SHIN PNEUMATIC SWING FRIC	No prior authorization required		
L5824	ENDOSKELETAL KNEE-SHIN FLUID SWING PHASE	No prior authorization required		
L5826	ENDOSKELETAL KNEE-SHIN HYDRAULIC SWING PHASE	No prior authorization required		
L5827	ENDO KNEE SHIN SINGLE AXIS	No prior authorization required		

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L5828	KNE-SHN FLD SWG & STANCE	No prior authorization required		
L5830	ENDOSKELETAL KNEE-SHIN PNEUMATIC SWING PHASE	No prior authorization required		
L5840	ENDOSKELETAL KNEE-SHIN MULTIAXIAL PNEUMATIC	No prior authorization required		
L5841	ADDITION ENDOSKLETL KNEE-SHIN SYSTEM	No prior authorization required		
L5845	ENDOSKELETAL KNEE-SHIN SYSTEM STANCE FLEXION	No prior authorization required		
L5848	KNEE-SHIN SYSTEM HYDRAULIC STANCE DAMPENING	No prior authorization required		
L5850	ENDOSKELETAL AK/HIP KNEE EXTENSION ASSIST	No prior authorization required		
L5855	ENDOSKELETAL MECHANICAL HIP EXTENSION ASSIST	No prior authorization required		
L5856	ELEC KNEE-SHIN SWING/STA	No prior authorization required		
L5857	ELEC KNEE-SHIN SWING ONLY	No prior authorization required		
L5858	STANCE PHASE ONLY, ENDOSKELETAL KNEE SHIN SYS	No prior authorization required		
L5859	KNEE-SHIN PRO FLEX/EXT C	No prior authorization required		
L5910	ENDOSKELETAL BELOW KNEE ALIGNABLE SYSTEM	No prior authorization required		
L5920	ENDOSKELETAL ABOVE KNEE/HIP ALIGNABLE SYSTEM	No prior authorization required		
L5925	ENDOSKELETAL AK KNEE/HIP DISARTICULATION LOCK	No prior authorization required		
L5926	ADDITION, ENDOSKEL POSIT ROTAT UNIT, ANY TYPE	No prior authorization required		
L5930	ENDOSKELETAL HIGH ACTIVITY KNEE CONTROL FRAME	No prior authorization required		
L5940	ENDOSKELETAL BELOW KNEE ULTRA-LIGHT MATERIAL	No prior authorization required		
L5950	ENDOSKELETAL ABOVE KNEE ULTRA-LIGHT MATERIAL	No prior authorization required		
L5960	ENDOSKELETAL HIP DISARTICULATION ULTRA-LIGHT	No prior authorization required		
L5961	ENDOSKELETAL POLYCENTRIC HIP JOINT, PNEU/HYD/ROT	No prior authorization required		
L5962	ENDOSKELETAL BK FLEXIBLE COVERING SYSTEM	No prior authorization required		
L5964	ENDOSKELETAL AK FLEXIBLE COVERING SYSTEM	No prior authorization required		
L5966	ENDOSKELETAL HIP DISARTICULATION FLEXIBLE	No prior authorization required		
L5968	MULTIAXIAL ANKLE SWING PHASE DORSIFLEXION	No prior authorization required		
L5969	ADDITION AK/FT POWER ASST INCL MOTORS	No prior authorization required		
L5970	ADD TO PROSTHESES FOOT EXTERNAL KEEL EA FOOT	No prior authorization required		
L5971	SACH FOOT, REPLACEMENT	No prior authorization required		
L5972	ADD TO PROSTHESES FLEXIBLE KEEL FOOT	No prior authorization required		
L5973	ANKL-FOOT SYS DORS-PLANT	No prior authorization required		

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L5974	ADD TO PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT	No prior authorization required		
L5975	ADD TO PROSTHESES COMBO SINGLE AXIS ANKLE	No prior authorization required		
L5976	ADD TO PROSTHESES ENERGY STORING FOOT	No prior authorization required		
L5978	ADD TO PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT	No prior authorization required		
L5979	ADD TO PROSTHESES MULTIAXIAL ANKLE/FOOT	No prior authorization required		
L5980	ADD TO PROSTHESES FLEX FOOT SYSTEM	No prior authorization required		
L5981	ADD TO PROSTHESES FLEX-WALK SYSTEM	No prior authorization required		
L5982	EXOSKELETAL LOWER EXT AXIAL ROTATION UNIT	No prior authorization required		
L5984	ENDOSKELETAL LOWER EXT AXIAL ROTATION UNIT	No prior authorization required		
L5985	ENDOSKELETAL LWR EXT DYNAMIC PROSTHETIC PYLON	No prior authorization required		
L5986	LOWER EXTREMITY MULTI-AXIAL ROTATION UNIT	No prior authorization required		
L5987	LWR EXT SHANK FOOT SYS VERTICAL LOADING PYLON	No prior authorization required		
L5988	LWR LIMB PROSTHESIS VERTICL SHOCK REDUC PYLON	No prior authorization required		
L5990	LWR LIMB PROSTHESIS USER ADJUSTABLE HEEL HGT	No prior authorization required		
L5991	ADD TO LOW PROSTHESES EXT OSSEO CONNECTOR	No prior authorization required		
L5992	LOW PROSTH FOOT SHELL REPL	No prior authorization required		
L5999	LOW EXTREM PROSTHES NOS	No prior authorization required		
L6000	PARTIAL HAND ROBIN-AIDS THUMB REMAINING	Yes, prior authorization required		
L6010	PARTIAL HAND ROBIN-AIDS LITTLE/RING FINGER	Yes, prior authorization required		
L6020	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING	Yes, prior authorization required		
L6026	PART HAND MYO EXCLU TERM DEV	Yes, prior authorization required		
L6028	PART HANDFNG ENDOSKEL MOLDED	Yes, prior authorization required		
L6029	TEST INTERFACE PART HANDFING	Yes, prior authorization required		
L6030	EXTERNAL FRAME PART HANDFING	Yes, prior authorization required		
L6031	REP INTERFACE HANDFNG MOLDED	Yes, prior authorization required		
L6032	PART HANDFNG ULTRALITE TCF/=	Yes, prior authorization required		
L6033	PART HANDFING ACRYLIC	Yes, prior authorization required		
L6034	PART HAND FINGER DISTAL AMP	Yes, prior authorization required		
L6035	PROSTHETIC DIGIT MECHANICAL	Yes, prior authorization required		
L6036	PROSTHETIC THUMB MECHANICAL	Yes, prior authorization required		

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L6037	POSTOP DSG CAST CHG HANDFING	Yes, prior authorization required		
L6038	MULTIAX ROTATION ATTACHMENT	Yes, prior authorization required		
L6039	PASSIVE CUSTOM DIGIT/THUMB	Yes, prior authorization required		
L6050	WRIST MOLD SOCKET FLEXIBLE HINGES TRICEPS PAD	Yes, prior authorization required		
L6055	WRIST MOLD SOCKET WITH EXPANDABLE INTERFACE	Yes, prior authorization required		
L6100	BELOW ELBOW MOLD SOCKET FLEXIBLE HINGE TRICEP	Yes, prior authorization required		
L6110	BELOW ELBOW MOLD SOCKET SUSPENSION TYPES	Yes, prior authorization required		
L6120	BELOW ELBOW MOLD DOUBLE SPLIT SOCKET STEPUP	Yes, prior authorization required		
L6130	BELOW ELBOW STUMP ACTIVATED LOCKING HINGES	Yes, prior authorization required		
L6200	ELBOW DISARTIC MOLDED OUTSIDE LOCKING HINGE	Yes, prior authorization required		
L6205	ELBOW DISARTIC MOLDED W/EXPANDABLE INTERFACE	Yes, prior authorization required		
L6250	ABOVE ELBOW INTERNAL LOCKING ELBOW FOREARM	Yes, prior authorization required		
L6300	SHOULDER DISARTICULATION INTERNAL LOCK ELBOW	Yes, prior authorization required		
L6310	SHOULDER DISARTICULATION PASSIVE RESTORE	Yes, prior authorization required		
L6320	SHOULDER DISTARTICULATION PASSIVE RESTORE CAP	Yes, prior authorization required		
L6350	INTERSCAP THORACIC MOLD SOCKET INT LOCK ELBOW	Yes, prior authorization required		
L6360	INTERSCAPULR THORACIC PASSIVE RESTOR COMPLETE	Yes, prior authorization required		
L6370	INTERSCAPLR THORACIC PASSIVE RESTOR SHLDR CAP	Yes, prior authorization required		
L6380	POSTOP RIGID DRESSING CAST CHANGE WRIST/ELBOW	No prior authorization required		
L6382	POSTOP DRESSING CAST CHANGE ELBOW DISARTICULA	No prior authorization required		
L6384	POSTOP DRESSING CAST CHANGE SHOULDER/THORACIC	No prior authorization required		
L6386	POSTOP EACH ADDTNL CAST CHANGE & REALIGNMENT	No prior authorization required		
L6388	POSTOP DRSSNG APPLICATION RIGID DRESSING ONLY	No prior authorization required		
L6400	BELOW ELBOW SOFT PROSTHETIC TISSUE SHAPING	No prior authorization required		
L6450	ELBOW DISARTICULATION SOFT PROSTHETIC TISSUE	No prior authorization required		
L6500	ABOVE ELBOW SOFT PROSTHETIC TISSUE SHAPING	No prior authorization required		
L6550	SHOULDER DISARTICULATION PROSTHETIC SHAPING	No prior authorization required		
L6570	INTERSCAPULAR THORACIC PROSTHETIC TISSUE SHAP	No prior authorization required		
L6580	WRIST/ELBOW DISARTICULATION BOWDEN CABLE MOLD	No prior authorization required		
L6582	WRIST/ELBOW BOWDEN CABLE CONTROL EQUAL PYLON	No prior authorization required		

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L6584	ABOVE ELBOW FAIR LEAD CABLE CONTROL MOLDED	No prior authorization required		
L6586	ABOVE ELBOW FAIR LEAD CABLE DIRECT FORMED	No prior authorization required		
L6588	SHOULDER DISARTICULATION FAIR LEAD CABLE MOLD	No prior authorization required		
L6590	SHOULDER JOINT FAIR LEAD CABLE DIRECT FORMED	No prior authorization required		
L6600	UPPER EXTREMITY ADDTNS,POLYCENTRIC HINGE PAIR	No prior authorization required		
L6605	UPPR EXTREMITY ADDTNS,SINGLE PIVOT HINGE PAIR	No prior authorization required		
L6610	UPPER EXTREMITY ADD,FLEXIBLE METAL HINGE PAIR	No prior authorization required		
L6611	ADDITIONAL SWITCH, EXTERNAL POWERED	No prior authorization required		
L6615	UPPER EXTREMITY DISCONNECT LOCKING WRIST UNIT	No prior authorization required		
L6616	DISCONNECT INSERT LOCKING WRIST UNIT EACH	No prior authorization required		
L6620	UPR EXT ADD, FLEXION WRIST UNIT W/WO FRICTION	No prior authorization required		
L6621	FLEXION/EXTENSION WRIST W/WO FRICTION	No prior authorization required		
L6623	SPRING ASSISTED ROTATIONAL WRIST WITH LATCH	No prior authorization required		
L6624	FLEXION/EXTENSION/ROTATION WRIST UNIT	No prior authorization required		
L6625	ROTATION WRIST UNIT WITH CABLE LOCK	No prior authorization required		
L6628	QUICK DISCONNECT HOOK ADAPTER OTTO BOCK	No prior authorization required		
L6629	QUICK DISCONNECT LAMINATION COLLAR COUPLING	No prior authorization required		
L6630	UPPER EXT ADDTIONS, STAINLESS STEEL ANY WRIST	No prior authorization required		
L6632	UPR EXT ADD, LATEX SUSPENSION SLEEVE EACH	No prior authorization required		
L6635	UPPER EXT ADDTIONS, LIFT ASSIST FOR ELBOW	No prior authorization required		
L6637	UPPER EXT ADDTIONS, NUDGE CONTROL ELBOW LOCK	No prior authorization required		
L6638	ELECTRIC LOCKING ON MANUAL POWERED ELBOW	No prior authorization required		
L6640	UPR EXT ADD, SHOULDER ABDUCTION JOINT PAIR	No prior authorization required		
L6641	UPR EXT ADD, EXCURSION AMPLIFIER PULLEY TYPE	No prior authorization required		
L6642	UPR EXT ADD, EXCURSION AMPLIFIER LEVER TYPE	No prior authorization required		
L6645	SHOULDER FLEXION-ABDUCTION JOINT FRICTION CTR	No prior authorization required		
L6646	SHOULDER JOINT MULTIPOSITIONAL LOCKING FLEXIO	No prior authorization required		
L6647	SHOULDER LOCK MECHANISM POWERED ACTUATOR	No prior authorization required		
L6648	SHOULDER LOCK MECHANISM EXTERNAL POWERED ACUR	No prior authorization required		
L6650	UPPER EXTREMITY SHOULDER UNIVERSAL JOINT EACH	No prior authorization required		

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L6655	UPPER EXTREMITY STANDARD CONTROL CABLE EXTRA	No prior authorization required		
L6660	UPPER EXTREMITY HEAVY DUTY CONTROL CABLE	No prior authorization required		
L6665	UPPER EXTREMITY TEFLON OR EQUAL CABLE LINING	No prior authorization required		
L6670	UPPER EXTREMITY HOOK TO HAND CABLE ADAPTER	No prior authorization required		
L6672	UPPER EXTREMITY HARNESS CHEST/SHOULDER SADDLE	No prior authorization required		
L6675	UPR EXT HARNESS FIGURE 8 SINGLE CABLE DESIGN	No prior authorization required		
L6676	UPR EXT HARNESS FIGURE OF 8 DUAL CABLE DESIGN	No prior authorization required		
L6677	UE TRIPLE CONTROL HARNESS	No prior authorization required		
L6680	TEST SOCKET WRIST DISARTICULATION BELOW ELBOW	No prior authorization required		
L6682	TEST SOCKET ELBOW DISARTICULATION ABOVE ELBOW	No prior authorization required		
L6684	TEST SOCKET SHOULDER DISARTICULATION/THORACIC	No prior authorization required		
L6686	UPPER EXTREMITY ADDITIONS, SUCTION SOCKET	No prior authorization required		
L6687	FRAME TYPE SOCKET BELOW ELBOW/WRIST DISARTICU	No prior authorization required		
L6688	FRAME TYPE SOCK ABOVE ELBOW/DISARTICULATON	No prior authorization required		
L6689	FRAME TYPE SOCKET SHOULDER DISARTICULATION	No prior authorization required		
L6690	FRAME TYPE SOCK INTERSCAPULAR-THORACIC	No prior authorization required		
L6691	UPPER EXTREMITY ADDTNS, REMOVABLE INSERT EACH	No prior authorization required		
L6692	UPR EXT ADD,SILICONE GEL INSERT OR EQUAL EACH	No prior authorization required		
L6693	LOCKING ELBOW FOREARM COUNTERBALANCE	No prior authorization required		
L6694	ELBOW SOCKET INSERT USE WITH LOCK	No prior authorization required		
L6695	ELBOW SOCKET INSERT USE W/O LOCK	No prior authorization required		
L6696	CUSTOM ELBOW SKT IN FOR CON/ATYP	No prior authorization required		
L6697	CUSTOM ELBOW SKT IN NOT CON/ATYP	No prior authorization required		
L6698	BELOW/ABOVE ELBOW LOCK MECHANISM	No prior authorization required		
L6700	UE ADD EXT POWER MYOEL	No prior authorization required		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT	No prior authorization required		
L6704	TERMINAL DEVICE, SPORT/REC/WORK ATTACHMENT	No prior authorization required		
L6706	TERMINAL DEVICE, MECHANICAL HOOK VOL OPENING	No prior authorization required		
L6707	TERMINAL DEVICE, MECHANICAL HOOK VOL CLOSING	No prior authorization required		
L6708	TERMINAL DEVICE, MECHANICAL HAND VOL OPENING	No prior authorization required		

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L6709	TERMINAL DEVICE, MECHANICAL HAND VOL CLOSING	No prior authorization required		
L6711	PEDIATRIC TERMINAL DEVICE, HOOK, VOLUNTARY OPEN	No prior authorization required		
L6712	PEDIATRIC TERMINAL DEVICE, HOOK, VOLUNTARY CLOS	No prior authorization required		
L6713	PEDIATRIC TERMINAL DEVICE, HAND, VOLUNTARY OPEN	No prior authorization required		
L6714	PEDIATRIC TERMINAL DEVICE, HAND, VOLUNTARY CLOS	No prior authorization required		
L6715	TERMINAL DEVICE, MULTI ART DIGIT, INITIAL OR REP	No prior authorization required		
L6721	HOOK/HAND, HEAVY DUTY, VOLUNTARY OPENING	No prior authorization required		
L6722	HOOK/HAND, HEAVY DUTY, VOLUNTARY CLOSING	No prior authorization required		
L6805	MODIFIER WRIST FLEXION UNIT ADDITION TERM DEVICE	No prior authorization required		
L6810	TERMINAL DEVICE PRECISION PINCH DEVICE	No prior authorization required		
L6880	HAND BOCK VO	No prior authorization required		
L6881	AUTOGRASP FEATURE UL TER	No prior authorization required		
L6882	MICROPROCESSOR CONTROL	No prior authorization required		
L6883	REPLC SOCKET BELOW ELBOW/WRIST DISARTICULATIO	No prior authorization required		
L6884	REPLC SOCKET ABOVE ELBOW DISARTICULATION	No prior authorization required		
L6885	REPLC SOCKET SHOULDER DISARTICUL/INTERSCAPULA	No prior authorization required		
L6890	TERMINAL DEVICE ABOVE HANDS PRODUCTION GLOVE	No prior authorization required		
L6895	TERMINAL DEVICE ABOVE HANDS CUSTOM GLOVE	No prior authorization required		
L6900	HAND RESTORATION PARTIAL HAND THUMB/1 FINGER	No prior authorization required		
L6905	HAND RESTORATION WITH GLOVE MULTIPLE FINGER	No prior authorization required		
L6910	HAND RESTORATION WITH GLOVE NO FINGERS	No prior authorization required		
L6915	HAND RESTORATION REPLACEMENT GLOVE FOR ABOVE	No prior authorization required		
L6920	WRIST DISARTICULATION SWITCH CONTROL OF TERMI	No prior authorization required		
L6925	WRIST DISARTICULATION MYOELECTRONIC CONTROL	No prior authorization required		
L6930	BELOW ELBOW EXTERNAL POWER SWITCH CONTROL	No prior authorization required		
L6935	BE MYOELECTRONIC CTRL	No prior authorization required		
L6940	ELBOW DISARTICULATION MOLDED INNER SOCKET	No prior authorization required		
L6945	ELBOW DISARICULATION MYOELECTRONIC CONTROL	No prior authorization required		
L6950	ABOVE ELBOW EXTERNAL POWER SWITCH CONTROL	No prior authorization required		
L6955	ABV ELBW MYOELEC CTRL	No prior authorization required		

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L6960	SHOULDER DISARTICULATION HUMERAL SECTION	No prior authorization required		
L6965	SHOULDER DISARTICULATION MYOELECTRONIC CONTRO	No prior authorization required		
L6970	INTERSCAPULAR-THORACIC FOREARM SWITCH CONTROL	No prior authorization required		
L6975	INTERSCAP-THORACIC MYOELECTRONIC CONTROL	No prior authorization required		
L7007	ADULT ELECTRIC HAND	No prior authorization required		
L7008	PEDIATRIC ECLECTIC HAND	No prior authorization required		
L7009	ADULT ELECTRIC HOOK	No prior authorization required		
L7040	PREHENSILE ACTUATOR CONTROL	No prior authorization required		
L7045	PEDIATRIC ELECTRIC HOOK SWITCH CONTROL	No prior authorization required		
L7170	ELECTRONIC ELBOW HOSMER SWITCH CONTROLLED	No prior authorization required		
L7180	ELECTRONIC ELBOW MICROPROS SEQ CON OF ELBOW	No prior authorization required		
L7181	ELECTRONIC ELBOW SIMULTANEOUS	No prior authorization required		
L7185	ELECTRONIC ELBOW ADOLESCENT SWITCH CONTROLLED	No prior authorization required		
L7186	ELECTRONIC ELBOW CHILD SWITCH CONTROLLED	No prior authorization required		
L7190	ELBOW ADOLESCENT MYOELECTRONICALLY CONTROLLED	No prior authorization required		
L7191	ELBOW CHILD MYOELECTRONICALLY CONTROLLED	No prior authorization required		
L7259	ELECTRONIC WRIST ROTATOR ANY	No prior authorization required		
L7360	SIX VOLT BATERY OTTO BOCK/EQUAL EACH	No prior authorization required		
L7362	BATTERY CHARGER SIX VOLT OTTO BOCK	No prior authorization required		
L7364	TWELVE VOLT BATTERY UTAH OR EQUAL	No prior authorization required		
L7366	BATTERY CHARGER 12 VOLT UTAH OR EQUAL	No prior authorization required		
L7367	REPLACEMENT LITHIUM ION BATTERY	No prior authorization required		
L7368	LITHIUM ION BATTERY CHARGER, REPLACE ONLY	No prior authorization required		
L7400	ADD UE PROST BELOW ELBOW/WRIST DISAR, ULTLITE	No prior authorization required		
L7401	ADD UE PROST ABOVE/ELBOW ULTLITE MATERIAL	No prior authorization required		
L7402	ADD UE PROST SHOULDER/INTRASCAPUL ULTLITE MAT	No prior authorization required		
L7403	ADD UE PROST BELOW ELBOW/WRIST ACRYLIC MAT	No prior authorization required		
L7404	ADD UE PROST ABOVE ELBOW ACRYLIC MATERIAL	No prior authorization required		
L7405	ADD UE PROST SHOULDER DISARTIC/INTERS ACRYLIC	No prior authorization required		
L7406	ADD TO UPP EXTR USER ADJ MEC	No prior authorization required		

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L7499	UPPER EXTREMITY PROSTHESIS NOS	Yes, prior authorization required		
L7510	PROSTHETIC DEVICE REPAIR/REPLACE MINOR PARTS	No prior authorization required		
L7520	REPAIR PROSTHESIC DEVICE, LABOR PER 15 MIN	No prior authorization required		
L7600	PROSTHETIC DONNING SLEEVE	No prior authorization required		
L7700	PROS SOCKET INSERT GASKET/SEAL, ANY TYPE, EACH	No prior authorization required		
L7900	MALE VACUUM ERECTION SYSTEM	No prior authorization required		
L7902	TENSION RING, VACUUM ERECTION DEVICE, REPLACEMNT	No prior authorization required		
L8000	BREAST PROSTHESIS MASTECTOMY BRA	No prior authorization required		
L8001	BREAST PROSTHESIS MASTECTOMY BRA UNILATERAL	No prior authorization required		
L8002	BREAST PROSTHESIS MASTECTOMY BRA BILATERAL	No prior authorization required		
L8015	EXTERNAL BREAST PROSTHESIS GARMENT POST MASTE	No prior authorization required		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	No prior authorization required		
L8030	BREAST PROSTHESIS SILICONE OR EQUAL	No prior authorization required		
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, W ADHESIVE	No prior authorization required		
L8032	REUSABLE NIPPLE PROSTHESIS, ANY TYPE, EACH	No prior authorization required		
L8033	NIPPLE PROSTHESIS CUSTOM, EACH	No prior authorization required		
L8035	CUSTOM BREAST PROSTHESIS POST MASTECTOMY	No prior authorization required		
L8039	BREAST PROSTHESIS NOS	No prior authorization required		
L8040	NASAL PROSTHESIS PROVIDED BY NON-PHYSICIAN	No prior authorization required		
L8041	MIDFACIAL PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8042	ORBITAL PROSTHESIS PROVIDED BY NON-PHYSICIAN	No prior authorization required		
L8043	UPPER FACIAL PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8044	HEMI-FACIAL PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8045	AURICULAR PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8046	PARTIAL FACIAL PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8047	NASAL SEPTAL PROSTHESIS BY NON-PHYSICIAN	No prior authorization required		
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY NONMD	No prior authorization required		
L8049	REPAIR MAXILLOFACIAL PROSTHESIS 15MIN INCREMT	No prior authorization required		
L8300	TRUSS SINGLE WITH STANDARD PAD	No prior authorization required		
L8310	TRUSS DOUBLE WITH STANDARD PADS	No prior authorization required		

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L8320	TRUSS ADDITION TO STANDARD PAD WATER PAD	No prior authorization required		
L8330	TRUSS ADDITTION TO STANDARD PAD SCROTAL PAD	No prior authorization required		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	Yes, prior authorization required		
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	Yes, prior authorization required		
L8415	PROSTHETIC SHEATH UPPER LIMB	No prior authorization required		
L8417	PROSTHETIC SHEATH/SOCK GEL CUSHION LAYER	No prior authorization required		
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE	No prior authorization required		
L8430	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE	No prior authorization required		
L8435	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB	No prior authorization required		
L8440	PROSTHETIC SHRINKER BELOW KNEE	Yes, prior authorization required		
L8460	PROSTHETIC SHRINKER ABOVE KNEE	Yes, prior authorization required		
L8465	PROSTHETIC SHRINKER UPPER LIMB	Yes, prior authorization required		
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE	No prior authorization required		
L8480	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE	No prior authorization required		
L8485	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB	No prior authorization required		
L8499	UNLIST MISC PROSTH SERV	No prior authorization required		
L8500	ARTIFICIAL LARYNX ANY TYPE	No prior authorization required		
L8501	TRACHEOSTOMY SPEAKING VALVE	No prior authorization required		
L8505	ARTIFICIAL LARYNX, REPLACEMNT BATTERY ANY TYP	No prior authorization required		
L8507	TRACH-ESOPHAGEAL VOICE PROSTHESIS PATIENT INS	No prior authorization required		
L8509	TRACH-ESOPHAGEAL VOICE PROSTHESIS INSERTED PR	No prior authorization required		
L8510	VOICE AMPLIFIER	No prior authorization required		
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROST	No prior authorization required		
L8512	GELATIN CAPSULE FOR TRACHEOESOPHAGEAL VOICE	No prior authorization required		
L8513	CLEANING DEVICE TRACHEOESOPHAGEAL PROSTHESIS	No prior authorization required		
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR REPLACEMNT	No prior authorization required		
L8515	GELATIN CAP APP DEVICE FOR TRACHEOESOPHAGEAL	No prior authorization required		
L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE/EQUAL	No prior authorization required		
L8603	COLLAGEN IMPLANT URINARY TRACT 2.5 ML SYRINGE	Yes, prior authorization required		
L8604	DEXTRANOMER/HYALURONIC ACID URINARY TRACT 1ML	Yes, prior authorization required		

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L8605	INJECTABLE BULKING AGENT, ANAL CANAL, 1 ML	No prior authorization required		
L8606	SYNTHETIC IMPLANT URINARY TRACT 1ML SYRINGE	Yes, prior authorization required		
L8607	INJ VOCAL CORD BULKING AGENT 0.1 ML, INCL SHIP	No prior authorization required		
L8608	ARG II EXT COM/SUP/ACC MISC	No prior authorization required		
L8609	ARTIFICIAL CORNEA	No prior authorization required		
L8610	OCULAR IMPLANT	No prior authorization required		
L8612	AQUEOUS SHUNT	No prior authorization required		
L8613	OSSICULA IMPLANT	Yes, prior authorization required		
L8614	COCHLEAR DEVICE/SYSTEM	Yes, prior authorization required		
L8615	COCH IMPLANT HEADSET REPLACEMENT	No prior authorization required		
L8616	COCH IMPLANT MICROPHONE REPLACEMENT	No prior authorization required		
L8617	COCH IMPLANT TRANSMITTING COIL REPLACEMENT	No prior authorization required		
L8618	COCH IMPLANT TRAN CABLE REPLACEMENT	No prior authorization required		
L8619	COCHLEAR IMPLANT EXTRNL PROCESSOR REPLACEMENT	Yes, prior authorization required		
L8621	REPLACEMENT ZINC AIR BATTERY	No prior authorization required		
L8622	REPLACEMENT ALKALINE BATTERY	No prior authorization required		
L8623	LITH ION BATT CID,NON-EARLVL	No prior authorization required		
L8624	LITH ION BATT CID, EAR LEVEL	No prior authorization required		
L8625	CHARGER COCH IMPL/AOI BATTERY REPLACEMENT, EACH	No prior authorization required		
L8627	COCHLEAR IMPLANT, EXT SPEECH PROCESSOR, REPLACE	Yes, prior authorization required		
L8628	COCHLEAR IMPLANT, EXT CONTROLLER, REPLACEMENT	Yes, prior authorization required		
L8629	TRANSMIT COIL AND CABLE USE W/ COCHLEAR IMPL DEV	Yes, prior authorization required		
L8630	METACARPOPHALANGEAL JOINT IMPLANT	No prior authorization required		
L8631	METACARPAL PHALANGEAL JOINT REPLACE 2 OR MORE	No prior authorization required		
L8641	METATARSAL JOINT IMPLANT	No prior authorization required		
L8642	HALLUX IMPLANT	No prior authorization required		
L8658	INTERPHALANGEAL JOINT SPACER SILICONE/EQ EACH	No prior authorization required		
L8659	INTERPHALANGEAL JOINT REPLACEMENT 2 OR MORE	No prior authorization required		
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC IMPLANT	No prior authorization required		
L8678	EXT SPLY IMPLT NEUROSTIM, PER MONTH	No prior authorization required		

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L8679	IMP NEUROSTI PLS GN ANY	No prior authorization required		
L8680	IMPLT NEUROSTIM ELCTR EA	Yes, prior authorization required		
L8681	PT PRGRM FOR IMPLT NEURO	No prior authorization required		
L8682	IMPLT NEUROSTIM RADIOFQ	Yes, prior authorization required		
L8683	RADIOFQ TRSMTR FOR IMPLT	No prior authorization required		
L8684	RADIOF TRSMTR IMPLANTABLE SACRAL NEUROSIMULAT	No prior authorization required		
L8685	IMPLT NROSTM PLS GEN SNG	No prior authorization required		
L8686	IMPLT NROSTM PLS GEN SNG	No prior authorization required		
L8687	IMPLT NROSTM PLS GEN DUA	No prior authorization required		
L8688	IMPLT NROSTM PLS GEN DUA	No prior authorization required		
L8689	EXTERNAL RECHARGING SYST	No prior authorization required		
L8690	AUDITORY OSSEO, INT/EXT DEVICE	Yes, prior authorization required		
L8691	AUDITORY OSSEO DEVICE, EXT SND, REPLACEMENT	Yes, prior authorization required		
L8692	AUDITORY NON-OSSEOINTEGRATED SOUND PROCESSOR DEV	No prior authorization required		
L8693	AUDITORY OSSEOINTEGRATED DEVICE, ABUTMENT	No prior authorization required		
L8694	AOI TRANSDUCER/CCTUATOR REPLACEMENT, EACH	No prior authorization required		
L8695	EXTERNAL RECHARG SYS EXT	No prior authorization required		
L8696	EXT ANTENNA PHREN NERVE STIM	No prior authorization required		
L8698	MISC USED WITH TOT ART HEART	No prior authorization required		
L8699	PROSTHETIC IMPLANT NOS	Yes, prior authorization required		
L8701	EWH S/D UPRT MICRO SENSOR ALL COMP	No prior authorization required		
L8702	Ewh s/d uprt micro sensor	No prior authorization required		
L8720	EXT LOW EXT SENS PROSTHE MEC	Yes, prior authorization required		
L8721	RECEPTOR SOLE L8720 REPLACE	Yes, prior authorization required		
L9900	ORTHOTIC & PROSTHETIC SUPPLY/ACCESSORY/SERVIC	No prior authorization required		
M0001	ADVANCING CANCER CARE MIPS VALUE PATHWAYS	No prior authorization required		
M0002	OPT CARE KIDNEY HLTH MVP	No prior authorization required		
M0004	SUPPORT CARE NEUR COND MVP	No prior authorization required		
M0005	VALUE IN PRIMARY CARE MIPS VALUE PATHWAY	No prior authorization required		
M0010	EOM MEOS PAYMENT	No prior authorization required		

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M0075	CELLULAR THERAPY	No prior authorization required		
M0076	PROLOTHERAPY	No prior authorization required		
M0100	INTRAGASTRIC HYPOTHERMIA GASTRIC FREEZING	No prior authorization required		
M0201	PNE FLU HEPB COVID HOME ADMIN	No prior authorization required		
M0231	INF TOCILIZUMAB-BAVI 1ST DOS	Refer to Pharmacy Benefit Management		
M0232	INF TOCILIZUMAB-BAVI 2ND DOS	Refer to Pharmacy Benefit Management		
M0233	INTRA INF, TOCI, FIRST DOSE	Refer to Pharmacy Benefit Management		
M0234	INTRA INF, TOCI, SECOND DOS	Refer to Pharmacy Benefit Management		
M0235	INTRAV INF, MON ANTI, FIR DO	No prior authorization required		
M0236	INTRAV INF, MON ANTI, SEC DO	No prior authorization required		
M0237	INTRAV INF, TOCI, FIRST DOSE	No prior authorization required		
M0238	INTRAV INF, TOCI, SECOND DOS	No prior authorization required		
M0249	ADMIN TOCILIZU COVID-19 1ST	No prior authorization required		
M0250	ADMIN TOCILIZU COVID-19 2ND	No prior authorization required		
M0300	IV CHELATION THERAPY, CHEMICAL ENDARTERECTOMY	No prior authorization required		
M0301	FABRIC WRAPPING OF ANEURYSM ABDOMINAL	No prior authorization required		
M1003	TB SCR 12 MO PRI FST BIO DZ	No prior authorization required		
M1004	DOC MED RSN NO SRN TB	No prior authorization required		
M1005	TB SCR NO PERF	No prior authorization required		
M1006	DISEASE ACTIVITY NOT ASSESSED, REASON NOT GIVEN	No prior authorization required		
M1007	>=50% TOTAL PT OUTPT RA ENCT	No prior authorization required		
M1008	<50% TOTAL PT OUTPT RA ENCTS	No prior authorization required		
M1009	DC EOC DOC MED REC	No prior authorization required		
M1010	DC EOC DOC MED REC	No prior authorization required		
M1011	DC EOC DOC MED REC	No prior authorization required		
M1012	DC EOC DOC MED REC	No prior authorization required		

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M1013	DC EOC DOC MED REC	No prior authorization required		
M1014	DC EPI CARE DOC MEDREC	No prior authorization required		
M1016	FEMALE PATIENTS UNABLE TO BEAR CHILDREN	No prior authorization required		
M1018	PT DX HST CR PT SK LG CR SCR	No prior authorization required		
M1019	ADL PT MJ DEP DS RS 12 PHQ<5	No prior authorization required		
M1020	ADL PT MJ DEP DS NO RS 12 MO	No prior authorization required		
M1021	PT URGENT CARE IN PP	No prior authorization required		
M1027	IMG HEAD (CT OR MRI) OBTND	No prior authorization required		
M1028	DOC OF PT PRM HDA DX AND OTR	No prior authorization required		
M1029	DOC SYSM RSN IMG HEAD	No prior authorization required		
M1032	ADULTS CURRENTLY TAKING PHARMACOTHERAPY FOR OUD	No prior authorization required		
M1034	ADULTS 180 DYS PHARMTHRY OUD	No prior authorization required		
M1035	ADULTS PD OUT MAT PR 180 DYS TX	No prior authorization required		
M1036	ADULTS NO 180 DYS PHARMTHRY OUD	No prior authorization required		
M1037	PT DX LUM SP REG CACR	No prior authorization required		
M1038	PT DX LUM SP REG FRACT	No prior authorization required		
M1039	PT DX LUM SP REG INF	No prior authorization required		
M1040	PT DX LUM IDI OR CONG SCOL	No prior authorization required		
M1041	PT CR FT INF LM OR PT ID SL	No prior authorization required		
M1043	FS NO ODI 9-15 MONTHS	No prior authorization required		
M1045	FS OKS 9-15MO >= 37 >= 71	No prior authorization required		
M1046	FS OKS 9-15MO < 37 < 71	No prior authorization required		
M1049	FS WTH SCR NO ODI PRE AND P 6-20 WEEKS	No prior authorization required		
M1051	PT W/CANCER SCOLIOSIS	No prior authorization required		
M1052	LG PN NOT MEAS W/ VAS 1YR PO 9-15 MONTHS	No prior authorization required		
M1054	PT UC IN PERFORMANCE PERIOD	No prior authorization required		
M1055	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	No prior authorization required		
M1056	PRESC ANTICO MED IN PP	No prior authorization required		
M1057	ASPIRIN NOT USED, NO RSN	No prior authorization required		
M1058	PT PRM NURS HM RES IN PERFORMANCE PERIOD	No prior authorization required		

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M1059	PT NO PRM NURS HM RES IN PERFROMANCE PERIOD	No prior authorization required		
M1060	PT DIED IN PERFORMANCE PERIOD	No prior authorization required		
M1067	HSPC PT PRV TIME MEAM PER	No prior authorization required		
M1068	ADULTS WHO ARE NOT AMBULATORY	No prior authorization required		
M1069	PATIENT SCREENED FOR FUTURE FALL RISK	No prior authorization required		
M1070	PT NOT SCRN FUT FALL NO RSN	No prior authorization required		
M1106	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1107	DOCU DX DEGEN NEURO	No prior authorization required		
M1108	OC NI PT HOME PROG	No prior authorization required		
M1109	OC NI PT DC	No prior authorization required		
M1110	OC NOT P PT SELFDC	No prior authorization required		
M1111	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1112	DOCU DX DEGEN NEURO	No prior authorization required		
M1113	OC NI PT HOME PROG	No prior authorization required		
M1114	OC NI PT DC	No prior authorization required		
M1115	OC NI PT SELFDC	No prior authorization required		
M1116	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1117	DOCU DX DEGEN NEURO	No prior authorization required		
M1118	OC NI PT HOME PROG	No prior authorization required		
M1119	OC NI PT DC	No prior authorization required		
M1120	OC NI PT SELFDC	No prior authorization required		
M1121	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1122	DOCU DX DEGEN NEURO	No prior authorization required		
M1123	OC NI PT HOME PROG	No prior authorization required		
M1124	OC NI PT DC	No prior authorization required		
M1125	OC NI PT SELFDC	No prior authorization required		
M1126	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1127	DOCU DX DEGEN NEURO	No prior authorization required		
M1128	OC NI PT HOME PROG	No prior authorization required		
M1129	OC NI PT DC	No prior authorization required		

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M1130	OC NI PT SELFDC	No prior authorization required		
M1131	DOCU DX DEGEN NEURO	No prior authorization required		
M1132	OC NI PT HOME PROG	No prior authorization required		
M1133	OC NI PT DC	No prior authorization required		
M1134	OC NI PT SELFDC	No prior authorization required		
M1135	START EOC DOC MEDICAL RECORD	No prior authorization required		
M1141	FS NOT MES BY OKS AT ONE YEAR POSTOP	No prior authorization required		
M1142	EMERGENT CASES	No prior authorization required		
M1143	NECK IMP REHAB MED CHIRO	No prior authorization required		
M1146	ONGOING CARE NOT INDICATED PT NEED HOME PROGRAM	No prior authorization required		
M1147	CARE NOT POSSIBLE MED REASON	No prior authorization required		
M1148	ONGOING CARE NOT POSS PT SELF DSCHG	No prior authorization required		
M1149	NO NECK FS PROM INCAPACITY	No prior authorization required		
M1150	LVEF <=40% OR MOD/SEV L VSF	No prior authorization required		
M1151	PT W/ HX TRNSPLT OR LVAD	No prior authorization required		
M1152	PT W/ HX TRNSPLT OR LVAD	No prior authorization required		
M1153	PT W/ DX OSTEO DOE	No prior authorization required		
M1159	HOSPC SERV DUR MEAS PD	No prior authorization required		
M1160	PT ANPHX DUE TO MENGB BEF 13	No prior authorization required		
M1161	PT ANPHX DUE TO DTP BEF 13	No prior authorization required		
M1162	PT ENCEPH DUE TO DTP BEF 13	No prior authorization required		
M1163	PT ANPHX DUE TO HPV BEF 13	No prior authorization required		
M1164	PT W/ DEMENTIA ANY TIME	No prior authorization required		
M1165	PT USE HSPC DUR MEAS PD	No prior authorization required		
M1166	PATH RPT TIS SPEC WLE/REEXC	No prior authorization required		
M1167	HSPC DUR MEAS PD	No prior authorization required		
M1168	PT RECD FLU VAX 7/1-6/30	No prior authorization required		
M1169	DOC MED RSN NO FLU VAX	No prior authorization required		
M1170	PT W/O FLU VAX 7/1-6/30	No prior authorization required		
M1171	PT RECD 1 TD/TDAP 9YRS PRIOR	No prior authorization required		

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M1172	DOC MED RSN NO TD/TDAP	No prior authorization required		
M1173	PT NO REC TD/TDAP 9YRS PRIOR	No prior authorization required		
M1174	PT W 2 DOSES HZV ON/AFT 50TH BDAY	No prior authorization required		
M1175	DOC MED RSN NO HZV	No prior authorization required		
M1176	PT W/O HZV ON/AFT AGE 50 BDAY	No prior authorization required		
M1177	PT RECD PCV ON/AFT 60	No prior authorization required		
M1178	DOC MED RSN NO PCV	No prior authorization required		
M1179	NO PCV RECD	No prior authorization required		
M1180	PT IMM CKPT INHIB THERAPY	No prior authorization required		
M1181	GR 2 OR> DIA OR GR2 OR> COL	No prior authorization required		
M1182	NOT ELG PRE EX IBD/UC/CROHN	No prior authorization required		
M1183	DOC IMM CKPT INHIB HLD	No prior authorization required		
M1184	DOC MED RSN NO CST/IST RX	No prior authorization required		
M1185	IMM CKPT INHIB NOT HLD NO RX	No prior authorization required		
M1186	PT W/ RX FOR HSPC/PLLTV CARE	No prior authorization required		
M1187	PT W/ ESRD	No prior authorization required		
M1188	PT W/ CKD STG 5	No prior authorization required		
M1189	DOC KHE PEF W/EFGR/UACR	No prior authorization required		
M1190	DOC KHE NOT PEF W/EFGR/UACR	No prior authorization required		
M1191	HSPC SVC ANY TIME IN MEAS PD	No prior authorization required		
M1192	PT W/ DX SQ CELL CA OF ESOPH	No prior authorization required		
M1193	RPTS W/ IMP/CON MMR/MSI	No prior authorization required		
M1194	MED RSN NO IMP/CON MMR/MSI	No prior authorization required		
M1195	RPT WO IMP/CON MMR/MSI	No prior authorization required		
M1196	IXV NRS VRS IQA >=4	No prior authorization required		
M1197	ITCH SEVERITY ASSESSMENT REDUCED >=3 FR IXV	No prior authorization required		
M1198	ITCH SEVERITY ASSESSMENT NOT RED 3PTS /NO ASSESS	No prior authorization required		
M1199	PATIENTS RECEIVING RRT	No prior authorization required		
M1200	ACE-I/ARB RX	No prior authorization required		
M1201	MED RSN NO ACE-I/ARB RX	No prior authorization required		

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M1202	PT RSN NO ACE-I/ARB RX	No prior authorization required		
M1203	NO RSN ACE-I/ARB RX	No prior authorization required		
M1204	IXV NRS VRS IQA >=4	No prior authorization required		
M1205	ITCH SEVERITY ASSESSMENT REDUCED >=3	No prior authorization required		
M1206	ITCH SEVERITY ASSESSMENT NOT RED 3PTS/NO ASSESS	No prior authorization required		
M1207	PT SCREENED FOR SDOH	No prior authorization required		
M1208	PT NOT SCREENED FOR SDOH	No prior authorization required		
M1209	>=2 SAME HI-RSK MED W/O DIAG	No prior authorization required		
M1210	>=2 SAME MEDS TBL4 NOT ORD	No prior authorization required		
M1211	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0%	No prior authorization required		
M1212	MISSING HB A1C LEVEL 12 MON PERIOD	No prior authorization required		
M1213	NO HX SPIRO RESULTS PRS SPIRO>=70%	No prior authorization required		
M1214	SPIROMETRY RESULTS WTH OBS DOC	No prior authorization required		
M1215	MED RSN FOR NO DOC SPIROMETRY RESULTS	No prior authorization required		
M1216	NO SPIROMETRY DOC NO RES DOC	No prior authorization required		
M1217	SYS RSN NO DOC SPIROMETRY	No prior authorization required		
M1218	PT HAS COPD SYMPTOMS	No prior authorization required		
M1220	DIL RETINAL EYE EXAM WTH INTERP RTNOPTHY	No prior authorization required		
M1221	DIL RETINAL EYE EXAM W/O RTNOPTHY	No prior authorization required		
M1222	GLAUCOMA PLN OF CARE NOT DOC RS NOS	No prior authorization required		
M1223	GLAUCOMA PLAN OF CARE DOCUMENTED	No prior authorization required		
M1224	INTRAOCULAR PRESS RED VALUE <20% FROM BASE	No prior authorization required		
M1225	INTRAOCULAR PRESS RED VALUE >=20% FROM BASE	No prior authorization required		
M1226	IOP NOT DOC, RS NOS	No prior authorization required		
M1227	EVIDENCE-BASED THERAPY WAS PRESCRIBED	No prior authorization required		
M1228	PT + HCV ABY +VIR W/ RX 3 MONTHS	No prior authorization required		
M1229	PT W/ +HCV +VIR REF WIN 1 MONTH	No prior authorization required		
M1230	PT HCV RCTV ABY NO F/U TST WITHIN 1 MONTH	No prior authorization required		
M1231	PT RCVD HCV TST WITH NONREACTIVE RESULT	No prior authorization required		
M1232	PT RCVD HCV TST WITH REACTIVE RESULT	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
M1233	PT NO HCV ABY OR RESULT, RS NOT GIVEN	No prior authorization required		
M1234	PT HCV RCTV ABY F/U NEGATIVE	No prior authorization required		
M1235	DOC PT HCV ABY RNA TST PRIOR PERF PERIOD	No prior authorization required		
M1236	BASELINE MRS > 2	No prior authorization required		
M1237	PT RSN NO SCRN FOOD INS, HOUSING INST, TRANSP	No prior authorization required		
M1238	DOC 2ND RECOM HZV 2-6 MONTH INTERVAL BTW DOSES	No prior authorization required		
M1239	PT NO RESP HEARD UNDERSTOOD BY PROVIDER	No prior authorization required		
M1240	PT NO RESP BEST INT FIRST ABOUT CARE	No prior authorization required		
M1241	PT DID NOT RESP SEEN AS PERSON	No prior authorization required		
M1242	PT NOT RESP IMPORTANT TO ME IN MY LIFE	No prior authorization required		
M1243	PT OTHR THN TRUE HEARD UNDERSTOOD BY PROVIDER	No prior authorization required		
M1244	PT OTHR THN TRUE BEST INT FIRST ABOUT CARE	No prior authorization required		
M1245	PT OTHR THN TRUE PROVIDER SAW ME AS PERSON	No prior authorization required		
M1246	PT OTHR THN TRUE IMPORTANT TO ME IN MY LIFE	No prior authorization required		
M1247	PT RESP TRUE PROVIDER BEST INT ABOUT MY CARE	No prior authorization required		
M1248	PT RESP TRUE PROVIDER SAW ME AS PERSON	No prior authorization required		
M1249	PT RESP TRUE PROVIDER IMPORTANT TO ME IN MY LIFE	No prior authorization required		
M1250	PT RESP TRUE HEARD UNDERSTOOD BY PROVIDER	No prior authorization required		
M1251	PTS PROXY CMPLT HU SURV ON BEHALF ANY REASON	No prior authorization required		
M1252	PTS NO CMPLT HU SURVEY WITHIN 60 DAYS	No prior authorization required		
M1253	PTS HU SURV NO AMB PLLTV PROVIDER IN LAST 60 DAY	No prior authorization required		
M1254	PTS DECEASED PRIOR HU SURVEY	No prior authorization required		
M1255	PTS W/ OTHR RSN VST,+PRG TST NO CLINIC OB PROVID	No prior authorization required		
M1256	PRIOR HISTORY OF KNOWN CVD	No prior authorization required		
M1257	CVD RISK ASSESS NOT PERF OR INCOMP, RS NOS	No prior authorization required		
M1258	CVD RISK ASSESS PERFM DOC CAL RISK SCORE	No prior authorization required		
M1259	PT KID TRANSPLT WTLST LIVING DONOR	No prior authorization required		
M1260	PT NO KD TRNSPLT WTLST LIVING DONOR	No prior authorization required		
M1261	PTS ON WTLIST PRIOR INIT DIALYSIS	No prior authorization required		
M1262	PTS TRANSPLT PRIOR INIT DIALYSIS	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
M1263	PTS HOSPICE INIT DIALYSIS DATE OR MONTH OF EVAL	No prior authorization required		
M1265	CMS MEDICAL EVIDENCE FORM 2728 COMPLETED	No prior authorization required		
M1266	PTS ADMITTED TO SKILLED NURSING FACILITY (SNF)	No prior authorization required		
M1267	PT NOT ON ACTIVE KID TRANSPLT WTLST	No prior authorization required		
M1268	PT ACTIVE STATUS KID TRNSPLT WTLST	No prior authorization required		
M1269	REC'D ESRD MCP LAST DAY OF REPORTING MONTH	No prior authorization required		
M1270	PTS NO KID TRANSPLT WTLST LAST DAY OF EACH MONTH	No prior authorization required		
M1271	PTS DEM ANY TIME/DURING THE MONTH	No prior authorization required		
M1272	PTS KID TRANSPLT WTLST LAST DAY OF EACH MONTH	No prior authorization required		
M1273	PTS SNF 1 YR DIALYSIS CMS-2728 FROM	No prior authorization required		
M1274	PTS ADM SNF DURING MONTH OF EVAL EXCL MONTH	No prior authorization required		
M1275	PTS HOSP EXL FROM MONTH OF EVAL	No prior authorization required		
M1276	CALC BMI OUT NRM PARAM NOF/U PLAN DOC, NO RS GIV	No prior authorization required		
M1277	COLORECTAL CA SCREEN DOC REVIEWED	No prior authorization required		
M1278	ELEVATED OR HTN BP READING DOC, F/U INDC DOC	No prior authorization required		
M1279	PRE-HTN/HTN, NO F/U, REASON NOT GIVEN	No prior authorization required		
M1280	WOMEN BILAT MAST/HX BI /UNILAT MASTECTOMY	No prior authorization required		
M1281	BP READING NOT DOC, REASON NOT GIVEN	No prior authorization required		
M1282	PT SCRN TBCO USE ID AS TOBACCO NON USER	No prior authorization required		
M1283	PT SCRN TBCO USE AND ID AS TOBACCO USER	No prior authorization required		
M1284	PTS AGE 66+ SNP OR LTC POS > 90 CON DAYS	No prior authorization required		
M1285	SCRN MAM PERF RSLTS NOT DOC REVIEWED, REASON NOS	No prior authorization required		
M1286	BMI DOC OUTSIDE NORMAL PARAMETERS FUP NOT CMPLTD	No prior authorization required		
M1287	BMI BLW NORMAL PARAM F/U PLAN DOC	No prior authorization required		
M1288	DOC RSN FOR NO SCRN HBP OR REC F/U HBP	No prior authorization required		
M1289	PT ID TBCO USER DID NOT RCV TBCO CESS INTERV	No prior authorization required		
M1290	PT NOT ELI D/T ACT DIGNOSIS HTN	No prior authorization required		
M1291	PTS 66+ AGE FRAILTY AND MED DEMENTIA	No prior authorization required		
M1292	PT 66+ AGE FRAIL INPT ADV ILL	No prior authorization required		
M1293	BMI ABV NORMAL PARAM F/U PLAN DOC	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
M1294	NORMAL BP DOC, F/U NOT REQUIRED	No prior authorization required		
M1295	PTS HX TOTAL COLECTOMY OR COLORECTAL CANCER	No prior authorization required		
M1296	BMI NORM PARAMETERS NO F/U PLAN REQUIRED	No prior authorization required		
M1297	BMI NOT DOC MED RSN PT REF HT OR WT	No prior authorization required		
M1298	DOC PT PREGNANCY DUR MSRMT PD	No prior authorization required		
M1299	FLU IMMUNIZE ADMIN OR PREV RCVD	No prior authorization required		
M1300	FLU IMM NOT ADMIN REA DOC BY CLINICIAN	No prior authorization required		
M1301	PT RECV TBCO CESS INTERVENTION	No prior authorization required		
M1302	SCRN, DX, MAM PERF RSLTS DOC AND REVIEWED	No prior authorization required		
M1303	HOSPICE SERV PROVIDED TO PAT DUR MEAS PD	No prior authorization required		
M1304	NO PNEUM VAX ADMIN 19+ BIRTHDAY	No prior authorization required		
M1305	PNEUM VAX ADMIN 19+ BIRTHDAY	No prior authorization required		
M1306	PT ANPHX DUE TO PNEUM VACCINE	No prior authorization required		
M1307	DOC PT PAL OR HOSPICE CARE	No prior authorization required		
M1308	FLU IMMUNIZE NO ADMINM RSN NOT GIVEN	No prior authorization required		
M1309	PALLATIVE CARE SERV DURING MEAS PERIOD	No prior authorization required		
M1310	PT SCR TOB & RCVD CESS INT DURING MEAS PERIOD	No prior authorization required		
M1311	APHLX TO VACCINE ON OR BEF ENCOUNTER	No prior authorization required		
M1312	PATIENT NOT SCREENED FOR TOBACCO USE	No prior authorization required		
M1313	NO TOB SCR/CESS INT NOT PROVIDED DURING MEAS	No prior authorization required		
M1314	BMI NOT DOCUMENTED AND NO REASON IS GIVEN	No prior authorization required		
M1315	COLORECTAL CA SCR NO DOC; RSN NOS	No prior authorization required		
M1316	CURRENT TOBACCO NON-USER	No prior authorization required		
M1317	PTS COUNSL CSP AND EXPLICITLY OPT OUT	No prior authorization required		
M1318	PTS NO CSP DOC CONTACT SCR POS HRSNS 60 DAYS	No prior authorization required		
M1319	PTS CSP DOC CONTACT POS HRSNS 60 DAYS	No prior authorization required		
M1320	PTS SCRN + AT LEAST 1 OF 5 HRSN	No prior authorization required		
M1321	PTS NO 7WK INJ, NO IOP, IOP>25 MM HG	No prior authorization required		
M1322	PTS 7WK INJ, SCRN IOP =<25 MM HG INJ EYE	No prior authorization required		
M1323	PTS 7WK INJ, SCRN IOP >25 MM HG PLAN CARE DOC	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
M1324	PTS WHO HAD INTRAVITREAL/PCI	No prior authorization required		
M1325	PTS NOT SEEN FOR RSN DOC BY CLINICIAN MED RSN	No prior authorization required		
M1326	PATIENTS WITH A DIAGNOSIS OF HYPOTONY	No prior authorization required		
M1327	PTS NO EVAL INI XM NO 8 WEEKS	No prior authorization required		
M1328	PTS DX ACUTE VITREOUS HEMORRHAGE	No prior authorization required		
M1329	PTS ACT PVD 2 WKS 8 WEEKS	No prior authorization required		
M1330	DOC PTS RSN NO F/U EXAM	No prior authorization required		
M1331	PTS EVAL INI XM 8 WEEKS	No prior authorization required		
M1332	PTS NO EVAL INI XM NO 2 WEEKS	No prior authorization required		
M1333	ACUTE VITREOUS HEMORRHAGE	No prior authorization required		
M1334	PTS ACT PVD 2 WKS 2 WEEKS	No prior authorization required		
M1335	DOC PTS RSN NO F/U EXAM	No prior authorization required		
M1336	PTS EVAL INI XM 2 WEEKS	No prior authorization required		
M1337	ACUTE PVD	No prior authorization required		
M1338	PT F/U 30-180 DAYS NO + IMPRV	No prior authorization required		
M1339	PTS F/U 30-180 DAYS + IMPROV	No prior authorization required		
M1340	INDX 12 ITEM WHODAS 2.0 OR SDS DENOM ID PERIOD	No prior authorization required		
M1341	PT NO F/U 30-180 DAYS INDEX ASSESSMENT	No prior authorization required		
M1342	PTS DIED DURING PERFORMANCE PERIOD	No prior authorization required		
M1343	PT PAM LVL 4 BASELINE OR SRT LINE	No prior authorization required		
M1344	PTS NO BASELINE PAM SCORE OR 2ND 6-12 MONTH	No prior authorization required		
M1345	PT BSLN PAM, 2ND SCR 6-12 MONTH	No prior authorization required		
M1346	PTS NO PAM 6 PTS 6-12 MONTH	No prior authorization required		
M1347	PT PAM INCR 3 PT 6-12 MONTH	No prior authorization required		
M1348	PT PAM INCR 6 PT 6-12 MONTH	No prior authorization required		
M1349	PT NO PAM INCR 3 PTS 6-12 MONTH	No prior authorization required		
M1350	PT W/ SUIC SAF PLN INIT REV OF CLINICAL ENC	No prior authorization required		
M1351	PT CMPLT SUICD SAF PLN 120 DAYS	No prior authorization required		
M1352	SUICD C-SSRS ASSESSMENT OR EQU	No prior authorization required		
M1353	PTS NOT HAVE CMPLT SUICD SAF PLN	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
M1354	PTS NO SUICD SAF PLN 120 DAYS	No prior authorization required		
M1355	SUICD RISK BASED CLN EVAL OR TOOL	No prior authorization required		
M1356	PATIENTS WHO DIED DURING THE MEASUREMENT PERIOD	No prior authorization required		
M1357	PTS REDUCTION SUIC IDEA/BEHAVIOR F/U 120 DAYS	No prior authorization required		
M1358	PTS NOT RED SUICD IDEA/BEHAV F/U 120 DAYS	No prior authorization required		
M1359	INDX SUICD IDEA, NON 0 C-SSRS SCORE	No prior authorization required		
M1360	SUICD IDEA/BEH BASED ON C-SSRS ASSESSMENT	No prior authorization required		
M1361	SUICD RISK BASED CLN EVAL OR TOOL	No prior authorization required		
M1362	PATIENTS WHO DIED DURING THE MEASUREMENT PERIOD	No prior authorization required		
M1363	PTS NO F/U ASSESSMENT 120 DAYS	No prior authorization required		
M1364	CAL 10-YEAR ASCVD RISK SCORE >= 20 PERCENT	No prior authorization required		
M1365	PTS HOSP+PALL CARE SPECIALTY CODE 17	No prior authorization required		
M1366	FOCUSING ON WOMEN'S HEALTH MIPS VALUE PATHWAY	No prior authorization required		
M1367	QUAL CARE TX ENT DISORDER MIPS VALUE PATHWAY	No prior authorization required		
M1368	PREV TRT INF D/O HIV/HEP MIPS VALUE PATHWAY	No prior authorization required		
M1369	QUALCARE MENTAL HLTH/SUD MIPS VALUE PATHWAY	No prior authorization required		
M1370	REHAB SUPPORT MSK CARE MIPS VALUE PATHWAY	No prior authorization required		
M1371	MST REC GSA (HBA1C OR GMI)< 7.0%	No prior authorization required		
M1372	MST REC GSA (HBA1C OR GMI) >=7.0% AND < 8.0%	No prior authorization required		
M1373	MST REC GSA (HBA1C OR GMI) >=8.0% AND <=9.0%	No prior authorization required		
M1374	RA DX ENC 90 DAYS DUR PERFM PERIOD	No prior authorization required		
M1375	RA DX ENC 90 DAYS DUR PERFM PERIOD	No prior authorization required		
M1376	RA DX ENC 90 DAYS DUR PERMF PERIOD	No prior authorization required		
M1377	FU COLSCOP 10 YEARS DOC W/ DISC	No prior authorization required		
M1378	MED RSN NO 10 YEAR FU COLSCOPE	No prior authorization required		
M1379	10 YEAR FU NO REC RSN NOT GIV	No prior authorization required		
M1380	2 RX IN PERF PERIOD ANY COM MEDS	No prior authorization required		
M1381	PT SEC STRK WTHIN 5 DAYS OF INITIAL PROCEDURE	No prior authorization required		
M1382	ENC DUR PERF PERIOD POS 11	No prior authorization required		
M1383	ACUTE PVD	No prior authorization required		

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M1384	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD	No prior authorization required		
M1385	PT RSN NOT SEEN 2ND PAM SURVEY	No prior authorization required		
M1386	EXC SX MELMN OR MLNM IS IN PAST 5 YEARS	No prior authorization required		
M1387	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD	No prior authorization required		
M1388	PT DOC EXM REC MELANOMA	No prior authorization required		
M1390	PT NO DOC EXM FOR REC MELANOMA	No prior authorization required		
M1391	ALL PT DX W/ REC MELANOMA	No prior authorization required		
M1392	PATIENT REASONS NO EXM OR LST TO FU	No prior authorization required		
M1393	PR NO DX REC MELANOMA	No prior authorization required		
M1394	STAGES I-III BREAST CANCER	No prior authorization required		
M1395	INIT CHEMO W/DEF DUR ELIGIBLE CLINICAN GRP	No prior authorization required		
M1396	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL	No prior authorization required		
M1397	PATIENTS WITH RECURRENCE/DISEASE PROGRESSION	No prior authorization required		
M1398	BSLNE AND FU PROMIS SURVEYS DOC	No prior authorization required		
M1399	PTS LEAVE PRACTICE DURING FU PERIOD	No prior authorization required		
M1400	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD	No prior authorization required		
M1401	STAGES I-III BREAST CANCER	No prior authorization required		
M1402	INIT CHEMO W/DEF DUR ELIGIBLE CLINICIAN GRP	No prior authorization required		
M1403	BSLNE AND FU PROMIS SURVEYS DOC	No prior authorization required		
M1404	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL	No prior authorization required		
M1405	PATIENTS WITH RECURRENCE/DISEASE PROGRESSION	No prior authorization required		
M1406	PTS LEAVE PRACTICE DURING FU PERIOD	No prior authorization required		
M1407	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD	No prior authorization required		
M1408	GMLN BRCA BEF DX CANCER	No prior authorization required		
M1409	RECD GMLN BRCA1/BRCA2 COUNS W/IN 6 MON OF DX	No prior authorization required		
M1410	NO GMLN BRCA1/BRCA2 COUNS W/IN 6 MON OF DX	No prior authorization required		
M1411	1ST LINE ICI NO CHEMO	No prior authorization required		
M1412	METASTATIC NSCLC W/EGFR ALK OTH AB	No prior authorization required		
M1413	POSITIVE PDL1 BEF INIT ICI TX	No prior authorization required		
M1414	MED RSN NO PDL1 BEF 1ST LINE THER	No prior authorization required		

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M1415	NO POSITIVE PDL1 BEF ICI THER	No prior authorization required		
M1416	PT REC HOSPICE SERVICES ANY TIME DURING PERF PER	No prior authorization required		
M1417	PT UP TO DATE COVID-19 VACC	No prior authorization required		
M1418	MED RSN NOT UP TO DATE COVID-19 VACC	No prior authorization required		
M1419	PT NOT UP TO DATE COVID-19 VACC	No prior authorization required		
M1420	COMPLETE OPHTHALMOLOGIC CARE MIPS VALUE PATHWAY	No prior authorization required		
M1421	DERMATOLOGICAL CARE MIPS VALUE PATHWAY	No prior authorization required		
M1422	GASTROENTEROLOGY CARE MIPS VALUE PATHWAY	No prior authorization required		
M1423	OPT CARE UROLOGIC CND MIPS VALUE PATHWAY	No prior authorization required		
M1424	PULMONOLOGY CARE MIPS VALUE PATHWAY	No prior authorization required		
M1425	SURGICAL CARE MIPS VALUE PATHWAY	No prior authorization required		
M1426	TELEHEALTH ENC	No prior authorization required		
M1427	DOC MED RSN BONE SCN	No prior authorization required		
M1428	BILATERAL ABSENCE OF EYES	No prior authorization required		
M1429	RETINOPATHY IN OD, OS, OU	No prior authorization required		
M1430	RET EXM OU NO RETINOPTHY DOC	No prior authorization required		
M1431	TELEHEALTH ENC	No prior authorization required		
M1432	TELEHEALTH ENC	No prior authorization required		
M1433	ORAL CHEMO WTHN 30 DAYS ENC	No prior authorization required		
M1434	ORL CHEMO WTHN 30 D POST ENC	No prior authorization required		
M1435	ORAL CHEMO IN PERF PD	No prior authorization required		
M1436	TELEHEALTH ENC	No prior authorization required		
M1437	TELEHEALTH ENC	No prior authorization required		
M1438	LST KNWN WELL <=210 MIN	No prior authorization required		
M1439	SIG OCU COND IMP SURG OUT	No prior authorization required		
M1440	TELEHEALTH ENC	No prior authorization required		
M1441	INIT DX SLP APN = 1ST ENC	No prior authorization required		
M1442	TELEHEALTH ENC	No prior authorization required		
M1443	TELEHEALTH ENC	No prior authorization required		
M1444	DEL < 39 WEEKS GEST	No prior authorization required		

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M1445	PP CARE VISIT BY 12 WEEKS	No prior authorization required		
M1446	PT DIED BEF END MEAS PD	No prior authorization required		
M1447	PT DX BD BEF END MEAS PD	No prior authorization required		
M1448	PT DX PD BEF END MEAS PD	No prior authorization required		
M1449	PT DX SCZ/PYS BEF END MSR PD	No prior authorization required		
M1450	PT HOS/PAL CARE DUR ID/PF PD	No prior authorization required		
M1451	PT DX PPD DUR ID/PF PD	No prior authorization required		
M1452	PT DX DEMENTIA EVER	No prior authorization required		
M1453	PREOP VIS ACU > 20/40	No prior authorization required		
M1454	NEW CIED	No prior authorization required		
M1455	REP/REV CIED	No prior authorization required		
M1456	PT HAD HTX	No prior authorization required		
M1457	DX ASTH DUR CRNT/PRV PERF PD	No prior authorization required		
M1458	PT DIED BEF END MEAS PD	No prior authorization required		
M1459	PT HOSP/PAL CARE DUR PERF PD	No prior authorization required		
M1460	DX COPD, CF, OR ARF	No prior authorization required		
M1461	PT DX CHRON HEPC	No prior authorization required		
M1462	PT CLIN IND HD IMAGE	No prior authorization required		
M1463	2 F/U WTHN 180 DAY RX ATMP	No prior authorization required		
M1464	NO RECORD OF F/U BY 180 DAYS	No prior authorization required		
M1465	F/U > 180 DAYS AFTER RX	No prior authorization required		
M1466	PT DISC/LAM PROC SAME DAY	No prior authorization required		
M1467	PT DX LYNCH SYN	No prior authorization required		
M1468	HEP B VACCINE RECEIVED	No prior authorization required		
M1469	HX OF HEP B, OR POS BLD TEST	No prior authorization required		
M1470	HEP B VAC NOT REC'D MED RSN	No prior authorization required		
M1471	FFS HEP B NOT COVERED	No prior authorization required		
M1472	HEP B VACCINE NOT RECEIVED	No prior authorization required		
M1473	PT FUNC CAP NOT ALLOW IMPR	No prior authorization required		
M1474	PT DX DEMENTIA	No prior authorization required		

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M1475	PT DX HUNTINGTON	No prior authorization required		
M1476	PT DX COG IMP OR AD	No prior authorization required		
M1477	DX DELIRIUM	No prior authorization required		
M1478	PSYCHOACTIVE SUB ABUSE	No prior authorization required		
M1479	PT FUNC CAP NOT ALLOW IMPR	No prior authorization required		
M1480	PT FUNC CAP NOT ALLOW IMPR	No prior authorization required		
M1481	PT IN HOSP/PAL CARE WHO DIED	No prior authorization required		
M1482	POS QUAN HEP C OR QUAL RNA	No prior authorization required		
M1483	NEG QUAN HEP C OR QUAL RNA	No prior authorization required		
M1484	NO RPT HCV RNA PERF MED RSN	No prior authorization required		
M1485	NEG VIRO RESP HEP C/QUAL RNA	No prior authorization required		
M1486	PT ADMITTED TO SNF DUR EVAL	No prior authorization required		
M1487	PT ADM TO HOSPICE DUR EVAL	No prior authorization required		
M1488	DX DEMENTIA IN MSR TIMEFRAME	No prior authorization required		
M1489	PT STATUS DOC	No prior authorization required		
M1490	PT STATUS NOT DOC	No prior authorization required		
M1491	REC'D ESRD MCP DUR PERF PD	No prior authorization required		
M1492	NO REPORTED FALL	No prior authorization required		
M1493	NO FALL DOC MED RSN	No prior authorization required		
M1494	FALL REP SINCE LAST VISIT	No prior authorization required		
M1495	FALL W/ POC, NO FALL	No prior authorization required		
M1496	NO DOC OF FALL OR POC	No prior authorization required		
M1497	NO DOC FALL MED RSN	No prior authorization required		
M1498	DIAGNOSTIC RADIOLOGY MVP	No prior authorization required		
M1499	INTERVENTIONAL RADIOLOGY MVP	No prior authorization required		
M1500	NEUROPSYCHOLOGY MVP	No prior authorization required		
M1501	PATHOLOGY MVP	No prior authorization required		
M1502	PODIATRY MVP	No prior authorization required		
M1503	VASCULAR SURGERY MVP	No prior authorization required		
P2028	CEPHALIN FLOCULATION TEST, BLOOD	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
P2029	CONGO RED BLOOD TEST	No prior authorization required		
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	No prior authorization required		
P2033	BLOOD THYMOL TURBIDITY	No prior authorization required		
P2038	BLOOD MUCOPROTEIN (SEROMUCOID)	No prior authorization required		
P3000	SCREEN PAP BY TECH W/MD SUPRVIS, UP TO 3 SMRS	No prior authorization required		
P3001	SCREEN PAP UP TO 3 SMEARS REQUIR MD INTREPRET	No prior authorization required		
P7001	CULTURE BACTERIAL URINE, QUANTITATIVE, SENSIT	No prior authorization required		
P9010	WHOLE BLOOD FOR TRANSFUSION, PER UNIT	No prior authorization required		
P9011	BLOOD SPLIT UNIT, SPECIFY AMOUNT	No prior authorization required		
P9012	CRYOPRECIPITATE EACH UNIT	No prior authorization required		
P9016	LEUKOCYTE REDUCED RBCS, EACH UNIT	No prior authorization required		
P9017	ONE DONOR FRESH FROZEN PLASMA, EACH UNIT	No prior authorization required		
P9019	PLATELETS, EACH UNIT	No prior authorization required		
P9020	PLATELET RICH PLASMA, EACH UNIT	No prior authorization required		
P9021	RED BLOOD CELLS, EACH UNIT	No prior authorization required		
P9022	WASHED RED BLOOD CELLS, EACH UNIT	No prior authorization required		
P9023	FROZEN PLASMA, POOLED, SOLVENT/DETERGENT EACH	No prior authorization required		
P9025	PLASMA CRYO REDUCED PATH EACH UNIT	No prior authorization required		
P9026	CRYO FIB COMP PATH REDUCED EACH UNIT	No prior authorization required		
P9031	PLATELETS LEUKOCYTES REDUCED, EACH UNIT	No prior authorization required		
P9032	PLATELETS, IRRADIATED, EACH UNIT	No prior authorization required		
P9033	PLATELETS LEUKOCYTES REDUCED IRRAD, EACH UNIT	No prior authorization required		
P9034	PLATELETS, PHERESIS, EACH UNIT	No prior authorization required		
P9035	PLATELETS PHERESIS LEUKOCY REDUCED, EACH UNIT	No prior authorization required		
P9036	PLATELET PHERESIS IRRADIATED, EACH UNIT	No prior authorization required		
P9037	PLATE PHERES LEUKO REDU IRRADIATED, EACH UNIT	No prior authorization required		
P9038	RBC IRRADIATED, EACH UNIT	No prior authorization required		
P9039	RBC DEGLYCEROLIZED, EACH UNIT	No prior authorization required		
P9040	RBC LEUKOREDUCED IRRADIATED, EACH UNIT	No prior authorization required		
P9041	ALBUMIN(HUMAN), 5%, 50 ML, INFUSION	No prior authorization required		

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P9043	PLASMA PROTEIN FRACTION, 5%, 50 ML, INFUSION	No prior authorization required		
P9044	CRYOPRECIPITATE REDUCED PLASMA, EACH UNIT	No prior authorization required		
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	No prior authorization required		
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	No prior authorization required		
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	No prior authorization required		
P9048	INFUSION, PLASMA PROTEIN FRACTION, 5%, 250 ML	No prior authorization required		
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	No prior authorization required		
P9051	WHOLE BLOOD, LEUKO REDUCE, CMV-NEG, EACH UNIT	No prior authorization required		
P9052	PLATELETS, HLA-M, L/R APHERESIS/PH, EACH UNIT	No prior authorization required		
P9053	PLT, PHER, L/R CMV-NEG, IRRADIATED, EACH UNIT	No prior authorization required		
P9054	WHOLE BLOOD, L/R, FROZ/DEGLY/WASH, EACH UNIT	No prior authorization required		
P9055	PLATELETES, APH/PHER, L/R, CMV-NEG, EACH UNIT	No prior authorization required		
P9056	WHOLE BLOOD, LEUK/RED, IRRADIATED, EACH UNIT	No prior authorization required		
P9057	RBC, FROZ/DEG/WSH, L/R, IRRADIATED, EACH UNIT	No prior authorization required		
P9058	RBC, LEUK/RD, CMV-NEG, IRRADIATED, EACH UNIT	No prior authorization required		
P9059	PLASMA, FRZ BETWEEN 8-24HOUR OF COLL, EA UNIT	No prior authorization required		
P9060	FRESH FROZEN PLASMA DONOR RETESTED, EACH UNIT	No prior authorization required		
P9070	PATHOGEN REDUCED PLASMA POOL, EACH UNIT	No prior authorization required		
P9071	PATHOGEN REDUCED PLASMA SING, EACH UNIT	No prior authorization required		
P9073	PLATELETS, PHER, PATHOGEN RED, EACH UNIT	No prior authorization required		
P9099	BLOOD COMPONENT/PRODUCT NOC	No prior authorization required		
P9100	PATHOGEN(S) TEST FOR PLATELETS	No prior authorization required		
P9603	ONE-WAY ALLOW PRORATED MILES LAB SPECM,ACTUAL	No prior authorization required		
P9604	ONE-WAY ALLOW PRORATED TRIP LAB SPEC TRIP CHG	No prior authorization required		
P9612	CATHETERIZE FOR URINE SPECIMEN, SINGLE PT	No prior authorization required		
P9615	URINE SPECIMEN COLLECTION, MULTIPLE PATIENTS	No prior authorization required		
Q0035	CARDIOKYMOGRAPHY	No prior authorization required		
Q0081	INFUSION THERAPY OTHER THAN CHEMO, PER VISIT	Yes, prior authorization required		
Q0083	CHEMOTHERAPY BY OTHR THAN INFUSION, PER VISIT	Refer to Pharmacy Benefit Management		

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Q0084	CHEMOTHERAPY BY INFUSION ONLY, PER VISIT	Refer to Pharmacy Benefit Management		
Q0085	CHEMO BY BOTH INFUSION/OTHER TECH, PER VISIT	Refer to Pharmacy Benefit Management		
Q0091	OBTAINING SCREEN PAP SMEAR; PREP/CONVY TO LAB	No prior authorization required		
Q0092	SET UP PORTABLE X-RAY EQUIPMENT	No prior authorization required		
Q0111	WET MOUNTS INCLUDING PREPARATN, VAG/CERV/SKIN	No prior authorization required		
Q0112	ALL POTASSIUM HYDROXIDE PREPARATIONS	No prior authorization required		
Q0113	PINWORM EXAMINATIONS	Yes, prior authorization required		
Q0114	FERN TEST	No prior authorization required		
Q0115	POST-COITAL MUCOUS EXAM, VAGINAL OR CERVICAL	No prior authorization required		
Q0138	FERUMOXYTOL, NON-ESRD	Refer to Pharmacy Benefit Management		
Q0139	FERUMOXYTOL, ESRD USE, TREAT FE ANEMIA, 1 MG	Refer to Pharmacy Benefit Management		
Q0144	AZITHROMYCIN DIHYDRATE, 1 GRAM, ORAL	Non-covered		
Q0161	CHLORPROMAZINE HCL 5 MG ORAL	Refer to Pharmacy Benefit Management		
Q0162	ONDANSETRON ORAL, 1 MG, NOT EXCEED 48 HR DOSE	Refer to Pharmacy Benefit Management		
Q0163	DIPHENHYDRAMINE HCL 50 MG, ORAL <=48 HR REG	Refer to Pharmacy Benefit Management		
Q0164	PROCHLORPERAZINE MALEATE 5 MG,ORAL <=48 HR RG	Refer to Pharmacy Benefit Management		
Q0166	GRANISETRON HCL 1 MG, ORAL, <=24 HR REGIMEN	Refer to Pharmacy Benefit Management		
Q0167	DRONABINOL 2.5 MG, ORAL, NOT EXCEED 48 HR REG	Refer to Pharmacy Benefit Management		
Q0169	PROMETHAZINE HCL 12.5 MG, ORAL, <=48 HR REGMN	Refer to Pharmacy Benefit Management		
Q0173	TRIMETHOBENZAMIDE HCL 250 MG, ORAL <= 48HR RG	Refer to Pharmacy Benefit Management		

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Q0174	THIETHYLPERAZINE MALEATE 10 MG, ORAL <=48H RG	Refer to Pharmacy Benefit Management		termed 12/31/2025
Q0175	PERPHENAZINE 4 MG, ORAL, NOT TO EXCEED 48H RG	Refer to Pharmacy Benefit Management		
Q0177	HYDROXYZINE PAMOATE 25 MG, ORAL <= 48H RG	Refer to Pharmacy Benefit Management		
Q0180	DOLASETRON HCL 100 MG, ORAL, <=24 HR REGIMEN	Refer to Pharmacy Benefit Management		
Q0181	UNSPEC DOSAGE, ANTI-EMETIC, ORAL, <=48 HR RG	Refer to Pharmacy Benefit Management		
Q0221	INJ, TIXAGEVIMAB AND CILGAVIMAB, 600MG	Refer to Pharmacy Benefit Management		termed 02/24/2024
Q0234	INJ, TOCILIZUMAB-BAVI, 1MG	Refer to Pharmacy Benefit Management		
Q0235	INJ, MONOCLON ANTIBODY, 1 MG	No prior authorization required		
Q0237	INJ, TOCILIZUMAB-ANOH, HOSPI ADULT PT, 1 MG	No prior authorization required		
Q0238	INJ, TOCILIZUMAB-AAZG, HOSPI	Refer to Pharmacy Benefit Management		
Q0249	TOCILIZUMAB FOR COVID-19	Refer to Pharmacy Benefit Management		
Q0477	PWR MODULE PT CABLE LVAD REPLACEMENT ONLY	Yes, prior authorization required		
Q0478	POWER ADAPTER, COMBO VASCULAR ACCESS DEVICE	No prior authorization required		
Q0479	POWER ADAPTER, COMBO VASCULAR ACCESS DEV, REPLCM	Yes, prior authorization required		
Q0480	DRIVER PNEUMATIC VAD, REPLACEMENT	No prior authorization required		
Q0481	MICROPRCSR CU ELEC VAD, REPLACEMENT	No prior authorization required		
Q0482	MICROPRCSR CU COMBO VAD, REPLACEMENT	No prior authorization required		
Q0483	MONITOR ELEC VAD, REPLACEMENT	No prior authorization required		
Q0484	MONITOR ELEC OR COMB VAD REPLACEMENT	Yes, prior authorization required		
Q0485	MONITOR CABLE ELEC VAD, REPLACEMENT	No prior authorization required		
Q0486	MONITOR CABLE ELEC/PNEUM VAD REPL	No prior authorization required		
Q0487	LEADS ANY TYPE VAD, REPLACEMENT ONLY	No prior authorization required		

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Q0488	PWR PACK BASE ELEC VAD, REPLACEMENT	Yes, prior authorization required		
Q0489	PWR PACK BASE COMBO VAD, REPLACEMENT	No prior authorization required		
Q0490	EMRG PWR SOURCE ELEC VAD, REPLACEMENT	No prior authorization required		
Q0491	EMRG PWR SOURCE COMBO VAD REPLACEMENT	Yes, prior authorization required		
Q0492	EMRG PWR CBL ELEC VAD, REPLACEMENT	No prior authorization required		
Q0493	EMRG PWR CBL COMBO VAD, REPLACEMENT	No prior authorization required		
Q0494	EMRG HND PMP ELEC/COMBO, REPLACEMENT	No prior authorization required		
Q0495	CHARGER ELEC/COMBO VAD, REPLACEMENT	Yes, prior authorization required		
Q0496	BATTERY ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0497	BAT CLIPS ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0498	HOLSTER ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0499	BELT/VEST ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0500	FILTERS ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0501	SHWR COV ELEC/COMBO VAD, REPLACEMENT	No prior authorization required		
Q0502	MOBILITY CART PNEUM VAD, REPLACEMENT	No prior authorization required		
Q0503	BATTERY PNEUMATIC VAD REPLACEMENT	No prior authorization required		
Q0504	PWR ADPT PNEUM VAD, REPLACEMENT, VEHICLE	No prior authorization required		
Q0506	LITH-ION BATT USE W/ ELEC/PNEUM VAD, REPLAC ONLY	No prior authorization required		
Q0507	MISCELLANEOUS SUPPLY/ACCESSORY EXTERNAL VAD	Yes, prior authorization required		
Q0508	MISCELLANEOUS SUPPLY/ACCESSORY IMPLANTED VAD	Yes, prior authorization required		
Q0509	MISC SUPPLY/ACCES IMPLANTED VAD NO PAY MEDICARE	Yes, prior authorization required		
Q0510	DISPENSE FEE IMMUNOSUPPRESSIVE	Refer to Pharmacy Benefit Management		
Q0511	SUPPLY FEE ANTI-EMTIC,ANTI-CANCER,IMMUNOSUPPR	Refer to Pharmacy Benefit Management		
Q0512	SUPPLY FEE ANTI-CANCER SUBSEQUENT PRESCRIP	Refer to Pharmacy Benefit Management		
Q0513	DISPENSING FEE INHALATION DRUGS/30 DAYS	Refer to Pharmacy Benefit Management		
Q0514	DISPENSING FEE INHALALATION DRUGS/90 DAYS	Refer to Pharmacy Benefit Management		

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Q0515	SERMORELIN ACETATE INJECTION 1MCG	Refer to Pharmacy Benefit Management		
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4	No prior authorization required		
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5	No prior authorization required		
Q2004	BLADDER CALCULI IRRIGATION SOLUT, PER 500 ML	Refer to Pharmacy Benefit Management		
Q2009	INJECTION FOSPHENYTOIN, 50 MG, PE	Refer to Pharmacy Benefit Management		
Q2017	INJECTION TENIPOSIDE, 50 MG	Refer to Pharmacy Benefit Management		termed 12/31/2025
Q2026	RADIESSE INJECTION	Refer to Pharmacy Benefit Management		
Q2028	INJ, SCULPTRA, 0.5MG	Refer to Pharmacy Benefit Management		
Q2034	INFLUENZA (AGRIFLU) VACCINE, SPLIT VIRUS, IM	Refer to Pharmacy Benefit Management		
Q2035	INFLUENZA (AFLURIA) VACCINE, 3 YRS & OLDER, IM	Refer to Pharmacy Benefit Management		
Q2036	INFLUENZA (FLULAVAL) VACCINE, 3 YRS & OLDER, IM	Refer to Pharmacy Benefit Management		
Q2037	INFLUENZA (FLUVIRIN) VACCINE, 3 YRS & OLDER, IM	Refer to Pharmacy Benefit Management		
Q2038	INFLUENZA (FLUZONE) VACCINE, 3 YRS & OLDER, IM	Refer to Pharmacy Benefit Management		
Q2039	NOS INFLUENZA VACCINE, 3 YEARS & OLDER, IM	Refer to Pharmacy Benefit Management		
Q2041	AXICABTAGENE CILOLEUCEL CAR+	Refer to Pharmacy Benefit Management		
Q2042	TISAGENLECLEUCEL CAR-POS T	Refer to Pharmacy Benefit Management		
Q2043	SIPULEUCEL-T AUTO CD54+, PER INFUSION	Refer to Pharmacy Benefit Management		

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Q2049	IMPORTED DOXORUBICIN HCL (LIPODOX) INJ, 10 MG	Refer to Pharmacy Benefit Management		
Q2050	DOXORUBICIN INJECTION 10MG	Refer to Pharmacy Benefit Management		
Q2052	HOME IVIG, SERVICES/SUPPLIES, MEDICARE DEMO	Yes, prior authorization required		
Q2053	Brexucabtagene car pos t	Refer to Pharmacy Benefit Management		
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	Refer to Pharmacy Benefit Management		
Q2055	Idecabtagene vicleucel car	Refer to Pharmacy Benefit Management		
Q2056	Ciltacabtagene car-pos t	Refer to Pharmacy Benefit Management		
Q2057	AFAMITRESGENE AUTOLEUCEL	Refer to Pharmacy Benefit Management		
Q2058	OBECBTGE AUTOL UP TO 40 MIL	Refer to Pharmacy Benefit Management		
Q3001	BRACHYTHERAPY RADIOELEMENTS, ANY TYPE EACH	No prior authorization required		
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	No prior authorization required		
Q3027	INJ BETA INTERFERON IM 1 MCG	Refer to Pharmacy Benefit Management		
Q3028	INJ BETA INTERFERON SQ 1 MCG	Refer to Pharmacy Benefit Management		
Q3031	COLLAGEN SKIN TEST	No prior authorization required		
Q4001	CAST SUPPLIES BODY CAST ADULT, PLAST W/O HEAD	No prior authorization required		
Q4002	CAST SUPPLIES BODY CAST, FIBERGLASS W/O HEAD	No prior authorization required		
Q4003	CAST SUPPLIE SHOULDER CAST, PLASTER (11+)YRS	No prior authorization required		
Q4004	CAST SUPP SHOULDER CAST, FIBERGLASS (11+)YRS	No prior authorization required		
Q4005	CAST SUPPL LONG ARM, ADULT, PLASTER (11+)YRS	No prior authorization required		
Q4006	CAST SUPPL LONG ARM, ADULT, FIBERGL (11+) YRS	No prior authorization required		
Q4007	CAST SUPPL LONG ARM, PED, PLASTER (0-10)YRS	No prior authorization required		

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Q4008	CAST SUPPL LONG ARM, PED, FIBERGLASS(0-10)YRS	No prior authorization required		
Q4009	CAST SUPP SHORT ARM,ADULT, PLASTER(11+)YRS	No prior authorization required		
Q4010	CAST SUPP SHORT ARM, ADULT, FIBERGLAS(11+)YRS	No prior authorization required		
Q4011	CAST SUPP SHORT ARM, PED, PLASTER (0-10)YRS	No prior authorization required		
Q4012	CAST SUPP SHORT ARM, PED, FIBERGLASS(0-10)YRS	No prior authorization required		
Q4013	CAST SUPP GAUNTLET, ADULT, PLASTER(11+) YRS	No prior authorization required		
Q4014	CAST SUP GAUNTLET, ADULT, FIBERGLASS(11+) YRS	No prior authorization required		
Q4015	CAST SUPP GAUNTLET, PED, PLASTER (0-10) YRS	No prior authorization required		
Q4016	CAST SUP GAUNTLET, PED, FIBERGLASS (0-10)YRS	No prior authorization required		
Q4017	CAST SUPP 1 ARM SPLINT, ADULT, PLASTR(11+)YRS	No prior authorization required		
Q4018	CAST SUPP 1 ARM SPLINT, ADULT, FBRGLS(11+)YRS	No prior authorization required		
Q4019	CAST SUPP 1 ARM SPLINT, PED, PLASTER (0-0)YRS	No prior authorization required		
Q4020	CAST SUPP 1 ARM SPLINT, PED, FBRGLSS(0-10)YRS	No prior authorization required		
Q4021	CAST SUPP SHORT ARM SPLINT,ADULT,PLS (11+)YRS	No prior authorization required		
Q4022	CAST SUPP SHORT ARM SPLINT, AD, FIBER(11+)YRS	No prior authorization required		
Q4023	CAST SUPP SHORT ARM SPLINT, PED, PL (0-0)YRS	No prior authorization required		
Q4024	CAST SUP SHORT ARM SPLINT, PED, FIB(0-10)YRS	No prior authorization required		
Q4025	CAST SUPP, HIP SPICA, ADULT, PLASTER (11+)YRS	No prior authorization required		
Q4026	CAST SUPP, HIP SPICA, ADULT, FBRGLSS (11+)YRS	No prior authorization required		
Q4027	CAST SUPP, HIP SPICA, PED, PLASTER (0-10)YRS	No prior authorization required		
Q4028	CAST SUPP, HIP SPICA, PED, FIBERGLAS(0-10)YRS	No prior authorization required		
Q4029	CAST SUPP LONG LEG, ADULT, PLASTER (11+)YRS	No prior authorization required		
Q4030	CAST SUPP LONG LEG, ADULT, FIBERGLASS(11+)YRS	No prior authorization required		
Q4031	CAST SUP LONG LEG, PEDIATRC, PLASTIC(0-10)YRS	No prior authorization required		
Q4032	CAST SUP LONG LEG, PED, FIBERGLASS (0-10)YRS	No prior authorization required		
Q4033	CAST SUPP, LEG CYLINDER, ADULT, PLSTR(11+)YRS	No prior authorization required		
Q4034	CAST SUPP, LEG CYLINDER, ADULT, FBRGL(11+)YRS	No prior authorization required		
Q4035	CAST SUPP, LEG CYLINDER, PED, PLASTR(0-10)YRS	No prior authorization required		
Q4036	CAST SUPP, LEG CYLINDER, PED, FIBER(0-10)YRS	No prior authorization required		
Q4037	CAST SUPP, SHORT LEG, ADULT, PLASTER(11+)YRS	No prior authorization required		

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Q4038	CAST SUPP, SHORT LEG, ADULT, FIBERGLS(11+)YRS	No prior authorization required		
Q4039	CAST SUPP, SHORT LEG, PED, PLASTER (0-10)YRS	No prior authorization required		
Q4040	CAST SUPP, SHORT LEG, PED, FIBERGLAS(0-10)YRS	No prior authorization required		
Q4041	CAST SUPP, 1 LEG SPLINT, ADULT, PLAST(11+)YRS	No prior authorization required		
Q4042	CAST SUPP, 1 LEG SPLINT, ADULT, FBRGL(11+)YRS	No prior authorization required		
Q4043	CAST SUPP, 1 LEG SPLINT, PED, PLSTR(0-10)YRS	No prior authorization required		
Q4044	CAST SUPP, 1 LEG SPLINT, PED, FBRGLS(0-10)YRS	No prior authorization required		
Q4045	CAST SUPP, SHORT LEG SPLINT,ADULT, PL(11+)YRS	No prior authorization required		
Q4046	CAST SUPP, SHORT LEG SPLINT, ADU, FIB(11+)YRS	No prior authorization required		
Q4047	CAST SUPP, SHORT LEG SPLINT, PED, PL(0-10)YRS	No prior authorization required		
Q4048	CAST SUP, SHORT LEG SPLINT, PED, FIB(0-10)YRS	No prior authorization required		
Q4049	FINGER SPLINT, STATIC	No prior authorization required		
Q4050	CAST SUPPLIES, UNLISTED TYPES AND MATERIALS	No prior authorization required		
Q4051	SPLINT SUPPLIES, MISCELLANEOUS	No prior authorization required		
Q4074	ILOPROST NON-COMP UNIT D	Refer to Pharmacy Benefit Management		
Q4081	EPOETIN ALFA, 100 UNITS	Refer to Pharmacy Benefit Management		
Q4082	DRUG/BIO NOC PART B DRUG	Yes, prior authorization required		
Q4100	SKIN SUBSTITUTE, NOS]	Yes, prior authorization required		termed 12/31/2025
Q4101	APLIGRAF SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4102	OASIS WOUND MATRIX SKIN	Yes, prior authorization required		
Q4103	OASIS BURN MATRIX SKIN S	Yes, prior authorization required		
Q4104	INTEGRA BMWD SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4105	INTEGRA DRT SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4106	DERMAGRAFT SKIN SUB	Yes, prior authorization required		termed 12/31/2025
Q4107	GRAFTJACKET	Yes, prior authorization required		
Q4108	INTEGRA MATRIX SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4110	PRIMATRIX SKIN SUB	Yes, prior authorization required		

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Q4111	GAMMAGRAFT SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4112	CYMETRA ALLOGRAFT, INJECTABLE, 1CC	Yes, prior authorization required		
Q4113	GRAFTJACKET XPRESS	Yes, prior authorization required		
Q4114	INTEGRA FLOWABLE WOUND M	Yes, prior authorization required		
Q4115	ALLOSKIN SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4116	ALLODERM SKIN SUBSTITUTE, PER SQ CM	Yes, prior authorization required		
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4118	MATRISTEM MICROMATRIX	Yes, prior authorization required		
Q4121	THERASKIN	Yes, prior authorization required		
Q4122	DERMACELL	Yes, prior authorization required		
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4124	OASIS TRI-LAYER WOUND MA	Yes, prior authorization required		
Q4125	ARTHROFLEX	Yes, prior authorization required		
Q4126	MEMODERM	Yes, prior authorization required		
Q4127	TALYMED, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4128	FLEXHD/ALLOPATCHHD/MATRI	Yes, prior authorization required		
Q4130	STRATTICE TM	Yes, prior authorization required		
Q4132	GRAFIX CORE	Yes, prior authorization required		
Q4133	GRAFIX PRIME	Yes, prior authorization required		
Q4134	HMATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4135	MEDISKIN, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4136	EZ-DERM, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM	Yes, prior authorization required		
Q4138	BIODFENCE DRYFLEX, 1CM	Yes, prior authorization required		
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	Yes, prior authorization required		
Q4140	BIODFENCE 1CM	Yes, prior authorization required		
Q4141	ALLOSKIN AC PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4143	REPRIZA, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4145	EPIFIX, INJECTABLE, 1 MG	Yes, prior authorization required		

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Q4146	TENSIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Yes, prior authorization required		
Q4148	NEOX 1K, 1CM	Yes, prior authorization required		
Q4149	EXCELLAGEN, 0.1 CC	Yes, prior authorization required		
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	Yes, prior authorization required		
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	Yes, prior authorization required		
Q4152	DERMAPURE 1 SQUARE CM	Yes, prior authorization required		
Q4153	DERMAVEST, PER SQUARE CM	Yes, prior authorization required		
Q4154	BIOVANCE PER SQUARE CM	Yes, prior authorization required		
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Yes, prior authorization required		
Q4156	NEOX 100 1 SQUARE CM	Yes, prior authorization required		
Q4157	REVITALON, PER SQUARE CM	Yes, prior authorization required		
Q4158	MARIGEN 1 SQUARE CM	Yes, prior authorization required		
Q4159	AFFINITY1 SQUARE CM	Yes, prior authorization required		
Q4160	NUSHIELD 1 SQUARE CM	Yes, prior authorization required		
Q4161	BIO-CONNEKT WOUND MATRIX PER SQUARE CM	Yes, prior authorization required		
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	Yes, prior authorization required		
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	Yes, prior authorization required		
Q4164	HELICOLL, PER SQUARE CM	Yes, prior authorization required		
Q4165	KERAMATRIX, KERASORB PER SQ CM	Yes, prior authorization required		
Q4166	CYTAL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4167	TRUSKIN, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4168	AMNIOBAND, 1 MG	Yes, prior authorization required		
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4170	CYGNUS, PER SQ CM	Yes, prior authorization required		
Q4171	INTERFYL, 1 MG	Yes, prior authorization required		
Q4173	PALINGEN OR PALINGEN XPLUS	Yes, prior authorization required		
Q4174	PALINGEN OR PROMATRX	Yes, prior authorization required		
Q4175	MIRODERM, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4176	NEOPATCH OR THERION, PER SQUARE CENTIMETER	Yes, prior authorization required		

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Q4177	FLOWERAMNIOFLO, 0.1 CC	Yes, prior authorization required		
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4180	REVITA, PER SQ CM	Yes, prior authorization required		
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4182	TRANSCYTE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4183	SURGIGRAFT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4184	CELLESTA OR CELLESTA DUO, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4185	CELLESTA FLOWAB AMNION PER 0.5CC	Yes, prior authorization required		
Q4186	EPIFIX 1 SQ CM	Yes, prior authorization required		
Q4187	EPICORD 1 SQ CM	Yes, prior authorization required		
Q4188	AMNIOARMOR, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4189	ARTACENT AC, 1 MG	Yes, prior authorization required		
Q4190	ARTACENT AC, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4192	RESTORIGIN, 1 CC	Yes, prior authorization required		
Q4193	COLL-E-DERM 1 SQ CM	Yes, prior authorization required		
Q4194	NOVACHOR, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4195	PURAPLY 1 SQ CM	Yes, prior authorization required		
Q4196	PURAPLY AM 1 SQ CM	Yes, prior authorization required		
Q4197	PURAPLY XT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4198	GENESIS AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4199	CYGNUS MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4200	SKIN TE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4201	MATRION, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4202	KEROXX (2.5G/CC), 1CC	Yes, prior authorization required		
Q4203	DERMA-GIDE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4204	XWRAP, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4205	MEMBRANE GRAFT OR WRAP PER SQ CM	Yes, prior authorization required		
Q4206	FLUID FLOW OR FLUID GF, 1 CC	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
Q4208	NOVAFIX, PER SQUARE CENITMETER	Yes, prior authorization required		
Q4209	SURGRAFT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4210	AXOLOTL GRAF DUALGRAF SQ CM	Yes, prior authorization required		termed 06/30/2024
Q4211	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Yes, prior authorization required		
Q4212	ALLOGEN, PER CC	Yes, prior authorization required		
Q4213	ASCENT, 0.5 MG	Yes, prior authorization required		
Q4214	CELLESTA CORD, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	Yes, prior authorization required		
Q4216	ARTACENT CORD, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS PER SQ CM	Yes, prior authorization required		
Q4218	SURGICORD, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4220	BELLACELL HD OR SUREDERM, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4222	PROGENAMATRIX, PER SQ CM	Yes, prior authorization required		
Q4224	HHF10-P PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4225	AMNIOBIND OR DERMA TL, PER SQ CM	Yes, prior authorization required		
Q4226	MYOWN SKIN, HARV PREP PROC PER SQ CM	Yes, prior authorization required		
Q4227	Amniocore, per square centimeter.	Yes, prior authorization required		
Q4229	Cogenex amniotic membrane, per square centimeter.	Yes, prior authorization required		
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	Yes, prior authorization required		
Q4232	CORPLEX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	Yes, prior authorization required		
Q4234	Xcellerate, per square centimeter.	Yes, prior authorization required		
Q4235	Amniorepair or altiply, per square centimeter.	Yes, prior authorization required		
Q4236	Carepatch, per square centimeter	Yes, prior authorization required		
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4238	DERM-MAXX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4239	Amnio-maxx or Amnio-maxx lite, per square centimeter	Yes, prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes, prior authorization required		
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes, prior authorization required		
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	Yes, prior authorization required		
Q4244	PROCENTA, PER 200 MG	Yes, prior authorization required		termed 03/31/2024
Q4245	AMNIOTEXT, PER CC	Yes, prior authorization required		
Q4246	Coretext or Protext, per cc.	Yes, prior authorization required		
Q4247	AMNIOTEXT PATCH, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4248	DERMACYTE AMN MEM ALLO PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4249	AMNIPLY, FOR TOPICAL, PER SQ CM	Yes, prior authorization required		
Q4250	AmnioAMP- MP, per square centimeter	Yes, prior authorization required		
Q4251	VIM, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4252	VENDAJE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4253	Zenith amniotic membrane, per square centimeter	Yes, prior authorization required		
Q4254	Novafix DL, per square centimeter	Yes, prior authorization required		
Q4255	REGUARD, TOPICAL USE PER SQ CM	Yes, prior authorization required		
Q4256	MLG-COMPLETE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4257	RELESE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4258	ENVERSE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4259	CELERA DUAL LAYER PER SQ CM	Yes, prior authorization required		
Q4260	SIGNATURE APATCH, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4261	TAG, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4262	Dual layer impax, per sq cm	Yes, prior authorization required		
Q4263	Surgraft tl, per sq cm	Yes, prior authorization required		
Q4264	Cocoon membrane, per sq cm	Yes, prior authorization required		
Q4265	Neostim tl, per square centimeter	Yes, prior authorization required		
Q4266	Neostim membrane, per square centimeter	Yes, prior authorization required		
Q4267	Neostim dl, per square centimeter	Yes, prior authorization required		
Q4268	Surgraft ft, per square centimeter	Yes, prior authorization required		
Q4269	Surgraft xt, per square centimeter	Yes, prior authorization required		

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Q4270	Complete sl, per square centimeter	Yes, prior authorization required		
Q4271	Complete ft, per square centimeter	Yes, prior authorization required		
Q4272	Esano a, per sq cm	Yes, prior authorization required		
Q4273	Esano aaa, per sq cm	Yes, prior authorization required		
Q4274	Esano ac, per sq cm	Yes, prior authorization required		
Q4275	Esano aca, per sq cm	Yes, prior authorization required		
Q4276	Orion, per sq cm	Yes, prior authorization required		
Q4277	WOUNDPLUS MEMBRANE OR E-GRAT, PER SQ CM	Yes, prior authorization required		termed 06/30/2024
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4279	VENDAJE AC, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Yes, prior authorization required		
Q4284	DERMABIND SL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4285	NUDYN DL OR NUDYN DL MESH, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4286	NUDYN SL OR NUDYN SLW, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4287	DERMABIND DL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4288	DERMABIND CH, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4289	REVOSHIELD+ AMNIOTIC BARRIER, PER SQ CM	Yes, prior authorization required		
Q4290	MEMBRANE WRAP-HYDRO, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4291	LAMELLAS XT, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4292	LAMELLAS, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4293	ACESSO DL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4294	AMNIO QUAD-CORE, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4295	AMNIO TRI-CORE AMNIOTIC, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4296	REBOUND MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4297	EMERGE MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4298	AMNICORE PRO, PER SQUARE CENTIMETER	Yes, prior authorization required		

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Q4299	AMNICORE PRO+, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4300	ACESSO TL, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4301	ACTIVATE MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4302	COMPLETE ACA, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4303	COMPLETE AA, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4304	GRAFIX PLUS, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4305	AMER AM AC TRI-LAY PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4306	AMERICAN AMNION AC, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4307	AMERICAN AMNION, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4308	SANOPELLIS, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4309	VIA MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4310	PROCENTA, PER 100 MG	Yes, prior authorization required		
Q4311	ACESSO, PER SQ CM	Yes, prior authorization required		
Q4312	ACESSO AC, PER SQ CM	Yes, prior authorization required		
Q4313	ACESSO AC, PER SQ CM	Yes, prior authorization required		
Q4314	REEVA, PER SQ CM	Yes, prior authorization required		
Q4315	REGENELINK AMNIOTIC MEM ALLO	Yes, prior authorization required		
Q4316	AMCHOPLAST, PER SQ CM	Yes, prior authorization required		
Q4317	VITOGRAFT, PER SQ CM	Yes, prior authorization required		
Q4318	E-GRAFT, PER SQ CM	Yes, prior authorization required		
Q4319	SANOGRAFT, PER SQ CM	Yes, prior authorization required		
Q4320	PELLOGRAFT, PER SQ CM	Yes, prior authorization required		
Q4321	RENOGRAFT, PER SQ CM	Yes, prior authorization required		
Q4322	CAREGRAFT, PER SQ CM	Yes, prior authorization required		
Q4323	ALLOPLY, PER SQ CM	Yes, prior authorization required		
Q4324	AMNIOTX, PER SQ CM	Yes, prior authorization required		
Q4325	ACAPATCH, PER SQ CM	Yes, prior authorization required		
Q4326	WOUNDPLUS, PER SQ CM	Yes, prior authorization required		
Q4327	DUOAMNION, PER SQ CM	Yes, prior authorization required		
Q4328	MOST, PER SQ CM	Yes, prior authorization required		

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Q4329	SINGLAY, PER SQ CM	Yes, prior authorization required		
Q4330	TOTAL, PER SQ CM	Yes, prior authorization required		
Q4331	Axolotl graft, per square centimeter	Yes, prior authorization required		
Q4332	Axolotl dualgraft, per square centimeter	Yes, prior authorization required		
Q4333	ARDEOGRAFT, PER SQ CM	Yes, prior authorization required		
Q4334	AMNIOPLAST 1, PER SQ CM	Yes, prior authorization required		
Q4335	AMNIOPLAST 2, PER SQ CM	Yes, prior authorization required		
Q4336	ARTECENT C, PER SQ CM	Yes, prior authorization required		
Q4337	ARTECENT TRIDENT, PER SQ CM	Yes, prior authorization required		
Q4338	ARTACENT VELOS, PER SQ CM	Yes, prior authorization required		
Q4339	ARTACENT VERICLEN, PER SQ CM	Yes, prior authorization required		
Q4340	SIMPLIGRAFT, PER SQ CM	Yes, prior authorization required		
Q4341	SIMPLIMAX, PER SQ CM	Yes, prior authorization required		
Q4342	THERAMEND, PER SQ CM	Yes, prior authorization required		
Q4343	DERMACYTE AC MATRX PER SQ CM	Yes, prior authorization required		
Q4344	TRI MEMBRANE WRAP, PER SQ CM	Yes, prior authorization required		
Q4345	Matrix hd allogrft per sq cm	Yes, prior authorization required		
Q4346	SHELTER DM MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4347	RAMPART DL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4348	SENTRY SL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4349	MANTLE DL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4350	PALISADE DM MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4351	ENCLOSE TL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4352	OVERLAY SL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4353	XCEED TL MATRIX, PER SQUARE CENTIMETER	Yes, prior authorization required		
Q4354	PALINGEN DUAL-LAYER SQ CM	Yes, prior authorization required		
Q4355	ABIO XPL ABIO XPL HY P SQ CM	Yes, prior authorization required		
Q4356	ABIO MEM ABIO HYD PER SQ CM	Yes, prior authorization required		
Q4357	XWRAP PLUS, PER SQ CM	Yes, prior authorization required		
Q4358	XWRAP DUAL, PER SQ CM	Yes, prior authorization required		

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Q4359	CHORIPLY, PER SQ CM	Yes, prior authorization required		
Q4360	AMCHOPLAST FD PER SQ CM	Yes, prior authorization required		
Q4361	EPIXPRESS, PER SQ CM	Yes, prior authorization required		
Q4362	CYGNUS DISK, PER SQ CM	Yes, prior authorization required		
Q4363	AM BUR MEM HYDRO PER SQ CM	Yes, prior authorization required		
Q4364	AM BUR XP MEM XPL HY P SQ CM	Yes, prior authorization required		
Q4365	AMNIO BUR DL MEM PER SQ CM	Yes, prior authorization required		
Q4366	DL AMNIO BUR X-MEM PER SQ CM	Yes, prior authorization required		
Q4367	AMNIOCORE SL, PER SQ CM	Yes, prior authorization required		
Q4368	AMCHOTHICK PER SQ CM	Yes, prior authorization required		
Q4369	AMNIOPLAST 3 PER SQ CM	Yes, prior authorization required		
Q4370	AEROGUARD PER SQ CM	Yes, prior authorization required		
Q4371	NEOGUARD PER SQ CM	Yes, prior authorization required		
Q4372	AMCHOPLAST EXCL PER SQ CM	Yes, prior authorization required		
Q4373	MEMBRANE WRP LT PER SQ CM	Yes, prior authorization required		
Q4375	DUOGRAFT AC PER SQ CM	Yes, prior authorization required		
Q4376	DUOGRAFT AA PER SQ CM	Yes, prior authorization required		
Q4377	TRIGRAFT FT PER SQ CM	Yes, prior authorization required		
Q4378	RENEW FT MATRIX PER SQ CM	Yes, prior authorization required		
Q4379	AMNIODEFEND FT PER SQ CM	Yes, prior authorization required		
Q4380	ADVOGRAFT ONE PER SQ CM	Yes, prior authorization required		
Q4382	ADVOGRAFT DUAL PER SQ CM	Yes, prior authorization required		
Q4383	AXOLOTL GRAFT ULT PER SQ CM	Yes, prior authorization required		
Q4384	AXOLOTL DUAL ULT PER SQ CM	Yes, prior authorization required		
Q4385	APOLLO FT PER SQ CM	Yes, prior authorization required		
Q4386	ACESSO TRIFACA PER SQ CM	Yes, prior authorization required		
Q4387	NEOTHELIUM FT PER SQ CM	Yes, prior authorization required		
Q4388	NEOTHELIUM 4L PER SQ CM	Yes, prior authorization required		
Q4389	NEOTHELIUM 4L+ PER SQ CM	Yes, prior authorization required		
Q4390	ASCENDION PER SQ CM	Yes, prior authorization required		

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Q4391	AMNIOPLAST DOUBLE PER SQ CM	Yes, prior authorization required		
Q4392	GRAFIX DUO PER SQ CM	Yes, prior authorization required		
Q4393	SURGRAFT AC PER SQ CM	Yes, prior authorization required		
Q4394	SURGRAFT ACA PER SQ CM	Yes, prior authorization required		
Q4395	ACELAGRAFT PER SQ CM	Yes, prior authorization required		
Q4396	NATALIN PER SQ CM	Yes, prior authorization required		
Q4397	SUMMIT AAA PER SQ CM	Yes, prior authorization required		
Q4398	SUMMIT AC PER SQ CM	Yes, prior authorization required		
Q4399	SUMMIT FX PER SQ CM	Yes, prior authorization required		
Q4400	POLYGON3 PER SQ CM	Yes, prior authorization required		
Q4401	ABSOLV3 PER SQ CM	Yes, prior authorization required		
Q4402	XWRAP 2.0 PER SQ CM	Yes, prior authorization required		
Q4403	XWRAP DUAL PLUS PER SQ CM	Yes, prior authorization required		
Q4404	XWRAP HYDRO PLUS PER SQ CM	Yes, prior authorization required		
Q4405	XWRAP FENESTRA PLUS SQ CM	Yes, prior authorization required		
Q4406	XWRAP FENESTRA PER SQ CM	Yes, prior authorization required		
Q4407	XWRAP TRIBUS PER SQ CM	Yes, prior authorization required		
Q4408	XWRAP HYDRO PER SQ CM	Yes, prior authorization required		
Q4409	AMNIOMATRIXF3X PER SQ CM	Yes, prior authorization required		
Q4410	AMCHOMATRIXDL PER SQ CM	Yes, prior authorization required		
Q4411	AMNIOMATRIXF4X PER SQ CM	Yes, prior authorization required		
Q4412	CHORIOFIX PER SQ CM	Yes, prior authorization required		
Q4413	CYGNUS SOLO PER SQ CM	Yes, prior authorization required		
Q4414	SIMPLICHOR PER SQ CM	Yes, prior authorization required		
Q4415	ALEXIGUARD ST-L PER SQ CM	Yes, prior authorization required		
Q4416	ALEXIGUARD TL-T PER SQ CM	Yes, prior authorization required		
Q4417	ALEXIGUARD DL-T PER SQ CM	Yes, prior authorization required		
Q4418	BIOLAB WRAP FLOW PER SQ CM	Yes, prior authorization required		
Q4419	BIOLAB WRAP FLW LT PER SQ CM	Yes, prior authorization required		
Q4420	NUFORM PER SQ CM	Yes, prior authorization required		

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Q4421	BIOLAB WRAP SOLO PER SQ CM	Yes, prior authorization required		
Q4422	AC WRAP PER SQ CM	Yes, prior authorization required		
Q4423	BIOLAB TRI WRAP FL PER SQ CM	Yes, prior authorization required		
Q4424	REVIVE FT PER SQ CM	Yes, prior authorization required		
Q4425	REVIVE TL PER SQ CM	Yes, prior authorization required		
Q4426	DERMBND TL+, TLX PER SQ CM	Yes, prior authorization required		
Q4427	DERMBND DLN DL+ DLX SQ CM	Yes, prior authorization required		
Q4428	DERMBND SLN SL+ SLX SQ CM	Yes, prior authorization required		
Q4429	DERMBND CHN, CHX PER SQ CM	Yes, prior authorization required		
Q4431	PMA SKIN SUBSTITUTE, NOS	Yes, prior authorization required		
Q4432	510(K) SKIN SUBS, NOS	Yes, prior authorization required		
Q4433	361 HCT/P SKIN SUBS, NOS	Yes, prior authorization required		
Q4435	RENATI MEMBRANE PER SQ CM	Yes, prior authorization required		
Q4436	RENATI AC MEMBRANE PER SQ CM	Yes, prior authorization required		
Q4437	REVIVAL AC PER SQ CM	Yes, prior authorization required		
Q4438	PRETECT PER SQ CM	Yes, prior authorization required		
Q4439	INSTAGRAFT PER SQ CM	Yes, prior authorization required		
Q4440	CURAMATRIX PER SQ CM	Yes, prior authorization required		
Q5001	HOSPIC OR HOME HEALTH CARE IN HOME	Non-covered		
Q5002	HOSPICE OR HOME HEALTH IN ASSISTED LIVING	Non-covered		
Q5003	HOSPICE IN LT/NON-SKILLED NF	Non-covered		
Q5004	HOSPICE IN SNF	Non-covered		
Q5005	HOSPICE, INPATIENT HOSPITAL	Non-covered		
Q5006	HOSPICE IN HOSPICE FACILITY	Non-covered		
Q5007	HOSPICE IN LTCH	Non-covered		
Q5008	HOSPICE IN INPATIENT PSYCHIATRIC FACILITY	Non-covered		
Q5009	HOSPICE OR HOME HEALTH, PLACE NOS	Non-covered		
Q5010	HOSPICE HOME CARE IN HOSPICE	Non-covered		
Q5101	INJECTION, ZARXIO, 1 MCG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
Q5103	INJECTION, INFLECTRA	Refer to Pharmacy Benefit Management		
Q5104	INJECTION, RENFLEXIS	Refer to Pharmacy Benefit Management		
Q5105	INJ RETACRIT ESRD ON DIALYSI	Refer to Pharmacy Benefit Management		
Q5106	INJ RETACRIT NON-ESRD USE 1000 UNITS	Refer to Pharmacy Benefit Management		
Q5107	INJ, BEVACIZUMAB-AWWB, BIOSIM, 10 MG	Refer to Pharmacy Benefit Management		
Q5108	INJECTION, FULPHILA, 0.5 MG	Refer to Pharmacy Benefit Management		
Q5109	INJECTION, IXIFI, 10 MG	Refer to Pharmacy Benefit Management		termed 12/31/2025
Q5110	INJ, FILGRASTIM-AAFI, BIOSIM, NIVESTYM, 1 MCG	Refer to Pharmacy Benefit Management		
Q5111	INJECTION, UDENYCA 0.5 MG	Refer to Pharmacy Benefit Management		
Q5112	INJ, BIOSIMILAR, ONTRUZANT 10 MG	Refer to Pharmacy Benefit Management		
Q5113	INJ, BIOSIMILAR, HERZUMA 10 MG	Refer to Pharmacy Benefit Management		
Q5114	INJECTION, OGIVRI 10 MG	Refer to Pharmacy Benefit Management		
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Refer to Pharmacy Benefit Management		
Q5116	INJ TRASTUZUMAB-QYYP BIOSIM, TRAZIMERA, 10 MG	Refer to Pharmacy Benefit Management		
Q5117	INJ TRASTUZUMAB-ANNS BIOSIM, KANJINTI, 10 MG	Refer to Pharmacy Benefit Management		
Q5118	INJ BEVACIZUMAB-BVZR BIOSIM, ZIRABEV, 10 MG	Refer to Pharmacy Benefit Management		

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Q5119	INJECTION RUXIENCE, 10 MG	Refer to Pharmacy Benefit Management		
Q5120	INJECTION PEGFILGRASTIM-BMEZ 0.5MG	Refer to Pharmacy Benefit Management		
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg.	Refer to Pharmacy Benefit Management		
Q5122	INJ PEGFILGRASTIM-APGF BIOSIM (NYVEPRIA) 0.5 MG	Refer to Pharmacy Benefit Management		
Q5123	INJECTION RIABNI, 10 MG	Refer to Pharmacy Benefit Management		
Q5124	Inj. byooviz, 0.1 mg	Refer to Pharmacy Benefit Management		
Q5125	INJ, FILGRASTIM-AYOW, BIOSIM, RELEUKO 1 MCG	Refer to Pharmacy Benefit Management		
Q5126	INJECTION ALYMSYS, 10 MG	Refer to Pharmacy Benefit Management		
Q5127	INJ, STIMUFEND, BIOSIMILAR 0.5 MG	Refer to Pharmacy Benefit Management		
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Refer to Pharmacy Benefit Management		
Q5129	INJ, VEGZELMA, BIOSIMILAR, 10 MG	Refer to Pharmacy Benefit Management		
Q5130	INJ, FYLNETRA, BIOSIMILAR 0.5 MG	Refer to Pharmacy Benefit Management		
Q5133	INJ, TOFIDENCE,BIOSIM, 1 MG	Refer to Pharmacy Benefit Management		
Q5134	INJ, TYRUKO,BIOSIM, 1 MG	Refer to Pharmacy Benefit Management		
Q5136	INJ. DENOSUMAB-BBDZ, 1 MG	Refer to Pharmacy Benefit Management		
Q5147	INJ, AFLIBERCEPT-AYYH, 1 MG	Refer to Pharmacy Benefit Management		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
Q5148	INJ, NYPOSI 1 MCG	Refer to Pharmacy Benefit Management		
Q5149	INJ, AFLIBERCEPT-ABZV, 1 MG	Refer to Pharmacy Benefit Management		
Q5150	INJ, AFLIBERCEPT-MRBB, 1 MG	Refer to Pharmacy Benefit Management		
Q5151	INJ, ECULIZUMAB-AAGH, 2 MG	Refer to Pharmacy Benefit Management		
Q5152	INJ, ECULIZUMAB-AEEB, 2 MG	Refer to Pharmacy Benefit Management		
Q5154	INJ, OMLYCLO, 5 MG	Refer to Pharmacy Benefit Management		
Q5155	INJ, AFLIBERCEPT-JBVF, 1 MG	Refer to Pharmacy Benefit Management		
Q5156	INJ, TOCILIZUMAB-ANOH, 1 MG	Refer to Pharmacy Benefit Management		
Q5157	INJ, DENOSUMAB-BMWO, 1 MG	Refer to Pharmacy Benefit Management		
Q5158	INJ, DENOSUMAB-BNHT, 1 MG	Refer to Pharmacy Benefit Management		
Q5159	INJ, DENOSUMAB-DSSB, 1 MG	Refer to Pharmacy Benefit Management		
Q5160	INJ, JOBEVNE, 10 MG	Refer to Pharmacy Benefit Management		
Q5161	INJ, DEN (AUK/BOS), BIO, 1MG	Refer to Pharmacy Benefit Management		
Q5162	INJ, DEN (BIL/BIL), BIO, 1MG	Refer to Pharmacy Benefit Management		
Q5164	USTEKINUMAB-HMNY, 1 MG	Refer to Pharmacy Benefit Management		
Q5165	INJ, DENOSUMAB-MOBZ, 1 MG	Refer to Pharmacy Benefit Management		

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Q5166	INJ, DENOSUMAB-DESU, 1 MG	Refer to Pharmacy Benefit Management		
Q5167	INJ, DENOSUMAB-QBDE, 1 MG	Refer to Pharmacy Benefit Management		
Q5168	INJ. NUFYMCO, 0.1 MG	Refer to Pharmacy Benefit Management		
Q5169	INJ, ARMLUPEG, 0.5 MG	Refer to Pharmacy Benefit Management		
Q5170	INJ, AFLIBERCEPT-BOAV, 1 MG	Refer to Pharmacy Benefit Management		
Q5171	INJ, DEN (BONCRES), BIO, 1MG	Refer to Pharmacy Benefit Management		
Q9001	ASSESSMENT BY CHAPLAIN SERVICES	Yes, prior authorization required		
Q9002	COUNSELING, INDIVIDUAL, BY CHAPLAIN SERVICES	Yes, prior authorization required		
Q9003	COUNSELING, GROUP, BY CHAPLAIN SERVICES	Yes, prior authorization required		
Q9004	VA WHOLE HEALTH PARTNER SERVICES	Yes, prior authorization required		
Q9950	INJECTION, SULF HEXA LIPID MICROSPH, PER ML	Refer to Pharmacy Benefit Management		
Q9951	LOCM >= 400 MG/ML IODINE CONCENTRATE, PER ML	No prior authorization required		
Q9953	INJ FE-BASED MR CONTRAST, PER ML	No prior authorization required		
Q9954	ORAL MR CONTRAST, PER 100 ML	No prior authorization required		
Q9955	INJ PERFLEXANE LIP MICROS, PER ML	Refer to Pharmacy Benefit Management		
Q9956	INJ OCTAFLUOROPROPANE MIC, PER ML	Refer to Pharmacy Benefit Management		
Q9957	INJ PERFLUTREN LIP MICROS, PER ML	Refer to Pharmacy Benefit Management		
Q9958	HOCM UP TO 149MG/ML IODINE, PER ML	No prior authorization required		
Q9959	HOCM 150-199 MG/ML IODINE, PER ML	No prior authorization required		
Q9960	HOCM 200-249 MG/ML IODINE, PER ML	No prior authorization required		
Q9961	HOCM 250-299 MG/ML IODINE, PER ML	No prior authorization required		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
Q9962	HOCM 300-349 MG/ML IODINE, PER ML	No prior authorization required		
Q9963	HOCM 350-399 MG/ML IODINE, PER ML	No prior authorization required		
Q9964	HOCM OVER 400 MG/ML IODINE, PER ML	No prior authorization required		
Q9965	LOCM 100-199MG/ML IODINE, PER 1ML	No prior authorization required		
Q9966	LOCM 200-299MG/ML IODINE, PER 1ML	No prior authorization required		
Q9967	LOCM 300-399MG/ML IODINE, PER 1ML	No prior authorization required		
Q9968	NON-CONT NON-RAD VISUALIZATION ADJUNCT INJ, 1 MG	No prior authorization required		
Q9969	NON-HIGHLY ENRICHED URANIUM TC-99M ADD-ON/DOSE	No prior authorization required		termed 12/31/2025
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC PER STUDY DOSE	No prior authorization required		
Q9983	FLORBETABEN F18 DIAGNOSTIC PER STUDY DOSE	No prior authorization required		
Q9991	INJ, BUPRENORPHINE EXT-RELEASE 100 MG OR LESS	Refer to Pharmacy Benefit Management		
Q9992	INJ, BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Refer to Pharmacy Benefit Management		
Q9999	INJ USTEKINUMAB-AAUZ 1 MG	Refer to Pharmacy Benefit Management		
R0070	TRANSPORT PORTABLE X-RAY PER TRIP,ONE PT SEEN	No prior authorization required		
R0075	TRANSPORT PORT X-RAY MULTIPLE PATIENTS,PER PT	No prior authorization required		
R0076	TRANSPORT PORTABLE EKG TO LOCATION, PER PT	No prior authorization required		
S0012	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	Non-covered		
S0013	Esketamine, nasal spray	Non-covered		termed 12/31/2025
S0014	TACRINE HYDROCHLORIDE, 10 MG	Non-covered		
S0017	INJECTION, AMINOCAPROIC ACID, 5 GRAMS	Non-covered		termed 03/31/2025
S0021	INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	Non-covered		
S0023	INJECTION, CIMETIDINE HCL, 300 MG	Non-covered		
S0028	INJECTION, FANOTIDINE, 20 MG	Non-covered		termed 03/31/2025

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S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	Non-covered		termed 03/31/2025
S0034	INJECTION, OFLOXACIN, 400 MG	Non-covered		
S0039	INJCTN, SULFAMETHOXAZOLE & TRIMETHOPRIM 10 ML	Non-covered		termed 03/31/2025
S0040	INJCTN, TICARCILLIN DISOD & CLVULNT POT, 3.1G	Non-covered		
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	Non-covered		
S0080	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	Non-covered		termed 12/31/2025
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG	Non-covered		
S0088	IMATINIB, 100 MG	Non-covered		
S0090	SILDENAFIL CITRATE 25 MG	Non-covered		
S0091	GRANISETRON HYDROCHLORIDE, 1MG	Non-covered		
S0092	INJECTION HYDROMORPHONE, 250 MG	Non-covered		
S0093	INJECTION MORPHINE SULFATE, 500 MG	Non-covered		
S0104	ZIDOVUDINE, ORAL, 100 MG	Non-covered		
S0106	BUPROPION HCL SR 60 TABLETS, 150 MG	Non-covered		
S0108	MERCAPTOPURINE, ORAL, 50 MG	Non-covered		
S0109	METHADONE, ORAL, 5 MG	Non-covered		
S0117	TRETINOIN TOPICAL 5 GRAMS	Non-covered		
S0119	ONDANSETRON, ORAL, 4 MG	Non-covered		
S0122	MENOTROPINS INJ, 75 IU	Non-covered		
S0126	FOLLITROPIN ALFA INJ 75U	Non-covered		
S0128	FOLLITROPIN BETA INJ 75U	Non-covered		
S0132	GANIRELIX ACET INJ 250MC	Non-covered		
S0136	CLOZAPINE, 25 MG	Non-covered		
S0137	DIDANOSINE (DDI), 25 MG	Non-covered		
S0138	FINASTERIDE, 5 MG	Non-covered		
S0139	MINOXIDIL, 10 MG	Non-covered		
S0140	SAQUINAVIR, 200 MG	Non-covered		

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S0142	COLISTIMETHATE SODIUM, INH SOL PER MG	Non-covered		
S0145	PEG INTERFERON ALFA-2A/1	Non-covered		
S0148	PEG INTERFERON ALFA2B/10	Non-covered		
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50 ML	Non-covered		
S0156	EXEMESTANE, 25 MG	Non-covered		
S0157	BECAPLERMIN GEL 0.01%, 0.5 GRAM	Non-covered		
S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	Non-covered		
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	Non-covered		termed 06/30/2024
S0169	CALCITROL, 0.25 MCG	Non-covered		
S0170	ANASTROZOLE, ORAL, 1 MG	Non-covered		
S0172	CHLORAMBUCIL, ORAL, 2 MG	Non-covered		
S0174	DOLASETRON MESYLATE, ORAL, 50 MG	Non-covered		
S0175	FLUTAMIDE, ORAL, 125 MG	Non-covered		
S0176	HYDROXYUREA, ORAL, 500 MG	Non-covered		
S0177	LEVAMISOLE HYDROCHLORIDE, ORAL, 50 MG	Non-covered		
S0178	LOMUSTINE, ORAL, 10 MG	Non-covered		
S0179	MEGESTROL ACTEATE, ORAL, 20 MG	Non-covered		
S0182	PROCARBAZINE HYDROCHLOIDE, ORAL 5 MG	Non-covered		
S0183	PROCHLORPERAZINE MALEATE, ORAL, 5 MG	Non-covered		
S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	Non-covered		
S0189	TESTOSTERONE PELLET 75 M	Non-covered		
S0190	MIFEPRISTONE, ORAL, 200 MG	Non-covered		
S0191	MISOPROSTOL, ORAL, 200 MCG	Non-covered		
S0194	DIALYSIS/STRESS VITAMIN SUPPLEMENT,100 CAPSUL	Non-covered		
S0197	PRENATAL VITAMINS 30 DAY SUPPLY	Non-covered		
S0199	MEDICAL ABORTION INCLUDING ALL SERVS EXC DRUG	Non-covered		
S0201	PARTIAL HOSPITALIZATION SERV, <24 HRS /DIEM	Non-covered		
S0207	PARAMEDIC INTRCEPT NONHOSPITAL, NON-TRANSPORT	Non-covered		
S0208	PARAMED INTRCEPT NON-VOLUNTARY, NON-TRANSPORT	Non-covered		

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S0209	WHEELCHAIR VAN MILEAGE, PER MILE	Non-covered		
S0215	NONEMERGENCY TRANSPORTATION MILEAGE, PER MILE	Non-covered		
S0220	MEDICAL CONFERENCE BY MD W TEAM, 30 MINS	Non-covered		
S0221	MEDICAL CONFERENCE BY MD W TEAM, 60 MIN	Non-covered		
S0250	COMPREHENSIVE GERIATRIC ASSMNT & TRTMNT TEAM	Non-covered		
S0255	HOSPICE REFERRAL VISIT NONMEDICAL PERSONNEL	Non-covered		
S0257	END OF LIFE COUNSELING	Non-covered		
S0260	HISTORY AND PHYSICAL FOR SURGERY	Non-covered		
S0265	GENETIC COUNSELING, EACH 15 MINS	Non-covered		
S0270	HOME STANDARD MONTHLY CASE RATE 30 DAYS	Non-covered		
S0271	HOME HOSPICE MONTHLY CASE RATE 30 DAYS	Non-covered		
S0272	HOME EPISODIC MONTHLY CASE 30 DAYS	Non-covered		
S0273	MD HOME VISIT OUTSIDE CAPITATION	Non-covered		
S0274	NURSE PRACTIONER VISIT OUTSIDE CAPITATION	Non-covered		
S0280	MEDICAL HOME PROG, COMP COORD/PLAN, INITIAL PLAN	Non-covered		
S0281	MEDICAL HOME PROG, CARE COORD, PLAN, MAINTENANCE	Non-covered		
S0285	CONSULT BEFORE SCREEN COLONOSCOPY	Non-covered		
S0302	COMPLETED EPSDT SERVICE	Non-covered		
S0310	HOSPITALIST SERVICES	Non-covered		
S0311	COMP MGMT CARE COORD ADV ILL PER CALENDAR MONTH	Non-covered		
S0315	DISEASE MANAGEMENT PROGRAM, INITIAL	Non-covered		
S0316	DISEASE MANAGMENT FOLLOW-UP/REASSESSMENT	Non-covered		
S0317	DISEASE MANAGEMENT PROGRAM, PER DIEM	Non-covered		
S0320	RN TELEPHONE CALLS TO DMP, PER MONTH	Non-covered		
S0340	LIFESTYLE MODIFICATION PROGRAM CAD 1ST STAGE	Non-covered		
S0341	LIFESTYLE MODIFICATION PROGRAM CAD 2/3 STAGE	Non-covered		
S0342	LIFESTYLE MODIFICATION PROGRAM CAD 4TH STAGE	Non-covered		
S0353	CANCER TREATMENT PLANNING AND CARE COORD INITIAL	Non-covered		
S0354	CANCER TREATMENT PLANNING AND CARE COORD CHANGE	Non-covered		
S0390	ROUTINE FOOT CARE MAINTENANCE, PER VISIT	Non-covered		

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S0395	IMPRESSION CASTING FT BY OTHER THAN MANUF ORT	Non-covered		
S0400	GLOBAL FEE FOR ESW LITHOTRIPSY KIDNEY STONES	Non-covered		
S0500	DISPOSABLE CONTACT LENS, PER LENS	Non-covered		
S0504	SINGLE VISION PRESCRIPTION LENS, PER LENS	Non-covered		
S0506	BIFOCAL VISION PRESCIPTION LENS, PER LENS	Non-covered		
S0508	TRIFOCAL PRESCRIPTION LENS, PER LENS	Non-covered		
S0510	NON-PRESCRIPTION LENS, PER LENS	Non-covered		
S0512	DAILY WEAR SPECILITY CONTACT LENS, PER LENS	Non-covered		
S0514	COLOR CONTACT LENS, PER LENS	Non-covered		
S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	Non-covered		
S0516	SAFETY EYEGLASS FRAMES	Non-covered		
S0518	SUNGLASSES FRAMES	Non-covered		
S0580	POLYCARBONATE LENS	Non-covered		
S0581	NONSTANDARD LENS	Non-covered		
S0590	MISCELLANOUS INTEGRAL LENS SERVICE	Non-covered		
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	Non-covered		
S0595	NEW LENSES IN PATIENTS OLD FRAME	Non-covered		
S0596	PHAKIC IOL FOR CORRECTION OF REFRACTIVE ERROR	Non-covered		
S0601	SCREENING PROCTOSCOPY	Non-covered		
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	Non-covered		
S0612	ANNUAL GYNECOLOGICAL EXAM,ESTABLISHED PATIENT	Non-covered		
S0613	ANNUAL BREAST EXAM W/O PELVIC	Non-covered		
S0618	AUDIOMETRY FOR HEARING AID	Non-covered		
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION, NEW PT	Non-covered		
S0621	ROUTINE OPHTHALMOLOGICAL EXAM, ESTABLISHED PT	Non-covered		
S0622	PHYSICAL EXAM FOR COLLEGE, NEW OR ESTABLISHED	Non-covered		
S0630	REMOVAL OF SUTURES BY MD OTHER THAN INITIAL	Non-covered		
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	Non-covered		
S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	Non-covered		
S0812	PHOTOTHERAPEUTIC KERATECTOMY (PTK)	Non-covered		

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S1001	DELUXE ITEM, PATIENT WARE	Non-covered		
S1002	CUSTOMIZED ITEM	Non-covered		
S1015	IV TUBING EXTENSION SET	Non-covered		
S1016	NON-PVC INTRAVENOUS ADMINISTRATION SET	Non-covered		
S1030	NONINVASIVE GLUCOSE MONITORING DEVICE PURCHAS	Non-covered		
S1031	NONINVASIVE GLUCOSE MONITORING DEVICE RENTAL	Non-covered		
S1034	ARTIFICIAL PANCREAS DEVICE SYSTEM	Non-covered		
S1035	ARTIFICIAL PANCREAS INV DISP SENSOR	Non-covered		
S1036	ARTIFICIAL PANCREAS EXT TRANSMITTER	Non-covered		
S1037	ARTIFICIAL PANCREAS EXT RECEIVER	Non-covered		
S1040	CRANIAL REMOLD ORTHOSIS	Non-covered		
S1091	STENT NON-CORONARY TEMP PROPEL	Non-covered		
S2053	TRANSPLANT OF INTEST LIV	Non-covered		
S2054	TRANSPLANT OF ORGANS	Non-covered		
S2055	HARVESTING OF DONOR MULTIVISL ORGANS, CADAVER	Non-covered		
S2060	LOBAR LUNG TRANSPLANT	Non-covered		
S2061	DONOR LOBECTOMY (LUNG)	Non-covered		
S2065	SIMULT PANC KIDN TRANS	Non-covered		
S2066	BREAST GAP FLAP RECONSTRUCTION	Non-covered		
S2067	BREAST 'STACKED' DIEP/GAP RECONSTRUCTION	Non-covered		
S2068	BREAST DIEP OR SIEA FLAP RECONSTRUCTION	Non-covered		
S2070	CYSTOURETHROSCOPY LASER TX URETERAL CALCULI	Non-covered		
S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY	Non-covered		
S2080	LASER ASSISTED UVULOPLASTY (LAUP)	Non-covered		
S2083	ADJUSTMENT OF GASTRIC BAND VIA SUBCUTAN PORT	Non-covered		
S2095	TRANSCATH EMBOLIZATN YTTRIUM-90 MICROSPHERES	Non-covered		
S2102	ISLET CELL TISSUE TRANSP	Non-covered		
S2103	ADRENAL TISSUE TRANSPLAN	Non-covered		
S2107	ADOPTIVE IMMUNOTHERAPY, PER COURSE OF TX	Non-covered		
S2112	KNEE ARTHROSCOPY, HARVESTING CARTILAGE	Non-covered		

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S2115	PERIACETABULAR OSTEOTOMY, W INTERNAL FIXATION	Non-covered		
S2117	ARTHROEREISIS, SUBTALAR	Non-covered		
S2118	TOTAL HIP RESURFACING INC ACETABULAR AND FEMORAL	Non-covered		
S2120	LOW DENSITY LIPOPROTEIN (LDL) APHERESIS	Non-covered		
S2140	CORD BLOOD HARVESTING	Non-covered		
S2142	CORD BLOOD-STEMCELL DER	Non-covered		
S2150	BMT HARV/TRANSPL 28D PKG	Non-covered		
S2152	SOLID ORGAN TRNSPL PKG	Non-covered		
S2202	ECHOSCLEROTHERAPY	Non-covered		
S2205	MINIML INVAS DIRECT CABG,SINGLE ART COR GRAFT	Non-covered		
S2206	MINIML INVASIVE DIRECT CABG, 2 COR ART GRAFT	Non-covered		
S2207	MINIML INVAS DIRECT CABG, ART GRFT 2 COR GRFT	Non-covered		
S2208	MIN INVAS DIRECT CABG, ART/VEN GFT, SING VEN	Non-covered		
S2209	MIN INVAS DIRECT CABG, 2 ART GRFT 1 VEN GRAFT	Non-covered		
S2225	MYRINGOTOMY LASER-ASSIST	Non-covered		
S2230	IMPLANT SEMI-IMP HEARING DEVICE OSSICLES EAR	Non-covered		
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	Non-covered		
S2260	INDUCED ABORTION 17-24 WEEKS, ANY SURG METHOD	Non-covered		
S2265	INDUCED ABORTION 25-28 WEEKS	Non-covered		
S2266	INDUCED ABORTION 29-31 WEEKS	Non-covered		
S2267	INDUCED ABORTION 32 WEEKS OR MORE	Non-covered		
S2300	ARTHROSCOPY, SHOULDER, SURGICAL THERML CAPSUL	Non-covered		
S2325	HIP CORE DECOMPRESSION	Non-covered		
S2340	CHEMODENERVATION ABDUCTOR MUSCLE, VOCAL CORD	Non-covered		
S2341	CHEMODENERVATION ADDUCTOR MUSCLE, VOCAL CORD	Non-covered		
S2342	NASAL ENDOSCPY POSTOP DEBRIDE AFTR SINUS SURG	Non-covered		
S2348	DECOMPRESS DISC RF LUMBAR	Non-covered		
S2350	DISKECTOMY, ANTERIOR, W/DECOMPRES, 1 INTERSP	Non-covered		
S2351	DISKECTOMY, ANTERIOR, W/DECOMPRES, ADD INTRSP	Non-covered		
S2400	REPAIR CONGEN DIAPHRAGM HERNIA FETUS IN UTERO	Non-covered		

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S2401	REPAIR URINRY TRCT OBSTRUCT IN FETUS IN UTERO	Non-covered		
S2402	REPAIR CONGEN CYSTC MALFORM IN FETUS IN UTERO	Non-covered		
S2403	REPAIR PULMONARY SEQUESTRAT IN FETUS IN UTERO	Non-covered		
S2404	REPAIR MYELOMENINGOCELE IN FETUS IN UTERO	Non-covered		
S2405	REPAIR OF SACROCOC TERATOMA IN FETUS IN UTERO	Non-covered		
S2409	REPAIR CONGENIT MALFORM OF FETUS IN UTERO NOC	Non-covered		
S2411	FETOSCOPIC LASER THERAPY FOR TREATMNT OF TTTS	Non-covered		
S2900	ROBOTIC SURGICAL SYSTEM	Non-covered		
S3000	DIABETIC INDICATOR DILATED RETINAL EXAM BILAT	Non-covered		
S3005	EVALUATION, PT SELF-ASSESS DEPRESSION	Non-covered		
S3600	STAT LABORATORY REQUEST	Non-covered		
S3601	EMERGENCY STAT LAB CHARGE HOME/NURSING FACILT	Non-covered		
S3620	NEWBORN METABOLIC SCREENING PANEL	Non-covered		
S3630	EOSINOPHIL BLOOD COUNT, DIRECT	Non-covered		
S3645	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDAT	Non-covered		
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	Non-covered		
S3652	SALIVA TEST,HORM LEVEL; TO ASSESS PRETERM RSK	Non-covered		
S3655	ANTISPERM ANTIBODIES TEST	Non-covered		
S3708	GASTROINTESTINAL FAT ABSORPTION STUDY	Non-covered		
S3722	DOSE OPTIMIZATION AUC ANALYSIS - INFUSIONAL 5FU	Non-covered		
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	Non-covered		
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Non-covered		
S3841	Genetic testing for retinoblastoma	Non-covered		
S3842	Genetic testing for von hippel-lindau disease	Non-covered		
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Non-covered		
S3845	Genetic testing for alpha-thalassemia	Non-covered		
S3846	Genetic testing for hemoglobin e beta-thalassemia	Non-covered		
S3849	Genetic testing for niemann-pick disease	Non-covered		

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S3850	Genetic testing for sickle cell anemia	Non-covered		
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Non-covered		
S3853	Genetic testing for myotonic muscular dystrophy	Non-covered		
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Non-covered		
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	Non-covered		
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Non-covered		
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	Non-covered		
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Non-covered		
S3900	SURFACE ELECTROMYOGRAPHY (EMG)	Non-covered		
S3902	BALLISTOCARDIOGRAM	Non-covered		
S3904	MASTERS TWO STEP	Non-covered		
S4005	INTERIM LABOR FACILITY GLOBAL	Non-covered		
S4011	IN VITRO FERTILIZATION PACKAGE	Non-covered		
S4013	COMPLETE CYCLE, GIFT CASE RATE	Non-covered		
S4014	COMPLETE CYCLE, ZIFT CASE RATE	Non-covered		
S4015	COMPLETE IN VITRO FERTILIZATION CASE RATE NOS	Non-covered		
S4016	FROZEN IN VITRO FERTILIZATION CASE RATE	Non-covered		
S4017	IVF INCMPLT CYCLE TRTMNT CANCEL PRIOR TO STIM	Non-covered		
S4018	FROZEN EMBRYO TRANSPLNT CANCELLED CASE RATE	Non-covered		
S4020	IVF CANCELED BEFORE ASPIRATION CASE RATE	Non-covered		
S4021	IVF CANCELED AFTER ASPIRATION CASE RATE	Non-covered		
S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE	Non-covered		
S4023	INCOMPLETE DONOR EGG CYCLE CASE RATE	Non-covered		

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S4024	AIR POLYMER FOAM PER STUDY	Non-covered		
S4025	DONOR SERVICES FOR IVF CASE RATE	Non-covered		
S4026	PROCUREMENT OF DONOR SPERM FROM SPREM BANK	Non-covered		
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Non-covered		
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	Non-covered		
S4030	SPERM PROCUREMENT & CRYOPRESERV, INITIA VISIT	Non-covered		
S4031	SPERM PROCUREMENT & CRYOPRES,SUBSEQUENT VISIT	Non-covered		
S4035	STIMULATED INTRAUTERINE INSEMINATN, CASE RATE	Non-covered		
S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	Non-covered		
S4040	MONITORING/STORAGE CRYOPRESERV EMBRYO, 30 DAY	Non-covered		
S4042	OVULATION MGMT PER CYCLE	Non-covered		
S4981	INSERTION LEVONORGESTREL RELEASING IU SYSTEM	Non-covered		
S4989	CONTRACEPTIVE IUD INCLUDING IMPLANTS SUPPLIES	Non-covered		
S4990	NICOTINE PATCHES LEGEND	Non-covered		
S4991	NICOTINE PATCHES NON-LEGEND	Non-covered		
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Non-covered		
S4995	SMOKING CESSATION GUM	Non-covered		
S5000	PRESCRIPTION DRUG, GENERIC	Non-covered		
S5001	PRESCRIPTION DRUG, BRAND NAME	Non-covered		
S5010	5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML	Non-covered		
S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML	Non-covered		
S5013	5% DEXTROSE/0.45% SALINE KCL, MGSO4, 1000 ML	Non-covered		
S5014	5% DEXTROSE/0.45% SALINE KCL, MGSO4, 1500 ML	Non-covered		
S5035	HOME INFUSION THERAPY, ROUTINE DEVICE MAINTNC	Non-covered		
S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEV	Non-covered		
S5100	ADULT DAY CARE SERVICES, PER 15 MINUTES	Non-covered		
S5101	ADULT DAY CARE SERVICES, PER HALF DAY	Non-covered		
S5102	ADULT DAY CARE SERVICES, PER DIEM	Non-covered		
S5105	CENTER-BASED DAY CARE SERVICES, PER DIEM	Non-covered		
S5108	HOME CARE TRAINING TO HOME CARE PT, PER 15MIN	Non-covered		

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S5109	HOME CARE TRAINING TO HOME CARE PT, /SESSION	Non-covered		
S5110	FAMILY HOME CARE TRAINING, PER 15 MINUTES	Non-covered		
S5111	FAMILY HOME CARE TRAINING, PER SESSION	Non-covered		
S5115	NONFAMILY HOME CARE TRAINING, PER 15 MIN	Non-covered		
S5116	NONFAMILY HOME CARE TRAINING, PER SESSION	Non-covered		
S5120	CHORE SERVICES, PER 15 MIN	Non-covered		
S5121	CHORE SERVICES, PER DIEM	Non-covered		
S5125	ATTENDANT CARE SERVICES, PER 15 MIN	Non-covered		
S5126	ATTENDANT CARE SERVICES, PER DIEM	Non-covered		
S5130	HOMEMAKER SERVICE NOS, PER 15 MIN	Non-covered		
S5131	HOMEMAKER SERVICE NOS, PER DIEM	Non-covered		
S5135	ADULT COMPANION CARE, PER 15 MIN	Non-covered		
S5136	ADULT COMPANION CARE, PER DIEM	Non-covered		
S5140	ADULT FOSTER CARE, PER DIEM	Non-covered		
S5141	ADULT FOSTER CARE, PER MONTH	Non-covered		
S5145	CHILD FOSTER CARE, THERAPEUTIC, PER DIEM	Non-covered		
S5146	CHILD FOSTER CARE, THERAPEUTIC, PER MONTH	Non-covered		
S5150	UNSKILLED RESPITE CARE NOT HOSPICE PER 15 MIN	Non-covered		
S5151	UNSKILLED RESPITE CARE NOT HOSPICE, PER DIEM	Non-covered		
S5160	EMERGENCY RESPONSE SYSTEM, INSTALL AND TEST	Non-covered		
S5161	EMERGENCY RESPONSE SYSTEM, SERVICE PER MONTH	Non-covered		
S5162	EMERGENCY RESPONSE SYSTEM, PURCHASE ONLY	Non-covered		
S5165	HOME MODIFICATIONS, PER SERVICE	Non-covered		
S5170	HOME DELIVERED MEALS INCLUDING PREPARATION	Non-covered		
S5175	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL/ORDER	Non-covered		
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVAL	Non-covered		
S5181	HOME HEALTH RESPIRATORY THERAPY NOS /DAY	Non-covered		
S5185	MEDICATION REMINDER SERVICES, PER MONTH	Non-covered		
S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	Non-covered		
S5199	PERSONAL CARE ITEM NOS, EACH	Non-covered		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
S5497	HOME INFUSION THERAPY, CATHETER CARE NOC	Non-covered		
S5498	HOME INFUSION THERAPY, SIMPLE CATHETER CARE	No prior authorization required		
S5501	HOME INFUSION THERAPY, COMPLEX CATHETER CARE	No prior authorization required		
S5502	HOME INFUSION THERAPY, INTERIM CATHETER CARE	No prior authorization required		
S5517	HOME INFUSION THERAPY, DECLOTTING KIT	No prior authorization required		
S5518	HOME INFUSION THERAPY, CATHETER REPAIR KIT	Non-covered		
S5520	HOME INFUSION THERAPY, PICC INSERTION KIT	No prior authorization required		
S5521	HOME INFUSION THERAPY,MIDLINE CATH INSERT KIT	No prior authorization required		
S5522	HOME INFUSION THERAPY,PICC INSERT NO SUPPLIES	No prior authorization required		
S5523	HIT MIDLINE CATHETER INSERT KIT NO SUPPLIES	No prior authorization required		
S5550	INSULIN RAPID ONSET, 5 UNITS	Non-covered		
S5551	INSULIN MOST RAPID ONSET, 5 UNITS	Non-covered		
S5552	INSULIN INTERMEDIATE ACTING, 5 UNITS	Non-covered		
S5553	INSULIN LONG ACTING, 5 UNITS	Non-covered		
S5560	INSULIN DELIVERY DEVICE RESUSABLE PEN, 1.5 ML	Non-covered		
S5561	INSULIN DELIVERY DEVICE RESUASBLE PEN, 3 ML	Non-covered		
S5565	INSULIN CARTRIDGE FOR USE IN INSULIN 150 UNIT	Non-covered		
S5566	INSULIN CARTRIDGE FOR USE IN INSULIN 300 UNIT	Non-covered		
S5570	INSULIN DELIVERY DEVICE DISPOSABLE PEN 1.5 ML	Non-covered		
S5571	INSULIN DELIVERY DEVICE DISPOSABLE PEN 3 ML	Non-covered		
S8030	TANTALUM RING APPLICATION FOR LOCALIZA LESION	Non-covered		
S8035	MAGNETIC SOURCE IMAGING	Non-covered		
S8037	MRCP	Non-covered		
S8040	TOPOGRAPHIC BRAIN MAPPING	Non-covered		
S8042	MAGNETIC RESONANCE IMAGING, LOW FIELD	Non-covered		
S8055	ULTRASOUND GUIDANCE MULTIFETAL PREG REDUCTION	Non-covered		
S8080	SCINTIMAMMOGRAPHY, UNILATERAL INCLUDES SUPPLY	Non-covered		
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE IMAGING	Non-covered		
S8092	ELECTRON BEAM COM TOMOGR	Non-covered		
S8096	PORTABLE PEAK FLOW METER	Non-covered		

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S8097	ASTHMA KIT	Non-covered		
S8100	HOLDNG CHMBR/SPACER FOR USE W INHALER WO MASK	Non-covered		
S8101	HOLDNG CHAMBR/SPACER FOR USE W INHALER W MASK	Non-covered		
S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICE)	Non-covered		
S8120	O2 CONTENTS GASEOUS 1 CUBIC FT EQUAL 1 UNIT	Non-covered		
S8121	O2 CONTENTS LIQUID 1 LB EQUALS 1 UNIT	Non-covered		
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	Non-covered		
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	Non-covered		
S8185	FLUTTER DEVICE	Non-covered		
S8186	SWIVEL ADAPTOR	Non-covered		
S8189	TRACHEOSTOMY SUPPLY NOC	Non-covered		
S8210	MUCUS TRAP	Non-covered		
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	Non-covered		
S8270	ENURESIS ALARM	Non-covered		
S8301	INFECT CONTROL SUPPLIES NOS	Non-covered		
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	Non-covered		
S8420	CUSTOM GRADIENT PRESSURE AID SLEEVE & GLOOVE	Non-covered		
S8421	READY GRADIENT PRESSURE AID SLEEVE & GLOOVE	Non-covered		
S8422	CUSTOM GRADIENT PRESSURE AID SLEEVE MADE	Non-covered		
S8423	CUSTOM GRADIENT PRESSURE AID SLEEVE HEAVY WGT	Non-covered		
S8424	READY GRADIENT PRESSURE AID SLEEVE	Non-covered		
S8425	CUSTOM GRADIENT AID GLOVE MEDIUM WEIGHT	Non-covered		
S8426	CUSTOM GRADIENT AID GLOVE HEAVY WEIGHT	Non-covered		
S8427	READY GRADIENT PRESSURE AID GLOVE	Non-covered		
S8428	READY GRADIENT PRESSURE AID GAUNTLET	Non-covered		
S8429	GRADIENT PRESSURE EXTERIOR WRAP	Non-covered		
S8430	PADDING FOR COMPRESSION BANDAGE ROLL	Non-covered		
S8431	COMPRESSION BANDAGE ROLL	Non-covered		
S8450	SPLINT PREFABRICATED DIGIT	Non-covered		
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	Non-covered		

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S8452	SPLINT PREFABRICATED ELBOW	Non-covered		
S8460	CAMISOLE POST-MASTECTOMY	Non-covered		
S8490	100 INSULIN SYRINGES	Non-covered		
S8930	AURICULAR ELECTROSTIMULATION, EACH 15 MINUTES	Non-covered		
S8940	HIPPOTHERAPY, PER SESSION	Non-covered		
S8948	LOW-LEVEL LASER TREATMENT, EACH 15 MIN	Non-covered		
S8950	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MIN	Non-covered		
S8990	PHYSICAL OR MANIPULATIVE THRERAPY FOR MAINTEN	Non-covered		
S8999	RESUSCITATION BAG	Non-covered		
S9001	HOME UTERINE MONITOR W/WO NURSING SERVICES	Non-covered		
S9002	INTRA-VAGINAL MOTION SENS BIOFEEDBACK	Non-covered		
S9007	ULTRAFILTRATION MONITOR	Non-covered		
S9024	PARANASAL SINUS ULTRASOUND	Non-covered		
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	Non-covered		
S9034	ESWL, FOR GALLSTONES	Non-covered		
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION	Non-covered		
S9056	COMA STIMULATION PER DIEM	Non-covered		
S9061	HOME ADMIN OF AEROSOLIZED DRUG THERAPY	No prior authorization required		
S9083	GLOBAL FEE URGENT CARE CENTERS	Non-covered		
S9088	SERVICES PROVIDED IN URGENT CARE CENTER	Non-covered		
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	Non-covered		
S9097	HOME VISIT, WOUND CARE	Non-covered		
S9098	HOME VISIT, PHOTOTHERAPY SERVICES, PER DIEM	Non-covered		
S9110	TELEMONITORING/HOME EQUIP/MAINT/EDUC, PER MONTH	Non-covered		
S9117	BACK SCHOOL PER VISIT	Non-covered		
S9122	HOME HEALTH AIDE	Non-covered		
S9123	NURSING CARE IN HOME RN	Non-covered		
S9124	NURSING CARE IN HOME LPN	Non-covered		
S9125	RESPITE CARE IN THE HOME-PER DIEM	Non-covered		
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	Non-covered		

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S9127	SOCIAL WORK IN THE HOME	Non-covered		
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Non-covered		
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	Non-covered		
S9131	PHYSICAL THERAPY, IN THE HOME, PER DIEM	Non-covered		
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP NON-MD	Non-covered		
S9141	DIABETIC MANAGEMENT PROGRAM,FOLLOW-UP MD PROV	Non-covered		
S9145	INSULIN PUMP INITIATION, INSTRUCT INITIAL USE	Non-covered		
S9150	EVALUATION BY OCULARIST	Non-covered		
S9152	SPEECH THERAPY, RE-EVALUATION	Non-covered		
S9208	HOME MANAGEMENT OF PRETERM LABOR, PER DIEM	Non-covered		
S9209	HOME MANAGEMENT PPROM, PER DIEM	Non-covered		
S9211	HOME MANAGEMENT GESTATIONAL HTN PER DIEM	Non-covered		
S9212	HOME MGT POSTPARTUM HYPERTENSION PER DIEM	Non-covered		
S9213	HOME MANAGEMENT OF PREECLAMPSIA PER DIEM	Non-covered		
S9214	HOME MANAGEMENT GESTATIONAL DIABETES PER DIEM	Non-covered		
S9325	HIT PAIN MGMT PER DIEM	Non-covered		
S9326	HIT CONT PAIN PER DIEM	Non-covered		
S9327	HIT INT PAIN PER DIEM	Non-covered		
S9328	HIT PAIN IMP PUMP DIEM	Non-covered		
S9329	HOME INFUSION THERAPY CHEMOTHERAPY PER DIEM	No prior authorization required		
S9330	HOME INFUSION THERAPY CONT CHEMOTHPY PER DIEM	No prior authorization required		
S9331	HOME INFUSION THERAPY INTERMIT CHEMO PER DIEM	No prior authorization required		
S9335	HOME INFUSION THERAPY HEMODIALYSIS PER DIEM	Non-covered		
S9336	HIT CONT ANTICOAG DIEM	Non-covered		
S9338	HOME INFUSION THERAPY IMMUNOTHERAPY PER DIEM	Non-covered		
S9339	HOME INFUSION THERAPY PERTONEAL DIALYSIS/DIEM	Non-covered		
S9340	HIT ENTERAL PER DIEM	Non-covered		
S9341	HOME INFUSION THERAPY ENTERAL NUTR GRAV /DIEM	Non-covered		
S9342	HIT ENTERAL PUMP DIEM	Non-covered		
S9343	HIT ENTERAL BOLUS NURS	Non-covered		

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S9345	HOME INFUSION THERAPY ANTIHEMOPHILIC AGT/DIEM	Non-covered		
S9346	HIT ALPH-1-PROTEINA DIEM	Non-covered		
S9347	HIT LONGTERM INFUS DIEM	Non-covered		
S9348	HIT SYMPATHOMIM DIEM	Non-covered		
S9349	HOME INFUSION THERAPY TOCOLYTIC THPY PER DIEM	Non-covered		
S9351	HIT CONT ANTIEMETIC DIEM	Non-covered		
S9353	HIT CONT INSULIN DIEM	Non-covered		
S9355	HIT CHELATION DIEM	Non-covered		
S9357	HIT ENZYME REPLACE DIEM	Non-covered		
S9359	HIT ANTI-TNF PER DIEM	Non-covered		
S9361	HIT DIURETIC INFUS DIEM	Non-covered		
S9363	HIT ANTI-SPASMOTIC DIEM	Non-covered		
S9364	HIT TPN TOTAL PERDIEM	Non-covered		
S9365	HIT TPN 1 LITER DIEM	Non-covered		
S9366	HIT TPN 2 LITER DIEM	Non-covered		
S9367	HIT TPN 3 LITER DIEM	Non-covered		
S9368	HIT TPN OVER 3L DIEM	Non-covered		
S9370	HT INJ ANTIEMETIC DIEM	Non-covered		
S9372	HT INJ ANTICOAG DIEM	Non-covered		
S9373	HOME INFUSION THERAPY HYDRATION TOTAL /DIEM	Non-covered		
S9374	HOME INFUSION THERAPY HYDRATION 1 LITER /DIEM	Non-covered		
S9375	HOME INFUSION THERAPY HYDRATION 2 LITER /DIEM	Non-covered		
S9376	HOME INFUSION THERAPY HYDRATION 3 LITER /DIEM	Non-covered		
S9377	HOME INFUSION THERAPY HYDRATION OVER 3LT/DIEM	Non-covered		
S9379	HIT NOC PER DIEM	Non-covered		
S9381	HOME INFUSION THERAPY HIGH RISK AREA ESCORT	Non-covered		
S9401	ANTICOAGULATION CLINIC, NO LAB, PER SESSION	Non-covered		
S9430	PHARMACY COMPOUNDING/DISPENSING SERVICES	Non-covered		
S9432	MED FOOD NON INBORN ERRORS METABOLISM	Non-covered		
S9433	MEDICAL FOOD ORAL 100% NUTRITIONAL INTAKE	Non-covered		

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S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN	Non-covered		
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Non-covered		
S9436	LAMAZE CLASSES NON-MD PROVIDER, PER SESSION	Non-covered		
S9437	CHILDBIRTH REFRESHER CLASSES NON-MD PER SESSN	Non-covered		
S9438	CESAREAN BIRTH CLASSES, NON-MD, PER SESSION	Non-covered		
S9439	VBAC CLASSES, NON-PHYSICIAN, PER SESSION	Non-covered		
S9441	ASTHMA EDUCATION, NON-MD, PER SESSION	Non-covered		
S9442	BIRTHING CLASSES, NON-MD, PER SESSION	Non-covered		
S9443	LACTATION CLASSES, NON-MD, PER SESSION	Non-covered		
S9444	PARENTING CLASSES, NON-MD, PER SESSION	Non-covered		
S9445	PATIENT EDUCATION NOC, NON-MD, PER SESSION	Non-covered		
S9446	PATIENT EDUCATION NOC GROUP, NON-MD PER SESSN	Non-covered		
S9447	INFANT SAFETY CLASSES, NON-MD, PER SESSION	Non-covered		
S9449	WEIGHT MANAGEMENT CLASSES NON-MD, PER SESSION	Non-covered		
S9451	EXERCISE CLASSES, NON-MD, PER SESSION	Non-covered		
S9452	NUTRITION CLASSES, NON-MD, PER SESSION	Non-covered		
S9453	SMOKING CESSATION CLASSES NON-MD, PER SESSION	Non-covered		
S9454	STRESS MANAGEMENT CLASSES NON-MD, PER SESSION	Non-covered		
S9455	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	Non-covered		
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	Non-covered		
S9465	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	Non-covered		
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	Non-covered		
S9472	CARDIAC REHABILITATION PROGRAM NON-MD, /DIEM	Non-covered		
S9473	PULMONARY REHABILITATION PROGRAM NON-MD /DIEM	Non-covered		
S9474	ENTEROSTOMAL THERAPY, RN CERTIFIED, PER DIEM	Non-covered		
S9475	AMBULATORY SETTING SUBSTNCE ABUSE TRTMNT/DIEM	Non-covered		
S9476	VESTIBULAR REHABILITATION, NON-MD, PER DIEM	Non-covered		
S9480	INTENSIVE OUTPT SYCHIATRIC SERVICES, PER DIEM	Non-covered		
S9482	FAMILY STABILIZATION 15 MIN	Non-covered		
S9484	CRISIS INTERVENTION MENTAL HEALTH SERV /HOUR	Non-covered		

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S9485	CRISIS INTERVENTION MENTAL HEALTH SERV /DIEM	Non-covered		
S9490	HOME INFUSION THERAPY, CORTICOSTEROID/DIEM	No prior authorization required		
S9494	HOME INFUSION THERAPY, ANTIBIOTIC TOTAL /DIEM	Non-covered		
S9497	HOME INFUSION THERAPY, ANTIBIOTIC Q3H /DIEM	No prior authorization required		
S9500	HOME INFUSION THERAPY, ANTIBIOTIC Q24H /DIEM	No prior authorization required		
S9501	HOME INFUSION THERAPY, ANTIBIOTIC Q12H /DIEM	No prior authorization required		
S9502	HOME INFUSION THERAPY, ANTIBIOTIC Q8H /DIEM	No prior authorization required		
S9503	HOME INFUSION THERAPY, ANTIBIOTIC Q6H /DIEM	No prior authorization required		
S9504	HOME INFUSION THERAPY, ANTIBIOTIC Q4H /DIEM	No prior authorization required		
S9529	VENIPUNCTURE HOME/SKILLED NURSING FACILITY PT	Non-covered		
S9537	HOME THERAPY HEMATOPOIETIC HORMONE INJEC/DIEM	No prior authorization required		
S9538	HOME TRANSFUSION OF BLOOD PRODUCTS /DIEM	Non-covered		
S9542	HOME INJECTABLE THERAPY NOC PER DIEM	No prior authorization required		
S9558	HOME INJECTABLE THERAPY, GROWTH HORMONE /DIEM	No prior authorization required		
S9559	HOME INJECTABLE THERAPY, INTERFERON, PER DIEM	No prior authorization required		
S9560	HOME INJECTABLE THERAPY, HORMONAL, PER DIEM	No prior authorization required		
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB, PER DIEM	No prior authorization required		
S9563	Ht inj immuno diem	Non-covered		
S9590	HOME THERAPY, IRRIGATION THERAPY, PER DIEM	Non-covered		
S9810	HOME THERAPY, PROFESSIONAL PHARMACY NOC /HOUR	No prior authorization required		
S9900	CHRISTIAN SCIENCE PRACTITIONER VISIT,PER DIEM	Non-covered		
S9901	CHRISTIAN SCI NURSE VISIT, PER HOUR	Non-covered		
S9960	AMB SERV CON AIR NONEMERG ONE WAY FIXED WING	Non-covered		
S9961	AMB SERV CONV AIR NONEMERG ONE WAY ROTARY WING	Non-covered		
S9970	HEALTH CLUB MEMBERSHIP, ANNUAL	Non-covered		
S9975	TRANSPLANT RELAT PERDIEM	Non-covered		
S9976	LODGING NOS PER DIEM	Non-covered		
S9977	MEALS NOS PER DIEM	Non-covered		
S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE	Non-covered		
S9982	MEDICAL RECORDS COPYING FEE, PER PAGE	Non-covered		

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S9986	NOT MEDICALLY NECESSARY SERVICE	Non-covered		
S9988	SERVICES PROVIDED AS PART OF PHASE I TRIAL	Non-covered		
S9989	SERVICES PROVIDED OUTSIDE OF US	Non-covered		
S9990	SERVICES PROVIDED AS PART OF A PHASE II TRIAL	Non-covered		
S9991	SERVICES PROVIDED AS PART OF PHASE III TRIAL	Non-covered		
S9992	TRANSPORTATION COSTS TO/FROM TRIAL LOCATION	Non-covered		
S9994	LODGING COSTS FOR CLINICAL TRIAL PARTICIPANT	Non-covered		
S9996	MEALS FOR CLINICAL TRIAL PARTICIPANT AND COMP	Non-covered		
S9999	SALES TAX	Non-covered		
T1000	PRIVATE DUTY/INDEPEN NSG	Non-covered		
T1001	NURSING ASSESSMENT/EVALUATION	Non-covered		
T1002	RN SERVICES, UP TO 15 MINUTES	Non-covered		
T1003	LPN/LVN SERVICES, UP TO 15MIN	Non-covered		
T1004	SERVICES OF A QUALIFIED NURSING AIDE TO 15MIN	Non-covered		
T1005	RESPITE CARE SERVICES, UP TO 15 MINUTES	Non-covered		
T1006	ALCOHOL/SUB ABUSE FAMILY/COUPLE COUNSELING	Non-covered		
T1007	ALCOHOL/SUB ABUSE TREATMENT PLAN DEVELOPMENT	Non-covered		
T1009	CHILD SITTING SERV, CHILD OF ALC/SUB ABUSE PT	Non-covered		
T1010	MEALS FOR INDIVIDUALS RECEIVING ALC/SUB SERV	Non-covered		
T1012	ALCOHOL/SUBSTANCE ABUSE, SKILLS DEVELOPMENT	Non-covered		
T1013	SIGN LANGUGE/ORAL INTERPRETER SERVICES	Non-covered		
T1014	TELEHEALTH TRANSMISSION, PER MIN PROF SERVICE	Non-covered		
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	Non-covered		
T1016	CASE MANAGEMENT, EACH 15 MINUTES	Non-covered		
T1017	TARGETED CASE MANAGEMENT, EACH 15 MIN	Non-covered		
T1018	SCHOOL-BASED IEP SERVICES, BUNDLED	Non-covered		
T1019	PERSONAL CARE SERV, PER 15 MIN, NOT FOR INPAT	Non-covered		
T1020	PERSONAL CARE SERVICES PER DIEM NOT FOR INPAT	Non-covered		
T1021	HOME HEALTH AIDE OR CN AIDE, PER VISIT	Non-covered		
T1022	CONTRACTED HOME HEALTH AGENCY SERVICE PER DAY	Non-covered		

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T1023	SCREENING APPROPRIATENESS PROG PARTICIPATION	Non-covered		
T1024	TEAM EVALUATION & TREATMENT, HANDICAP CHILDRN	Non-covered		
T1025	INTENSIVE SERV TO COMPLEX IMPAIRED CHILD/DIEM	Non-covered		
T1026	INTENSIVE SERV TO COMPLEX IMPAIRED CHILD/HOUR	Non-covered		
T1027	FAMILY TRAINING/COUNSELING FOR CHILD DEV /15M	Non-covered		
T1028	ASSESSMENT OF HOME PHYSICAL & FAMILY ENVIRNMT	Non-covered		
T1029	COMPREHENSIVE ENVIRON LEAD INVESTIGA/DWELLING	Non-covered		
T1030	NURSING CARE, IN THE HOME BY RN, PER DIEM	Non-covered		
T1031	NURSING CARE, IN THE HOME BY LPN, PER DIEM	Non-covered		
T1032	SV DOULA BIRTH WORKER, PER 15 MINUTES	Non-covered		
T1033	SV DOULA BIRTH WORKER, PER DIEM	Non-covered		
T1040	MEDICAID COMM BH CLINIC SVC PER DIEM	Non-covered		
T1041	MEDICAID COMM BH CLINIC SVC PER MONTH	Non-covered		
T1502	ADMINISTRATION OF ORAL/IM/SUBCUT MED, /VISIT	Non-covered		
T1503	MEDICATION ADMINISTRATION OTHER THAN ORAL	Non-covered		
T1505	ELECTRONIC MEDICATION COMPLIANCE DEVICE, NOC	Non-covered		
T1999	NOC RETAIL ITEMS AND SUPPL, ID PRDCT IN REMARKS	Non-covered		
T2001	NON-EMERGENCY TRANSP, PATIENT ATTENDNT/ESCORT	Non-covered		
T2002	NON-EMERGENCY TRANSPORTION, PER DIEM	Non-covered		
T2003	NON-EMERGENCY TRANSPORTION, ENCOUNTER/TRIP	Non-covered		
T2004	NON-EMERGENCY TRANSPORT, COM CARRIER, MULTI	Non-covered		
T2005	NON-EMERGENCY TRANSPORT; STRETCHER VAN	Non-covered		
T2007	TRANSPORT WAIT TIME,AIR AMB/NON-EMRG /HALF HR	Non-covered		
T2010	PASRR LEVEL I ID SCREEN, PER SCREEN	Non-covered		
T2011	PASRR LEVEL II ID SCREEN, PER SCREEN	Non-covered		
T2012	HABILITATION, EDUCATION, WAIVER; PER DIEM	Non-covered		
T2013	HABILITATION, EDUCATION, WAIVER, PER HOUR	Non-covered		
T2014	HABILITATION, PREVOCATIONAL WAIVER, PER DIEM	Non-covered		
T2015	HABILITATION, PREVOCATIONAL WAIVER, PER HOUR	Non-covered		
T2016	HABILITATION, RESIDENTIAL WAIVER, PER DIEM	Non-covered		

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T2017	HABILITATION, RESIDENTIAL WAIVER, PER 15 MIN	Non-covered		
T2018	HABILITATION, SUPPORTED EMPLOYMNT WAIVER/DIEM	Non-covered		
T2019	HABILITATION, SUPPORTED EMPLOYM WAIVER/15 MIN	Non-covered		
T2020	DAY HABILITATION WAIVER, PER DIEM	Non-covered		
T2021	DAY HABILITATION WAIVER, PER 15 MIN	Non-covered		
T2022	CASE MANAGEMENT, PER MONTH	Non-covered		
T2023	TARGETED CASE MANAGEMENT, PER MONTH	Non-covered		
T2024	SERV ASSESSMNT/PLAN OF CARE DEVELOPMNT WAIVER	Non-covered		
T2025	WAIVER SERVICES, NOS	Non-covered		
T2026	SPECIALIZED CHILDCARE WAIVER, PER DIEM	Non-covered		
T2027	SPECIALIZED CHILDCARE WAIVER, PER 15 MIN	Non-covered		
T2028	SPECIALIZED SUPPLY, NOS, WAIVER	Non-covered		
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER	Non-covered		
T2030	ASSISTED LIVING WAIVER, PER MONTH	Non-covered		
T2031	ASSISTED LIVING WAIVER, PER DIEM	Non-covered		
T2032	RESIDENTIAL CARE, NOS, WAIVER, PER MONTH	Non-covered		
T2033	RESIDENTIAL CARE, NOS, WAIVER, PER DIEM	Non-covered		
T2034	CRISIS INTERVENTION WAIVER, PER DIEM	Non-covered		
T2035	UTILITY SERVICES TO SUPPORT MED EQUIP, WAIVER	Non-covered		
T2036	THERAPEUTIC CAMPING OVERNITE WAIVER /SESSION	Non-covered		
T2037	THERAPEUTIC CAMPING DAY WAIVER, PER SESSION	Non-covered		
T2038	COMMUNITY TRANSITION WAIVER, PER SERVICE	Non-covered		
T2039	VEHICLE MODIFICATIONS WAIVER, PER SERVICE	Non-covered		
T2040	FINANCIAL MANAGEMENT SELF-DIREC WAIVER/15 MIN	Non-covered		
T2041	SUPPORTS BROKERAGE SELF DIRECT WAIVER /15 MIN	Non-covered		
T2042	HOSPICE ROUTINE HOME CARE, PER DIEM	Non-covered		
T2043	HOSPICE CONTINUOUS HOME CARE, PER HOUR	Non-covered		
T2044	HOSPICE INPATIENT RESPITE CARE, PER DIEM	Non-covered		
T2045	HOSPICE GENERAL INPATIENT CARE, PER DIEM	Non-covered		
T2046	HOSPICE LONG TERM, ROOM & BOARD ONLY PER DIEM	Non-covered		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
T2047	HAB PREVO WAIVER PER 15 MINUTES	Non-covered		
T2048	BEHAVIORAL HEALTH LONG-TERM RESIDENT R&B DIEM	Non-covered		
T2049	NON-EMERGENCY TRNSPRT, STRETCHER VAN, MILEAGE	Non-covered		
T2050	FINANCIAL MGT WAIVER, PER DIEM	Non-covered		
T2051	SUPPORT BROKER WAIVER, PER DIEM	Non-covered		
T2101	BREAST MILK PROCESSING STORAGE & DISTRIBUTION	Non-covered		
T4521	ADULT SIZE BRIEF/DIAPER SMALL EACH	Non-covered		
T4522	ADULT SIZE BRIEF/DIAPER MEDIUM EACH	Non-covered		
T4523	ADULT SIZE BRIEF/DIAPER LARGE EACH	Non-covered		
T4524	ADULT SIZE BRIEF/DIAPER EXTRALARGE EACH	Non-covered		
T4525	ADULT SIZE PULL-ON SMALL	Non-covered		
T4526	ADULT SIZE PULL-ON MEDIUM	Non-covered		
T4527	ADULT SIZE PULL-ON LARGE	Non-covered		
T4528	ADULT SIZE PULL-ON EXTRALARGE	Non-covered		
T4529	PED SIZE BRIEF/DIAPER SM/MED	Non-covered		
T4530	PED SIZE BRIEF/DIAPER LARGE	Non-covered		
T4531	PED SIZE PULL-ON SM/MED	Non-covered		
T4532	PED SIZE PULL-ON LARGE	Non-covered		
T4533	YOUTH SIZE BRIEF/DIAPER	Non-covered		
T4534	YOUTH SIZE PULL-ON	Non-covered		
T4535	DISPOSABLE LINER/SHIELD/PAD	Non-covered		
T4536	REUSABLE PULL-ON ANY SIZE	Non-covered		
T4537	REUSABLE UNDERPAD BED SIZE	Non-covered		
T4538	DIAPER SERV REUSABLE DIAPER	Non-covered		
T4539	REUSE DIAPER/BRIEF ANY SIZE	Non-covered		
T4540	REUSABLE UNDERPAD CHAIR SIZE	Non-covered		
T4541	LARGE DISPOSABLE UNDERPAD	Non-covered		
T4542	SMALL DISPOSABLE UNDERPAD	Non-covered		
T4543	DISPOSABLE BARIATRIC BRIEF/DIAPER	Non-covered		
T4544	ADULT SIZED DISP INC UND/PULL UP ABV XL	Non-covered		

Code	Description	PrimeTime Health Plan (Medicare Advantage)	Special Instructions/ Notes	Code Term Date
T4545	INCON DISPOSABLE PENILE WRAP, EACH	Non-covered		
T5001	POSITIONING SEAT SPECIAL ORTHOPEDIC NEED	Non-covered		
T5999	SUPPLY, NOS	Non-covered		
U0001	Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	No prior authorization required		
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non- cdc	No prior authorization required		
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high-throughput technologies as described by CMS-2020-01-R	No prior authorization required		
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	No prior authorization required		
U0005	Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	No prior authorization required		
V2020	VISION SERVICES, FRAMES, PURCHASES	No prior authorization required		
V2025	EYEGLASSES, DELUXE FRAMES	No prior authorization required		
V2100	SPHERE SINGLE VISION PLANO TO 4.00 PER LENS	No prior authorization required		
V2101	SINGLE VISION SPHERE 4.12-7.00D PER LENS	No prior authorization required		
V2102	SINGLE VISION SPHERE 7.12-20.00D CYLINDR/LENS	No prior authorization required		
V2103	SPHEROCYLINDER 4.00D, 2.12-2.00D CYLINDR/LENS	No prior authorization required		
V2104	SPHEROCYLINDER 4.00D, 2.12-2.00D CYLINDR/LENS	No prior authorization required		
V2105	SPHEROCYLINDER 4.00D, 4.25-6.00D CYLINDR/LENS	No prior authorization required		
V2106	SPHEROCYLINDER 4.00D, OVER 6.00D CYLINDR/LENS	No prior authorization required		
V2107	SPHEROCYLINDER 4.25D TO 7.00D/12-2.00D /LENS	No prior authorization required		
V2108	SPHEROCYLINDER 4.25D TO 7.00D/2.12-4.00D/LENS	No prior authorization required		

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V2109	SPHEROCYLINDER 4.25D TO 7.00D/4.25-6.00D/LENS	No prior authorization required		
V2110	SPHEROCYLINDER 4.25D TO 7.00D OVER 6.00D/LENS	No prior authorization required		
V2111	SPHEROCYLINDER 7.25D/12.00D .25-2.25D CYLINDR	No prior authorization required		
V2112	SPHEROCYLINDER 7.25D/12.00D 2.25 TO 4.00D CYL	No prior authorization required		
V2113	SPHEROCYLINDER 7.25D/12.00D 4.25-6.00D CYLIND	No prior authorization required		
V2114	SPHEROCYLINDER OVER 12.00D CYLINDER PER LENS	No prior authorization required		
V2115	LENTICULAR (MYODISC) PER LENS SINGLE VISION	No prior authorization required		
V2118	LENS ANISEIKONIC, SINGLE VISION	No prior authorization required		
V2121	LENTICULAR LENS, PER LENS, SINGLE	No prior authorization required		
V2199	LENS SINGLE VISION NOC	No prior authorization required		
V2200	LENS SPHERE BIFOCAL PLANO TO 4.00D, PER LENS	No prior authorization required		
V2201	LENS SPHERE BIFOCAL 4.12-7.00D, PER LENS	No prior authorization required		
V2202	LENS SPHERE BIFOCAL 7.12-20.00D, PER LENS	No prior authorization required		
V2203	LENS SPHRCYLINDER BIFOCAL 4.00D/.12D TO 2.00D	No prior authorization required		
V2204	LENS SPHCYL BIFOCAL 4.00D/2.12 TO 4.00D /LENS	No prior authorization required		
V2205	LENS SPHCYL BIFOCAL 4.00D/4.25 TO 6.00D /LENS	No prior authorization required		
V2206	LENS SPHCYL BIFOCAL 4.00D/OVER 6.00D PER LENS	No prior authorization required		
V2207	LENS SPHCYL BIFOCAL 4.25-7.00D/2.12-2.00D	No prior authorization required		
V2208	LENS SPHCYL BIFOCAL 4.25-7.00D/2.12-4.00D	No prior authorization required		
V2209	LENS SPHCYL BIFOCAL 4.25-7.00D/4.25-6.00D	No prior authorization required		
V2210	LENS SPHCYL BIFOCAL 4.25-7.00D/OVER 6.00D	No prior authorization required		
V2211	LENS SPHCYL BIFOC 7.25-12.00D/.25-2.25D /LENS	No prior authorization required		
V2212	LENS SPHCYL BIFOC 7.25-12.00D/2.25-4.00D	No prior authorization required		
V2213	LENS SPHCYL BIFOC 7.25-12/4.25-6.00D PER LENS	No prior authorization required		
V2214	LENS SPHCYL BIFOCAL OVER 12.00D PER LENS	No prior authorization required		
V2215	LENS LENTICULAR, BIFOCAL, PER LENS	No prior authorization required		
V2218	LENS ANISEIKONIC, BIFOCAL, PER LENS	No prior authorization required		
V2219	LENS BIFOCAL, SEG WIDTH OVER 28MM, PER LENS	No prior authorization required		
V2220	LENS BIFOCAL, ADD OVER 3.25D, PER LENS	No prior authorization required		
V2221	LENTICULAR LENS, BIFOCAL, PER LENS	No prior authorization required		

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V2299	LENS BIFOCAL, SPECIALITY, PER LENS	No prior authorization required		
V2300	LENS SPHERE, TRIFOCAL PLANO TO 4.00D,PER LENS	No prior authorization required		
V2301	LENS SPHERE, TRIFOCAL 4.12-7.00D, PER LENS	No prior authorization required		
V2302	LENS SPHERE, TRIFOCAL 7.12-20D, PER LENS	No prior authorization required		
V2303	LENS SPHCYL, TRIFOCAL 4.00D/.12-2.00D /LENS	No prior authorization required		
V2304	LENS SPHCYL, TRIFOCAL 4.00D/2.25-4.00D /LENS	No prior authorization required		
V2305	LENS SPHCYL, TRIFOCAL 4.00D/4.25-6.00D /LENS	No prior authorization required		
V2306	LENS SPHCYL, TRIFOCAL 4.0/ OVER 6.00D /LENS	No prior authorization required		
V2307	LENS SPHCYL, TRIFOCAL 4.25-7.00D /.12-2.00D	No prior authorization required		
V2308	LENS SPHCYL, TRIFOCAL 4.25-7/2.12-4.00D /LENS	No prior authorization required		
V2309	LENS SPHCYL, TRIFOCAL 4.25-7.00D/4.25-6.00D	No prior authorization required		
V2310	LENS SPHCYL, TRIFOCAL 4.25-7/ OVER 6.00D/LENS	No prior authorization required		
V2311	LENS SPHCYL, TRIFOCAL 7.25-12.00D/.25-2.25D	No prior authorization required		
V2312	LENS SPHCYL, TRIFOCAL 7.25-12.00D/2.25-4.00D	No prior authorization required		
V2313	LENS SPHCYL, TRIFOCAL 7.25-12/4.25-6.00D/LENS	No prior authorization required		
V2314	LENS SPHCYL, TRIFOCAL OVER 12.00D PER LENS	No prior authorization required		
V2315	LENS LENTICULAR, TRIFOCAL, PER LENS	No prior authorization required		
V2318	LENS ANISEIKONIC, TRIFOCAL	No prior authorization required		
V2319	LENS TRIFOCAL, SEG WIDTH OVER 28MM	No prior authorization required		
V2320	LENS TRIFOCAL, ADD OVER 3.25D	No prior authorization required		
V2321	LENTICULAR LENS, TRIFOCAL, PER LENS	No prior authorization required		
V2399	LENS TRIFOCAL, SPECIALITY	No prior authorization required		
V2410	LENS VARIABLE ASPHERICITY SINGLE VISION,/LENS	No prior authorization required		
V2430	LENS VARIABLE ASPHERICITY BIFOCAL FULL FIELD	No prior authorization required		
V2499	VARIABLE ASPHERICITY LENS OTHER TYPE, /LENS	No prior authorization required		
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	No prior authorization required		
V2501	CONTACT LENS PMMA, TORIC/PRISM BALLAST, /LENS	No prior authorization required		
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	No prior authorization required		
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY	No prior authorization required		
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, /LENS	No prior authorization required		

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V2511	CONTACT LENS, TORIC PRISM BALLAST, PER LENS	No prior authorization required		
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS	No prior authorization required		
V2513	CONTACT LENS, EXTENDED WEAR, PER LENS	No prior authorization required		
V2520	CONTACT LENS, HYDROPHILIC SPHERICAL, PER LENS	No prior authorization required		
V2521	CONTACT LENS, HYDROPHILIC TORIC PRISM BALLAST	No prior authorization required		
V2522	CONTACT LENS, HYDROPHILIC BIFOCAL, PER LENS	No prior authorization required		
V2523	CONTACT LENS, HYDROPHILIC EXTEND WEAR, /LENS	No prior authorization required		
V2524	CNTCT LENS HYDROPHIL PHOTOCH PER LENS	No prior authorization required		
V2525	CONTACT LENS, HYDROPHILIC, DUAL FOCUS, PER LENS	No prior authorization required		
V2526	CONTACT LENS, HYDROPH, BLUE VIOLET, PER LENS	No prior authorization required		
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	No prior authorization required		
V2531	CONTACT LENS, SCLETAL GAS PERMEABLE, PER LENS	No prior authorization required		
V2599	CONTACT LENS/ES, OTHER TYPE	No prior authorization required		
V2600	HAND HELD LOW VISION AIDS/OTHER NONSPECTACLE	No prior authorization required		
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	No prior authorization required		
V2615	TELESCOPIC/OTHER COMPOUND LENS SYSTEM	No prior authorization required		
V2623	PLASTIC EYE PROSTHESIS, CUSTOM	Yes, prior authorization required		
V2624	POLISHING/RESURFACING OR OCULAR PROSTHESIS	Yes, prior authorization required		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Yes, prior authorization required		
V2626	REDUCTION OF OCULAR PROSTHESIS	Yes, prior authorization required		
V2627	SCLERAL COVER SHELL	Yes, prior authorization required		
V2628	FABRICATION & FITTING OF OCULAR CONFORMER	Yes, prior authorization required		
V2629	PROSTHETIC EYE, OTHER TYPE	Yes, prior authorization required		
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	No prior authorization required		
V2631	IRIS SUPPORTED INTRAOCULAR LENS	No prior authorization required		
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	No prior authorization required		
V2700	BALANCE LENS, PER LENS	No prior authorization required		
V2702	DELUXE LENS FEATURE	No prior authorization required		
V2710	GLASS/PLASTIC, SLAB OFF PRISM, PER LENS	No prior authorization required		
V2715	PRISM, PER LENS	No prior authorization required		

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V2718	FRESNELL PRISM PRESS-ON LENS	No prior authorization required		
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	No prior authorization required		
V2744	TINT, PHOTOCHROMATIC, PER LENS	No prior authorization required		
V2745	TINT, ANY COLOR/SOLID/GRADIENT OR EQUAL,/LENS	No prior authorization required		
V2750	ANTI-REFLECTIVE COATING, PER LENS	No prior authorization required		
V2755	UV LENS, PER LENS	No prior authorization required		
V2756	EYE GLASS CASE	No prior authorization required		
V2760	SCRATCH RESISTANT COATING, PER LENS	No prior authorization required		
V2761	MIRROR COATING ANY TYPE, SOLID/GRADIENT/EQUAL	No prior authorization required		
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	No prior authorization required		
V2770	OCCLUDER LENS, PER LENS	No prior authorization required		
V2780	OVERSIZE LENS, PER LENS	No prior authorization required		
V2781	PROGRESSIVE LENS, PER LENS	No prior authorization required		
V2782	LENS, INDEX 1.54-1.65 PLASTIC/1.60-1.79 GLASS	No prior authorization required		
V2783	LENS, INDEX >= 1.66 PLASTIC / >=1.80 GLASS	No prior authorization required		
V2784	LENS POLYCARBONATE OR EQUAL, ANY INDEX, /LENS	No prior authorization required		
V2785	CORNEAL TISSUE PROCESSING/PRESERVING/TRANSPRT	No prior authorization required		
V2786	SPECIALITY OCCUPATIONAL MULTIFOCAL LENS,/LENS	No prior authorization required		
V2787	ASTIGMATISM-CORRECTING FUNCTION OF LENS	No prior authorization required		
V2788	PRESBYOPIA CORRECT FUNCTION INTRAOCULAR LENS	Yes, prior authorization required		
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION	No prior authorization required		
V2797	VISION SUPPLY/SERVICES IN ANOTHER HCPCS CODE	No prior authorization required		
V2799	MISCELLANEOUS VISION SERVICE	No prior authorization required		
V5008	HEARING SCREENING	No prior authorization required		
V5010	ASSESSMENT FOR HEARING AID	No prior authorization required		
V5011	HEARING AID FITTING/CHECKING/ORIENTATION	No prior authorization required		
V5014	HEARING AID REPAIR/MODIFYING	No prior authorization required		
V5020	CONFORMITY EVALUATION	No prior authorization required		
V5030	BODY-WORN MONAURAL HEARING AID, AIR CONDUCTN	No prior authorization required		
V5040	BODY-WORN MONAURAL HEARING AID, BONE CONDUCTN	No prior authorization required		

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V5050	BODY-WORN MONAURAL HEARING AID, IN THE EAR	No prior authorization required		
V5060	BODY-WORN MONAURAL HEARING AID, BEHIND EAR	No prior authorization required		
V5070	GLASSES, AIR CONDUCTION	No prior authorization required		
V5080	GLASSES, BONE CONDUCTION	No prior authorization required		
V5090	UNSPECIFIED HEARING AID DISPENSING FEE	No prior authorization required		
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHSIS	No prior authorization required		
V5100	BODY-WORN BILATERAL HEARING AID	No prior authorization required		
V5110	HEARING AID DISPENSING FEE, BILATERAL	No prior authorization required		
V5120	BINAURAL; BODY	No prior authorization required		
V5130	BINAURAL; IN THE EAR	No prior authorization required		
V5140	BINAURAL; BEHIND THE EAR	No prior authorization required		
V5150	BINAURAL; GLASSES	No prior authorization required		
V5160	DISPENSING FEE, BINAURAL	No prior authorization required		
V5171	HEARING AID MONAURAL ITE	No prior authorization required		
V5172	HEARING AID MONAURAL ITC	No prior authorization required		
V5181	HEARING AID MONAURAL BTE	No prior authorization required		
V5190	HEARING AID, MONAURAL, GLASSES	No prior authorization required		
V5200	DISPENSING FEE, CONTRALATERAL, MONAURAL	No prior authorization required		
V5211	HEARING AID BINAURAL ITE/ITE	No prior authorization required		
V5212	HEARING AID BINAURAL ITE/ITC	No prior authorization required		
V5213	HEARING AID BINAURAL ITE/BTE	No prior authorization required		
V5214	HEARING AID BINAURAL ITC/ITC	No prior authorization required		
V5215	HEARING AID BINAURAL ITC/BTE	No prior authorization required		
V5221	HEARING AID BINAURAL BTE/BTE	No prior authorization required		
V5230	HEARING AID, BINAURAL, GLASSES	No prior authorization required		
V5240	DISP FEE, CONTRALATERAL ROUTING SYS, BINAURAL	No prior authorization required		
V5241	DISPENSING FEE, MONAURAL HEARING AID,ANY TYPE	No prior authorization required		
V5242	HEARING AID, ANALOG, MONAURAL, CIC	No prior authorization required		
V5243	HEARING AID, ANALOG, MONAURAL, ITC	No prior authorization required		
V5244	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, CIC	No prior authorization required		

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V5245	HEARING AID, PROGRAMMABLE ANALOG, MONAURA ITC	No prior authorization required		
V5246	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, ITE	No prior authorization required		
V5247	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, BTE	No prior authorization required		
V5248	HEARING AID, ANALOG, BINAURAL, CIC	No prior authorization required		
V5249	HEARING AID, ANALOG BINAURAL, ITC	No prior authorization required		
V5250	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, CIC	No prior authorization required		
V5251	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, ITC	No prior authorization required		
V5252	HEARING AID, PROGRAMMABLE BINAURAL, ITE	No prior authorization required		
V5253	HEARING AID, PROGRAMMABLE BINAURAL, BTE	No prior authorization required		
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	No prior authorization required		
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	No prior authorization required		
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	No prior authorization required		
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	No prior authorization required		
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	No prior authorization required		
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	No prior authorization required		
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	No prior authorization required		
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	No prior authorization required		
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	No prior authorization required		
V5263	HEARING AID, DISPOSABLE,ANY TYPE, BINAURAL	No prior authorization required		
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	No prior authorization required		
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	No prior authorization required		
V5266	BATTERY FOR USE IN HEARING DEVICE	No prior authorization required		
V5267	HEARING AID SUPPLIES/ACCESSORIES	No prior authorization required		
V5268	ASSISTIVE LISTENING DEVIC TELEPHONE AMPLIFIER	No prior authorization required		
V5269	ASSISTIVE LISTENING DEVICE ALERTING, ANY TYPE	No prior authorization required		
V5270	ASSISTIVE LISTENING DEV,TV AMPLIFIER,ANY TYPE	No prior authorization required		
V5271	ASSISTIVE LISTENING DEVICE,TV CAPTION DECODER	No prior authorization required		
V5272	ASSISTIVE LISTENING DEVICE, TDD	No prior authorization required		
V5273	ASSISTIVE LISTENING DEV, FOR COCHLEAR IMPLANT	No prior authorization required		
V5274	ASSISTIVE LISTENING DEVICE, UNSPECIFIED	No prior authorization required		

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V5275	EAR IMPRESSION, EACH	No prior authorization required		
V5281	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, MONAURAL	No prior authorization required		
V5282	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, BINAURAL	No prior authorization required		
V5283	ASSISTIVE LISTEN DEVICE, LOOP INDUCTION RECEIVER	No prior authorization required		
V5284	ASSISTIVE LISTEN DEVICE, FM/DM EAR LEVEL RECEIVR	No prior authorization required		
V5285	ASSISTIVE LISTEN DEVICE, AUDIO INPUT RECEIVER	No prior authorization required		
V5286	ASSISTIVE LISTEN DEVICE, BLU TOOTH FM/DM RECEIVR	No prior authorization required		
V5287	ASSISTIVE LISTEN DEVICE, FM/DM RECEIVER, NOS	No prior authorization required		
V5288	ASSISTIVE LISTEN DEVICE, FM/DM, ASSIST LISTN DEV	No prior authorization required		
V5289	ASSIST LISTEN DEVICE, FM/DM ADAPTER/BOOT COUPLIN	No prior authorization required		
V5290	ASSISTIVE LISTEN DEVICE, TRANSMITTER MICROPHONE	No prior authorization required		
V5298	HEARING AID, NOC	No prior authorization required		
V5299	HEARING SERVICE, MISCELLANEOUS	No prior authorization required		
V5336	REPAIR/MODIFICATION COMMUNICATIVE SYST/DEVICE	No prior authorization required		
V5362	SPEECH SCREENING	No prior authorization required		
V5363	LANGUAGE SCREENING	No prior authorization required		
V5364	DYSPHAGIA SCREENING	No prior authorization required		